



# **Residential Child Care Qualification**

## **(A Research into Context and Focus)**

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behalf of the Scottish Social Services Council*

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## Executive Summary

The scope of this research project was to ascertain the views of the Residential Child Care sector in Scotland, related to key priorities in a new or revised qualification for professionals in the sector. It was designed as a short-duration, limited-scale research aimed at practitioners, managers and professionals/ academics working in or related to the sector, on what a new generation of award should cover, and to reflect what is unique about residential child care work. This profile of the respondent community we felt would enable the research team to check consistency related to understanding of what would be required for the development of content, accreditation and practice, thus giving the results of this 2-stage research a greater balance, objectivity and insight.

As this was a small scale research intervention of short term duration (overall 4 months) the research intervention was seen as being a pragmatic approach rather than a conceptual examination of literature and theoretical foci. This was to *enable* the voice of the participant/s in an impactive and dynamic approach to qualification development rather than a passive understanding of what would be needed as a new qualification.

The research team identified a range of key factors and indicators that need further consideration and form the basis of the findings and comparative analysis resident within research findings. The focus of this section is representative of the context of reports such the Higher Aspirations, Brighter Futures: NRCCI Workforce report (SIRCC 2009).

The **key factors** included: the development of a **value driven qualification, transferability of qualifications, translatability, consultation through advisory groups**, i.e. stakeholders, service providers, service users, associated professional bodies and qualifications authority.

**Key indicators** recommended an **integrated curriculum design, a central spinal column, a solutions-based approach** utilising prior learning and RPL that can translate into existing accreditation frameworks, an appropriate **learner support infrastructure** external to traditional delivery patterns. **Aspirational career development** in residential child care, a need to assure realistically and with relative value **the purpose of quality** as a key priority for the development of a new qualification based primarily on situated learning, and the issue of **transferability and translatability of qualification interfaces**.

This document represents the first milestone in understanding what professional and practitioner stakeholders are expressing as key factors and indicators, and expose a need to consider a variety of methodologies that can be generated to stimulate a person-centred approach to learning. It is our hope that this report will stimulate thinking in developing a coherent and focused qualification that will benefit both service providers and service users within residential childcare and the social care sector.

# **1. Introduction**

## **1.1. Purpose of the project**

The purpose of this project was to scope views and perceptions of managers and supervisors as a first stage approach to eliciting a responsive voice within the Residential Child Care sector in Scotland about the key priorities in a new or revised qualification for managers and aspiring managers in their sector.

It was agreed that a 2 stage survey model would be applied as this would give the widest possible range of perspectives required of a research exercise that determines a feasible landscape for the development of a possible qualification structure, commensurate with the needs of the residential childcare sector, that will benefit beneficiaries across the service provision, impact positively on the service users and yet be compliant with current and anticipated Scottish Government policy.

The first stage of this short term duration, small scale investigation involved managerial and supervisory staff and was an initial and primary indicator that was used to focus a stakeholder response to the development of a qualification or qualification framework/ qualification pathway that could be developed not only for managers and supervisors but for those considering residential childcare as a career. The second stage of the research gathered perceptions and views by practitioners for practitioners. Both stages were used to give a holistic perception of the main issue, factors and perceptions required to engage residential child care staff, practitioners, managers and supervisors in the design and future implementation of a successful qualification that has been written across the sector and by design will develop more fully the roles and functionality required of a professionally driven and delivered service.

This research should be viewed as an initial analysis. Further work will be undertaken by the Scottish Social Services Council (SSSC) in 2012-13 to ensure sector views are taken into account. The SSSC and all stakeholders are fully committed to the development of an award in 2013-14.

## 1.2. Limitations

A number of limitations were set by the SSSC, with regards to this research and how it supports future development of a new qualification in residential child care:

- Any new qualification must be suitable for registration with the SSSC and so map to the National Occupational Standards for the sector (Health and Social Care, Children and Young People)
- Practitioners already in the sector must be able to use the existing qualification (in most cases SVQ Level 4 HSC) to access any new award.
- The award must be work based- so based *in and of* workplace experience
- The Scottish Government's intention is to have a "joined up" child's workforce allowing individuals to move across and between different sectors including early years and where appropriate some of the non professional children's health roles. So a single qualifications framework would be a preferred option.

All the above detail was considered when the project proper started April 2012. The SSSC will set up a Short Life Working Group (SLWG) to take this forward; however, this scoping exercise should be seen as the first in the process and will be used to inform the initial meetings of the SLWG.

## 2. Methodology

This research aimed to scope views in the Residential Child Care sector in Scotland about the key priorities in a new or revised qualification for managers and aspiring managers in their sector.

The target groups for this research included:

- **All registered residential child care providers** (managers, supervisors, practitioners). This was dependent upon participants being contactable by e-mail. Given the short time frame of this research, the small number of practitioners not contactable by e-mail were not approached
- **Academics and training providers** related to this field (i.e. Social work, social care)
- **Policy makers** (i.e. Scottish government) to check consistency with policy related to accreditation and practice, rather than focus completely on desired delivery, and thus give results greater balance

To this end, and given the aim to widen the scope of the survey and add greater objectivity/ outcomes, two survey instruments were used in order to collect the required data, as agreed with the SSSC:

- **online questionnaires** with multiple choice and open-ended questions were sent to and filled in by existing and aspiring managers (first stage of online data collection) and practitioners (second stage of data collection)
- A **semi-structured interview template** was used to interview select respondents in academia & child care organisations either face-to-face or by telephone. The interview process took place during the first stage of online data analysis. The content and structure of both survey instruments allowed for comparability and easier analysis.

Desktop research was carried out to support and critically assess findings.

The online questionnaires targeted the manager and supervisor population (see Appendix 1) and the practitioner population (see Appendix 2), too numerous to be approached by means of interviews within the available timeframe, and were sent out to workers via the communications team provided to the research team by the SSSC.

With regard to the interview process, a standardized questionnaire was developed (see Appendix 3). The interview respondents were chosen on the basis of their academic/ professional status and relationship with the sector were interviewed in relation to the structured agenda that was established by the research team.

With regards to respondent figures (as provided by the SSSC):

- just under 1000 **managers & supervisors** were approached in the first stage of data collection
- approximately 3500 **practitioners** were approached in the second stage data collection
- 8 interview respondents, including Scottish Government representation

With regard to ethics of research and terms of reference, anonymity was guaranteed and compliance was agreed with SSSC and sector requirements.



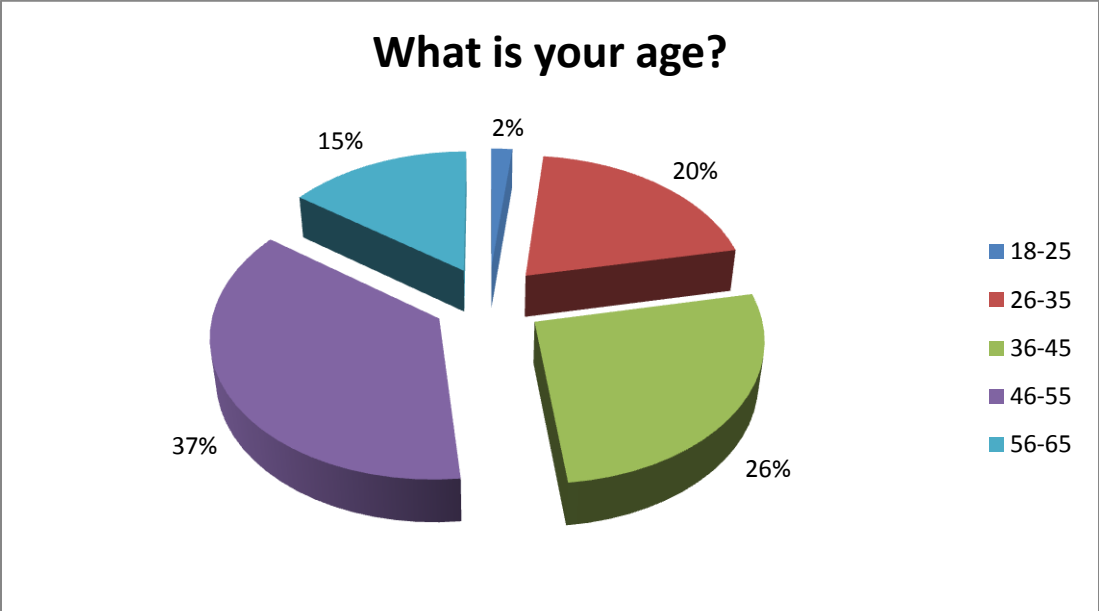
# 3. Analysis

## 3.1. Respondent profiles

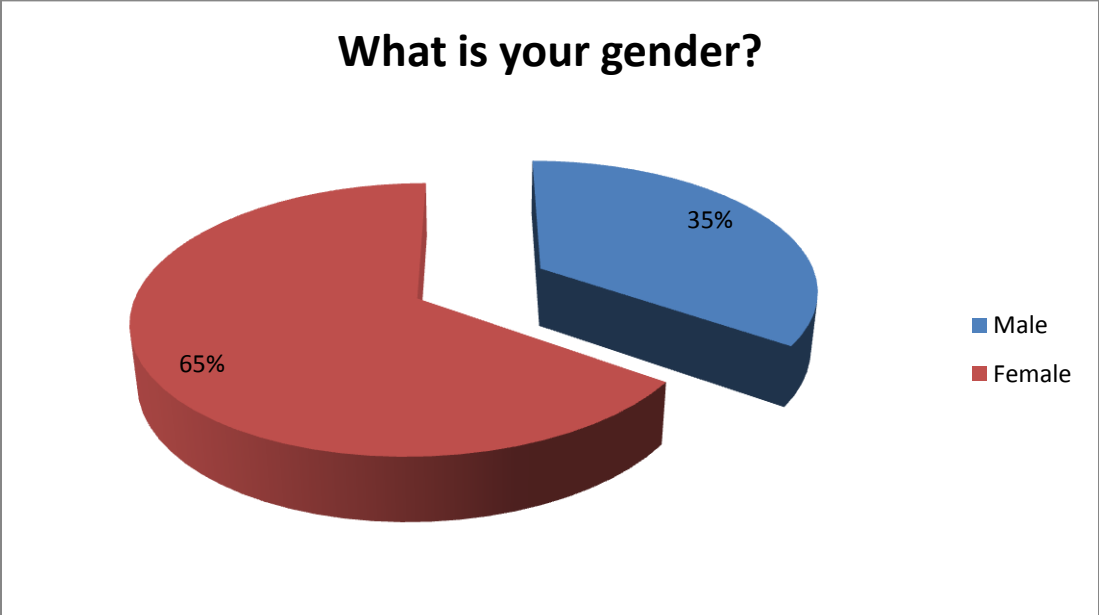
### 3.1.1. Manager & Supervisors (online survey)

The manager and supervisor online survey was viewed by 177 people; 127 people completed the full survey.

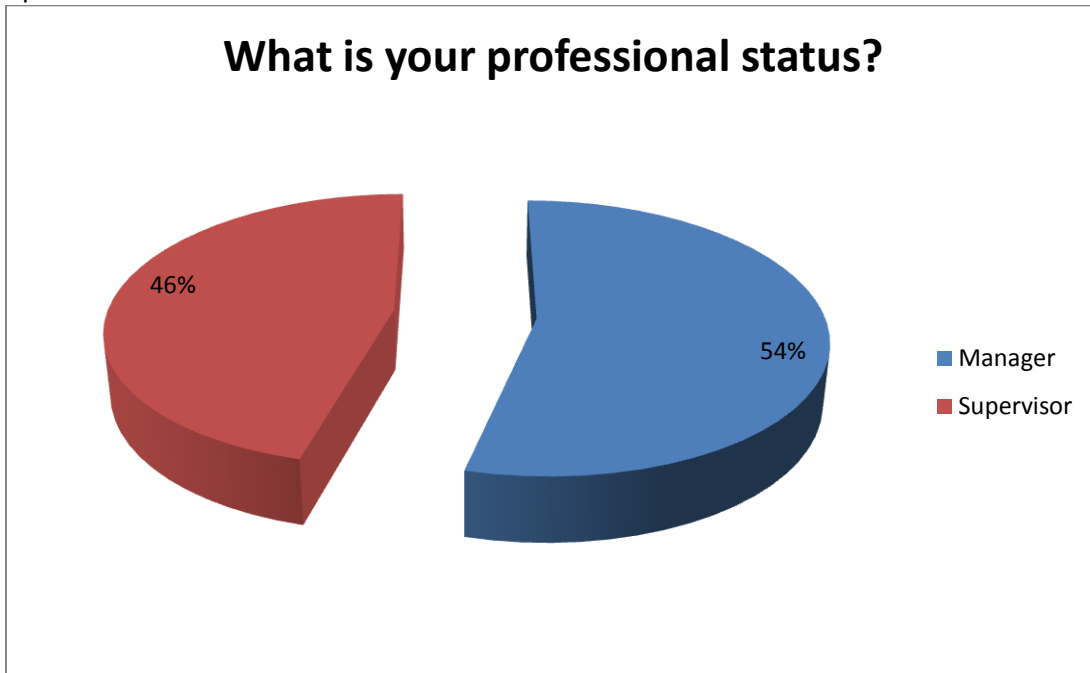
The majority of online respondents were aged 46-55 (37%) and 36-45 (26%), followed by 26-35 (20%), 56-65 (15%) and 18-25 (2%).



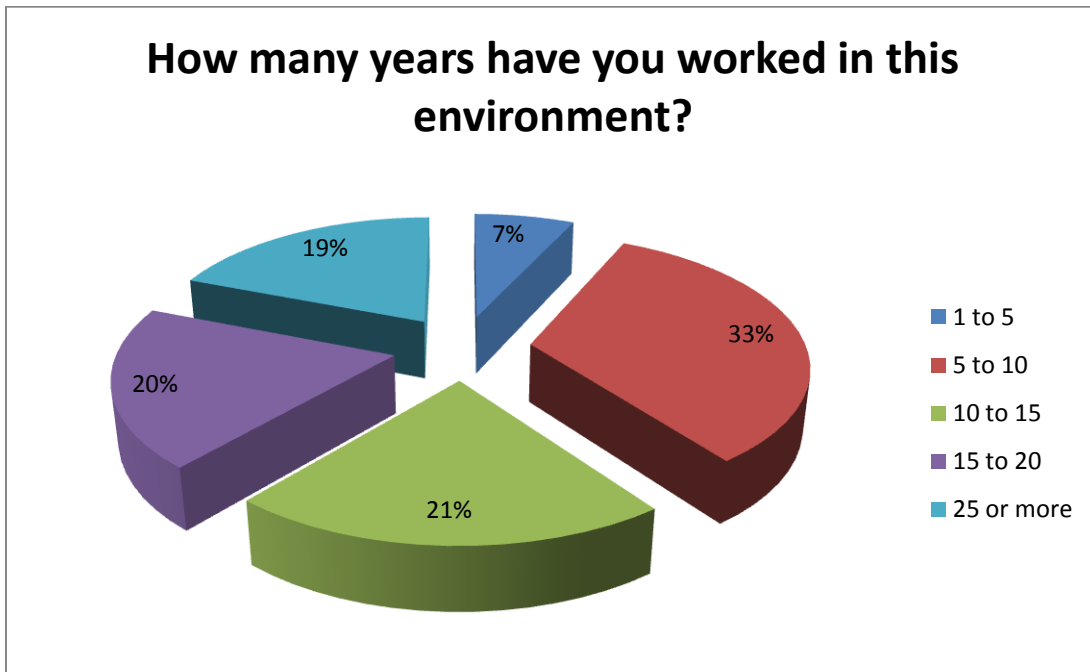
The large majority of respondents were female (65.3%).



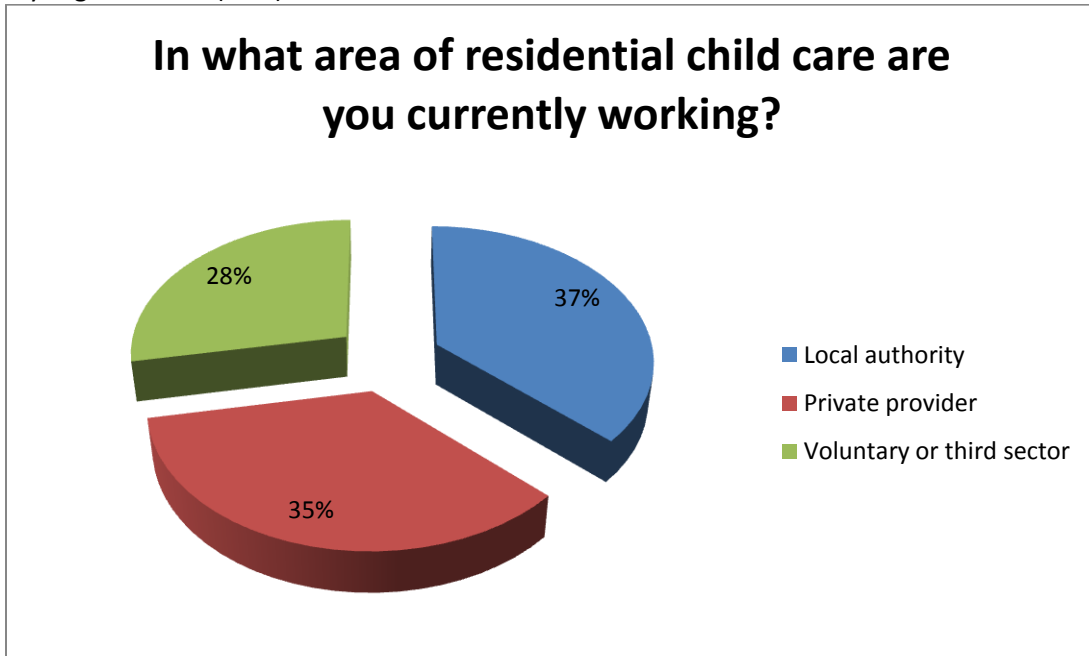
Respondents were almost equally split in terms of professional status; 54% were managers and 46% were supervisors.



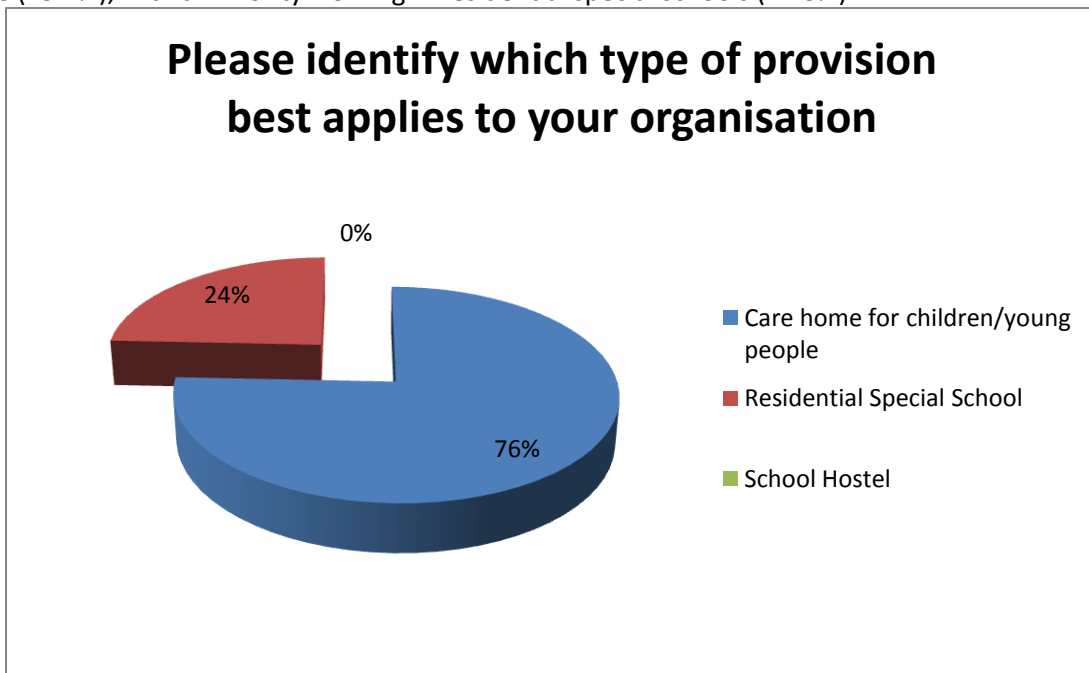
The overwhelming majority of respondents, expectedly, had over 5 years of experience in their environment.



Respondents were almost equally split among local authorities (36.9%), the private sector (35.1%) and voluntary organisations (28%).

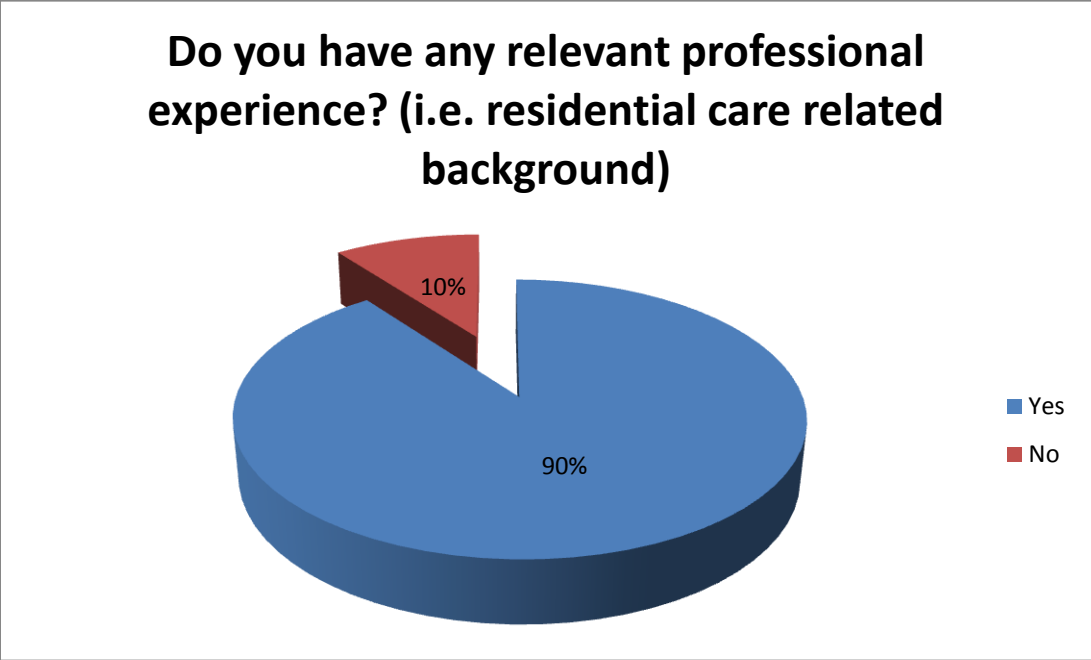


Over than two thirds of manager/ supervisor respondents worked in care homes for children/ young people (75.7%), with a minority working in residential special schools (24.3%).



For a complete breakdown of respondent replies, please look in Appendix A4.1.

The overwhelming majority of manager respondents reported that they possessed relevant professional experience. A complete list of open respondent replies can be found in Appendix A4.2.



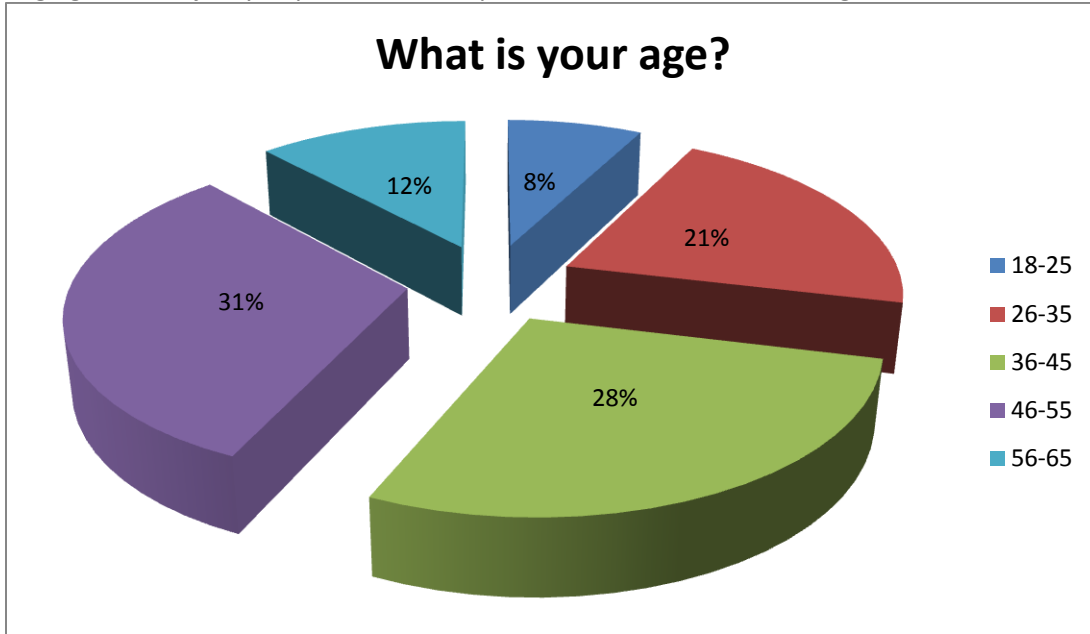
Similarly, the overwhelming majority of manager respondents possessed related qualifications. A complete list of these can be found in Appendix A4.3.



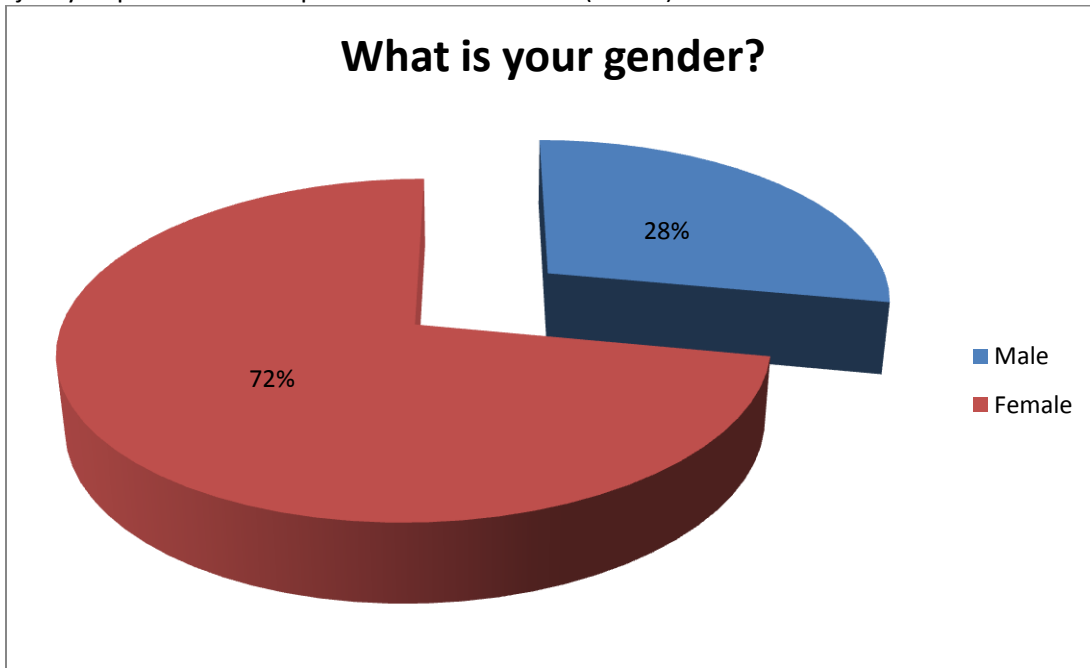
### 3.1.2. Practitioners (online survey)

The respondent and practitioner online survey was viewed by 266 practitioner respondents, and completed by 174 people.

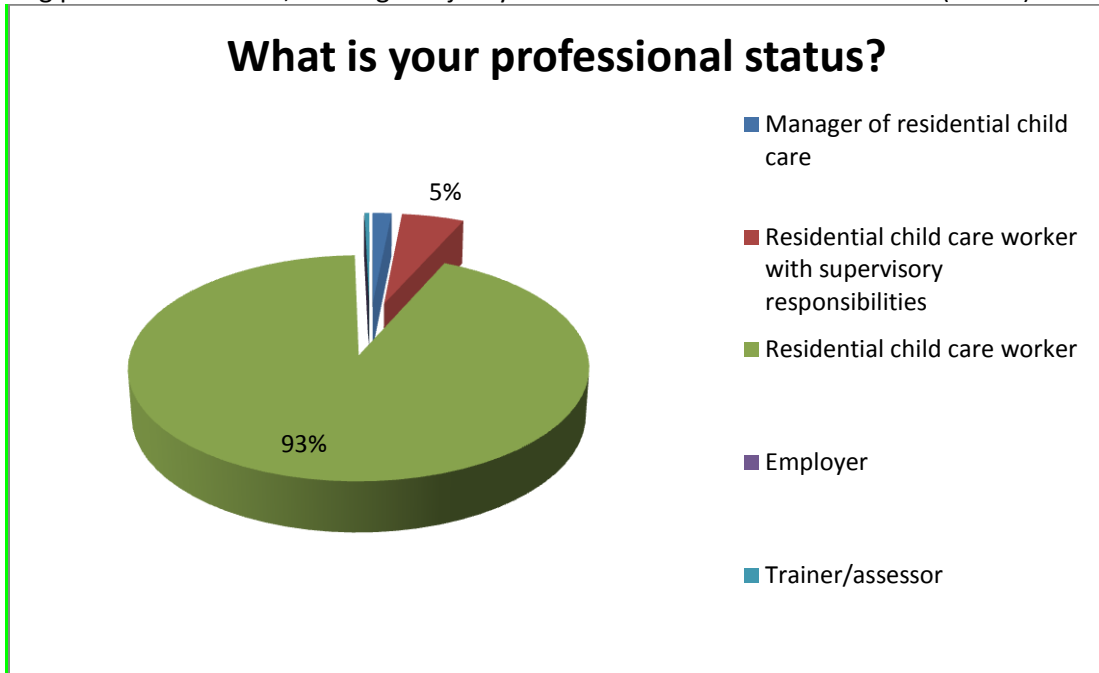
Regarding age, the majority of practitioner respondents were between the ages of 36 and 55.



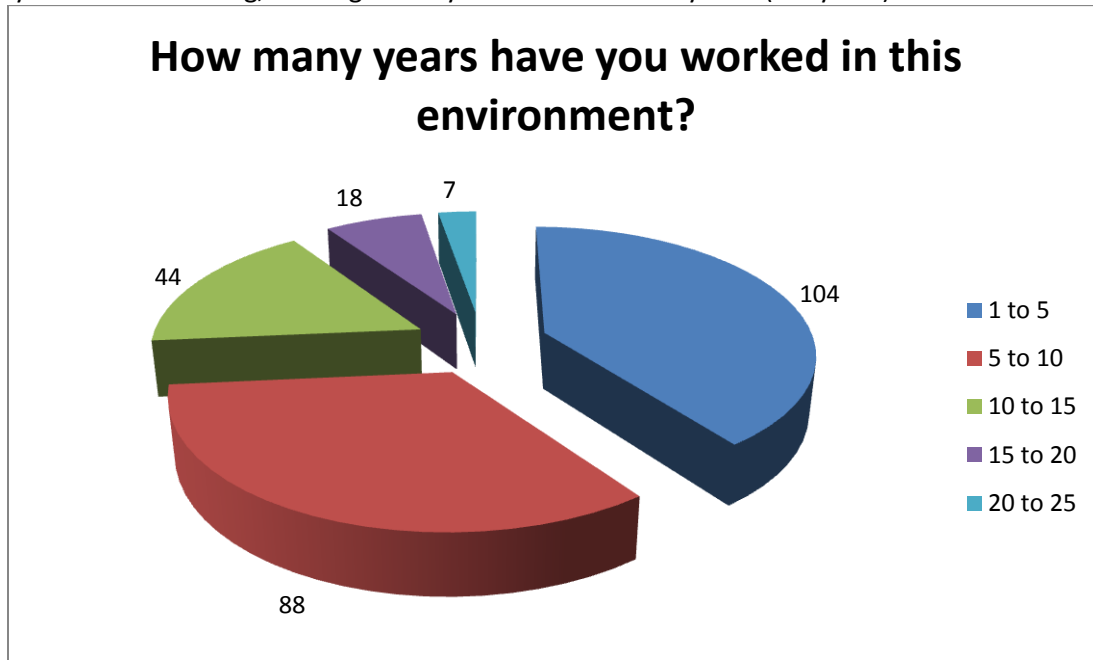
The majority of practitioner respondents were women (70.7%).



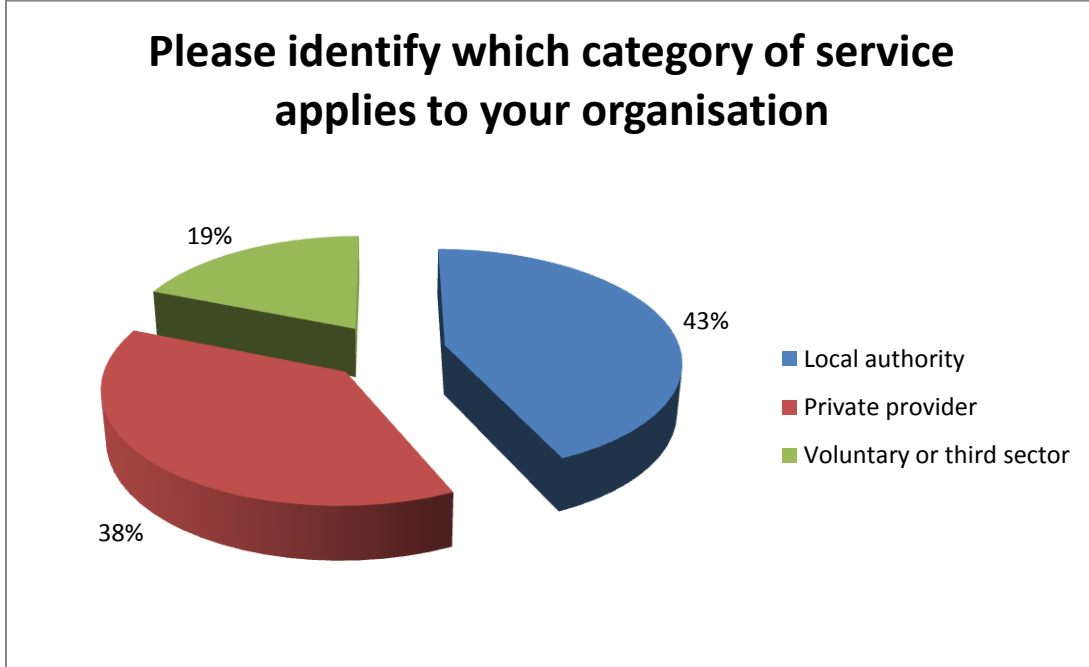
Regarding professional status, the large majority were residential child care workers (92.9%).



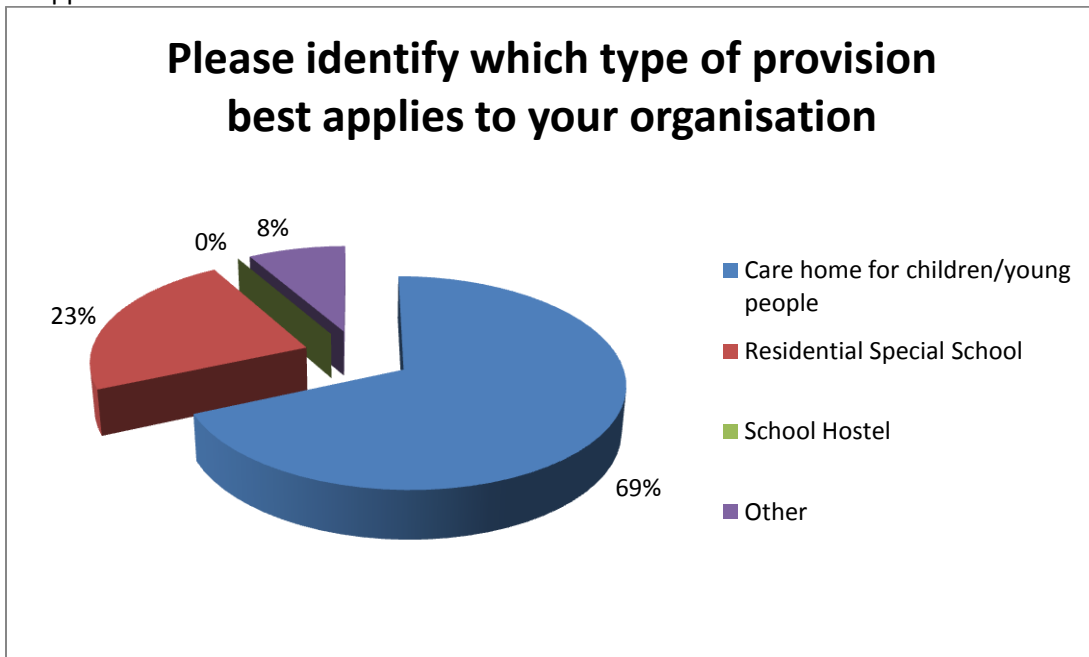
Regarding years worked in their own environment, the majority of practitioner respondents worked over 5 years in their setting, although nearly 40% were relatively new (1-5 years).



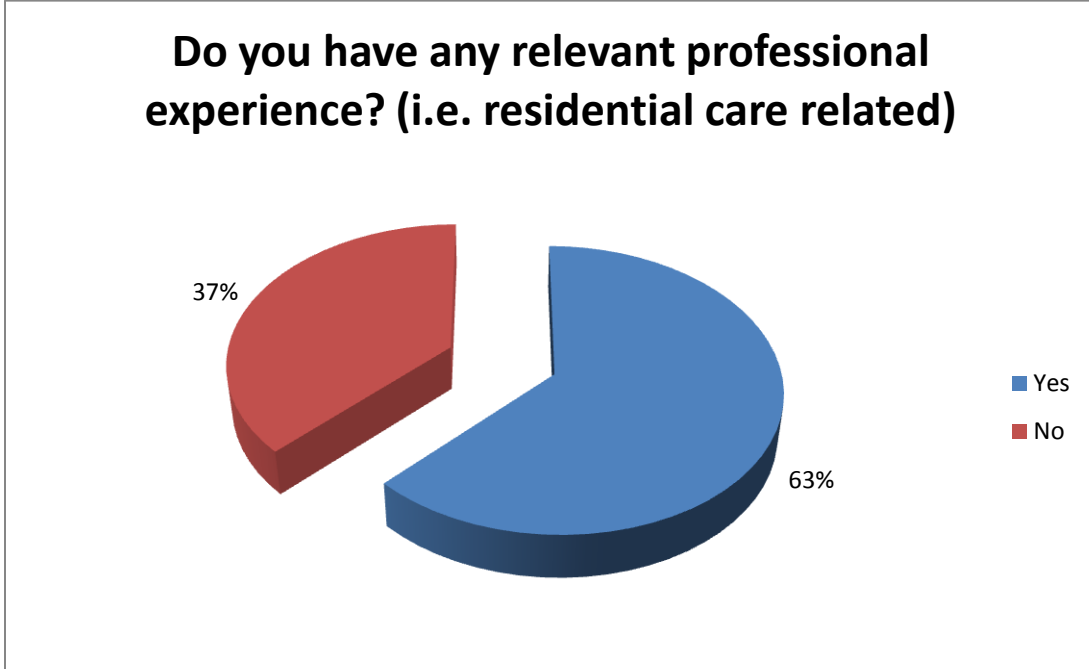
With regard to organisational status, 43.2% practitioner respondents worked in local authorities, 37.8% worked for private providers and 18.9% in the voluntary sector.



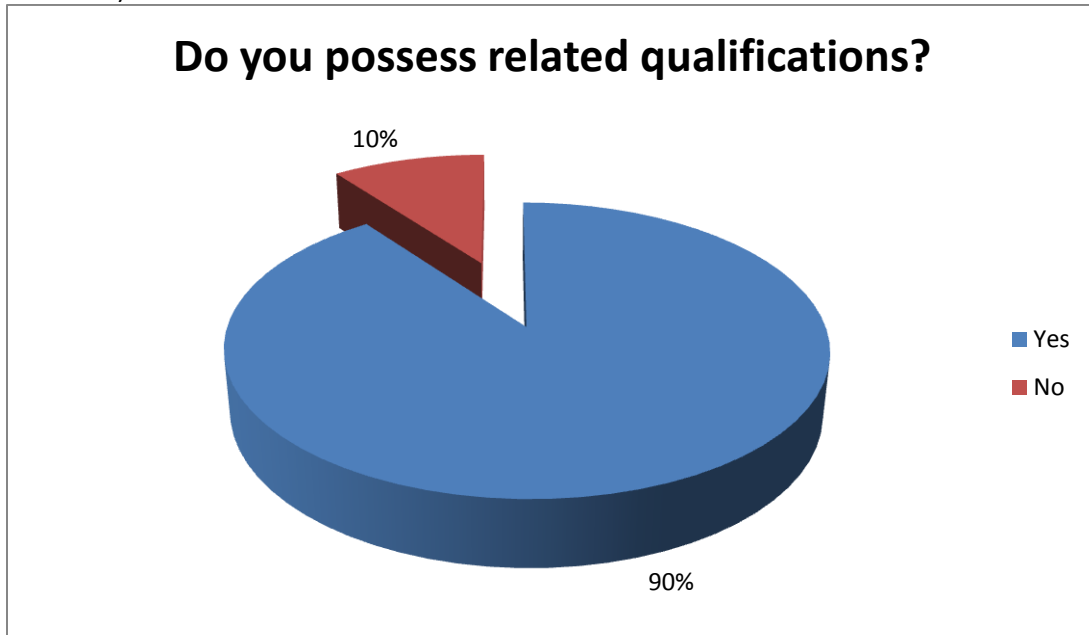
Furthermore, over  $\frac{2}{3}$  of these organisations were care homes for children & young people- followed by residential special schools and other organisations. A complete breakdown of 'Other' replies can be found in Appendix A5.2.



Almost ⅔ of those respondents (62.5%) who replied to the relevant question had **relevant professional experience** (See Appendix A5.3. for more detail).



Almost 90% of respondents who replied to the relevant question claimed having **related qualifications** (Appendix A5.4.).





### **3.1.3. Academics & practitioners (Interviews)**

For the purpose of this research, we selected and interviewed a number of individuals involved in residential child care either directly or indirectly. In total, 10 interviewees were approached and we managed to secure 8 interviews. These included:

- 5 academics with either academic focus on social work, or relevant academic expertise
- 2 leading professionals in the field including professional development and training of residential child care staff and professionals
- 1 interviewee expressing the policy of Scottish Government in relation to residential child care work

The majority of respondents worked in their environment for over 5 years, and occupied senior levels.

With regard to category of service, 5 respondents worked in HEIs, 1 in the third sector (residential special school), 1 in local authority (policy maker) and one in a public training provider.

Out of the total of 8 interviewees, 5 respondents had experience of working in residential care.

## 3.2. What is unique about the residential child care sector?

Manager respondents, who considered the residential child care sector unique, attributed the unique nature of the sector to characteristics such as:

- **Challenges posed by environment & nature of work/ sensitivity of target groups** (e.g. work develops in the life space of service users; “the level of abuse both physically and verbally that staff endure and how this affects them”; “we are sometimes working with severely damaged young people... normal life within a Unit is hard to pull off”)
- **Nature of relationships** developed (e.g. attachment issues; “the intensity of the relationships both with the young people and their families”; “the relationship based approach and how the adults in the service are managed will have a direct impact on the culture and experience of young people”; “the need to form trusting relationships relatively quickly in order to gain an understanding of the needs of the young person and how these identified needs can be met”) & work involved
- **Unique role** of workers (counselling, therapeutic; “you are with the service users in their home as opposed to dipping in and out of their life”; “unique role that workers play as corporate parents and the knowledge they have about how the children in their care function”)
- **Uniqueness of qualities required** (“the qualities required to engage with, and build, relationships with disenfranchised, damaged children. The theoretical knowledge and understanding required to work with children whose life experience is underpinned by neglect and abuse by adults. The personal resilience required to continue to work in an often oppositional environment which can involve violence and aggression a daily basis”)

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*“This is an area that is neither purely Social Work, Youth Work or Community Education. It is all of these things plus a substitute family with all that entails. No particular qualification has been able to do all of that justice at this time“*

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Practitioner respondents cited the following, essentially focusing on similar themes:

- **Challenges posed by environment & nature of work/ sensitivity of target groups** (notion of life space mentioned - “24 hour care with constant pressure of dealing with vulnerable young people”; the effect of the environment and the impact on a person’s mental and emotional welfare are not recognised by any private employers... to be able and competent in this field takes a lot of dedication and effort which is not recognised by government / employers”; “most complex children and young people in the care sector”)
- **Nature of relationships** developed (attachment mentioned - “the closeness and friendship that builds up between service user and staff”; “the dilemma faced by practitioners of balancing a trusting, open, supportive relationship with children and their families, while maintaining professional boundaries”; “we work 24 hours a day with our young people and get to know them far better than any other professional”)
- **Unique role** of workers (“staff do a range of jobs while on duty... cook, cleaner, advisor, counsellor, nurse, personal shopper, teacher, protector, hairdresser, decorator, driver, etc.”; “stressful nature of the role”)
- **Sector-specific legislation**

- **Uniqueness of qualities and skills required** (emphasis on interaction with children and young people, ability to understand complex relationships & behaviours, “care, commitment and sustained communication” )
- **Problematic status/ reputation of the residential care profession** on which grounds the argument was made for further qualifications (“we provide the day to day care for children and young people. When working with other professionals we are seen as less professional. This is mainly based on grounds of perceived qualification and therefore level of ability... Other professionals have failed to consult residential staff including management on decisions relating to children we provided care for. This situation needs to change.”; “a lot of work in the background is done in the workers’ own time and this is never mentioned when all these debates regarding...)
- **Problematic organisation of residential care work** (“Residential care is unusual as we are expected to become caregivers for young vulnerable children/ Adults for 8 hours per day, then we walk away and return the next day, often leaving situations half resolved for other practitioners to continue. This is often unsatisfactory for the residing individual and can lead to a mistrust / angry reaction. These types of situations are hard to work through in a classroom.”)

*“Residential work is unique because all behaviours displayed by young people are concentrated and magnified within a group living environment”*

Interview respondents identified:

- **Sensitivity of groups:** there is a high concentration of need because of current climate
- **Life space connection - relationships between practitioners and children** (“intense & intimate multiple relationships”, “impact on staff”, 24 hour service)
- **Increasing pressure on field:** Increasing drive to reduce no of children– most difficult young people remained
- **Uniqueness of environment** (“group living environment”; “therapeutic environment”)
- **Unique role of workers** who need to address the “needs of the (peer) group” which can be tapped into and used in a positive way for children; it was mentioned that residential care is about that group dynamic; “every element of service is public... practice is under a microscope all the time”; workers need to have a sophisticated understanding of young people’s needs because of professional relationship... in a very unprofessional kind of environment”

The minority of interview respondents, who did not identify the residential child care sector as unique, cited the following reasons for their view:

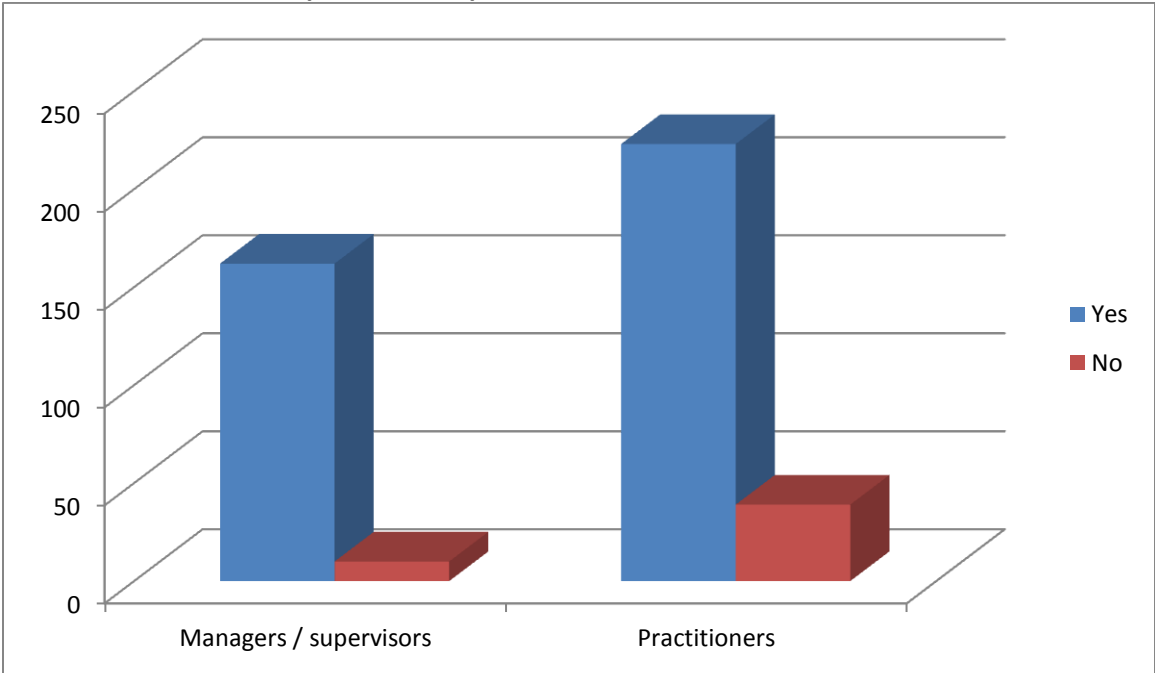
- **No significant difference in risk** – increased risk is result of insufficient management of risk
- In terms of **managerial qualifications**, “the basic tenets of management are the same whatever sector you’re in”
- **Specific procedures same for everyone** (e.g. Child protection cases go through children’s panels, and not through the workers themselves)
- **Skills required are similar to skills** of other staff working in children’s services sector.

In summary, across the respondent spectrum, in general there was a correlation of views of equal representation. Further to the points raised by all groups, practitioners highlighted problematic issues they appeared to consider unique to the residential sector that, such as the organisation of residential child care work , and the reputation of residential care professionals.

### 3.3. Need for a new qualification

#### 3.3.1. Identifying the need for a sector-specific qualification

The overwhelming majority of manager & supervisor respondents (94.2%) who replied to this question identified the **need for a qualification specific to residential child care**.

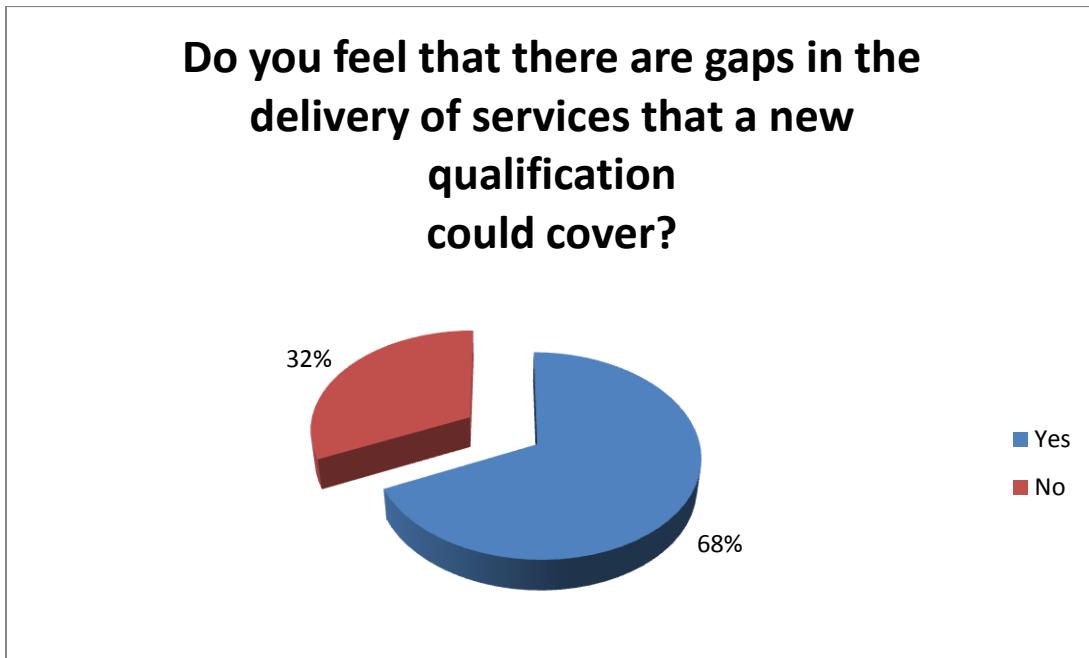


This was also the case for 85.1% of practitioners asked, who also identified the **need for a qualification in residential care**.

Similarly, the majority of interview respondents also identified a need for a qualification specific to residential child care.

### 3.3.2. Gaps in delivery of services

68.2% of manager respondents identified **gaps in the delivery of services** that a new qualification could cover.



When asked to elaborate on their replies, manager/supervisor respondents cited gaps in:

- **Residential care specific training** (looking at sector-specific “challenges, difficulties, rewards”)
- **Knowledge of relevant theories and links to practice** (“child development theories and practice”, “therapeutic approaches”, “attachment theory”)
- **Practical skills**, everyday residential care worker skills (including aspects of work such as report writing) & work experience (“administration and delivery of the day to paperwork and systems currently being used”)
- **Personal development & CPD** (“present qualifications do not place sufficient emphasis and skills development in the practitioner developing themselves as the best tool in Residential child care”)
- **Managerial skills**, team development, leadership (“with the manager award I think there is [...] not enough focus on managing people”; “the BA SW does not equip potential managers for the complexities of management and or the residential task”)

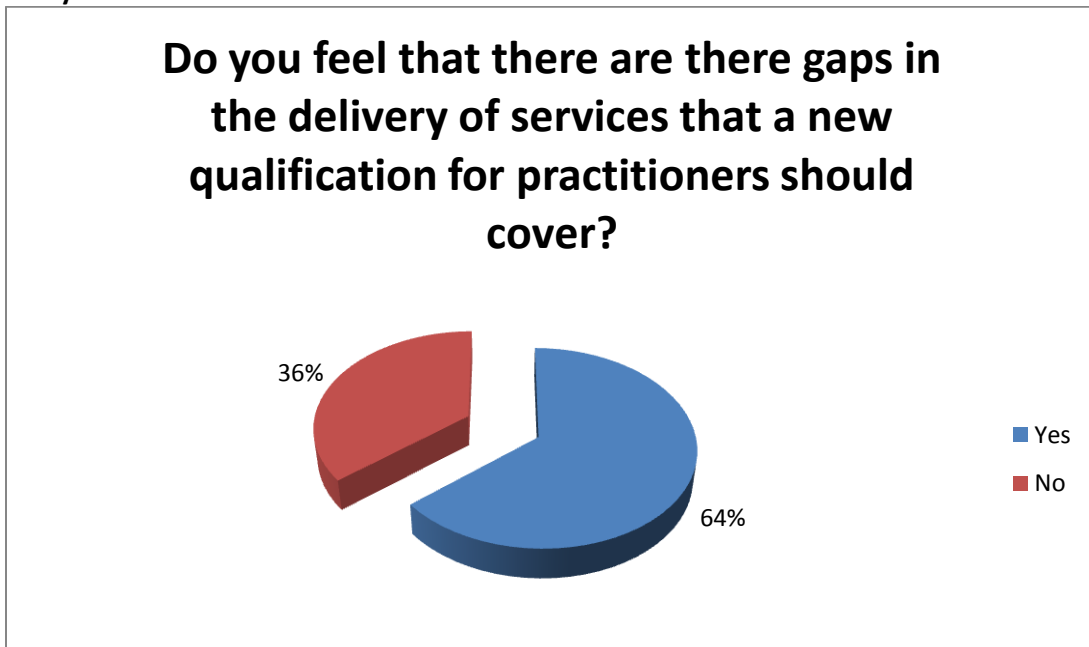
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*“My experience of working within local authority residential care units suggests that there are some people who came into that working environment via the absence procedures and redeployment, a specialised qualification would mean that the people working in this environment want to be there”*

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- **Management skills** (“Care Planning and Person Centred Planning. How to manage Challenging behaviour and Self-Awareness”; “counselling skills”; “communication, team working, understanding challenging behaviour”; “)
- Lack of a qualification that **reflects the fast evolution of the sector**
- **Mental health** issues
- Working with **trauma**
- Working with young people/ children & **families/ family development** (“strengthen child centred approach and putting the importance of support supervision for carers in the foreground”; “practical application of child care management”; “connecting with kids, workers being well trained in the actual impact they are having on kids”)
- Working in **life space**
- **Therapeutic intervention in mainstream services** (“the opportunity for young people to be offered long term therapeutic intervention does not exist within any of our mainstream services. Any such intervention is offered by organisations who charge exorbitant/ prohibitive amounts of money for their services”)
- **Training/ learning curve** (“in nursing you have to attend ‘block’ training before being allowed to work in wards but in childcare you are more or less ‘flung in at the deep end’ and learn/train as you go along”)
- **Work experience**

Practitioner survey replies painted a similar picture, as 64.1% of respondents similarly identified **gaps in the delivery of services**.



Practitioner respondents elaborated by adding:

- **Work experience/ training** (emphasis on practical experience)
- **Understanding of psychological** (e.g. attachment, trauma, mental health) **and children’s issues** (“a greater understanding of the child’s or young person’s state of mind and how best to alleviate any anxieties”)
- **Understanding of conditions** such as autism/ epilepsy/ learning disabilities
- **Understanding of sign language**

- **Understanding of “more specialised subjects”**
- **Knowledge of relevant theories and links to best practice** (child development theory, person centred training theory to inform, intervention theory)
- **Awareness of relevant legislation/ acts** (e.g. GIRFEC)
- **Development of relevant skills** (understanding group dynamics, working therapeutically in life space, attachment theory)
- **Personal development & CPD**; the issue of **availability of training** was also brought up (“I worked eight year before I was given opportunity to do SVQ & HNC; this should have been training for qualification from the start of my employment, but had a manager who was ageist”; “not enough places at colleges”); issue of reflective accounts & commentary where theory and practice merge
- **Management skills** (supervision)
- **Links between care services** (“deeper understanding of other services’ functions. Promoting good relations between RCC & other agencies”, credibility with other professionals)
- **Development of residential care-specific skills** (crisis/ stressful situation management, counselling)
- **Shortfall in current vocational frameworks**; a concern was raised that current VQs create an infinite number of interconnecting knowledge points that do not prepare workers improve their practice

*“A culture that is not fear based and devoted to covering one’s own back is required before young people will start achieving more. More hoops create people better at jumping through hoops.”*

Gaps identified by interviewees included:

- **Not enough hands-on experience/** social pedagogy or underlying related elements as part of the curriculum design
- **Residential placements** for children under 12 “on the far end of the autistic spectrum” are difficult – local authorities tend not to accommodate under 12
- **Broader political commitment** to after care in particular (how does delivery influence policy?)
- The “**right**” **combination of existing qualifications** (the combination of social pedagogy and “cost-cutting” was mentioned)
- **Moving across sectors**
- **Presence of social pedagogy principles** (more on this in 4.5.2)
- **Worker self-esteem**
- **After care** (“what happens when children have left”)

*“We need to move from that unconscious competence to a conscious competence”*

In summary, across the respondent spectrum, a general consensus of opinion existed that related either directly or indirectly across both survey stages in relation to this question. However, despite general agreement, it is worth recognising how each participant profile prioritised differently. For example, managers took a much more strategic approach, in relation to gaps in the delivery of services. Practitioners were both more empathetic and pragmatic with the needs of the sector, as were interview respondents.

### 3.3.3. Contradictions: Sector specific qualifications

Managers, who felt that there is not a need for a qualification in residential care, supported their claim by mentioning the following:

- there are **existing qualifications in place** that are adequate (respondents mentioned RMA, SV4, DIPSW, PDA)
- it was mentioned that residential care should be **experience**-based, and that it is experience that is desirable, not developments that would “narrow down options for career and experience for professionals”
- Given the diverse backgrounds, skills and experiences of current residential care staff, “a specific qualification” could potentially “**limit the number and type of applicants**” for posts in the sector.

Practitioner respondents were more vocal on elaborating why there is not a need for a new qualification. Interestingly, practitioner respondents highlighted a number of similar issues:

- there are **existing qualifications in place** that are adequate (respondents mentioned HNC Social Care, SVQ III) and can be “tailored to suit” - although provision was made for practitioners who want to progress (“progressive qualifications should be available to allow for progression but not be mandatory”; “I do however think these [academic qualifications] should be offered in order that people can progress through the system if they desire into more senior roles”)
- respondents were concerned about **challenges that would be impacted upon staff by academic training environments** - the point was raised that the introduction of new qualifications could potentially favour specific groups of workers not necessarily more skilled at residential care (“it will have a negative impact... it will favour the employment of those who can jump through the correct paperwork hoops, while completely disregarding those who have more useful and complex skill sets, such as common sense and empathy”). Respondents claimed that greater specialisation “based on academic qualification” does not take into consideration “the importance of relationship as the absolute core/ essence of residential work” and that it “stifles creativity , discourages risk enablement and can actively deskill competent practitioners as their overemphasis supports a view of practitioners as ‘experts’”.
- a number of respondents claimed that they **did not need any further qualifications**, feeling that they already possessed such (“I already have a social work qualification and so I do not feel I should be made to study further to have a career within residential care”)
- respondents further stressed that, **with regard to residential care, there are factors & qualities that are more important than qualifications**, given the fact it is a “practical (i.e. practice) based field” (“Some very well qualified people work in my care setting who are not as effective with the young people as some of the staff who would not attempt or pass that qualification”; “people who often go into this line of work do so for their personal qualities i.e.: caring nature not because they have lots of academic qualifications”).

*“[I] have seen a number of staff with qualifications who don’t do a good job and have also seen staff who have no qualification doing an excellent job, I feel it’s more important to have an understanding and genuine care for clients in care”*



Interview respondents who did not identify the need for a new qualification, mentioned, among others:

- **Required benchmarks already in place:** an interview respondent argued that practitioners lack sufficient knowledge of existing benchmarks in their entirety (commenting that there are over 200 benchmarks in place, the content of which a large number of practitioners could ignore)
- **Cost involved:** respondents stressed that the cost involved in establishing a new qualification (“how much that costs financially... achieving small steps has been so painful in terms of registration of staff... anything more than that is almost like, inconceivable”) is prohibitive, especially in the current economic climate (“new qualifications are a costly business”)
- Even in case of confirmed gaps in qualifications, **additional units within existing core qualifications** would be adequate
- An interviewee argued that **there are gaps in social work degrees** which do not provide adequate exposure to direct engagement with young people and understanding of issues like trauma etc., and **qualifications for managers in the care department** (some managers have argued “they have not been given the opportunity to really learn some of the very important tools of engagement with young people” - e.g. social pedagogy).
- There are already **degrees in place that provide adequate qualifications**

*“Makes sense to take advantage of what is already there and what practitioners value”*

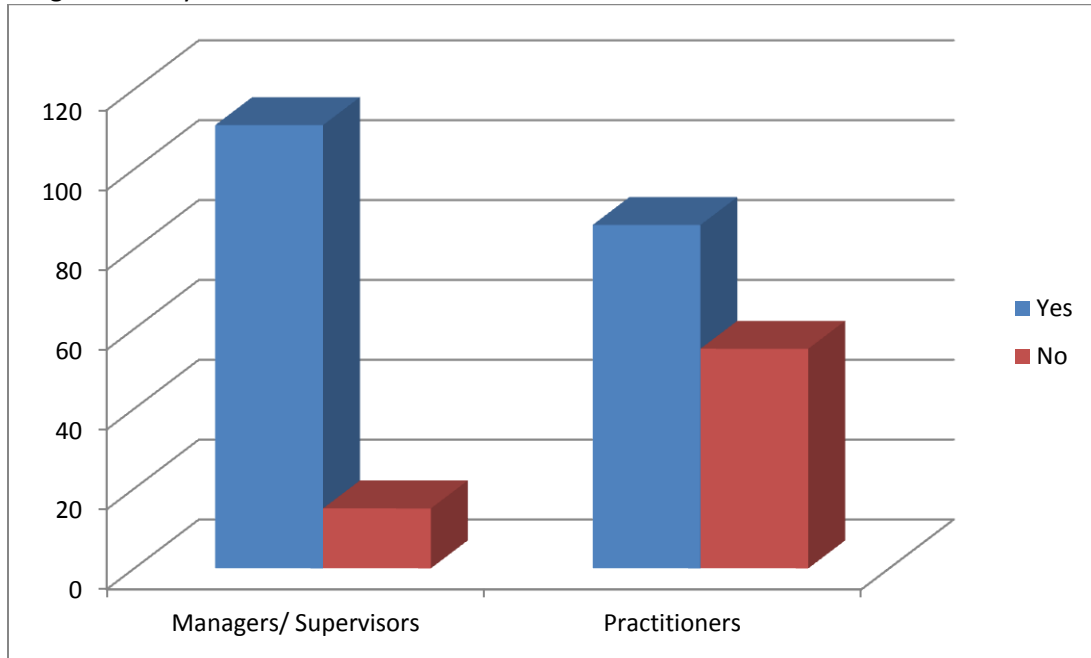
There were some intriguing comments and commentary that stimulated us in such a way that it would be worthy to speculate on the context of those statements and on the subtlety of their articulation; for example, a number of respondents warned about the danger posed to staff by an academic qualification. In some cases, respondents felt this might be prejudicial to their continuous professional development as a practitioner. Additionally, respondents kept assuming that a new qualification would be an academic one, even though the research was specifically designed to exclude any reference to the eventual method of delivery. Therefore, this research team ask the question: Is it necessary to consider the implications of this in broader design terms?

Within the relativity of our sample, there are indications of contradiction within the two groups surveyed. There is a relative pre-eminence of opinion against further qualification from the practitioner survey group as opposed to the manager and supervisor survey group. However, caution needs to be expressed when judging this commentary as both groups who contradicted the need for a qualification (especially the practitioner group) were unequally represented as samples of their larger populations. Therefore, this research team feel that it is important to recognise the greater emphasis of this contradiction within staff practice, and acknowledge a larger emphasis from the management and supervisory group in relation to the strategic issue of why a qualification should be represented. This was opposed to the practitioner group who within the comments raised felt it was their practice, as opposed to the qualification, that was important. Does this therefore then suggest that further research in development should investigate more fully an application of policy in a more visible context within curriculum development?

### 3.4. Design/ delivery

#### 3.4.1. Registration

The majority of manager respondents (88.1%) felt a new qualification should be considered part of the current registration system.

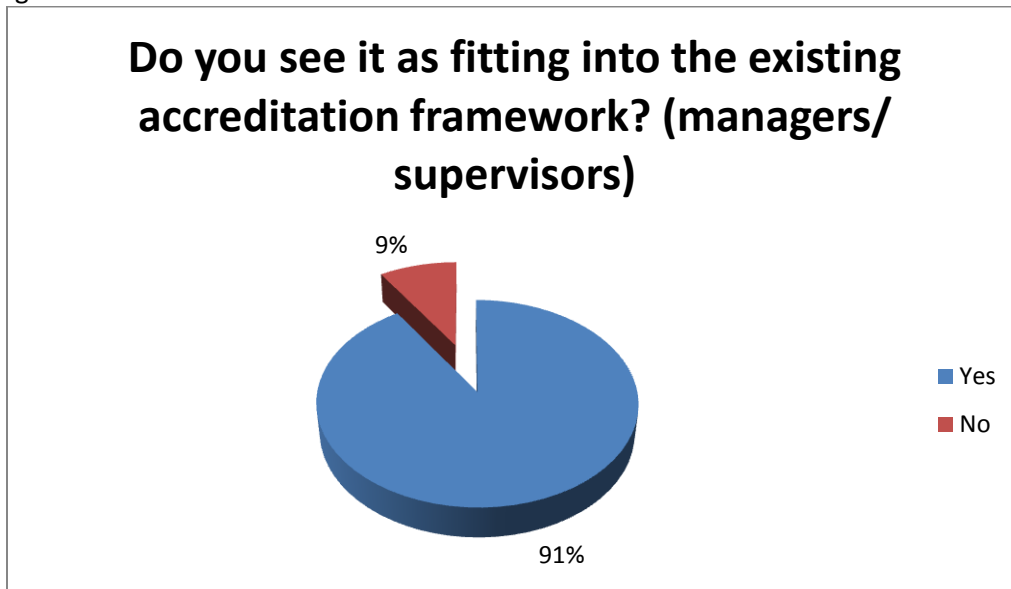


The (comparatively smaller) majority (61%) of practitioner respondents were also in favour of a qualification that would be part of the current registration system.

Interview findings supported in context the view expressed by the majorities of managers/ supervisors and practitioners. Almost all interview respondents believed such a qualification should be part of the current registration system (with the exception of an interviewee who identified a need for a sector-specific qualification). An integrated qualification should providing, as was argued by a number of interviewees, “flexibility for people to move across” other care sectors, to prevent workers from getting “stuck” in residential care.

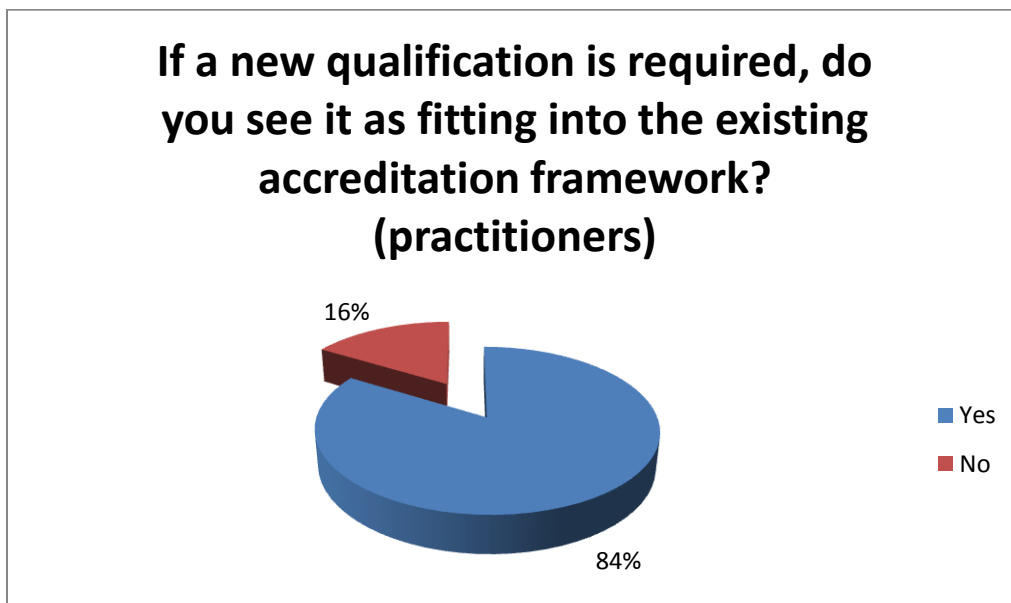
### 3.4.2. Accreditation

Both managers/ supervisors (90.9%) and practitioners (83.7%) saw the new qualification as fitting into the existing accreditation framework.



Manager respondents elaborated by adding:

- A new qualification could be **part of SQF framework 6/7**
- Role-specific qualifications could eventually **replace the existing framework**
- A new qualification should **replace HNC/SVQ 3**
- **HNC & SVQ 3 should be integrated**
- A new qualification could sit **alongside SVQ**, with “more emphasis on specific skills”
- A new qualification could sit **alongside the BA in Social Work**



Practitioner respondents elaborated by arguing that a new reward:

- could be **incorporated into HNC or SVQ** as an extra module
- would be **more academic** and could replace the SVQ3 (seen as “adding little to improving best practice”- opinion expressed by more than one respondent)
- could be **equivalent to SVQ/ HNC**
- could **link HNC to SVQ3** “with a credit in residential child care needs”

Interviewees agreed that a new qualification could fit in the current accreditation framework, and a number of them argued that planning should allow for moving across other care sectors. They added:

- **Integration into an existing pathway**, so it could be part of system that recognises different pathways into the existing, problems for students graduating and wanting to get into residential childcare, they should be on both registers if they need to
- A respondent arguing for a new qualification sitting in the current accreditation framework stressed that since “there are transferable skills in social work... **we should not put barriers to people**”. He added, however, that “this does not negate the fact that separate knowledge is required for residential child care”.
- A respondent called for **types of delivery specific to residential child care**.

### 3.4.3. Qualification level

Regarding the qualification level, manager respondents situated the qualification at a number of levels, which included:

- **HNC Social/ Residential Care & Health**
- **SVQ 3 & 4**
- **SCQF 6, 7 & 9**
- **Manager's award/ BA in Management Qualifications**
- **BA/ BSc/ Degree/ Diploma in Residential Child Care, Residential Social Workers BA**
- **Social pedagogy/ work degree**
- **MA/ MSc in "Advanced Residential Childcare" or pathway social work qualification**
- **Hybrid/ mix qualifications** (e.g. social work training & social pedagogy training, nursing/ psychology & training in child development)
- **Practice-based courses**

Practitioner respondents cited:

- **HNC Social Care/ Child Care/ Residential Care**
- **SVQ 2, 3, 4, Residential Group Living, Residential Child Care, Social Care, Child Care**
- **BA/ BA Hons degree Social pedagogy / work, Residential Care, Psychology, Sociology**
- **First aid training**
- **MSc in Residential Care/ Advanced Residential Child Care**
- **HND ("progressive", following an HNC) in Social Care**
- **Practice-based degree** ("to be undertaken "on the job" with experienced mentors and an emphasis on relational practice")
- **Social pedagogy approach degree**

The common agreement between interviewees was that the qualification should sit at a higher level (a respondent added that a qualification should be delivered by a "university setting"), mentioning:

- **Manager award**
- **Care award**
- **Level 9 award**
- **Level 10 award**
- **Level 11 award**
- **Social work qualification**
- **Post honours level**

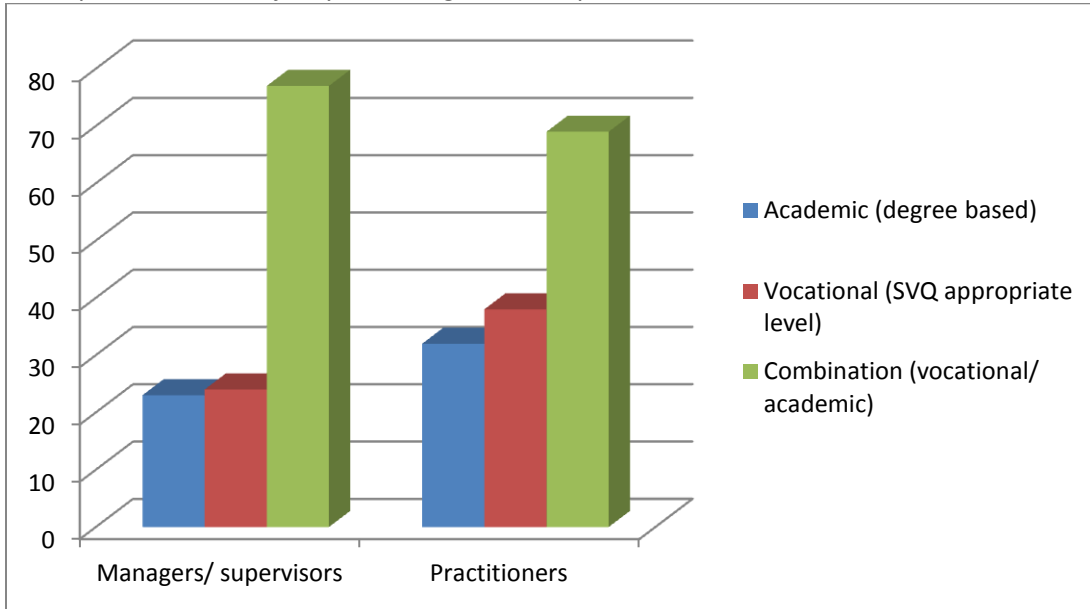
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*"I agree that everyone can work with young people who can offer a number of qualities but I think it is necessary to have a qualification in order to show that you can be responsible for the young person. Basic skills are needed and a qualification that covers young people's needs are essential. A child care qualification highlights and covers essential topics that are needed and part of a residential child care worker".*

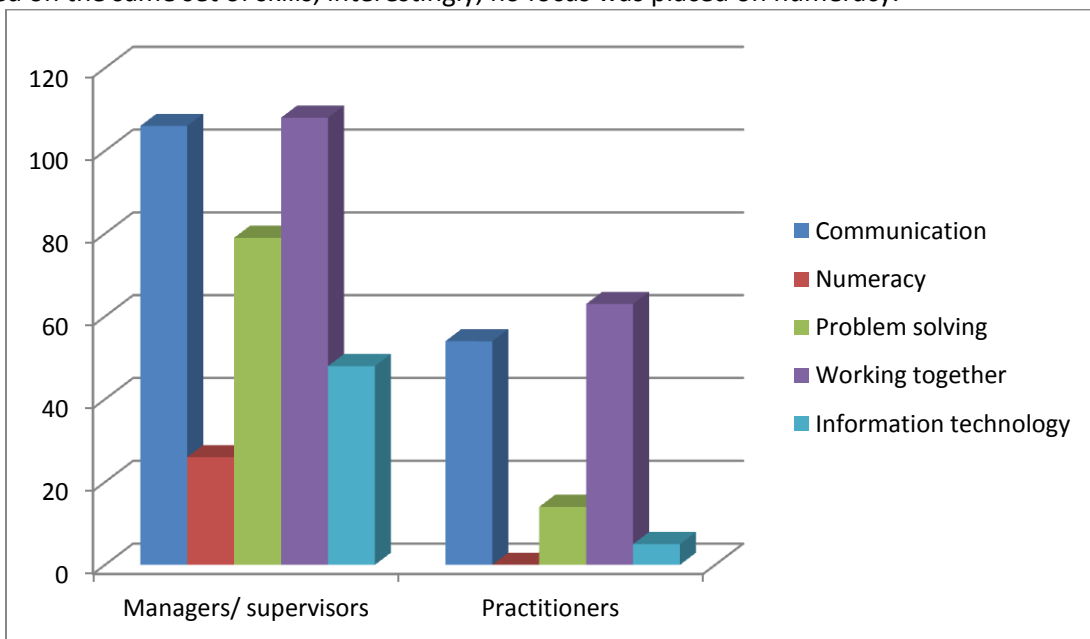
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### 3.4.4. Delivery

62.1% of manager respondents argued that such a qualification should be delivered through a **combination of vocational and academic learning**. Almost half of practitioner respondents (49.6%) shared the opinion of the majority of managers and supervisors.



Regarding the **combination of core skills that a new qualification focuses on**, special attention was given by manager respondents on communication and working together. Practitioner respondents focused on the same set of skills; interestingly, no focus was placed on numeracy.



Manager/ supervisor respondents, including interviewees, replied that a new qualification/ award could be best delivered by **work based learning and practice, competencies** and a **blended (education/ training providers)** method of delivery. Virtual distance learning and Recognition of Prior Learning (RPL) were the least preferred methods of delivery.

Similarly, practitioner respondents seemed to prefer **work based learning and practice, competencies** and a **blended approach**, and expressed little preference for Virtual distance learning. That being said, practitioner respondents expressed relatively more interest in educational methodology and recognition of prior learning as a method of credit value and accumulation.

### 3.4.5. Key priorities

When called to list the key priorities that a new qualification should address, manager/ supervisors respondents mentioned:

- **Qualitative care** that promotes continuing development
- **Relevant theories** (e.g. pedagogical, child development, attachment, Social pedagogy)
- **Awareness of mental health issues**
- **Understanding & supporting residential care “client groups”/ children** pathways and lives
- **Development of professional skills & knowledge** (e.g. communication, various practical experience, team working, “basic parenting skills/ knowledge”, managing difficult behaviour, report writing, Life space work; “there also needs to be a focus on practical skills rather than just theory”)
- **Development of managerial skills**
- **Awareness of legislation, policies, procedures** (National Care Standards, GIRFEC etc.)
- **Revisiting qualifications** (“Many people complete training/qualification after meeting a basic level. This is never revisited and will cover their registration for the length of time they are working. there needs to be more focus on revisiting qualification”)
- **Delivery of education and learning within residence**
- **Integration and collaboration between care professions**
- **Awareness of sector specific issues**

*“...the relationship between the practitioner and the child is a crucial part of the process of support and... continuity is the greatest asset to helping children heal and grow”*

Practitioner respondents in turn cited:

- **Development of professional skills & knowledge** (e.g. teamwork, crisis management, time management, contact with social services outside agencies, assessment, emotional support, practical experience, reflective practice, future goal planning, work placement assessment)
- **Awareness of legislation, policies, procedures** (Child Protection law)
- **Awareness of mental health/ trauma issues**
- **Awareness of substance abuse issues**
- **Awareness of developmental disorders/ disabilities**
- **Relevant theories** (e.g. child development; “greater theoretical knowledge leading to staff better equipped to deal with damaged children and young people”)
- **Promoting life skills & independent learning** (“telling time / reading news paper or bus timetable... Personal Hygiene/ Life Space Hygiene”)
- **Emotional support**
- **Understanding & supporting residential care “client groups”/ children** (including issues like “aspects of the courts and criminal justice system that affect young people in residential child care”, “the role of police and their approach to young people in care”; “psychology of children and young people, health and well-being- mental and physical)
- **Managerial roles** (e.g. assessments)
- **Research into sector related issues** (e.g. attachment, resilience, human development interventions, offending, sexual abuse, neglect)



Interviewee respondents listed the following priorities:

- **Leadership**
- **Understanding of impact of trauma**
- **Understanding of relationships in context of child development** (health, education)
- **Family and group dynamics** (“practical psychological tasks in supporting staff”)
- **Understanding of residential child care issues**
- **Ability to move across sectors**
- **Strategic thinking/ planning**
- **Partnership working**
- **Business/ financial acumen**

### 3.4.6. Key professional skills/ qualities

During the first stage of data collection this research looked into leadership skills, resonant through all professional domains. In the second stage we used the question of professional skills, as we responded to a different professional group, and examined correlations in respondent replies. The replies produced, as the reader can see, indicate that leadership and professional skills are synergistic- there is recognition of both; the development of a qualification would wish to consider these findings.

Manager respondents put forward a plethora of skills that they felt should guide the development of a sector-specific award:

- **Management skills** (organisation, time management, planning)
- **Leadership skills** (team leading; “being a good support for each team member and working with them to improve on their weaknesses and letting them use their strengths to the best of their ability”; “capacity to take an overview e.g. helicopter approach”; a strong and motivated leader who has the ability to recognise ability in others and support them to develop this ability”)
- **Innovative**
- **Motivated**
- **Empathy**
- **Problem solving**
- **Personal/ character qualities/ life skills** (listening skills, “strong value base”, people skills, integrity, confidence in self, honesty, understanding)
- **Counselling**
- **Communication skills**
- **Awareness of legislation/ national care standards**
- **Teamwork**
- **Creativity**
- **Multi-agency working**
- **Reflexive working**
- **Finance-related skills** (budget management)
- **Knowledge of local authorities** (needs and processes)
- **Vision**
- **Adaptability / flexibility** (“being open to learning, being able to change practice to take into account any new learning”)
- **Understanding of young people’s issues**
- **Awareness of context** (“an understanding of social and cultural influences”)
- **Care for young people**
- **Setting an example**
- **Emotional and therapeutic support**
- **Conflict resolution skills**

Practitioner respondents’ replies touched on a wide number of similar points:

- **Empathy**

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*“Residential child care needs all its staff to have leadership qualities. The capacity to work in partnership, to work on one’s own initiative, to take responsibility”*

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- **Communication skills**
- **Problem solving**
- **Collaborative/joint/group working**
- **Resilience**
- **Care for young people**
- **Patience**
- **Personal/ character qualities/ life skills** (honesty, trustworthiness, understanding nature, respectful, approachable, sharing common values and principles, sense of humour, varied personal interests e.g. art, listening skills)
- **Non judgmental approach**
- **Experience**
- **Education/ academic skills/ literacy**
- **Adaptability / flexibility** (“the ability to adapt to varying situations at a moment’s notice both at the level of the children/ Y.P. as well as dealing with other professionals at a level befitting your position”)
- **Work ethic**
- **Professional integrity**
- **Report-writing**
- **Organisational skills**
- **Reflexive working**
- **Continuity of care practice**
- **Team working**
- **Awareness/ knowledge of care system**
- **Awareness of legislation/ national care standards**

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*“I don’t want to sound too silly, but in the social care sector it is very important to share common values and principles. If you don’t care about what you are doing then it simply isn’t going to work out well for you.”*

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Interviewees, similarly, mentioned:

- **Setting a culture** (“what the norms are, and what the expectations are of people... whether it’s a place of high ambition for young people or positive affirmation”) **and the consistency in maintaining such a culture** (norms are about how one responds to complex needs of young people)
- **Relationship building**
- **Leadership**
- **Management/ supervision**
- **Reflective**
- **Managerial** (“capacity to manage people and self”)
- **Knowledge of relevant theories** (approaches to residential care, ideas about change)
- **Knowledge of policy and legislation**
- **People/ networking skills**
- **Team skills**
- **Influencing** (systems, boundaries, policy)
- **Empathy**
- **Strategic thinking & planning**
- **Integrity**
- **Business sense**
- **Vision** (“vision to integrate services”; a vision that a practitioner can “sell and understand”)

The comments raised above underpin recommendation 12 of Higher Aspirations, Brighter Futures: NRCCI (National Residential Child Care Initiative) Workforce report (SIRCC 2009), the object of which was “to deliver on the government’s commitment to work with partners to make residential care the first and best placement of choice for those children whose needs it serves”. According to recommendation 12:

“The Scottish Government should liaise with sector skills bodies to build on the work already undertaken through the sector skills agreements further to analyse skills and skill gaps across the children and young people’s workforce (across all relevant sectors including... social services). This will ensure the residential child care workforce skills are in line with the needs of children and young people, and encourage local and national action to plug skills gaps and strengthen joint training and learning across the workforce”.

The report also highlights **the importance of joint working for those working with children and young people in residential care**: ‘Residential care workers do not operate in isolation’.

This further outlines the need for a **more cohesive framework of qualification to support the workers in this important sector**. Indeed, the report indicates that because of the increasingly complex and diverse needs of the children and young people in residential care: “Children and young people need residential care staff to have the support of the wider children and young people’s workforce”.

The above are further supported by The Early Years Framework (COSLA 2008), which in its vision highlights “the **importance of high quality, flexible and engaging services** delivered by a valued and appropriately qualified workforce in delivering the ambitions of this framework”.

In order to achieve this vision, the Framework outlines elements of transformational change including the need for a “**coherent approach**” and “**more effective collaboration**”. A key element of taking forward partnership working is “**breaking down barriers between education and childcare through a move towards more integrated, flexible services**”. Of course within the context of policy the workforce is the key element of this integrated provision whereby “children and families are supported by a workforce which is highly skilled, well trained, appropriately rewarded, well supported, highly valued by all and with attractive career paths”.

It is worthy to recognise that participant responses not only acknowledged coherently the policy objectives of both documents, but are also dynamic indicators of policy into practice as perceived by the managers, supervisors, practitioners, academics, professionals and policy makers who acted as participants in this research.

### 3.5. Respondent suggestions/ comments

When designing the surveys the research team purposely constructed the format in such a way that took a “blank canvas” approach, which gave this research team the ability to acknowledge differentials, i.e. where comments exposed a level of articulation and sophisticated understanding from respondents, this provoked an insightful approach to the mindset of participants and their insight within the context of these 2 stage surveys. Our reasoning behind this was to stimulate a wider discussion and perhaps further debate relevant to the findings and analysis of this initial stage of qualification development.

#### 3.5.1. End user involvement

Regarding the **involvement of end users**, the majority of interview respondents agreed on the involvement of end users (children and families, whom a respondent called “the real experts” on the issue) when considering the development of a new award. Interviewees additionally suggested the involvement of the full spectrum of workers (practitioners, managers, supervisors) in the residential child care sector, both in this piece of research and in general (“Service users should be consulted... they can describe what they want... workforce itself needs to have a voice”).

*“No matter what the system does, families and the young are the real experts, and should be part of the process”*

*I would be interested to know whether, and how, the SSSC, as part of this consultation is gathering the views of young people with experience of residential care, on the importance/relevance of professional qualifications by those they worked with.*

More specifically, a interviewee mentioned that solutions cannot just be imposed, but need to come from “communication systems” that “should pulse back and forth”, as people “need to contribute to be effective”.

One interview respondent with a residential care background stressed that we need to be careful when considering consulting children, and that a lot of relevant consultation has been “tokenistic” and that child representation has been limited. The same respondent added that good practitioners should already be aware of related issues, and could help with a relevant consultation (“sometimes you’ve got to know... what is good for kids... residential workers always talk to kids, and they always know what they would like, but they also know what kind of workers kids in care like, and what kind of things they like to be doing, so they can represent those views better than any advocacy organisation can”).

### 3.5.2. The role of Social Pedagogy

“In recent years there has been a dramatic growth in interest regarding social pedagogy within the UK, following the introduction of the Every Child Matters agenda, which has led to greater inter-agency collaboration by professionals working with children (the Children’s Workforce) crossing the boundary between education and care, and taking a whole child perspective view of the needs of children” (Kyriacou 2012).

Interestingly, the concept of **social pedagogy** was mentioned by the majority of interview respondents as potentially informing the development of a new qualification, and by a number of online survey respondents who identified its potential for influencing such a development.

Respondents, who indicated a preference for incorporating social pedagogy principles in a new qualification, essentially defined social pedagogy by referring to values and concepts identified by managers and respondents, and touched on issues such as what is delivered, how children are viewed and how behaviour is analysed. Interviewees asked to define social pedagogy included in their definition:

- **concepts of upbringing** (“all that is required to bring kids up”)
- **the concept of life space**
- **the concept of participation**
- **the concept of social justice**
- **strength-based approach**
- **the concept of trauma**
- **child-centred approach**
- **the concept of reflexive, autonomous practitioners**

When asked about how social pedagogy principles could **impact** on residential child care practice, interview respondents mentioned that:

- Practitioners speak positively of experience, practitioners can reclaim some sort of moral purpose, get ideas and terms to realise what they do
- Managers would hold very rounded understanding of persons and situations, and understanding of trauma, and how resilience is built
- Social pedagogy could assist practitioners with working on and designing “systems to address problems created by trauma” and focusing more on work with families

### 3.5.3. Issues for consideration

When given the chance to comment further on issues participants found of importance, they stressed a number of key points that they and the research team feel are relevant to the subject of this research and may illuminate points previously made. These points should be taken into consideration when the next stage of developing a new qualification occurs. These points also a number of themes not brought up in previous analysis, but pervasive throughout our dataset.

- A manager respondent added that while “**qualifications** are important”, their **development should take into consideration workers who**, despite having a “natural aptitude” for working with children” with problems, **may lack the “academic capacity to embark” on degree courses and relevant qualifications.**
- A practitioner mentioned that a new qualification should be “**flexible** about how it can be obtained” (i.e. night classes, day release, open learning), as some practitioners may also have other jobs and would need to, or cannot afford to give up paid employment to embark on a new qualification (a suggestion was made that practitioners.
- With regards to delivery, an interviewee argued that “**meetings bring a lot**” and that a qualification should involve “**face to face**” **delivery**; the respondent added that “courses taught online tend hit the mark”.
- A practitioner respondent claimed that “each independent place” works differently”, warning that it is “**hard**” to **standardise training** and suggesting maintaining “the unique quality... each place possesses”.
- A number of practitioner respondents stressed the **practical, experience/ personality-based nature of residential care**, which they felt should be taken into consideration when considering the development of a related qualification (“[...] for what makes a good residential worker is not the person with the most qualifications but the most practical skills and experience”; “on hands experience, good training is worth more in my opinion than any qualification”; “most of my experience and learning has been on the job there are just some things you cannot teach in a classroom”; “Too many newly qualified i.e. HNC start work and do not know what they are getting into).
- A manager respondent suggested that he/she “would like to see a qualification that would **develop Residential Workers’ recognition of the education, learning and development for the young people** that the service [in which] they are manager delivers”.
- A manager respondent stressed that the **multidisciplinary nature** of residential child care should be reflected in a new qualification. “It is a multi-disciplinary work and any qualification should show this. We are required to know psychology, sociology - all the different theories, we have to know care planning and report writing, we need relationship building skills and knowledge, a sense of humour and yet we also need to know all the very basic things about bringing up children - all within some very specific laws and guidelines”.
- A manager highlighted the fact that “**the profile of young people entering the care sector is ever changing**... we are currently seeing a higher level of young people who have mental health issues, autism, substance issues”.
- A manager/ supervisor respondent suggested that a new qualification should take a **CPD approach** and **not be situated at a high level** so that it will not discourage practitioners (“aim too high and you scare away a lot of good caring individuals”).

*“I believe that if you don’t have it in you to work in a residential unit no amount of training will make you one”*

- With regard to the inclusivity of a new qualification, a practitioner suggested that **there should be an opportunity to extend the level and range of qualifications, up to and including full Social work qualification, without requiring employers' backing**, so that less favoured groups or individuals can move upwards in their career.
- A practitioner respondent spoke about the **benefits of degree-level qualifications** for both the skills and the morale of the text - "It is my belief that for improved service delivery and to achieve more positive outcomes it is of the utmost priority that residential childcare workers are educated to degree level. This would also contribute towards streamlining of services with the residents case files being held by allocated workers within their unit. Furthermore a workforce that is truly invested in allows for greater levels of vertical movement and also laterally through different services as there would be a standardised professional, qualification. This would also be of significant benefit to the workforce as it would improve overall practice and assure workers that their input is valued and their futures invested in".
- With regard to supervisor qualifications, an interviewee argued that it's important to **have a range of options** and focus on management.
- A practitioner respondent argued that "**qualification achievement should be linked to any future promotions** and not just length of service".

The research team feel that these key points, emergent themes and quotes expressed an insight beyond general survey findings and analysis. We feel that considering these will prove invaluable to any policy group considering the development of new qualifications in the residential child care sector.



## 4. In summary

In summary, from the analysis of the survey data, the research team identified a range of key factors and indicators that need further consideration. These key factors and indicators form the basis of the findings and comparative analysis resident within the 2 surveys and responding interviews. The focus of this section is representative of the context of Higher Aspirations, Brighter Futures: NRCCI Workforce report (SIRCC 2009).

The **key factors** included:

- The development of a **value driven qualification** that reflects an expectation from staff that a new qualification will endeavour to value experiences and build this value into both their qualification framework and reflective practice. (*“the biggest learning point I have taken from this time is that it is vital to be authentic and passionate in your role of support worker... in my opinion these are the 2 aspects which can separate a good team member from an average one”*)
- **Transferability of qualifications:** Either across the sector or cross dimensional into related academic and/or vocational pathways resident within associated disciplines of social care and childhood practice. (*“This is an area that is neither purely Social Work, Youth Work nor Community Education. It is all of these things plus a substitute family with all that entails. No particular qualification has been able to do all of that justice at this time.”*)
- **Translatability:** in credit value terms a new qualification should reflect a capability that is measurable in relation to academic and vocational credit value and accumulation. that will aid continuous professional development (CPD) and further educational development
- **Consultation through advisory groups,** i.e. stakeholders, service providers, service users, associated professional bodies and qualifications authority. There is a need to consider representation and end user involvement within the conceptual design of the qualification and the subsequent qualification framework.

**Key indicators** recommended:

- **An integrated curriculum design:** that reflects current and anticipated methodologies and modalities within its design. Which will incorporate and encourage learning through work based learning (WBL) problem based learning (PBL), scenario and evidenced based learning and situated learning complemented by use of virtual learning landscapes.
- **A central spinal column** with exit pathways and qualifications with accreditable transferable frameworks to other professional and non professional qualification routes applicable to this sector which can include associated sectoral pathways for learning. Credit Accumulation Transfer / remission.
- **A solutions-based approach** utilising prior learning and RPL that can translate into existing accreditation frameworks. (*“To allow for professionals to bring a range of experience to the sector and not narrow down options for career and experience for professionals”* (manager) Recognition of prior achievement (RPL), Accreditation, Accreditation of experiential Learning (APEL), Accreditation of Prior Learning and Achievement (APLA)
- An appropriate **learner support infrastructure** external to traditional delivery patterns, i.e. learner support, peer review, peer and self evaluation, mentorship, learning facilitators, collaborative learning and cross dimensional collaborative learner communities.
- **Aspirational career development** in residential child care and appropriateness in relation to transferability across other domains within the sector of childhood and childhood practice

- A need to assure realistically and with relative value **the purpose of quality** as a key priority for the development of a new qualification based primarily on situated learning (i.e. learning in context. (“Some very well qualified people work in my care setting who are not as effective with the young people as some of the staff who would not attempt or pass that qualification. It’s not qualifications that always improve the quality of care. A qualification in a practical based field does not always indicate the quality of the individual, all it does is produce another piece of paper that says that an individual said or wrote the right thing at the right time, which is probably no reflection on their level of competency working with children).
- The issue of **transferability and translatability of qualification interfaces** relates to the ability of a new qualification framework which includes potential access to other pathways and synergy with support and mentoring frameworks already resident, associated, established qualifications routes within the childcare sector). This new qualification would be used in context with other associated qualification frameworks and pathways.

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*“Residential care is such a unique environment that those staff who have come with purely academic qualifications can struggle with the daily, down to earth tasks. Basic parenting skills/ knowledge are overlooked. I also feel that if the qualification is pitched too high then we can lose some valuable staff who have the valuable vocational skills but who struggle academically.”*

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As stated at the beginning of this report, this document represents the first milestone in understanding what professional and practice stakeholders are expressing as key factors and indicators. It is our hope that this report will stimulate thinking in developing a coherent and focused qualification that will benefit both service providers and service users within residential childcare and the social care sector where children are represented. The outcomes of this research clearly represent a participant voice that indicates a need for change and a willingness by all parties to develop a more coherent approach to qualifying staff at an appropriate level and functionality. The report also exposes a need to consider a variety of methodologies that can be generated to stimulate a person-centred approach to learning that relates to practice in the workplace without losing focus of policy and environment.

Given the diverse nature and experience of the different respondent population, there can be debate with regards to the complexity and contradiction in how the design of a new qualification can and will be achieved. What is not in contradiction, however, is the effort needed to successfully achieve this ambition of a qualification structure that is both creative and innovative in its design and interpretation.

As one respondent stated, “you need a well-resourced approach to childhood practice... the disagreement is on the journey to travel”. This quote eloquently summarises the opinions of those directly and indirectly involved in professional education and training of people represented within this report. There is a need to ensure an integrated approach to different ways of thinking which are expressed within the design and implementation of a new qualification and accreditation framework. Opinions on the exact nature of such an approach differed. What was common throughout this report’s findings, however, was the commitment to ensure that positive solutions, approaches, and perceptions are implicit within the knowledge architecture and content demanded of a qualification/ qualifications, that can extend and integrate more fully with existing and new, more flexible pathways of learning.

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# Appendices

## Appendix 1: Online questionnaire (managers / supervisors)

### 1. What is your age?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65

### 2. What is your gender?

- Male
- Female

### 3. What is your professional status?

- Manager
- Supervisor

### 4. How many years have you worked in this environment?

- 1-5
- 5-10
- 10-15
- 15-20
- 25 or more

### 5. In what area of residential child care are you currently working?

- Local authority
- Private provider
- Voluntary or third sector

### 6. Please identify which type of provision best applies to your organisation

- Care home for children/young people
- Residential Special School
- School Hostel

### 7. Do you have any relevant professional experience? (i.e. residential care related background)

- Yes
- No

### 8. Do you possess related qualifications?

- Yes
- No

### 9. Do you feel there is a need for a qualification in residential care, integrated or independent?

- Yes

- No

**10. Why do you feel that there is not a need for a qualification in residential care?**

**11. What would the qualification be?**

**12. Do you feel that there are gaps in the delivery of services that a new qualification could cover?**

- Yes
- No

**Please elaborate**

**13. Do you feel that this qualification should be considered as part of the current registration system?**

- Yes
- No

**Please elaborate**

**14. Do you see it as fitting into the existing accreditation framework?**

- Yes
- No

**Please elaborate**

**15. At what level?**

- Academic (degree based)
- Vocational (SVQ appropriate level)
- Combination (vocational/ academic)

**16. What key priorities would this new qualification address?**

**17. Which combination of core skills should this new qualification focus on?**

- Communication
- Numeracy
- Problem solving
- Working together
- Information technology

**18. How do you feel a new award could be best delivered? Rate each choice on a scale of 1 to 6, with 6 being your most preferred and 1 being your least.**

- Work based learning and practice
- Competences
- Blended (education/ training providers)
- Educational (education/ training providers)
- Virtual (distance delivery)
- RPL (Recognition of Prior Learning)

**19. What do you feel is unique about residential care work that should be recognised in a new award?**

**20. Which leadership qualities do you feel are required for this sector, which should be recognised in a new award?**

**21. Other comments (please feel free to add anything if not already covered)**

## Appendix 2: Online questionnaire (practitioners)

### 1. What is your age?

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65

### 2. What is your gender?

- Male
- Female
- I'd rather not say

### 3. What is your professional status?

- Manager of residential child care
- Residential child care worker with supervisory responsibilities
- Residential child care worker
- Employer
- Trainer/assessor
- Government representative
- Other (please specify)

### 4. How many years have you worked in this environment?

- 1-5
- 5-10
- 10-15
- 15-20
- 25 or more

### 5. Please identify which category of service applies to your organisation:

- Local authority
- Private provider
- Voluntary or third sector

### 6. Please identify which type of provision best applies to your organisation:

- Care home for children/young people
- Residential Special School
- School Hostel
- Other (please specify)

### 7. Do you have any relevant professional experience? (i.e. residential care related background)

- Yes
- No

Please elaborate

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**8. Do you possess related qualifications?**

- Yes
- No

**Please elaborate**

**9. Do you feel there is a need for a qualification in residential care, integrated into existing qualification frameworks or independent of existing qualification frameworks?**

- Yes
- No

**10. Why do you think there is no need for a qualification in residential care?**

**11. What would the qualification be?**

**12. Do you feel that there are there gaps in the delivery of services that a new qualification for practitioners should cover?**

- Yes
- No

**Please elaborate**

**13. Do you feel that a new qualification should be considered as part of the current registration system, or not?**

- Yes
- No

**Please elaborate**

**14. If a new qualification is required, do you see it as fitting into the existing accreditation framework?**

- Yes
- No

**Please elaborate**

**15. At what level?**

- Academic (degree based)
- Vocational (SVQ appropriate level)
- Combination (vocational/ academic)



**16. What key priorities would this new qualification address?**

**17. Which core skills should this new qualification focus on?**

- Communication
- Numeracy
- Problem solving
- Working together
- Information technology

**18. How do you feel a new award could be best delivered (put in order of preference from 1 to 5 with 5 being your least preferred)**

- Work based learning and practice
- Competences
- Blended (education/training providers)
- Educational (education/ training providers)
- Virtual (distance delivery)
- RPL (Recognition of Prior Learning)

**19. What do you feel is unique about residential care work that should be recognised in a new award?**

**20. Which professional and personal Skills and attributes do you feel are required for this sector, which should be recognised in a new award? (Please elaborate)**

**21. Other comments (please feel free to add anything if not covered above)**

## Appendix 3: Interview questionnaire

### *Demographics*

**What is your professional status?**

- Manager
- Supervisor
- Other (please Elaborate)

**How many years have you worked in this environment?**

- 1-5
- 5-10
- 10-15
- 15-20
- 20-25+

**Please identify which category of service applies to your organisation:**

- Local authority
- Private provider
- Voluntary or third sector
- HEI
- Training provider (public)
- Training provider (private)

**Do you have any relevant professional experience? (i.e. residential care related background)**

- Yes -> Please elaborate.
- No -> Please elaborate.

### *General*

**Which type of provision do you feel best applies to your organisation?**

- Research
- HEI
- Policy maker
- Policy influencer
- Care home for children/young people
- Residential Special School/ School Hostel

**What do you feel is unique about residential child care work?**

**Which leadership qualities do you feel are required for this sector?**

### *Qualification*

**What type of qualification do you feel is required for managers/supervisors in residential child care? If so, why?**

**Are there gaps in the delivery of services that a new qualification should cover?**

**Which key priority/priorities would this new qualification in residential child care address?**

**Which core skills would this new qualification focus on?** (surveyor's note: *Communication, Numeracy, Problem solving, Working together, Information technology*)

***Design & delivery***

**Do you feel a new award could be best delivered in relation to a) residential child care or b) integrated into pathway structure that exists for managers/supervisors across the childhood practice environment?**

**Depending on answer, how do you feel this new award would be best delivered?**

- Work based learning and practice
- Competences
- Blended (educational)
- Educational (education/ training providers)

**Do you feel there is a need for separate qualification or integrated qualification?**

**What level do you perceive this qualification to sit at?** (surveyors note: *Level of qualification, VQ, VQ/Academic i.e. HNC/HND, Academic i.e. undergraduate*)

***Accreditation***

**How do you feel about the process of accreditation? Do you think there is a different type of accreditation needed for this, or should this be integrated into an existing pathway? If so, do you feel there should be supplementary types of delivery that are specific to this environment (residential child care) and if so, what are they, and how do they need to be considered, i.e. core & supplementary?**

**Should there be a qualifications framework that allows people in residential child care work to move across and between other parts of the children's sector? Please elaborate**

***Social Pedagogy*** (if mentioned)

**How do you define social pedagogy? What standard do you feel defines social pedagogy?**

**In your opinion how would the key principles of Social pedagogy be incorporated within the structure of an award designed for managers and supervisors?**

**In your opinion how would the key principles of Social Pedagogy impact upon the RCI sector in relation to service provision and service users?**

***Conclusion***

**Should service users be consulted when considering the development of this type of new award relating to residential child care?**

**Other comments**

**(please feel free to add anything if not covered above. Add an extra page if necessary)**

## **Appendix 4: Manager survey open-ended replies**

### **A4.1. Please identify which type of provision best applies to your organisation**

- 1 Residential school care
- 2 Residential Care Home (elderly)
- 3 School Care Accommodation
- 4 Special needs
- 5 Secure Care
- 6 Respite and outreach service
- 7 Secure Unit / Residential School
- 8 Refuge for runaways
- 9 Respite for young people with physical and complex care needs
- 10 We also provide early years, day and respite and transition services and training for providers of lifelong support and learning
- 11 Respite Care Adults and Children with Disability
- 12 Through care and Aftercare
- 13 Residential respite
- 14 Integrated Community/Respite service children and young/people
- 15 Short term respite unit/children with Learning Disabilities
- 16 Secure unit
- 17 With Education
- 18 Respite unit for children with learning disabilities
- 19 Respite unit for young people with special needs
- 20 Short break service
- 21 Residential Respite - Disability
- 22 Residential School Care accommodation
- 23 Respite
- 24 Respite short stay
- 25 Short break service for disabled children
- 26 Refuge accommodation for young people
- 27 residential respite service for Children and Young People with disabilities. Project will be opening a long term residential service for same service user group in the near future.
- 28 secure services

#### **A4.2. Do you have any relevant professional experience? (i.e. residential care related background)**

- 1 Previously registered manager for a care home for people suffering from mental health problems
- 2 No relevant experience when I commenced work within this sector
- 3 14 years residential care
- 4 I have always worked in residential child care.
- 5 Worked as a care worker for the elderly
- 6 I began by taking care of two younger siblings when I was 17 years old and our parents died. I started with area team social work department and from there I went on to run local youth club and small i.e. group with one of the social workers, I began as a houseparent in a 53 bedded children's home and then moved to a new purpose build children's unit 8 bedded, I have also worked in a secure unit, day unit within a residential school and also a closed support unit \*\*\*\*\* before returning to local authority residential children's unit 6 bedded I began as a day shift worker but now work as a senior night shift worker
- 7 I have experience working as a residential care worker in crisis and short to medium term placement types. I have also worked with young people who have been looked after away from home when they have reached adulthood.
- 8 Have gained experience, qualifications while working in care sector
- 9 SVQ 3
- 10 Many years in child care
- 11 32 years experience in working with children and families
- 12 3 years in residential respite. Prior to this 4 years in adult residential care home.
- 13 Residential Childcare Experience
- 14 Worked in the care sector for 20 plus years
- 15 40 years as reflective practitioner at Camphill School Aberdeen
- 16 only workplace,
- 17 25 years as worker and manager in residential child care
- 18 Previously worked as a senior care officer in residential care
- 19 Residential
- 20 Residential worker since 2004, supervisory role 2010
- 21 I have worked in residential children's units
- 22 Qualified Social Worker, Registered Manager, 30 years experience in Residential Childcare
- 23 Previously started in sector as a care support worker then progressed to supervisor, team leader to current registered managers' post.
- 24 Prison service
- 25 In a residential school
- 26 I have worked in residential care for 25 years.
- 27 Worked in the area for 7 years
- 28 5 years residential and fostering support worker
- 29 33 years in residential work
- 30 Residential care
- 31 All my experience is in residential child care with the local authority working in partnership with various agencies and professionals.
- 32 I have worked in residential care in many different role for 24 years
- 33 I worked as a Residential childcare worker and with care leavers prior to becoming a supervisor and then manager.
- 34 20 YRS Residential work 10 community

35 Assessment centres & children's homes  
36 9 years residential manager.  
37 Thirty years working in residential school care accommodation environment (ASN)  
38 I have worked solely with young people. My experience includes working with local authority, charitable organisations and in the private sector. I also have experience of working with Autistic young people in a residential school environment.  
39 Numerous training courses and experience relevant to my role  
40 34 years experience  
41 Senior residential worker in other care establishment  
42 Worked within care settings for over 20 years  
43 Disability project management background  
44 Residential care related background  
45 Residential care background  
46 Nursing  
47 Care Background  
48 Working with offending/addiction behaviours  
49 Care background: respite and supported living.  
50 Came into residential care with the organisation that I currently work  
51 Youth Worker, Home School Partnership Officer, Foster Carer, Community Worker, Child Protection Officer  
52 Working with adults with dementia in a residential care home, work supporting adults with learning difficulties in the community.  
53 Teacher/Therapist in an EBD school  
54 Residential Care background  
55 BA (Hons) Social Work RCC  
56 BA (DIP)S.W and MSc advanced residential child care  
57 Being in the Job for 10 years  
58 Nursing home sister  
59 Have worked from locum to main grade to assistant manager position  
60 Dementia personal carer/residential worker elderly  
61 MSc Residential Child Care  
62 Worked in various residential care settings for children and young people  
63 Senior care worker previously  
64 I have gained experience throughout my time in my present job and also from previous work with young people in outdoor education and in education.  
65 Have worked in residential services for adults with autism , have progressed to managing residential service of a autism specific school  
66 Residential child care local authority  
67 25 years direct residential experience and several years related experience  
68 I commenced work 31 years ago as a relief residential child care worker and over the period gained experience qualification and promotion until today I own my own children's home.  
69 8 years experience in working and living with children with special needs  
70 Qualified Social Worker and work in statutory and voluntary sector  
71 In Social work since 80's  
72 Nursing background.  
73 Residential worker for 3 years senior residential worker for 2.5 years worked in area team with lac & kinship families 2 years assistant educ psychologist with responsibilities for lac development of literacy supports

- 74 I worked at service delivery level for 5 years within the service I now manage
- 75 Postgraduate Certificate in Public Sector Management
- 76 Residential child care.
- 77 residential care related background
- 78 Various social care posts held previously.
- 79 I have worked my way through the ranks of supervisory responsibility; i.e. senior worker, assistant manager and now unit manager
- 80 Have worked in child care for the last 32
- 81 Prison service leading onto residential child care settings



### **A4.3. Do you possess related qualifications?**

- 1 SVQ4, SVQ3, HNC, D32, D33
- 2 HNC SVQ4 social care and studying for Msc Residential care
- 3 Registered Managers Award (RMA)
- 4 Post grad com ed, pda management in social care
- 5 Registered manager
- 6 HNC and SVQ 3 social care
- 7 O.U. K303. SVQ4
- 8 Diploma Advanced Res Childcare/SVQ 4/HNC/SVQ3
- 9 SVA LEVEL 3 and SVQ LEVEL 4
- 10 HNC, SVQ's 3 &4, BA Social Sciences and currently near the end of a MSc Advanced Residential Child Care
- 11 SVQ3m svq4 and hnc social care
- 12 My qualifications are not specific to residential care. I have a honours degree in Psychology, a SVQ3 in Management and certificate in Care Services Management
- 13 DIPSW/ SVQ4
- 14 HNC Social Care SVQ 3 & 4
- 15 SVQ IV
- 16 HNC social sciences
- 17 Registered managers awards, Youth and community certificate
- 18 Dip SW and due to complete post grad management qual in
- 19 SVQ 4 children and young people. Currently studying towards Masters in Advanced residential Childcare
- 20 BSc Nursing K303 Managing care
- 21 Yes have completed SVQ Level 4 Management
- 22 HNC SVQ3 , DIP Social Work
- 23 HNC Social Care and SVQ 3 in Children's Care
- 24 SVQ level 4 in Care and Registered Managers Award and BA in Curative Education now called Social Pedagogy at University of Aberdeen
- 25 SVQ 3and4 and HNC
- 26 Dip Comm Ed, Dip Sw, BA in SW, Prof Cert in Management
- 27 SVQ 3 in Child Social Care HNC in Social Care Registered Managers' Award and SVQ4 in Social Care
- 28 SVQ/3 and HNC and Assessors award and undertaking svq/4
- 29 CSS and Management Award
- 30 BA Social Work, certificate in Social Work Management
- 31 As above plus Child Protection Certificate
- 32 NVQ4 CYP and NVQ4 LMC
- 33 rma
- 34 an HNC
- 35 HNC Social Care with SVQ3, SVQ\$ and Registered Manager's Award as well as a BA in Home Economics
- 36 hnc social sciences, svq three, numerous sircc and private courses
- 37 HNC Social care, SVQ 4 Leadership and management
- 38 HNC in Supporting Special Needs, SVQ 3 & 4 in Social Care, PDA in Care Service Management
- 39 SVQ 4 ,HNC, Reg Managers Award
- 40 HNC Social Care and SVQ4

41 HNC Social Care: SVQ LEVEL 3 - Care (children and young people); SVQ LEVEL 4 CARE- children and young people

42 HNC and SVQ3

43 Com Ed, Social Work, Advanced Res Child Care

44 SVQ 4 RMA, SVQ 4, HNC,

45 SVQ level 3, working on level 4, OU K100

46 My qualification are in Psychology and Management and I am about to complete an SVQ 4 in Health and Social Care.

47 SVQ 3 + 4 - HNC Social Care - RMA

48 BA in social work, SVQ3 and HNC in Childcare

49 HNC Social Care, SVQ3, SVQ4 & RMA

50 BA(hons)Social work plus a registered managers award - certificate in managing care

51 SVQ4 HNC

52 SVQ3/SVQ4/RMA/Social Pedagogy Degree

53 I have SVQ3 and 4. I have a PDA in Care Services Management.

54 BA (Hons) Social Work Residential Child Care

55 BA PGCE SVQ IV managers

56 HNC social care, SVQ3&4

57 SVQ 3 & 4 & Registered managers Award

58 Currently undertaking SVQ 4 Health and Social Care/Children

59 HNC in social care, SVQ 2,3,4 in social care

60 Working towards BA (hons) Social Work, HNC Social care, K110 health and Social Care, SVQ residential childcare level 3 and 4, NC social care level 2 & 3

61 MSc Community Education

62 Dipsw, Post Grad Cert Business Admin

63 SVQ3/4, HNC, CSM;

64 HNC and SVQ 4 in Social Care

65 SVQ3 in caring for children and young people, HNC in care

66 HNC & SVQ 3

67 MA (hons) Social Work MSc Residential in progress.

68 SVQ 4

69 Postgraduate in Advanced Residential child care (SIRCC)

70 Diploma in Youth & Community Work, BSc Psychology with Hons, MSc Advanced Professional Studies, SVQ level 4 Health & Social Care,

71 SNNEB,SVQ3 h&S, SVQ4H&S, RMA

72 BA (Hons) Community Education

73 HND supporting special learning needs, Majority of modules for BA learning difficulties/disabilities, SVQ4 managing child care and currently studying BA social work residential care

74 Post Grad

75 Degree and SVQ4

76 BA (Hons) Social Work RCC

77 Teacher

78 SVQ4 RMA

79 BA Learning Difficulties and SVQ 4

80 HNC, RMA, SVQ4

81 RGN

82 Social work dip / HNC svq3 / PDA care management

83 Certificate home care/SVQ 3 social care/ HNC social care

84 SVQ3 & SVQ 4, HNC & BA Social Sciences  
85 HNC child care - svq3 - svq4  
86 Degree/RMA/SVQ4  
87 BA Social Work  
88 HNC in Social Care, SVQ3 and 4 Health and Social Care and currently studying for BA(Hons) in Social Work  
89 HNC social care, awaiting start on svq4 and lmc  
90 HNC Social Care-SVQ Level 3 AND Level 4 NNEB  
91 HNC childcare & working towards social work degree  
92 Diploma in Health and Social Care, SVQ3 and almost finished SVQ4  
93 Ba Hons social work / MSC  
94 CSS, Cert in Child Prot, Managing Care  
95 I gained CSS, Post Graduate Diploma in Social Services Management, Advanced Award in Social Work  
96 BACE  
97 Bsc. CQSW Diploma in Child Protection Studies (Dundee University) Certificate in Social Services Management Studies (Birmingham University) Certificate in Leadership (RGU)  
98 I am a registered manager currently completing BA honours in residential child care  
99 BA (hons) social sciences m/Phil psychology svq 3 & 4  
100 SVQ level 4 in social care (children and young people)  
101 HNC Social Care and SVQ Level 4  
102 BA(HONS) Residential Social Work  
103 SVQ3 held; in final year of BA(Hons) Social Work  
104 HNC, social Care, SVQIV, CSM - Registered Managers Award  
105 HNC in Childcare with SVQ 3 and a Diploma in Social Work  
106 HNC social care, svq 3 & 4 children & young people

#### **A4.4. Why do you feel that there is not a need for a qualification in residential care?**

1 There is, the RMA meets this requirement for qualification

2 In my experience for residential managers the combination of sv4 and DIPSW or PDA is appropriate and suitable for the role. I feel these are the suitable qualifications. Remember we also train in other areas such as TCI and attachment throughout the year so to make a new qualification up seems pedantic and bureaucratic. Great for training providers but for no real change for the service or the taxpayer! We have lots of training and it seems that there needs to be time to allow people to consolidate their new learning. As a manager I need time to work with my team and not to keep getting consumed by constant changes of training expectations. It is stressful enough and I feel the current standards have the right balance. Please don't look to change things just for the sake of it.

3 Many staff work in residential care with a wide variety of skills and experiences. Having a specific qualification in residential care could limit the number and type of applicants for posts, which would be detrimental to the sector.

4 Existing required qualifications are adequate.

5 Continual development of staff via training

6 To allow for professionals to bring a range of experience to the sector and not narrow down options for career and experience for professionals.

7 I feel that the current required qualifications for registration with SSSC are relevant and appropriate

8 Qualifications in place are adequate

9 I believe that Residential Care should be experience based and not just qualification based - it would develop the person and the service best. With that in mind this should only be required with a non-related qualification.

#### **A4.5. What would the qualification be?**

- 1 Degree in Residential Childcare
- 2 The minimum at SQF level 6/7 - based on a workplace assessment - specifically bespoke to your service. 10 units. 8 weeks for completion of unit. Inclusive of shared educational care perspectives.
- 3 The RMA meets the required qualification
- 4 Current qualifications are generic and favour candidates from an academic background. E.g. The current HNC covers the whole of social care. In my opinion the qualification should be specific to fields within the social care umbrella.
- 5 MSc/Diploma Advanced Res child care /SW Degree or a Pedagogical qualification
- 6 SVQ LEVEL 3 or HNC in Social Care
- 7 academic and vocational
- 8 Social Pedagogy training
- 9 Minimum of at least a SVQ 4 plus the HNC
- 10 HNC social care and SVQ3 presently cover the basic knowledge for working with children
- 11 A combination of a vocational and academic based qualification which relates to the residential specifics related to caring for children and young people away from home.
- 12 HNC social care and svq 111
- 13 HNC/ HND/ SVQ3/ 4
- 14 SVQ 3 and HNC
- 15 HNC social care and SVQ 3
- 16 SVQ IV and HNC in social care
- 17 Qualifications in Social Pedagogy
- 18 HNC Social Care SVQ III Social Care
- 19 Minimum HNC Social Care
- 20 Masters in Advanced Residential Child Care or Residential pathway Social work qualification. Would be good to have one tailored to working with children with disabilities.
- 21 Social Work Degree
- 22 The qualification would need to be a mixture of work based and theoretical learning. I also think that when asking people who have worked in the care sector for many years to take on a qualification that the on job learning they have acquired through the years needs to be recognised.
- 23 Unsure
- 24 I think the Certificate, Diploma, Ordinary Degree and Honours Degree in Social Pedagogy (University of Aberdeen) or similar would be appropriate as well as SVQs at various levels for worker, worker with supervisory responsibility and manager.
- 25 I don't know, but aim too high and you scare away a lot of good caring individuals ; I like the CPD approach to learning after an initial qualification
- 26 Some counselling skills, targeted towards children, but not formal, has to be done on the hoof not apparent to the young person, hope this explains?
- 27 HNC social Care SVQ 3
- 28 I feel the qualifications that have to meet the criteria for the SSSC relevant to the care I work in.
- 29 SVQ3 should be sufficient to cover care workers whether they are supporting vulnerable adults or vulnerable children. Stipulating staff either need a SVQ4 or HNC to work with children when this is not a requirement if supporting vulnerable adults I feel is shocking. Equally the fact that someone having say and advanced higher in history or an HNC in car mechanics should not be cross referenced to prevent people have to do the HNC/SVQ4 in Social Care! SVQ3 should be sufficient for everyone!
- 30 In House work based HNC in practical hands on and legislation related to children
- 31 Degree or Diploma in Residential Child Care incorporating SVQ style practice based assessment

32 HND level in care

33 HNC residential child care

34 HNC/SVQ3 for Project Workers Management qualification for senior staff

35 The qualification needs to be a hybrid of social work training and social pedagogy training.

36 As current, HNC for theoretical knowledge and SVQ for vocational / practice

37 Communication, it related, specific to care related field i.e. children or adults etc

38 At least SVQ 3 and counselling

39 Something practical based as well as knowledge based

40 A professional qualification which recognises child development, attachment and family relationships.

41 As it is just now HNC&SVQ3 for Residential Workers with a specific qualification in Residential Child Care at either HNC or SVQ3 level to be completed within three years of taking up the post.

42 A practice based course with a good overview of theories of care relating to practice such as child care and attachment theory

43 Degree in residential management

44 HNC and SVQ Level 3

45 HNC social care and relevant SVQ for the post with more emphasis on residential care group living

46 Associated with Getting It Right For Every Child; and promoting a more therapeutic environment for the young people who are in care

47 HNC

48 Diploma or Degree in Social Pedagogy

49 Social Work qualification

50 Social Work Degree

51 Career progression Starting with combining HNC SVQ3 ELEMENTS DIPLOMA BA

52 Managers BA in social work, Managers award SVQ4 Residential Social Workers BA in Social Work Supervisors SVQ 4 in Child Care

53 Managers BA in social work Care workers SVQ3 HNC in social care

54 It would look at the huge challenge of being a residential worker. They need to be better parents than we are to our own but that will never be the case. Connecting with kids, understanding the need to be alongside them and not control them.

55 SVQ3, SVQ4

56 Social work degree/ diploma HNC in childcare SVQ 3 or 4

57 As long as person has minimum of HNC in social care

58 Similar to the social work degree concentrating on values, professional knowledge (evidenced based) and with a commitment to ongoing professional development.

59 Not sure exactly, but something that reviews a person's competence and learning on an ongoing basis.

60 Social Pedagogy Degree

61 BA (Hons) SW RCC

62 A specific qualification aimed at the intricacies of residential care work. It is a job which requires specific skills to be very good at. Unfortunately it is far too easy to float along at times.

63 HNC and SVQ3 are currently adequate But a move to SVQ IV or equivalent is reasonable

64 NC or hnc in social or child care at entry level

65 Trauma Attachment and Resilience with Honours degree in management with care and health

66 Managers Award

67 HNC and SVQ and regular in house training

68 SVQ/HNC however these should be updated once the qualification is gained. Too many people gain this qualification then forget everything they have learned.

69 Min HNC residential care and svq 3 residential child care  
70 SVQ4  
71 HNC health and social care with vocational element  
72 HNC3/HNC4  
73 Appropriate Management Qualification  
74 Advanced Residential Child Care Certificate at Degree level linked in to HNC SVQ 3 & 4 as foundational qualifications  
75 Diploma  
76 Care practise skills  
77 Unsure  
78 Social Pedagogy/Residential Care but not Social Work  
79 Work based reflecting on practice with a theoretical element i.e. historical perspectives on learning disability and theories of human growth. Also tailored units relating to specific client groups: Attachment; Autism etc.  
80 A social pedagogy model of education/ qualification that is genuinely reflective of the European education format and not a token gesture at the end of a social work degree.  
81 BSc Residential Childcare  
82 Within a specialised residential school there is a focus on 24hr curriculum and learning so a qualification that links to the specific needs of the young people group, e.g. autism  
83 Svq4 children and young people, HNC child care  
84 I believe the social work qualification with residential focus is good but the area should recognise other qualification in childcare and education.  
85 Practical management training (How to manage a team)  
86 Theoretical underpinning of Attachment; Some form of SEBD related teaching qualification (but non-mainstream)  
87 Managers award  
88 SVQ 4 or above and a relevant qualification at degree level  
89 Degree in Social Pedagogy or Degree in Holistic Education  
90 The qualification bar should remain the same for residential workers, supervisors and managers  
91 Degree level  
92 Social Work for managers  
93 SCQF level 9 or above incorporating supervision, management and understanding political and social environments and how they affect services.  
94 RMA equivalent and SVQ4, possibly degree  
95 SVQ 4 or nursing  
96 I believe the time is right to introduce a Social Pedagogy degree for this area of work.  
97 Degree in residential care  
98 Basic knowledge of childcare/working with young people before actually working with them e.g. TCI theory training  
99 The current level of entry should be for both SVQ 3 & 4 plus HNC  
100 Managers award  
101 Social Pedagogy Degree  
102 HNC Social Care and SVQ 3 covers many appropriate areas, however a placement in another service would be beneficial for all  
103 HNC Social Care SVQ 3 SVQ 4 Social Work Degree depending on the actual job you are doing  
104 degree level qualification in autism/social work with management options to help put theory into practice.  
105 pedagogy in social care

- 106 At least a Diploma
- 107 Degree level Residential Child Care / social work / social pedagogy
- 108 A specific qualification at Diploma level in residential social work
- 109 poss BA or Master
- 110 Social Pedagogy, ideally degree level
- 111 Not sure
- 112 A mix of relevant qualifications e.g. nursing/ psychology with a method of standardizing and ensuring that all staff have adequate training in child development/ are able to transfer theory to practice. There has to be a mechanism of standardisation at a national level.
- 113 Svq at start of employment & opportunities to generate lifelong learning qualifications based on individuals. A recognised qualification in trauma, attachment & child development & also the experiences of our YP before they come into care i.e. addiction domestic violence, crime & abuse
- 114 SVQ 3
- 115 Social pedagogy
- 116 Something which specialises the service and helps care teams understand the impact being looked after away from home can actually have on a young person from a psychological and behaviour support point of view.
- 117 SVQ 4 however, I feel that some staff being qualified in having a Social Work Degree
- 118 HNC SOCIAL CARE SVQ 3 or 4 SOCIAL WORK degree
- 119 Qualification in residential care along hnc lines, incorporating practical applications of providing residential care, group dynamics, financial & staffing requirements?
- 120 BA in Residential Child Care
- 121 BA in residential social work



#### **A4.6. Do you feel that there are gaps in the delivery of services that a new qualification could cover?**

- 1 Bespoke and designed around specific service needs
- 2 The care sector is evolving fast and there is a need for qualifications that reflect this.
- 3 I think that the ongoing training courses available to me are relevant and appropriate.
- 4 Pedagogical approach would be good that involved a range of current professions that see themselves as quite separate at this time
- 5 There could be more on challenging behaviours, and attachment theory
- 6 An understanding and ability to recognize reasons for behaviours and a deeper ability to understand the effect of staff behaviours on children looked after away from home.
- 7 More residential specific training. Challenges/ difficulties/ rewards
- 8 Communication, team working, understanding challenging behaviour
- 9 Across the board
- 10 There is a gap between basic level care and more qualitatively supportive approaches to support and lifelong learning and gaps between minimally paid carers and less directly involved administrators.
- 11 Might help in assessing young people with mental health issues.
- 12 Communication with the whole family
- 13 SVQ are far too repetitive and involve too much time spent on either cross-referencing or typing the same thing over and over! (It's often just as quick to type it again as opposed to having to reread work to find where to cross-reference things)
- 14 Staff should have full understanding of the practical tasks involved in providing child care
- 15 HNC level and SW qualifications do not cover working with trauma and working in life space
- 16 Practical application of child care management, administration and delivery of the day to paperwork and systems currently being used
- 17 The opportunity for young people to be offered long term therapeutic intervention does not exist within any of our mainstream services. Any such intervention is offered by organisations who charge exorbitant/prohibitive amounts of money for their services. For those children whose lives have been blighted by neglect and abuse, they deserve a long term guarantee of therapy and support.
- 18 Counselling skills
- 19 More practical based to increase practical ability
- 20 Care Planning and Person Centred Planning. How to manage Challenging behaviour and Self-Awareness.
- 21 constant personal development
- 22 Residential care
- 23 Children and young people being placed in the appropriate placements
- 24 Lack of knowledge and legislation.
- 25 Present qualifications do not place sufficient emphasis and skills development in the practitioner developing themselves as the best tool in Residential child care
- 26 Theory aspects of young people's situations/circumstances
- 27 The gap in delivery is the need to understand the interplay between evidence based approaches and young people's practical presentation and safe care
- 28 Qualifications as above
- 29 Connecting with kids, workers being well trained in the actual impact they are having on kids, also hopefully that in time this will stop the number of placement breakdowns and disruption which often increases the trauma for the YP

- 30 I'm not sure what this means exactly. There are many different types of service delivery and most should be committed to some kind of mainstream professional qualification, but an integration into a narrower choice should be possible.
- 31 Social Pedagogy Degree covers all relevant areas
- 32 Managers, Leadership & Administration award
- 33 As I mentioned previously. A qualification which focussed more on teaching practical, everyday residential worker skills. SVQ is good but is focussed on evidencing what we do already, and not on teaching new skills.
- 34 From residential childcare to through care
- 35 Understanding of transitions, Attachment, trauma,
- 36 There needs to be more focus on linking theory to practice and applying information learned in the workplace. Practical skills such as report writing, risk assessment, care planning etc also need more focus
- 37 Staff don't recognise the affect residential care has on young people and their ability to form relationships throughout their lives, also as statutory services seem unable to do anything other than crisis intervention with children and young people, it would be beneficial for someone to be working with the families to improve their skills, with a view to children returning home if at all possible, not placed in residential care and forgotten about until 16 and taken off supervision
- 38 Qualification should include Work Experience.
- 39 Family development work leading to a possible higher rate of successful rehabilitations to home.
- 40 the relevant qualifications at present are long and not easily accessible so councils have to use more money to train new employees who do not have relevant qualifications , maybe they should be more about practise and how it is carried out
- 41 Theoretical knowledge base
- 42 In my opinion there is a complete lack of knowledge and understanding of child development theories and practice. At present residential childcare services seems to employ staff who have little or no understanding of therapeutic approaches to child care. At best they adopt simplistic behaviourist approaches and rely on sanctions and punishments which they refer to as "consequences" in order to justify these Dickensian methods.
- 43 As above
- 44 Mental health
- 45 With the manager award I think there is too much repetition from the Hons Degree and not enough focus on managing people
- 46 I don't understand this question
- 47 Staff continue to develop and short course etc will help fill this area
- 48 More personal development of 34 hours per annum
- 49 curative education, Teaching, coaching aspects to be covered.
- 50 Staff would then be able to case manage placements
- 51 In nursing you have to attend 'block' training before being allowed to work in wards but in childcare you are more or less 'flung in at the deep end' and learn/train as you go along
- 52 What would the time scale be and would it affect current or just be related to new starts.
- 53 Merges practise theory and culture
- 54 HND in Social Care would provide a good stepping stone for workers and recognition for those who did not want to study for the degree
- 55 Would help managers become more effective in leading services in terms of developing/leading teams to deliver an effective service.
- 56 More understanding of why backgrounds of family affect the child's behaviour
- 57 Theories related to child care

58 History of and current practices in residential

59 Develop skills to counsel young people in various areas and develop skills to work with young people who have been abused emotionally, physically and sexually. Develop skills in writing reports

60 Strengthen child-centred approach and putting the importance of support supervision for carers in the foreground

61 Mental health – although there are qualified MH staff – there could be a module to add on to current qualifications

62 Initial knowledge - staff should have this initial qualification before they start working

63 May be practical sessions may be beneficial to e.g. report writing

64 Need challenging behaviour and managerial skills

65 My experience of working within local authority residential care units suggests that there are some people who came into that working environment by accident via the absence procedures and redeployment, a specialised qualification would mean that the people working in this environment want to be there.

66 Social Pedagogy

67 SVQ 3 covers practical working arrangements but fails to link knowledge gained during hnc level qualifications. The application of social & psychological perspectives

68 The BA sw does not equip potential managers for the complexities of management and or the residential task

#### **A4.7. Do you feel that this qualification should be considered as part of the current registration system?**

- 1 I believe that this should be the minimum starting point.
- 2 In my opinion role specific qualifications would give the registration more credence.
- 3 Social pedagogy and other forms of nurturing 'education in the widest sense' are sorely needed in the care sector to improve outcomes as well as professional recognition and image of those able to make a massive difference to the quality of life of large sections of the population.
- 4 WE are constantly updating our knowledge on attachment , social pedagogy , sexual health etc
- 5 As above
- 6 If the new qualification was less repetitive than the SVQ it could be completed in a quarter of the time and still cover the same competencies. Care organisations and especially ones like us (a charity) are under immense pressure with constant cuts in funding, yet we have to spend unnecessary finance because the legislation is not following a common sense approach.
- 7 Staff need more than paper understanding
- 8 To replace HNC
- 9 To ensure that staff are supported in their role
- 10 I think that the BASP should be strongly promoted by SSSC
- 11 Managing living environments must be part of the registration system as the framework for safe care
- 12 Anything that can help improve RCC across the board is essential. Funding needs to be considered for anything else that gets put in place.
- 13 I think this could simplify the system.
- 14 Reviewing of standards, and updating knowledge.
- 15 Makes sense that all managers have same qualification and working to the same standards
- 16 Fully understanding all aspects of the Care Standards and the focus areas of the Care Inspectorate is vitally important to help staff to know how to work effectively.
- 17 This could be incorporated into the current SVQ/HNC
- 18 Too many workers with no on hands experience.
- 19 HNC not enough
- 20 Children living in residential homes deserve the best environments that we as a society can provide. At present they do not receive anywhere near the best that is possible.
- 21 Something specific would be useful for staff whose main focus is residential care however it should be complementary to other qualifications and not exclude them.
- 22 Making the profession a 'profession'
- 23 BA Social pedagogy is part of the current registration system
- 24 Work towards (registration)
- 25 Develop a bolt on for current staff to attain this grade with current registration qualifications incorporated
- 26 Yes because not all agencies ask for the same qualifications when starting someone new
- 27 To give our profession better status and recognition in the Social Work field and to provide the best service possible to the young people we care for
- 28 Would take planning and feedback from managers/supervisors from all types of care services
- 29 Health continues to be a major issue for the looked after community as part of registration would ensure that all staff understand these issues for young people and children
- 30 Qualifications are important however they are not " the be all and end all" of good child care, some people have a natural aptitude for working with children who have problems. however they may not have the academic capacity to embark on a degree course or similar qualification.

31 Should be a requirement for anyone working in residential care to have a professional qualification. Having an SVQ 3 does not mean that you fully understand the issues being faced by a young person, it simply means that an assessor or verifier has spoken you through the process.

32 Specific degree in Residential Child Care with appropriate focus on attachment and child development

33 For new employees and students hoping to gain employment in care sector.

34 However, delivery of the course and funding should be made available to authorities

#### **A4.8. Do you see it as fitting into the existing accreditation framework?**

1 This would be part of SQF framework - 6/7

2 Role specific qualifications could eventually replace the existing framework.

3 as part of GIRFEC we need integrated training

4 Residential Child Care is one part of a growing realm of supportive, nurturing care well recognised on the continent and having strong roots in Scottish thinking (e.g. Killbrandon) but needing to be actively promoted at all levels here in Scotland.

5 SVQ unit

6 I agree with care staff obtaining a suitable qualification that meets the job requirement. Care staff should be viewed as professionals as their role requires them to deliver a service to those in their care in a professional manner taking into account of their responsibilities and accountability. However, I feel strongly this should be set at a qualification covering all the aspects in level 3, less repetitive.

7 To replace HNC/SVQ3

8 HNC social Care and SVQ 3, should be integrated together for residential work

9 Not sure

10 It is already there but SSSC does not do enough to actively encourage people to take up this excellent provision for learning

11 Career progression

12 Not sure

13 I think the social work qualification framework is competent and can be elaborated to fit all services.

14 It could sit alongside SVQ, with slightly more emphasis on specific skills rather than staff evidencing their own practice.

15 The current education system in Scotland would need to be able to adapt to reflect the practice elements within the social pedagogy degree

16 Radical change is required.

17 Needs to be for employers to recognise

18 Yes as it has been like this for many years and it has not really changed although it is now necessary to gain qualifications after starting work

19 However we must not disregard the excellent workers who are finding it difficult to gain the necessary qualification.

20 I have always believed it would be beneficial to have qualified social workers working with children and young people in a residential setting. In my experience as soon as a young person becomes accommodated the level of contact with a social worker significantly reduces even when issues are arising.

21 To supplement or replace current qualifications

22 Alongside BA SW but with a specialism

#### **A4.9. What key priorities would this new qualification address?**

- 1 Leadership skills.
- 2 Bespoke to service hence . Law, social policies, psychological and sociological perspectives and C. for E. framed around service need with on job practical learning.
- 3 Key learning points linked to role within the sector.
- 4 I feel that a pedagogical experience across a range of professions would be advantageous to helping with a more integrated approach where commonality is more prevalent.
- 5 Key workers.
- 6 Child development trauma primary health
- 7 Social pedagogy for children, young people and adults
- 8 Personal communication skills and also for the appropriate handling of stress related situations.
- 9 The changes in the young people's behaviours over the past ten years which are now more challenging than ever before
- 10 How residential care fits into the wider world. Training in specific areas of the role/ behaviour techniques/ self awareness
- 11 Demonstrate a greater understanding of the theory behind the practice. I think the svq iii does not go far enough in this.
- 12 A new social pedagogical approach which would help 'linked up working'
- 13 Child development Management theory Staff supervision Legislation and best practice guidance Disabilities
- 14 A lack of understanding of the client group from care workers
- 15 Qualitative Care that promotes continuing development and well being by drawing on width of knowledge, reflective ability, practical skills and aspirational values.
- 16 Child development, attachment, theory, working around GIRFEC framework, disability, mental; emotional health, brain development, health
- 17 Could help in being more aware of mental health problems and skills in getting young people to open up more without them feeling it's just another across the desk question and answer session.
- 18 The changing shape of support we offer where family focus is more to the fore
- 19 Legislation, company policies and procedures, national care standards, care inspectorate requirements, practical day to day occurrences covering all aspects of the service and measures taken to resolve difficulties that arise. Importance of team work to involve everyone from the multiple disciplinary team, importance of supervision and how this is a two way process. Confidentiality, communication etc.
- 20 Hands on understanding of job, legislation related to job, SSSC guidelines
- 21 Fully qualified workforce with knowledge of theories and practical skills to improve outcomes for accommodated children and young people
- 22 Managing clients
- 23 Don't know
- 24 N/A
- 25 The need to have the most highly qualified staff working with the most vulnerable, challenging and disengaged children in our society.
- 26 Child protection, professional standards, integrated multi agency working
- 27 Team working along with self responsibility
- 28 Listening skills communication skills
- 29 As above in question 11. Residential care is such a unique environment that those staff who have come with purely academic qualifications can struggle with the daily, down to earth tasks. Basic

parenting skills/knowledge are overlooked. I also feel that if the qualification is pitched too high then we can lose some valuable staff who have the valuable vocational skills but who struggle academically.

30 It would provide understanding of theory and practice and how they relate to each other.

31 Group living, Child protection, Mental well-being

32 Child Protection, knowledge of relevant legislation and all aspects of child development.

33 At Present the SSSC has stopped recognising the certificate and diploma levels of this programme I believe this to be a mistake as many practitioners would really benefit from even just one or two years exposure to this programme and it would if included allow people to receive a more varied experience and learning.

34 Mental health, partnership working and links to universal services.

35 Managing difficult behaviour NOT RESTRAINT Managing self - reflective work Interventions that work Behaviour strategies

36 Understanding kids pathways and lives so far Connecting with kids Understanding the adults needs and approach and how that can be unhelpful Supervision and reflective practice and how fundamentally important it is Placement breakdown and how to avoid it Positive Behaviour Management strategies and how a creative approach can improve the care experience for all YP

37 Work practice

38 Theory and practice

39 Better professionalism, less religious and lifestyle priorities, exams, vocational learning through placements and independent tutors.

40 Increasing confidence in workers with regards to decision making, and in taking responsibility for their actions.

41 Child Development, trauma, child protection and use of theories.

42 Management and leadership skills. Administration duties.

43 Practicalities of legal aspects- Children's Hearings, Orders, criminal justice training and the law in general. Recording systems- How to complete paperwork, logs, effective care planning, risk assessment, working with families, health and safety etc Behaviour Management- How to deal with challenging behaviour all aspects, environment, posture, tone of voice, physical intervention, anticipating conflict, assessing antecedents etc Environment- Importance of the general environment, how to maintain it, low arousal etc

44 Integration and collaboration between all external professions

45 In touch with Policies & Procedures and legislation

46 To be better equipped for job and leading and managing a team.

47 Many people complete training/qualification after meeting a basic level. This is never revisited and will cover their registration for the length of time they are working. there needs to be more focus on revisiting qualification. there also needs to be a focus on practical skills rather than just theory.

48 Enabling young people to return home

49 Underpinning legislation, promoting independence, care planning, risk assessment, positive behaviour, health and safety, child protection

50 Work Experience

51 Management

52 Reinforce and enhance existing skill base and extend to include a managerial component supporting effective supervision of performance management

53 Understanding underlying behaviour.

54 Practise knowledge skills, work based rather than classroom

55 Lack of appropriate knowledge base. Increase professional standing

56 Care Practice fit for 21st century Scotland.

57 Professional autonomy



58 Child development theories such as Social Constructivism should replace the current behaviourist approaches.

59 Delivery of education and learning within residence GIRFEC Child protection Child Care Law Managing service / budgeting / staff development / leadership skills

60 Trauma, stress, dealing with mental health, medications

61 Intimate care - attachment -loss and change - counselling and support - professional development - creating a home environment - corporate parenting??? - family work - child development and interruptions to this - group care etc

62 Management Tools Leadership skills

63 An understanding of the principles and practice of GIRFEC, CfE in a residential environment. the importance of evidence based practice. Planning for positive outcomes.

64 Supervisor's roles & responsibilities including personnel duties

65 Communication, team working, assertiveness, person-centred planning, budgeting, time management.

66 it isn't a new qualification however important to cover: biological theories/ psychological/ social/ transcendental.

67 Managing within a social work framework.

68 Understanding the sector

69 Experience and further knowledge

70 The capacity to engage the young people in a creative and meaningful way. To help the young people to build a useful skill set for their life beyond residential care.

71 It would allow carers who spend the most time with the children to address and progress the care package as it happens to change to meet the changing needs of the children and alleviate pressure from a heavily burdened social work system.

72 Basic child care knowledge - how to address challenging behaviour - how to de-escalate a situation other than escalate - e.g. as previously stated TCI teachings. Also to be aware of Care Standards and Code of Practice etc.

73 Appropriate handling of challenging behaviours.

74 Staff development continual training in residential childcare understanding the complex needs of the children we care for today

75 More understanding of managers' role and to have the knowledge to fulfil this when required

76 Allows young people to experience a holistic learning experience in a genuine authentic environment

77 I feel it would be recognised more than the present SVQ awards are. I feel it would help to give continued progression and understanding to workers of the issues that they face when working with challenging young people and their families.

78 Training/development and leadership of staff team within current care and business legislation and frameworks.

79 More information on theories relevant to childcare and the family

80 Theoretical base in terms of the child's environment experiences, loss and change and learning in all forms of abuse and trauma.

81 Knowledge of the history of sector and key theorists.

82 Report Writing, Assessment, Counselling Skills, Developing relationships with young people, Developing programmes of work to address areas with young people

83 -Child developmental theories -Special training in ASD - theory and practical application -Knowledge of Attachment disorder and various other disabilities -Very detailed, closely supervised, evaluated Practice experience -child centred approach -introduction to support supervision -knowledge to work within the ecological model around a child -general team working and leading skills -self reflective abilities

- 84 Child development, working within the life space, child health, use of and skills in activities
- 85 Lack of long term thinking for young people and theory around residential care and its purpose and ability to aid change in young people
- 86 Positive health outcomes units providing therapeutic interventions reduce suicide/ self harming reduce the high incidence of looked after children ending up in prison, teenage pregnancies.
- 87 Trauma, child development, attachment, adolescence, previous life experiences such as abuse, addiction, violence etc & its impact on the child. Importance of communication - GIRFEC & its use
- 88 This would need to be up to date on the changing legislation and current practice.
- 89 Ensure all staff have academic ability to write reports
- 90 Understanding of psychological impact on being looked after away from home as well as impact on behaviour. Group living also needs to a feature of any qualification.
- 91 As noted above
- 92 Working in the life space.
- 93 The daily responsibilities of working within residential or direct care/support settings
- 94 Integrating theory into practice.
- 95 The theoretical and practical knowledge for the management of staff, resources and leadership

#### **A4.10. Which combination of core skills should this new qualification focus on?**

- 1 All of the above plus synergy of CPD and Job fit.
- 2 All of the above and more.
- 3 Understanding and responding to people with ADS
- 4 care planning/ record keeping
- 5 Psychology
- 6 Attachment Theory Social Work Knowledge Use of self
- 7 Strength based empowering approach to relationships
- 8 Numeracy would perhaps be a lower priority in our setting. However, we are still involved in handling small amounts of money/ finance.
- 9 Use of self, dealing with emotion and aggression, recording and report writing, theories and up-to-date research on brain development, attachment, resilience and trauma, working in the life space, social pedagogy
- 10 Basic parenting skills! Being self-aware and aware of the child. Care Planning.
- 11 Becoming a reflective practitioner
- 12 SELF It is a requirement to have these core skills but it is also a requirement to have the capacity to know when to use hard and soft skills.
- 13 As above
- 14 Risk assessment, report writing
- 15 Work Experience
- 16 Psychology
- 17 Relationship building skills
- 18 The examples given are very basic. It is essential that staff understand the effects of child abuse particularly neglect and have the knowledge and skills to provide a therapeutic living environment that promotes development rather than concentrates on compliance.
- 19 This is too basic a question for a Manager Qualification
- 20 The Pedagogical approach encompasses many dimensions. The capacity to reflect and focus upon unlocking the potential in others are also important.
- 21 Disability Awareness
- 22 An understanding of the child's experiences, how this has led to their placement and how we can help them accept their experiences and move on to adulthood
- 23 child centred ecological approach
- 24 Relationship building

#### **A4.11. What do you feel is unique about residential care work that should be recognised in a new award?**

- 1 Recognition of knowledge and skills gained through experience
- 2 The bespoke nature of services.
- 3 As previously stated, residential child care is fast evolving due to various factors. A new qualification must be fluid to reflect these ongoing changes.
- 4 Appreciation of the impact of attachment issues with young people and young adults
- 5 How the young people are learning to be independent and achieving their goals.
- 6 Multitude of issues need recognition/addressing
- 7 The importance of mutual learning and social integrations and inclusion, which does not always happen in "care in the community"
- 8 The ability to care for the young people regardless of the situations that you and they find themselves in.
- 9 How professional staff have to be and pc minded the level of abuse both physically and verbally that staff endure and how this affects them
- 10 The position a care worker is in living with someone else's child.
- 11 The therapeutic work undertaken on a one to one basis with young people
- 12 We work with CYP across the board and with all agencies. we provide a home as well as an educational and therapeutic setting
- 13 The fact that is not just 'looking after weans' The desirability of a professional workforce, the fact that is should be a desirable choice, not a last option. The differing nature of different residential provision. Would be good to have more focus on the idea of 'shared care' residential respite. More info on working with families and interagency liaison.
- 14 Clients are being looked after in different settings due to financial restrictions and the staff who are looking after them do not have a full understanding of the new client group, their behaviours or difficulties
- 15 I believe that the learning that takes place on the job with the children and young people we work with needs to be recognised as each child/young person is unique and staff adapt their skills when switching between young people I don't think that can be taught through an educational qualification.
- 16 You are with the service users in their home as opposed to dipping in and out of their life.
- 17 That we are sometimes working with severely damaged young people and the multitude of skills needed to create a as normal life within a Unit is hard to pull off.
- 18 Strength based mutual relational approach.
- 19 No two days are ever the same children constantly change as does the world about them , as does their needs , policies , guidelines , new initiatives , changing education , mediating , negotiating , problem solving , reflecting , disseminating , presenting , etc , etc
- 20 The impact on not just the young person at the time in residential support but also in the long term and the family
- 21 I feel that care staff should always have an awareness that this is the individuals whom we are supporting home. Choice is so important how many times do we choose to have a lazy day in our own homes or choose to leave the house a bit more untidy than normal? More to the point how many times if we were to reflect on our behaviour within our own home on a daily basis would we always be proud of it???
- 22 Development of individual skills and commitment of staff.
- 23 What a person has to bring to a job in both knowledge and skills
- 24 Use of self, working in the life space, relationships, dealing with effects of abuse and trauma

25 Residential care can present many challenges. Every young person I work with is very different in their own way and learn and develop in different ways. This requires an ability to adapt and change to work best with the young person within the perimeters set by SSSC and service providers.

26 The workers work in the life space with the children and share their reactions and emotions to all life's events.

27 N/A

28 The qualities required to engage with and build relationships with disenfranchised, damaged children. The theoretical knowledge and understanding required to work with children whose life experience is underpinned by neglect and abuse by adults. The personal resilience required to continue to work in an often oppositional environment which can involve violence and aggression on a daily basis.

29 Challenge and reward of work

30 Challenging behaviours, child/adult protection, areas of communication both open and confidential

31 Support

32 The intensity of the relationships both with the young people and their families.

33 It is a multi-disciplinary work and any qualification should show this. We are required to know psychology, sociology - all the different theories, we have to know care planning and report writing, we need relationship building skills and knowledge, a sense of humour and yet we also need to know all the very basic things about bringing up children - all within some very specific laws and guidelines.

34 That residential workers are skilled professionals and have to be trained to a high standard the new award should be a true reflection of this

35 The opportunity to make positive changes to families, children and young people's attainment for their and our futures.

36 It's an area where certain skills are required in my place of work no staff are offered employment without some background, experience or qualifications in the field of child care.

37 Developing and valuing the practitioner, recognising the importance of appropriate role models and how to best portray that. Taking a more holistic approach to education and child care. See "Social Pedagogy and Working with children and young people" eds. Cameron,C. and Moss,P. For further information.

38 Person centred and task centred approaches. Work includes supporting young people with a wide range of mental health needs.

39 I feel all Residential workers should be trained to social work degree level. This would mean the best possible service for the most damaged children and young people in society.

40 That people who endeavour to help change the life of those they care for they must first CARE Therefore learning must be equal parts academic and a reflective personal learning journey.

41 Qualifications as stated previously

42 The relationship based approach and how the adults in the service are managed will have a direct impact on the culture and experience of YP. It needs to be clear about the role and how the dynamics of an adult's values, experience and training all come into play. I think it would be helpful if it was a more therapeutic approach that allowed significant self reflection and openness.

43 Being valued for the work that residential carers do

44 personal challenges that can be encountered (i.e. how to cope with verbal confrontation from young person, parents etc)

45 Every individual is different and have different skills

46 Intrinsic values and the ability to work closely with clients and their families. working towards a common societal good.

47 At present once a worker has achieved SVQ3 & HNC there is nowhere else for them to go unless they want to take on promoted posts. An award that recognises a person's ongoing development in some way, taking account of an additional learning they have taken on.

48 The wide variety of skills required of managers, from the most important, the young people and the staff who provide the support/care through to the daily running of the unit.

49 Working within the 'Life Space'.....it's the other 23 hours.

50 Every second spent with the young people can be used positively. Our every interaction is important and staff must be conscious that their own beliefs and values can impact on the service they provide. Being a truly effective residential care worker is an extremely highly skilled job which on the surface can appear to be a lot more straightforward than it actually is. Young people view how staff interact not only with them but with each other. I feel in our setting it is too easy for staff to float along, doing the bare minimal and not considering the true impact they can have. Staff must realise the importance of their role and that they must realise that they should be viewing the work they do has far reaching capabilities.

51 Relationship skills

52 The amount of qualities involved in day today running of a care home

53 The understanding of transitions

54 Diversity

55 The profile of young people entering the care sector is ever changing. e.g. we are currently seeing a higher level of young people who have mental health issues, autism, substance misuse issues as well as attachment disorders. we therefore need a qualification that needs to be renewed periodically to account for this and changes to social policy and legislation etc

56 How challenging it is, that the residential setting has to be all things to all young people

57 Quantity, quality, and mix of skills and experience required.

58 Ability to work with and understand children in care.

59 The additional competencies that the specialism requires

60 Relationship building

61 How staff deliver care as individuals

62 Relationships with Y/P and Staff

63 Emphasis on relationship

64 Skills to create a therapeutic, congruent, home life for traumatised young people. Supplying the care and support needed to help young develop.

65 The ability to see beyond the symptoms of abuse, to reach out to young people, to be able to form quality relationships based on respect and to create an empathetic, therapeutic and healing environment.

66 education and learning child protection child care law Individual programme planning and report writing Health & Safety Law

67 Professional and personal values

68 An understanding of Supervision of practitioners on SEBD

69 Recognising the unique relationships you have with the young people, the care team and other agencies.

70 I feel residential work is unique in that we are working with people, this is their lives. Decisions we take carry extreme levels of importance.

71 Life space sharing. The therapeutic use of daily life events.

72 You cannot underestimate the importance of caring for others and that care should always be of an excellent quality.

73 Attachment focussed practice and the impact of this on employees.

74 It is person centred and a manager needs to work with staff as well as young people/clients, to manage both.

75 It's unpredictable, rewarding, difficult, opportunity to work with different people from different backgrounds and experiences.

76 Feedback from residential persons' families.

77 This is an area that is neither purely Social Work, Youth Work or Community Education. It is all of these things plus a substitute family with all that entails. No particular qualification has been able to do all of that justice at this time.

78 You must be a 'people person' but the job now requires a lot of paper/computer work

79 The unique role that workers play as corporate parents and the knowledge they have about how the children in their care function.

80 The interaction and camaraderie between staff and the young people which is different from other roles within the social service sector.

81 How intense the job is at times and how hard residential childcare workers work to help improve better outcomes for children Also the strong relationships that residential child care workers build with children

82 I feel most of the work if not all is unique to residential child care it can be difficult and challenging as there are daily issues with the young people as well as staff

83 The difficulties of working with YP coming into care once considerable poor care has been experienced and how well staff apply themselves to readdress

84 The variety of each day, care and education working together successfully. that not all young people are in Res Care because of challenging behaviour or family breakdown but because of disability and a residential placement can assist the whole child. Staff are committed to the young people they work with.

85 The challenges and difficulties faced when working with young people and their families at times of crisis. The need to able to form trusting relationships relatively quickly in order to gain an understanding of the needs of the young person and how these identified needs can be met. The recognition that residential child care workers do have the opportunity and time to form these relationships and can take a lot of the work load from the case holding social worker.

86 the pressures and timescale involve that managers/supervisors face in combining study/development with their job role. More focus and time from organisations in giving staff the chance to develop more effectively.

87 The therapeutic milieu

88 Core theories and how they relate to practice

89 That it can be a positive choice and option and the power to heal.

90 The fact that you are living and working with young people in a very intense situation where emotions and feelings run high

91 Making a difference to a child's life

92 Living with children and young people and working within the life space.

Working with the whole child

93 One needs to be adaptable to situations involving young people, taking into account the child development / attachment.

94 Understanding of the impact of attachment- early years experience of children alongside poor parenting/ neglect/ solvent misuse. The knowledge residential staff need to carry out the job is huge.

95 It's like a life away from home. You do this job & it requires more from the individual on an emotional and personal sense than other occupations. Residential work should never been seen as a job. It should be valued as an opportunity to reach out, connect and support the YP in our society who need us most.

96 The living environment for young people. It is easy to try and make a homely environment for young people however it will never be their home.

97 Counselling and therapeutic care

98 The amount of time directly spent working with the client group and the ability to deliver effective care.

99 Recognising that relational acknowledgment is key to residential care.

100 The responsibility of bringing up other people's children full-time. The depth of relationship required for successful outcomes.

101 Effective working relationships with a staff team, the ability to lead towards a common goal and the delivery of a quality service



#### **A4.12. Which leadership qualities do you feel are required for this sector, which should be recognised in a new award?**

- 1 Managing young people> Managing teams Team working. Sharing of info. Integrated working/joined up working.
- 2 The width and breadth of an individual's life and work experiences. The individuals work accomplishments and delivery.
- 3 The ability both lead and manage.
- 4 Ability to lead by example in practice approaches
- 5 Being able to lead a team of staff.
- 6 Do not think leadership qualities are necessarily relevant for a practitioner award
- 7 Leadership delivering outcomes
- 8 An understanding of social and cultural influences, and understanding of children, young people and adults, their development and possible additional support needs.
- 9 One which can deal with communication appropriately and has the ability to handle extreme situations with the minimum of stress.
- 10 More supportive, positive supervision, goal and task orientated, able to debrief staff professionally and recorded training available on how to be assertive and to challenge appropriately
- 11 Motivation, team leading, innovative,
- 12 Ability to work with all professions, recognise a bottom up approach, empathy,
- 13 The ability to lead and mentor a staff team in an RCC environment. More than just people management. Managers need to have an understanding of the young people, of issues that affect them and of child development. Managers need to be experienced in providing this care, not just good managers.
- 14 Being open to learning, being able to change practice to take into account any new learning. Being able to help others to understand and change their practice to meet the needs of the clients and the service.
- 15 Skills in managing and supporting staff
- 16 Morally Active Manager
- 17 An open and forward thinking person and one who is not afraid of making decisions quickly for the greater good and not think about budgets when doing so?
- 18 Positive critically reflective attitude linked with commitment to dialogue and progress in the sector.
- 19 The above
- 20 Promote positive teamwork, supervision disciplinary, legislation requirements , documentation and reporting/recording. Ensure there is not a "Blame Culture" when communication with outside agencies. Encourage an open and honest environment especially when things go wrong i.e. staff are accountable for their actions however should be able to speak up about things they perhaps didn't do as well as they should have without fear of being remanded or ridiculed inappropriately. Encourage concerns from families we want to hear about what we are not so good at so we can further improve. REMEMBER NOT TO FOCUS ON NEGATIVE ASPECTS COMPLIMENT AND RECOGNISE THE POSITIVE ASPECTS
- 21 People persons skills not afraid to be hands on. Understanding the support given from the staff on the floor to management level.
- 22 The ability to understand and to lead by example
- 23 Communication, person-centred, motivational, core values
- 24 Highly motivated, ability to share knowledge, confidence.
- 25 N/A

- 26 Residential childcare needs all its staff to have leadership qualities. The capacity to work in partnership, to work on one's own initiative, to take responsibility - I would use the Open University Registered Manager Award literature on leadership, particularly the concept of dispersed leadership, within a new award scheme.
- 27 Multi agency working, effective communication
- 28 Motivational and pro-active skills and qualities are extremely important in leading a team forward, inter-personal skills and sensitivity are also of equal importance - we work for people and also with them.
- 29 Counselling
- 30 Leaders in this field have to be able to lead by example. They need to possess integrity, be able to build a team of staff to work together, to motivate and enthuse. They require vision and adaptability and a strategy for developing the service. However they also need to know all the basics of being a residential Worker and demonstrate it.
- 31 The ability to work as part of a team, compassion with the ability to lead fairly
- 32 Recognise that to meet the needs of the children and young people staff are well trained and supported.
- 33 Managing staff teams, people skills, knowledge of relevant legislation and supervisory training.
- 34 Leaders who are still practitioners, still in touch with and working together with young people. Leaders who are willing and able to fill any role lead from behind as well as the front. Leaders who are there for the young people not for the position
- 35 Clinical overview of risks versus needs and managing challenging and complex behaviours.
- 36 Management of staff, leading teams and providing effective meaningful supervision. Therapeutic environment, effective responses when working with young people who display behaviour that challenges.
- 37 Self reflection self motivating - linked to yearly Learning/ development i.e. external training. To develop a 'suspendful' approach to all matters
- 38 Leadership qualities need to be a true commitment to partnership working, strength to challenge practice and take a practice developmental role, a real understanding of the adults and their preconceived ideas that can aid support for them to engage better with YP. forward thinking and comfortable challenging current practices in residential childcare for better outcomes for kids.
- 39 Appropriate management Understanding/Empathy/Good work practice
- 40 Self reflection empathy
- 41 Ability to deal with any given situation either individually or as part of a team
- 42 Much better professionalism, better recognition and representation in social policy initiatives. managing budgets, working with diverse teams and developing talent
- 43 Empathy for the young people and for the staff team. Listening. Very often counselling! Developing confidence in your team to make their own decisions. Confidence in yourself.
- 44 Use of self, being able to mentor and develop others and create ethos of challenge and support to both young people and staff.
- 45 Vision, strategy, decision making, risk taking, motivation, team building, self knowledge, Integrity, lifelong learning & communication.
- 46 Pro Active, real care planning with short term targets and long term goals should be the norm. This is more than just being organised but again realising the importance of actually WORKING with the young person and not just keeping them generally safe and content. Effective leaders who can impart this feeling among their team should be recognised.
- 47 Problem solving
- 48 Delegation, organisational skills and effective communication.

49 Good Core Value base Good understanding of leadership

50 Managing a team. communication, working as a team and also treating each team member fairly. being a good support for each team member and working with them to improve on their weaknesses and letting them use their strengths to the best of their ability.

51 As above, a qualification that accounts for changes to social policy, legislation, government initiatives etc. current qualifications are too static and once gained there are no requirements to keep these updated.

52 Acknowledging how difficult this work is and this requires someone who is confident, that staff feel they can rely on to show them good practice and nurture this in staff

53 The ability to lead and motivate through theory and example. Over academically qualified leaders with little practical experience relegate the service users and front line workers to abstract components thus eroding confidence in the service from without and within.

54 Empathy and understanding

55 Creativity

56 Understanding, motivation, the ability to give clear direction

57 Communication, Team Work

58 Relationship based leading as opposed to managerialism

59 Emotional and therapeutic support required to help staff create an alternative home and deal with the difficulties faced by our young people.

60 As above.

61 Communication Recruitment and retention of staff Development of staff also as listed in no 18

62 Sharing knowledge

63 Vision, having a clear vision and ability to shape teams to follow a single shared aim. Knowledge of Local Authority needs and processes.

64 Good communication skills as you are communicating on all levels and good people skills

65 Flexibility, assertiveness, time management, team working, support and guide, develop policies and procedures, planning and prioritise, supervise staff, provide continuity, implement and monitor standards

66 inspiration/ imagination/ creativity/ focus on facilitating "change"

67 Decision making, budget making, budget managing, managing, managing change, managing people, managing problems

68 Understanding, empowering, supporting, accountability.

69 Commitment, flexibility, more focused on the paperwork and systems in place, direct work with the young people can be limited due to other issues taking precedence.

70 Organisational, motivational approachable and good decision making skills an all round people person

71 Participative, leading by example. Listening to the views and needs that are expressed. Aspirational and motivational. a desire to encourage and move the unit towards improved outcomes for staff and young people.

72 Be able to use initiative, work as part of a team but also be able to work on your own, take risks, honesty e.g. speak your mind

73 Ability to lead and reflect as well ability to take the views of others onboard as well able to take positive criticism from the team.

74 The ability to deal with each situation that residential care comes across and with the addition of adequate problem solving

75 Approachable, consistent, fair and knowledgeable work as part of the team as well as leading the team

76 Pragmatic, common sense approach which promotes naturally occurring experiences in the life space

- 77 The quality of being able to make and carry through decisions at times when there may not higher management support. The quality of being able to case manage the young people that we care for.
- 78 The strong organisational planning and personal strength that is required to cope with the demands of running a care service.
- 79 Someone who has done the degree, understands the children and staff and is firm but fair, using the approach that mistakes can be learnt from
- 80 Observational learning
- 81 Knowledge
- 82 Developing team work, ability to motivate staff, be a role model for good practice, someone who inspires mutual respect, gives praise where it is due, has ideas and carries through what is agreed
- 83 Team leading skills that highly involve support supervision and practice evaluation based on observations
- 84 Capacity to take an overview (helicopter approach); to listen and value many different perspectives; to parade the boundary of the unit and filter some of the issues coming from out with (complex funding, etc) thus protecting staff from having to be involved in unnecessary tensions out with the workplace; empowering staff
- 85 To be approachable, good communication, skills good listener
- 86 Leadership/ management qualifications for residential care are not covered by courses currently available and any new award should be considered by those in the field and with the experience to consider what is available and relevant and what 'add ons' would round off and make it a relevant award for us.
- 87 Ability to support people and understand the dynamics that are create in a residential environment. A strong & motivated leader who has the ability to recognise ability in others and support them to develop this ability. It is important that the leader is viewed as part of the team and has experience of working in a residential setting.
- 88 Ability to problem solve, work as a team, good debriefing skills, good understanding of behaviour support tools and crisis management. Conflict resolution skills.
- 89 Leadership qualification approved by Stirling University
- 90 The ability to effectively manage a staff team/unit, to ensure best levels of care are adhered to and staff/ unit is continuously developed incorporating a proactive approach to all aspects of managing supporting a team.
- 91 A clear understanding that you need to understand the work, role model best practice, mentor/ support/ coach, provide learning experiences and training
- 92 Authenticity, commitment to change, containment.
- 93 Effective leadership, quality interpersonal skills, problem solving and conflict resolution, effective management of resources

#### **A4.13. Other comments (please feel free to add anything if not already covered)**

- 1 Feel that this type of survey is a particularly blunt instrument to measure a highly complex area
- 2 Social pedagogy has a proven track record in other countries and is the way forward here if we wish to create an integrated, holistic child centred approach
- 3 There are not enough inspections, changes are slow and staff and managers work in the same units for years and years with bad or old practices never changing....
- 4 To be frank I believe that too much emphasis is being put into qualifications to get to work in a residential unit at the start, and people are being frightened off because of it, and I know this isn't PC but maybe persons employed in units seem to be getting younger and for me don't have the life skills needed to start with. I believe that if you don't have it in you to work in a residential unit no amount of training will make you a one. you have to be able to connect with young people and if it is manufactured it will be recognised very quickly by the young people and then you have problems.
- 5 The Scottish government recognises that inclusion needs to embrace not only education but all supports for every individual. This should be manifest in qualifications needed, recognition given and funding provided in all support professions.
- 6 Staff training and development should reflect the diverse range of skills needed by a worker in their day to day work with children and young people. This could be doing hill walking, sing, dance music, taking a more holistic approach to the needs of young people.
- 7 N/a
- 8 Having a means by which carers can develop and measure skills/competences would not only be advantageous to carers but also to managers in identifying key areas of practice that require support and growth.
- 9 I have spoken about children and young people which is the area I work in but all points I have made are relevant to all people who require residential care
- 10 Any new award should reflect the need that residential workers require to have equal amounts of head and heart in operation. This means that all qualification should be commensurate with other professional bodies.
- 11 I believe residential social Workers should be able to keep their social work registration working in a care home and not be registered as care workers with supervisory duties it makes a mockery of doing the BA in Social Work. hey should not have to apply to a sheriff and pay to appeal to keep the registration. Supervisory duties have to have SVQ 4 so why should a social work qualification be classed in the same category.
- 12 No
- 13 Residential qualifications should not be about merging different disciplines and structures but instead forming a new independent resource that delivers first class services - a residential service award.
- 14 I think that the degree which I have. there should be no need to complete at level svq4. I feel this degree seems to be underestimated.
- 15 It is still not being recognised how difficult it is to work within the care setting. people seldom see the challenges that care workers have to adhere to each day.
- 16 Enjoy this work but I feel there are too many workers who lack on hand experience.
- 17 Any qualification should complement existing care qualifications.
- 18 Residential child care at present seems to value compliance and a "settled" house above all else. Children continue to fail to thrive in this environment but despite all the rhetoric this unsatisfactory situation continues unabated. It is little wonder that children leaving residential childcare do so with less opportunities and more barriers and obstacles than children living at home. In my opinion the current system is not fit for purpose but the people most affected by this do not have the knowledge, confidence or power to challenge the status quo. The systems and procedures for measuring and

ensuring quality are badly flawed and fail to identify the most important features of residential childcare i.e. the child's development.

19 As a manager in a residential care home qualifications and salary are not equal to school education providers and managers. would like to see a qualification that would develop Residential Workers recognition of the education, learning and development for the young people that the service they are manager delivers

20 With regards to Educationalists, there should be individualised courses of study for them at all levels.

21 Staff and managers have for years went through different types of training and gaining qualifications. Education is important and so is continual learning but I feel that staff should have the opportunity to consolidate the learning with practice and any shortcoming in practice can be delivered by short courses or specific targeted learning. Taking staff away from the working environment continually for educational purposes can be difficult, costly and can have a negative effect on the continuity of care of young people.

22 A new award should look at both the management side and the care side of a job. It is not all black and white as painted in many management courses.

23 Having a counselling course incorporated in the training

24 Many of the conversations and interactions with the SSSC have not been incredibly positive up until now. I believe in this sector there is a view that the SSC is authoritarian and dogmatic. There is no sense of this organisation having consulted or otherwise involved those registered in residential childcare effectively. I believe there is potential for this organisation to be more involved and effective here,

25 I feel very strongly that current qualifications for residential work are too much based on Social Work knowledge and skills, issues of poverty and social policy and not on the whole child and within their family and community, thus more of a social pedagogical approach. There is a lack of interventions about use of life space, using activities as a 'third object' for promoting growth and development rather than verbal skills. I have supervised staff going through HNC, a great course but I was supplementing it all the time is relating theory to practice (I held mini tutorials for staff almost every week looking at the application of learning to practice. Staff reported this as helpful, is linking the learning to practice. I saw this as my role as a supervisor but hearing from others who have gone through HNC, I don't think they received such support. I think it needs to be a fine mix of education and learning from out with the workplace but relating to 'what it looks like' in practice

26 One needs to be reflective and continually update their theoretical / practical skills. as " Change is here to stay".

## **Appendix 5: Practitioner survey open-ended replies**

### **A5.1. What is your professional status?**

- 1 Sessional residential child care worker
- 2 Education worker in residential school
- 3 Child and adult support worker
- 4 Student social worker and residential worker
- 5 Through care Team
- 6 And a trainer/assessor
- 7 Locum
- 8 School support worker

## **A5.2. Please identify which type of provision best applies to your organisation**

- 1 Respite
- 2 Residential and day care for children with disabilities
- 3 Respite for young people
- 4 Respite Unit
- 5 Team caring for one child over period of time
- 6 Therapeutic home for children
- 7 Respite learning disabilities
- 8 Respite Services
- 9 Short stay respite/residential/out of school provision
- 10 Respite care for children with disabilities
- 11 Secure and Close Support accommodation
- 12 Semi residential/private rent
- 13 Residential school and home
- 14 Respite Service
- 15 Respite Care Service for children and young people with additional support needs
- 16 Also work in residential special school
- 17 Short break service for children with complex needs
- 18 Respite home
- 19 Respite and outreach service
- 20 Short breaks
- 21 Residential respite for young people
- 22 Secure accommodation



### **A5.3. Do you have any relevant professional experience? (i.e. residential care related background)**

- 1 Worked in Paediatric wards
- 2 I have worked in numerous settings relating to young people's needs.
- 3 SVQ Social Care
- 4 Residential childcare
- 5 Yes I worked in a residential/respice unit before undertaking, during and after my HNC/ SVQ3
- 6 This is my first job in the care sector
- 7 Worked for a number of organisations over twenty year period.
- 8 Specialist Foster Carer
- 9 Worked in group home setting for adults
- 10 Over 20 years child care experience
- 11 4 years working at a camp in America for children with asbergers
- 12 ENMH
- 13 Worked in mental health, homeless sector and substance misuse
- 14 child / young person's care worker
- 15 I have worked in RC for 10 yrs
- 16 3 years locum experience, 15 years as a manager in previous career
- 17 never worked in this type of environment before.
- 18 9 years experience full time work in residential unit and 4 years experience supply work in a secure unit
- 19 10 years working in residential care
- 20 Student of BA(Hons) Social Work - year 4
- 21 5 years in residential child care
- 22 5.5 years residential child care
- 23 I have worked in social care for the past 16 years, where I have gained a great amount of insight and experience in providing a high level of care for young people of varying abilities, I have seen huge changes in the sector and been responsible for many positive outcomes. the biggest learning point I have taken from this time is that it is vital to be authentic and passionate in your role of support worker... in my opinion these are the 2 aspects which can separate a good team member from an average one
- 24 Worked in residential for fourteen years
- 25 I have been employed in residential child care for 12 years and work for the local authority.
- 26 Residential Care (Emotional / Behavioural)
- 27 35 years of residential care and education experience
- 28 Eight years working for \*\*\*\*\* childcare trust
- 29 MSc Social Work
- 30 I have worked in residential child care for 7 years
- 31 This is my first job in residential child care and although I had to complete a work placement in a residential setting have never had any other experience in this line of work.
- 32 11 years with \*\*\*\*\* social services
- 33 Worked in residential care since 2006
- 34 Youth group/youth org.
- 35 SVQ3 and life experience
- 36 Up till \*\*\*\* 2010 always worked in schools Now work in residential and working now with getting the experience in this now profession along with working towards the relevant qualifications
- 37 12 years experience in residential childcare

- 38 Special school, 9yrs.
- 39 HNC SVQ
- 40 Working within LEA with SEBN Children
- 41 Residential care working with adults with learning difficulties.
- 42 Worked in residential care for almost 5 years now.
- 43 Comm/Ed Youth Worker for ten years previous.
- 44 Residential Child Care
- 45 V
- 46 Worked in residential special school as well as care home for young adults
- 47 ????
- 48 Adult residential services/community education/schools
- 49 Experience in working in several different residential child care settings
- 50 Residential Background
- 51 Working in local authority children's units
- 52 Microbiologist
- 53 HNC SOCIAL CARE+SVQ3+REGISTERED NURSE (LAPSED)
- 54 Worked for 4 years now in residential setting.
- 55 Previous work
- 56 Shift leader residential school
- 57 Post graduate in social worker, HNC social care, svq level3
- 58 Care and secondary education worker
- 59 I have worked in community libraries based in peripheral housing estates for 23 years where we provide services focused on children and young people
- 60 Alternative Education, Integration into mainstream Schools, Day Camp programs for the Disabled
- 61 Various childcare experiences, paid & voluntary
- 62 Worked in supported accommodation
- 63 Worked in a Residential School
- 64 Working with behavioural problems and learning difficulties
- 65 Worked for 4 years previously in \*\*\*\* Social work residential units
- 66 4 years Therapeutic Child Care Worker
- 67 Currently Studying BA Social Work (Residential Childcare)
- 68 I have worked within this field, homelessness and addiction services for the past 12 years.

#### **A5.4. Do you possess related qualifications?**

- 1 Degree in Nursing
- 2 I have a degree in Psychology
- 3 S.V.Q Level III
- 4 BA Sociology with social policy and psychology
- 5 According to SSSC I do not possess relevant qualifications and as such despite an honours degree, studying for a Masters I am having to complete an SVQ 3
- 6 BA Education and Social Services degree
- 7 BA Hons degree - Social work
- 8 Open university K100
- 9 NVQ in Children's care, learning and development
- 10 As above
- 11 HNC Social Care
- 12 I am 3 years in to a psychology honours degree
- 13 HNC Social Care
- 14 SVQ4 (Health & Social Care) Children & Young People
- 15 HNC Social Care SVQ111 Promoting Independence
- 16 HNC Social Care, BA Humanities & Social Science, SVQ 3 Children and Families
- 17 SVQ3, HNC in social care
- 18 Just received my registration certificate
- 19 NNEB, SVQ3 HEALTH AND SOCIAL CARE
- 20 HNC, svq3
- 21 HND social studies
- 22 MA social work degree
- 23 Working on HNC
- 24 S V Q 111
- 25 SVQ 3 HNC
- 26 Just completed HNC Social Care and SVQ 3
- 27 Completed HNC in Social Child Care presently doing my SVQ's Level 3
- 28 Social care & practice higher, studying hnc at the moment
- 29 SVQ3, HNC
- 30 HNC & SVQ3 IN SOCIAL CARE
- 31 SVQ3 Social Care
- 32 SVQ3 HNC social care
- 33 SVQ 3 HNC SOCIAL CARE
- 34 HNC social care/ SVQ 3
- 35 Certificate HE Health & Social Care & Social Sciences
- 36 Student of BA(Hons) Social Work - year 4
- 37 HNC & SVQ3
- 38 DipSW Social work and Social Policy
- 39 SVQ3 Social Care / HND
- 40 3 HNC's + SVQ3
- 41 PDA social care management
- 42 SVQ level 3 social care, working towards my open degree in psychology and social science
- 43 SVQ level 3 & HNC social care
- 44 SVQ 3 HNC
- 45 HNC svq3 adults/children/criminal justice

46 HNC in Social Care (Children and Young People), S.V.Q.4  
47 HNC Social Care / SVQ III Health & Social Care  
48 HNC SVQ3  
49 HNC Social Care & SVQIII  
50 BA PGCE SVQ IV managers award  
51 SVQ 3 completed and halfway through hnc social care  
52 HNC in Social Care SVQ 2 and 3  
53 I have an H.N.C in Social Care and a S.V.Q 3 in Residential Child Care  
54 SVQ health and social care (children and young people) level 3 and HNC social care  
55 SVQ 3  
56 Working towards  
57 BA Hons Psychology  
58 SVQ 3 starting HNC  
59 HNC, svq111, care managers certificate  
60 BSc (Hons) Psychology, currently in 3rd year of BA (Hons) Social work  
61 Primary teaching  
62 HNC social care plus svq3  
63 HNC and svq  
64 HNC In Social Care, BSC (Hons) Psychology, Post Graduate Certificate in Management, Post Graduate Diploma in Counselling, MSc in Counselling & Psychotherapy (Researcher's note: question of relevancy)  
65 I hold an HNC Social Care as well as an HNC Early Education and Childcare and I am currently studying at University of \*\*\*\*\* for a BA (Hons) in Social Work  
66 SVQ level 3  
67 Scottish group awards in social care hnc social care svq111 and completing svqV1  
68 HNC,SVQ level 2+3,access to Nursing  
69 NVQ 3  
70 SVQ2 health and social care  
71 BA, MA Social Science SVQ3, Undertaking Social Work Degree  
72 HNC standard/youth org.certs.  
73 SVQ3  
74 HNC social care svq3 promoting independence  
75 Working towards the relevant qualifications  
76 HNC Social Care & SVQ Level 3  
77 BA IN SOCIAL WORK WITH DIPSW  
78 HNC early education and childcare, SVQ's III in social care.  
79 SVQ 3 and HNC social care  
80 Counselling  
81 HNC social care and svq 3  
82 Psychology BSc; SVQ level 3; ICEPE ABA intro  
83 Psychology BSc; SVQ level 3; ICEPE ABA intro; child attachment & theory course  
84 SVQ3, BSc (Hons), Dip CYS (Open)  
85 Postgraduate social work msc  
86 HNC SVQ3 in Child Care  
87 SVQ 3, hnc social care and BA (hons) social work degree.  
88 HNC Social Care & SVQ Level 3  
89 HND social care svq3 children and young people svq 3 older people HND beauty therapy  
90 SVQ111 + HNC in Childcare  
91 HNC in Social Care, NVQ in Social Care

92 HNC in Social Care, SVQ III, starting fourth year of BA (Hons) Residential Child Care  
 93 SVQ Level 3 Care of Children and Young People  
 94 HNC in Social Care & SVQ III  
 95 HNC social care , SVQ 3 children and young people  
 96 BSc Health Care, level 3,4 health and social care  
 97 Primary teacher  
 98 HND Social Sciences, BA(hons)Social Work  
 99 HNC, SVQ3  
 100 HNC & SVQ3  
 101 ???  
 102 HNC SVQ III in Social Care  
 103 SVQ2 Adult Services, Diploma in Health and Social Care(OU), currently undertaking SVQ3 Children's Services  
 104 BA Social Work, PGC Child Welfare and Protection, PGC Abuse and Abuse Related Trauma  
 105 HNC Social Care & SVQ 3  
 106 HNC social care & svq level 3 child care  
 107 HNC in Social Care. SVQ level 3  
 108 NNEB , SVQ3  
 109 SVQ2 AND SVQ4 INVIEW  
 110 Certificate in Social Services, C.S.S, H.N.C, SVQ LEVEL 3  
 111 Registered Nurse Level 2 Psychiatry  
 112 HNC Social Care  
 113 Have gained HNC and 4 svq units  
 114 BA Community Education  
 115 BSc psychology  
 116 DipHE applied social studies  
 117 A host of relevant short courses  
 118 HNC Social Care / SVQ 3 health & social care children & young people  
 119 HNC Social Care, SVQ 3 Children and young people  
 120 SVQ3  
 121 SVQ 3 HNC Social Care  
 122 MA (Hons) social sciences  
 123 SVQ 3 AND HNC IN Social Care  
 124 SVQ, HNC social care  
 125 Diploma in Health & Social Care and SVQ Level 3/Working with young people  
 126 However not acknowledge my SSSC those they are HND and SVQ 4 Equivalent, hence I will out of a job in Autumn due to this  
 127 Svq3 health and social care  
 128 HNC in social care and svq 3 in health and social care  
 129 HND Additional Support Needs  
 130 SVQ 3, HNC Social Care, BA Education and Social Services  
 131 HNC Social Care  
 132 SVQ3; PGdip RCC  
 133 HNC social care, svq 3 in childcare  
 134 HNC and SVQ  
 135 HNC Social Care SVQ3  
 136 SVQ lvl 3, hnc  
 137 SVQ level 4 social care, registered managers award level 4, pda level 8 managing an autistic service

138 HNC social care and SVQ3 child care  
139 HNC working with communities  
140 HNC/SVQ3 Social Care  
141 SVQ3 care of children + YP  
142 HND supporting and managing learning needs, BA learning difficulties/disabilities, svq III children and young people  
143 HNC Social Science, BA Social Science  
144 BA Social Policy & Sociology & HNC Health care  
145 HNC social care svq3  
146 SVQ3 and almost completed HNC  
147 MA Psychology  
148 Higher national certificate social care, svq children & young people  
149 SVQ 3  
150 BA (Hons) Psychology  
151 HNC and SVQ ( as required ) HNC completed and SVQ completed awaiting certificate

#### **A5.5. Why do you think there is no need for a qualification in residential care?**

1 There is

2 I feel that the HNC Social Care & SVQ III which is required for registration is adequate.

3 Formal qualifications as a requirement to work in residential care may bar perfectly good workers from working. It is not always easy to have qualifications recognized. At our school we have developed a training over the last 70 years which is highly thought of by our school inspectors, (at least they approve of the results of the training which can be seen in how we work with our students, which is always seen as very good and occasionally "exceptional", yet our training was almost taken off the list of acceptable trainings for the SSSC 2 years ago. Each independent place works differently and it is hard to standardize trainings and maintain the unique quality which each place possesses. I would agree that a training was necessary if it didn't mean that trainings had to be standardized.

4 I personally feel that both HNC and SVQ3 social care covers all aspects of knowledge required for the post.

5 I think that the HNC and SVQ 3 Health and Social Care cover the necessary requirements, however I understand where they may not fit, i.e. where staff work more hands on and do less paperwork, but we need to ensure that everyone is working to the

6 Some very well qualified people work in my care setting who are not as effective with the young people as some of the staff who would not attempt or pass that qualification. It's not qualifications that always improve the quality of care. I feel the money would be MUCH better spent in sorting education for the residents to gain qualifications as they fall out of schooling and leave with very little useful qualifications.

7 If someone is studying HNC and/or SVQ etc then this should be the path rather than introducing a new one, unless it takes the best of both and implements into 1 qualification which is recognised by SSSC. The qualification would also need to be flexible about how it could be obtained, i.e. night classes, day release, open learning as this is the area that has made it difficult for me as I have another job during the week

8 From a personal point of view I already have a social work qualification and so I do not feel I should be made to study further to have a career within residential care, as I covered all the core principles and code of conducts within my social work degree and this should be sufficient.

9 Provided you have the relevant qualifications for your placement then additional qualifications seem unwarranted.

10 I feel that with the qualifications required to gain employment in this profession, H.N.C & S.V.Q 3, no further professional qualifications are needed as development needs are met through ongoing mandatory, and on occasion, voluntary courses. I do however feel that some mandatory training in child/sex abuse, self harm and mental health would be beneficial to the majority of staff involved in residential child care.

11 Social Care covers this area

12 Have seen a number of staff with qualifications who don't do a good job and have also seen staff who have no qualification doing an excellent job, I feel it's more important to have an understanding and genuine care for clients in care, managers of units could evaluate staff whilst on the job

13 There are already abundant qualifications in various levels of childcare, such as NVQ's and diplomas. If one cannot learn enough through doing these courses and through common sense, CPD and work experience, the invention of yet more compulsory, time consuming paperwork and fees is not going to help. I personally think it will have a negative impact on the quality of care staff, as it will favour the employment of those who can jump through the correct paperwork hoops, while completely disregarding those who have more useful and complex skill sets, such as common sense and empathy. A qualification in a practical based field does not always indicate the quality of the individual, all it does is

produce another piece of paper that says that an individual said or wrote the right thing at the right time, which is probably no reflection on their level of competency working with children. Any qualification needs to be based on real, practical scenarios and should reflect the practical, above the theoretical aspects of the role, which the NVQ already does.

14 The existing qualification routes are already too narrow - they do not recognise applicable skills in other directly relevant occupations (specifically counselling/psychotherapy), never mind experience. The drive towards ever greater 'specialisation', based on academic qualification does not improve practice, does nothing to recognise the importance of relationship as the absolute core/essence of residential work, stifles creativity, discourages risk enablement and can actively deskill competent practitioners as their overemphasis supports a view of practitioners as 'experts'. While this view may be well intentioned, I would strongly argue that it is actually putting the interests of both regulators (such as the SSSC) and training providers first rather than the interests of practitioners or the young people they work with. I would be interested to know whether, and how, the SSSC, as part of this consultation is gathering the views of young people with experience of residential care, on the importance/relevance of professional qualifications by those they worked with.

15 I believe that the current qualifications needed can be tailored to suit. These also allow scope for movement out of residential care as they are recognised across the board.

16 There is already a very long list of qualifications that involve a lot of paperwork, essay writing, reflective accounts depending on which academic route has been taken. Being a residential care worker is a very practical job where the ability to work as part of a team and deal with children who are displaying very challenging behaviour is top of the list for what makes a good residential worker is not the person with the most qualifications but the most practical skills and experience.

17 People who often go into this line of work do so for their personal qualities i.e.: caring nature not because they have lots of academic qualifications, I do however think these should be offered in order that people can progress through the system if they desire into more senior roles.

18 Qual

19 I have come into this position with 20 years experience, an HNC an HND and a related degree yet still have been told to complete and SVQ111, I am very confused as to the wisdom of having me spend time studying subjects I'm very familiar with rather than using the time to expand my knowledge.

20 I believe that the hnc and svq gives the worker the theoretical knowledge and this coupled with experience of residential work is suffice.

21 On hands experience, good training is worth more in my opinion than any qualification. Qualifications are easy for some people to achieve but cannot put theory into practice

22 It's more about being able to engage with young people which can't be taught

23 SVQ3 and HNC adequate qualifications

24 The qualifications already required cover social care aspects and as placements on courses are hard to come by, making workers need more qualifications put extra stress on the local authority, managers and staff. If you are working in residential care, on the job training of how your particular workplace runs is sufficient.

25 Some people have excellent skills but are not academic

26 SVQ is sufficient

27 I feel that a Social Work qualification is more than adequate and from my own experience feel that unqualified workers are as competent as those who hold a qualification.

28 Qualifications are not as beneficial as life experience. Someone maybe good at putting things down on paper but may not be good at the practical part of the job.

29 Relevant training is already provided and pertains to childcare and the job we actually do

30 I think the SVQ3 and HNC are adequate for main grade workers but that progressive qualifications should be available to allow for progression but not be mandatory.



31 We already do an SVQ 3 and HNC

32 I don't think it has to be this specific I think social care in general should offer a variety of training and qualifications which captures a wide range of settings.

33 Experience and personality suits better, some people have degrees but no hands on experience or even worked with kids before and struggle.

34 People's own life experiences and transferable skills need to be taken into account also

35 Most of my experience and learning has been on the job there are just some things you cannot teach in a classroom, no matter how much you learn it will not prepare you for the challenges you will face in this environment

36 Experience is more important, and reflective practice isn't about having an SVQ it's about taking ownership of your own personal development. Unless the UK government pays for SVQs or more funding is available a lot of private companies can't afford to put their employees through an SVQ and I can't afford to put myself through it.

37 I did 4 years at university and have sometimes struggled to get any job without FURTHER study. I think if people have the right experience and knowledge of the sector then this is sufficient as long as more specific training can be provided whilst on the job or even before starting. I think it is more about the type of person and the practical experiences that they have with children as opposed to a bit of paper that says they have the knowledge of what to do.

## A5.6. What would the qualification be?

1 I agree that everyone can work with young people who can offer a number of qualities but I think it is necessary to have a qualification in order to show that you can be responsible for the young person. Basic skills are needed and a qualification that covers young people's needs are essential. A child care qualification highlights and covers essential topics that are needed and part of a residential child care worker.

2 Degree

3 Well to be registered we have already done svq3 and HNC

4 Worked into existing frameworks

5 Level 2 SVQ BA in Social Pedagogy

6 A PDA in Residential Child Care SCQF level 7 with another option at SCQF level 8 for those with a more involved role.

7 SVQ

8 An HNC is a good all round qualification that is a realistically achievable target for the average person however the SVQ needs to be included all 8 units so that everybody can achieve this target easily. The SVQ language needs to be altered to plain English and after this people should look to undertake a MSc in Residential Care.

9 Should be independent of existing qualifications and more relevant to residential child care

10 Social work degree for all residential workers to work towards

11 Something to prepare workers for the job

12 Qualification should be practice oriented.

13 Equivalent to Undergraduate SW

14 Process recording. Theoretical frameworks for working with severely traumatised children. Care planning and report writing. Risk assessments. Counselling.

15 The qualification would be progressive. Most residential workers will have an HNC in social care. The next step would be an HND in Health and Social Care, with specific modules relating to mental health outcomes, legal matters beyond the Children (Scotland) Act, and more theory/research on risk and safeguarding and child protection.

16 Practical assessment of crisis intervention

17 Children Scotland act

18 Any kind of children's work...

19 Something to replace SVQ - which is overly complicated

20 HNC social care

21 People should be given the choice to expand on qualifications that could be helpful and relative to post so each person has different knowledge i.e. mental health, drugs alcohol, understanding challenging behaviours

22 HNC / SVQ3

23 Medication and its effects on young people. Basic first aid.

24 Possibly time management with paperwork a massive part of the job but the main part interaction makes it difficult to do both.

25 i.e. HNC in Residential Care

26 Degree/BA honours in social work/pedagogy or residential child care

27 HNC child care

28 Social care level 3 and early education moving onto HNC

29 SVQ 3 HEALTH & SOCIAL CARE WORKING WITH CHILDREN & YOUNG PEOPLE

30 Residential child care

31 Possibly social work related

- 32 Child protection
- 33 Social Pedagogy or equivalent focussing on relational child care/group care/therapeutic practice
- 34 Diploma
- 35 Degree level - social work related
- 36 I Think All Staff Should Be Given The Opportunity To Qualify as a social worker if they choose to. staff should be able to progress
- 37 HNC social care/ minimum svq 3
- 38 HNC in child care and SVQ level 3. Regular training should be arranged for staff to keep them up to date with new regulations and refresh their memory. Training is also good to share ideas with other workers when you work on shift alone.
- 39 Personally I believe that many qualifications should be considered relevant, especially if they have a bias towards making a stronger and individualised team, I do not rate the HNC in social care as the standard qualification for practitioners as it can often feel sterile and impersonal in relation to the people who use our services. The SVQ level three was much more pertinent and allowed workers to reflect on their own practice. Social care is a hands-on sector that is constantly changing and adapting due to political trendiness and legislative/policy updates. Workers must feel they have a proper part to play in these processes
- 40 Not sure.
- 41 More training in the psychological effect of children and young people being separated from their families, (in particular, parents.) to understand more clearly when there are behavioural difficulties.
- 42 SVQ in residential and group living
- 43 Residential Care Diploma or Degree (Incorporating Social work / Social Pedagogy / Through Care - After Care)
- 44 SVQ 3 Social Care and possible Childcare
- 45 SVQ3 HNC social care
- 46 Experience should be considered along with life skills.
- 47 Degree level because the level of care received greatly impacts the outcomes and experiences of young people.
- 48 SVQ in Residential Child Care
- 49 More in depth in relevant areas such as child development and effects of trauma and better organised so there is less repetition of useless information as there currently is on SVQs.
- 50 all your training put into a package so you keep on top of it
- 51 Social Work or Social Pedagogy degree
- 52 SVQ's are good but would be good to have lectures or opportunities to join academic courses
- 53 To cover all aspects of child development and to include young people with a learning disability. not enough of my theory HNC covered conditions such as young people who are on the autistic spectrum
- 54 degree level, a more in depth knowledge of what is required to support and work with extremely vulnerable children with a wide range of issues
- 55 Not sure
- 56 MSc advanced residential child care
- 57 HNC in social care and the SVQ award that is also needed
- 58 Degree standard - related to social work
- 59 Not sure. Robert Gordon University does a residential course for aspiring social workers, the residential material could form part of it minus the social work part.
- 60 3 year practical and theory as in nursing
- 61 More in-depth in house training.
- 62 SVQ111 or equivalent plus the relevant training programmes for such required
- 63 Degree in Social Work

64 Proof of past experience

65 SVQ

66 SVQ

67 Social work degree or further due to the therapeutic service offered by residential care

68 Residential diploma

69 Attachment & bonding training - more in-depth.

70 Having recently completed the SVQ I do not feel it has better equipped me for the work I do; this is my feeling for most people I know who have done the course. Writing reflective accounts relating to what feels like an infinite number of inter-connecting knowledge points does not prepare workers or improve their practice. Certainly, there was no way for my assessor to confirm that what I was writing was true; I have often referred to the SVQ as a creative writing course (for the record, I did complete my SVQ being entirely honest, but I do not believe that all would). The direct observations were too brief - nothing extended beyond 30 minutes. I think an improved qualification would maintain the relevant theories and legislation and relate those to people's work practice. I recognise that this is the aim of the current qualifications, I just find that they fall short. People do not retain the information, and spend as much time puzzling over the format of the course as they do reflecting on their job, work practice, and the people they should be helping. I also feel there should be a substantial increase in supervised practice, where the assessors spend more time (i.e. 1/2 a shift to a whole one on multiple occasions) observing work practice and providing practitioners with constructive feedback on their work practice. I think this would also provide them with an opportunity to model best practice, and to teach people naturally - i.e. encouraging observations of behaviours, highlighting where how we work is influenced by theory and legislation. I realise that this may sound impractical, and too time consuming, but I think to produce a competent, quality controlled workforce who are all practicing to the same high standard such input is vital. Being able to parrot back legislation does not mean people understand when it is coming in to play/affecting their practice. It needs to be simplified - I personally feel that there needs to be a move away from a checklist of points in the current format. The ingredients in what is covered are there, but I think there needs to be a change to the format.

71 More robust consistency to ensure all staff work to same ethos

72 Degree level

73 Degree

74 Degree level essential to ensure workers can understand the y/p needs, who to met these individualised needs and are able to intervene with theory based and informed interventions!

75 Specifically designed to the work required in residential

76 Degree in Childcare and/or Social Care

77 Knowledge of Psychological theories would be an advantage.

78 Degree course

79 Working with Young People at risk of Suicide/Self Harm

80 A more in-depth view of early years, as the damage occurs at that age.

81 A practical qualification throughout the care system that everyone must achieve

82 I'm unsure what it would be, but something that incorporates practical skills and common sense in people.

83 A relevant degree that incorporates the work of the SVQ and HNC (minimum) to give workers practical and theoretical knowledge.

84 an academic qualification that involves a number of different subjects such as communication, report writing and information technology to work alongside the therapeutic practices and theories.

85 I think staff should be trained in social work, We do out SVQ 3 and HNC in Social Care but I think that we should be put through Social Work (those that have served a certain amount of time at the setting)

86 Residential care

87 Degree level/degree  
88 Pedagogy degree  
89 HNC & SVQ level 3  
90 Part One of Social Work Degree, which could be built on to complete Social Work Qualification  
91 National UK wide  
92 Too many newly qualified i.e. HNC start work and do not know what they are getting into. A qualification which could help young people move away from their past and to think about their future. Help create a more positive outlook.  
93 SVQ4  
94 Current qualifications are adequate.  
95 I feel people in the care sector need to revisit both practical and academic testing at intervals throughout their career.  
96 Understanding parenting approaches, dealing with challenging behaviour, psychology of attachment, trauma  
97 Understanding leaving care, pathways work,  
98 HNC or above in child care  
99 HND Min children and young people  
100 HNC related qualification  
101 I think that some form of qualification in after-care would help  
102 possibly first degree level  
103 HNC  
104 A degree qualification following on from the HNC.  
105 Could be a range of qualifications however Youth Worker Related  
106 HNC, HND social care SVQ 3 & 4 attainment as a minimum  
107 Degree  
108 Hnc or similar  
109 Honours level degree relevant to line of work with practical element.  
110 A practice based degree to be undertaken "on the job" with experienced mentors and an emphasis on relational practice.  
111 SVQ4  
112 Life experience, background, relevant hnc  
113 BA Social Work (Residential Childcare) MSC Residential Childcare  
114 Perhaps a social pedagogical approach to child care.  
115 Psychology & Sociology  
116 SVQ 3 - Social Work Degree or Social Sciences depending on the individual how far they want to go with ongoing learning.  
117 Any type of children, psychology, social work, etc.  
118 Certificate in addictions  
119 Something new. Specific to residential work. Not Social Work.  
120 HND in social care (children and families)

#### **A5.7. Do you feel that there are there gaps in the delivery of services that a new qualification for practitioners should cover?**

- 1 Basic childcare and recognising typical child development
- 2 It should cover some common conditions such as autism and epilepsy
- 3 I feel refresher courses should be mandatory and taken twice yearly
- 4 I think it would be useful for workers (in my organisation anyway) to learn some sign language to facilitate communication with some service users.
- 5 Current qualification lacks creditation with other professionals
- 6 Preparing children and young people for through care and after care
- 7 Mental Health, and other health topics including legal aspects.
- 8 not enough focus on delivery of crisis intervention
- 9 Children Scotland act/ developmental stages
- 10 More counselling work!!
- 11 As above
- 12 Physical intervention training - an 'industry' standard
- 13 As above
- 14 Child protection, group working, counselling, training in effects of abuse and trauma
- 15 It might focus a bit more on direct work with children, communication and building relationship with them. There should also be a particular focus on how to work with the specific children at the setting
- 16 Child protection
- 17 I feel that HNC based qualifications should be looser and include a broader range of specialised subjects, relevant counselling and emotional support would be a huge advantage as these are skills it is vital to develop
- 18 Yes, as above, a greater understanding of the child's or young person's state of mind and how best to alleviate any anxieties, if possible.
- 19 Practical experience in working in residential child care
- 20 Realistic expectations of what the young person will do once moved off from care. (Post 16yrs)
- 21 People with qualifications but no experience or practical ability
- 22 Continuity of care standards to lessen favouritism
- 23 Understanding team/group dynamics, working therapeutically in the life space, attachment theory
- 24 Lack of linking theory to practice
- 25 In Dundee we have mainstream residential units for young people but do not have a resource for young people with learning disabilities, I feel through experience admitting a young person with even minor learning disabilities into a mainstream unit leaves them at an unfair disadvantage that an leads to abuse.
- 26 Should be more in depth. SVQ & HNC do not cover what is required to provide good practice
- 27 Need to know about social work practice hence social work degree
- 28 Any qualifications made readily available
- 29 Trainers or as assessors within workplace
- 30 See above
- 31 Through care
- 32 Child development theory, person centred training theory to inform, theory to intervene, child protection, personal/ prof development, supervision, knowledge over care and control, rehabilitation, desistance all to help deal with the challenges presented by many y/p
- 33 I worked eight year before I was given opportunity to do SVQ & HNC; this should have been training for qualification from the start of my employment, but had a manager who was ageist.
- 34 Not enough training

- 35 Again I feel that all the care system should work from one form and should be a qualification
- 36 As above
- 37 Therapeutic work should be included and relevant training on legislation with regards to administering medication.
- 38 Wider knowledge
- 39 More in depth studies of theories and application into practise. More about joint working and communication skills. Residential Child Care workers need to have the equivalent qualifications to social workers to remove the stigma of us being seen to be the poor relation
- 40 There is far too much focus on academic standards and regulation in general. Look instead at models that provide better outcomes for the young people in care and follow those leads.
- 41 Outreach and Care at Home
- 42 Yes as they may gain good theory but not knowing how to react in stressful situations. Help staff create a stronger mental attitude which would react positively to the young people.
- 43 Not enough places at colleges
- 44 Deeper understanding of other services' functions. Promoting good relations between RCC & other agencies.
- 45 Consistency of work,
- 46 Vast variety of ability and knowledge amongst workers. Qualification would standardise understanding and assessing and offer a more balanced service delivery.
- 47 The understanding of early trauma in the lives of looked after children cannot be underestimated nor can the needs of "children" 16 to 24 who are often left to fend for themselves with disastrous consequences
- 48 GIRFEC, Transitions, Pain based behaviour (Understanding & development of strategies)
- 49 Didactic, counselling types of work
- 50 More training on attachment and psychological issues.
- 51 As above

#### **A5.8. Do you feel that a new qualification should be considered as part of the current registration system, or not?**

- 1 Not everyone is suited to the HNC/SVQ format or need to have that much knowledge, however in other roles staff need more knowledge so having the options would help take this into account.
- 2 An MSc in residential child care could be taken after an HNC. The SVQ could be then left out of the registration requirements.
- 3 New qualification should be independent of existing ones
- 4 Residential workers who do not have the updated SVQ and H&C graded unit should be made to complete new version as it is more intense and valued
- 5 Many care workers have little theoretical understanding about the effects of trauma or how to manage it through counselling. Recording of information is often sketchy and same applies with reports.
- 6 I feel that another qualification on top of HNC and SVQ3 could become confusing and lead to demoralization of staff
- 7 Depends on the sector
- 8 Existing level is right
- 9 Effects of medication and first aid is fundamental to duty of care.
- 10 Too much work to try and get residential workers to do now along with working demands
- 11 A transformation of the old qualification might be sufficient, tailoring the qualification more to the setting the worker works in.
- 12 Degree status - social pedagogy or equivalent
- 13 As previously stated, I think a stronger svq based approach is much more suitable and useable for practitioners
- 14 Knowledge and continued learning are vital and beneficial to the needs of the child.
- 15 To assist new employees in understanding the needs of group living
- 16 Unsure
- 17 Maybe but would need realistic timescale and funding
- 18 The more knowledge we as practitioners acquire the better as it will help our understanding into working with young people to reach their potential
- 19 Residential work is so important unqualified people can harm young people's development by not having an understanding
- 20 More research should be done and ways to improve quality of care be given.
- 21 At least basic experience
- 22 Unsure
- 23 See above
- 24 A more updated version which considers and relates more to today's young people and the challenges they face which are very different to those of 10/15 years ago
- 25 Not sure
- 26 As above
- 27 Existing people holding the current qualification should be offered to undertake the new qualification training
- 28 This could be in addition to those already requested by the SSSC
- 29 I think we should be put through social work
- 30 The current system ticks boxes and produces qualified staff regardless of ability to engage with young people and help their growth and development
- 31 Existing Qualifications (HNC and SVQ3) should be considered as equivalent to Part One Social Work training



- 32 May put too much pressure on staff to gain these qualifications. i.e. not getting rest days or night staff not getting the appropriate rest as has happened with staff trying to gain HNC and SVQ not getting the support from employers resulting in staffs performance towards the young people
- 33 All registration should require a qualification, whether new or not.
- 34 To cover the general gaps that there are between SVQ 3 and HNC
- 35 There's enough change ongoing.
- 36 International Qualifications which are more than equivalent to the HNC required
- 37 I think a target should be set as standards should be high.
- 38 I feel my training has improved my practise.
- 39 As above
- 40 There are a lot of excellent residential workers who are not particularly academic. It is not the only measure of a good worker.

**A5.9. If a new qualification is required, do you see it as fitting into the existing accreditation framework?**

- 1 It will just give more people the chance to learn and develop new skills.
- 2 Possibly
- 3 Struggle to get time to complete qualifications
- 4 Current standards would need to be revised and existing updated
- 5 I feel that the SVQ3 qualification adds little to improving best practice, and I would drop this qualification in favour of a more academic qualification
- 6 This can be incorporated into HNC or SVQ or both as an extra module.
- 7 Part of the HNC
- 8 Could be incorporated into the current HNC qualification
- 9 It should be equivalent to SVQ/HNC
- 10 This would obviously take a lot of consultation but again I believe it is important that qualifications feel suitable and practical for the practitioners who set out to achieve them for registration purposes
- 11 Not too sure, however recognition should be awarded if hard work and study are involved.
- 12 It could link HNC to svq3 with a credit in residential child care needs
- 13 Should be a stand-alone degree to ensure a high level of care
- 14 Definitely, if the qualification encompasses what I previously have mentioned regarding the subjects I want to see contained in the new qualification.
- 15 What accreditation framework, nothing seems to be enforced in private sector
- 16 Set a time scale
- 17 ?
- 18 Unsure
- 19 I'm not honestly sure.
- 20 A culture that is not fear based and devoted to covering one's own back is required before young people will start achieving more. More hoops create people better at jumping through hoops.
- 21 (See Questions 10 & 12)
- 22 System needs to decide if SVQ's are relevant and replace if necessary
- 23 No relevance in SVQ3 as far as own experience shows.
- 24 Academic with assessed work placement.
- 25 Day release at college.

#### **A5.10. What key priorities would this new qualification address?**

- 1 Deeper understanding of the needs of young people and better service provision.
- 2 Regulation, legislation, realities for working within a residential setting, working with vulnerable groups, therapeutic work.
- 3 I think it would need to allow for different forms of residential Child Care including for children with disabilities, autism, ADHD, etc. sometimes there is too much focus on children with behavioural problems in care homes.
- 4 work practice, knowledge of common conditions, skills used to support service users and the families.
- 5 teamwork and communication
- 6 Development of staff within the industry to a level of professionalism on a par with social workers, teachers and relevant professionals.
- 7 Looking at the needs of the children and how they can be addressed in the residential setting. How to provide the best possible care and to look at each child as an individual and not as part of a group.
- 8 Safe care
- 9 Current legislation including the law Child protection, at a fuller standard than current requirement
- 10 Supporting traumatised children/young people. 11 Aspects of the courts and criminal justice system that affect young people in residential child care. The role of the police and their approach to young people in care. Changing attitudes in mental health outcomes, and New legislation relating to this. Health outcomes in general should be a priority. Education, and laws relating to young people in school today, with research on drug use, bullying, and professional attitudes towards young people living in care.
- 12 Individuals' ability to assess and intervene in times of crisis
- 13 Knowledge that workers possess and makes sure they are learning.
- 14 Childcare principles more education for child change in systems and ways of working more structured ways of working better joined up working better collaboration less duplication less repetition
- 15 Observing practice
- 16 Vocational
- 17 As in answer 10
- 18 Likely effects of overdose of medication and signs to look for. Appropriate response.
- 19 An understanding of time management and expectations within workplace re contact with social services outside agencies along with ability to share duties whilst interacting with young people.
- 20 Child protection, effects of trauma and abuse, group working, counselling, mental health/ learning disability training
- 21 Assessment, intervention, reflective practice, oppression, discrimination, children's rights,
- 22 Knowledge, understanding, better care and advice
- 23 Residential child care
- 24 Relating to children, communication, building relationships, ensuring consistency of care and approach, shared goals, motivation of workers to work with children
- 25 Child development/therapeutic practice/child care law, legislation and guidance/group care practice/reflective practice
- 26 Knowledge of legislation (Children in Care)
- 27 Social work & health care
- 28 As in my previous comments there are a great many aspects in social care that workers in the sector need to have a grounding in. the emotional support area is something that does not gain the credit it truly deserves, as indeed do the counselling skills required simply in your day to day work, relating to young people/parents/other carers. Practitioners must develop a healthy habit of questioning why things are they way they are. Reflective practice is the quickest way to gain this insight in my experience

29 I think the SVQ and HNC covers most

30 Understanding children and young people's mental health and focusing on alleviating the distress caused by separation and unfamiliar people and surroundings.

31 All staff working as a team in all residential care homes across Scotland . As it should be but sadly is not always the case

32 -Life Skills (Telling time / reading news paper or bus time table / how to read social cues) - Independence Learning (Personal Hygiene / Life Space Hygiene / Cooking / budgeting money) - Understanding the trauma the young person has experienced and developing coping strategies without stripping out survival skills.

33 Drug & Alcohol abuse

34 Ability to provide good service not just academic

35 Shared knowledge and values

36 Understanding team/group dynamics, working therapeutically in the life space, attachment theory,

37 More in depth focus on key areas and not just an exercise to tick boxes but learn nothing

38 Care and confidentiality

39 Experience through placements Applying theory to practice

40 Compassion, motivation, sense of care

41 Subjects that have not been covered in the previous qualifications and can be added to your current qualifications

42 Theory, practice, understanding behaviours, child development , child protection, reflective practice, understanding and management of challenging behaviour.

43 More work based assessments by managers to prove we provide the best service available to the young people we care for.

44 Report writing communication skills ability to research IT skills

45 Child care law Child development trauma informed models of care-social pedagogy etc

46 Lack of insight into behavioural problems and how to address them

47 Communications

48 The knowledge and understanding of child development and knowledge based on specific developmental disorders/disabilities etc

49 BA Social Work

50 At least basic skills

51 Work practice, quality of service

52 Unsure

53 Getting to know and understand the children practitioners are working with. More emphasis on trying to understand behaviours; their potential causes and seeking solutions. Explanations of the theories and legislations relevant to practice that could be transferred to other areas (which already exists).

54 Early intervention More thorough Through care

55 Workers value base Ability to understand behaviour Ability to look for deeper meanings Office/admin work New research on many issues I.e. Attachment Resilience Human development Interventions Offending Sexual abuse Neglect etc

56 Child residential care Legislation

57 Counselling, Childcare law, Welfare rights, Mental health

58 A better understanding of theory and using this to inform practice in the workplace. Too often completion of the HNC is purely to satisfy registration requirements. If it was at least a requirement that staff with a supervisory capacity were qualified to degree level this could have the potential of encouraging staff to use the knowledge gained from the HNC.

59 Early years Theoretical approach

60 Practical care throughout Similar to an SVQ level

61 Engaging with service users effectively Problem solving Learning key domestic skills which may come with working with young people in a home environment Legible writing Time management How to challenge your manager appropriately and positively if you disagree with a decision And if there is any way you can teach 'fairness' amongst all levels that would be helpful Legible writing - writing practice or the introduction of iPads in replacement of paper files

62 Person centred planning and person specific planning throughout life - child to older adult as there are gaps between services when transition occurs

63 Social Care

64 Safer Care

65 Team work with staff confidentiality promotion of educational opportunities and activities for children in care support after care (post 16)

66 Greater theoretical knowledge leading to staff better equipped to deal with damaged children and young people. More work on joint working across the range of services

67 The key priority is changing the abysmal outcomes that the current practice, regulation and fear based culture provide

68 communication

69 Adequate background in legislation and relevant research, together with practical, hands on skills

70 I believe that a qualification is necessary however so is the right aptitude for the type of work. so many people have the qualification but not the right attitude. they can be pretentious, unable to work in a team or even "doing a favour to the poor". People in this work need to know why people got to the problems they have.

71 Therapeutic parenting/care Attachment Issues in Traumatized Children 'Young people Building Resilience in LAC

72 MAKE IT VERY LOADED/PRACTICABLE

73 To remind people that having a qualification does not mean they can become complacent.

74 Psychology of children and young people, health and well being- mental and physical. dealing stress, challenging behaviour,

75 Basic care and moving on from care. kids leaving care need far more support than is currently provided

76 Future goal planning, legislation , behaviour, impacts of trauma Communication

77 Covering the different areas of working with children and young people within a care environment, and also encompasses the developing need of care progressing from early years through to care leavers... this should maybe even encompass foster carers who at the moment have no obligation to achieve and attain a formal qualification

78 Behaviour related for young people

79 Dynamics within a residential setting placements more person centred

80 Addressing children's needs as a TEAM. The ability to suspend own value bases in order to put young people's best interests first..

81 Effective Care Planning Sound Understanding of legislation Placement/ evidencing practice Key Worker role Writing review/ panel reports Corporate Parenting

82 Underpinning knowledge and theory for practice in social care

83 Competence

84 Skills relating to day to day practice within e.g. young people's centres, dealing with conflict, CALM training, training in record taking (computer based) Alongside theory and good practice guidance. A cohesive understanding of the philosophy of care expected by the relevant local authority.

85 Legislation, rights of clients, how to offer choice, benefits for clients, the ability of the client instead of disability

86 Work placement assessment. Academic focus on understanding and assessing, Effective intervention, and legal component.

87 That the relationship with between the practitioner and the child is a crucial part of the process of support and that continuity is the greatest asset to helping children heal and grow

88 Understanding how children think and learn. Different experiences of childhood

89 Therapeutic work with young people, up to date training on issues such as attachment, self-harming sexual abuse etc.

90 Substance abuse

91 Vulnerable children. Attachment. Abused children. Child protection.

Challenging behaviour. Trauma

92 Understanding behaviours Safety, emotions, loss and future

### **A5.11. What do you feel is unique about residential care work that should be recognised in a new award?**

- 1 Focused on younger year difficulties and resolving them as best we can with the young people. Also the young people are looking for the adults to support them and this can be addressed through key worker models.
- 2 Length of service
- 3 24 hour care with constant pressure of dealing with vulnerable young people.
- 4 Particular legislation, theory, empathy, and basic childcare skills
- 5 The ability to support children when away from their families/guardians
- 6 Total care and consideration of the child and their uniqueness.
- 7 The effect that the environment and impact on a person's mental and emotional welfare are not recognised by any private employers or professionals to be able and competent in this field takes a lot of dedication and effort which is not recognised by the government/employers.
- 8 Communication with both the children and their other care providers.
- 9 Healthy relationships, communication skills counselling skills . Staff having skills in mental health and how and where to seek information. Much more training in this area.
- 10 Level of care and understanding more about challenging aggressive behaviour and how to bear support the students
- 11 Coal face approach to the daily lives of children/YP, Residential staff's expertise
- 12 The diversity of needs and understanding the effects of early trauma and how to manage and work with children in ways that avoids the risk of causing further damage.
- 13 All employees must be professional in all aspects of delivery of care and would they leave their own child in this environment.
- 14 We provide the day to day care for children and young people. When working with other professionals we are seen as less professional. This is mainly based on grounds of perceived qualification and therefore level of ability. For example, most social workers now have the degree in social work, and are therefore are viewed by many on a par with teachers and nurses. On many occasions interaction with other agencies, although not all, residential workers views are taken less seriously based on lack of academic qualification. Other professionals have failed to consult residential staff including management on decisions relating to children we provided care for. This situation needs to change.
- 15 A worker's personality is their greatest tool in delivering care
- 16 Long term goals of the work more support from managers whilst in the system working
- 17 That the most important thing about the job is to care about the resident
- 18 Good communication skills with difficult clients
- 19 A complete and holistic understanding of the children and behaviours that can occur
- 20 That you CAN make a difference
- 21 Each young person is an individual, so should be treated as such.
- 22 Interaction I think more has to be done to make sure everyone understands their job is mainly interacting/befriending and listening with trying to help the young people have more confidence in themselves.
- 23 Working in a group living environment
- 24 Pedagogy, institutionalisation effects of, group living/dynamics, power,
- 25 Skills required
- 26 Children in residential care are at the beginning of their life and are still learning and developing unlike adults. Therefore, it is crucial that they receive adequate care and have opportunity to learn new skills and as far as possible move towards independent living. In order to achieve that they need highly

motivated staff team that work together and shared the same goals which are providing the best care possible for the children

27 The ability to interact with the young people, talk to them on their level to disperse any thoughts of violence or absconding

28 Working as part of a team, communication

29 The relational/nurturing aspect.

30 Challenging behaviour / coping strategies. Generally how to understand difficult behaviours.

31 N/A

32 The simple fact is that you are working with individuals..there is no substitute for spending actual time with someone and valuing them for who they are. no amount of learning underpinning theories will give you that understanding

33 Don't know

34 Residential care work requires unique individuals who are working with unique, sometimes vulnerable, damaged children and young people because they want to try and guide the young person, hopefully in the right direction to be able to allow them to enjoy life, achievements and ambitions when they leave care, Personally speaking awards don't impress me, however, if a word is needed then a dedication award would be nice.

35 A need for understanding the complex working relationships needed when working with parents and other professionals.

36 The care, commitment and sustained communication required with all service users to enable them to re-visit their early years in a safe environment as well as preparing them for life out of care without continued interventions from social work.

37 Being able to provide a home from home

38 How difficult but rewarding it can be and how important empathy is

39 Ethics, care standards, knowledge of disabilities

40 Relationship building with the service user group with whom you work, ability to work reflectively and reflectively, group dynamics (staff and service users)

41 The variety of skills needed and the dedication

42 The closeness and friendship that builds up between service user and staff

43 Being able to provide an experience as close to home as we actually can

44 Learn how to care be sensitive to the needs of others

45 Whilst the public sector is being decimated by this government and public feeling is one of high rewards such as pensions and wages we need to let the public know more about our achievements. over the years I have seen some remarkable work done with young people by colleagues, also there is great commitment given by dedicated staff to enable the young person to try and reach their potential, a lot of work in the background is done in the workers own time and this is never mentioned when all these debates regarding high pensions and wages are in the media. we really need to stand up and blow our own trumpet , although I would just like to get on and do the work I enjoy.

46 Residential child care covers every aspect of a child's life from corporate parenting to dealing with attachment issues, drug/alcohol dependencies, severe behavioural difficulties in a house with 7 or 8 other young people with their own issues, it is one of the toughest jobs but can also be the most rewarding.

47 Fun, creating life experiences and giving young people opportunities

48 Don't know

49 Child protection safety

50 Residential work covers all issues daily, mental health, addictions, challenging behaviour etc

51 Safety of staff as well as children

52 Home like setting



53 The level of care given in 'home life'

54 It has been overlooked for years in the field of social work and needs professional people to deal with the complex needs of clients

55 Ability to communicate with young people

56 People working for a low salary... We don't get paid what we are worth

57 The only comment I would make is that residential is a social work profession on its own. Social workers are at this moment unrecognised in this field and this to me is wrong as the work we do is social work on a practical and therapeutic level

58 Staff do a range of jobs while on duty.. Cook, cleaner, advisor, counsellor, nurse, personal shopper, teacher, protector, hairdresser, decorator, driver etc

59 The dilemma faced by practitioners of balancing a trusting, open, supportive relationship with children and their families, while also maintaining professional boundaries.

60 Multiple tasking Personal initiative

61 Awareness of use of self

62 The complexities of fulfilling the role of residential worker to a standard which meets the individual needs of the y/p at all times

63 All of it

64 Working with young people can be very rewarding but challenging and as each child is an individual; each member of staff bring differing qualities and skills to a workplace team and this can be very beneficial when good communication is part of the teams framework.

65 Communication understanding YP

66 The use of self in the workplace and the relationships developed with young people.

67 Positive regard, forgiving negative behaviour and enabling young people to become active citizens.

68 I feel that everyone should be able to move on to svq 4 training throughout their employment without having to be in a manager's position

69 Peoples ability to adapt to any situation effectively

70 It takes a certain individual to do this kind of work and so work-based competences would be beneficial - i.e. working together; problem solving and transition

71 Communication delivered in many ways such as non verbal, verbal, therapeutically on 1-1 basis

72 Skills of the career Skills of the carers

73 Difference it can make to young people's lives if done properly.

74 We work 24 hours a day with our young people and get to know them far better than any other professional. This gives us a huge opportunity to work with them and help to improve their lives and their opportunities. To do this staff need to be equipped to do so

75 The vast range of skills and personal attributes needed and that being open, honest and consistent is just as important as the qualifications.

76 Challenging behaviour

77 The residential unit and workers within it strive to achieve a home-from-home atmosphere and to become a familiar and welcoming environment. This requires close co-operation with service users and their families and the sharing of information. Residential care workers develop skills in negotiation and diplomacy in order to balance the wishes of the individual with the comfort and safety of others

78 The desire to communicate to the people you work with

79 Residential Staff should be as recognised as the same as teachers or police however Police have stated that how Residential Staff are not recognised. I believe that the award should not be played down and highly promoted as possible! this may be recognised by a wage structure and supported by unions which employers will have to support! Close the gap between Teachers and Police with terms and conditions! There are lots of excellent RCCW that will move on away from child care due to terms and conditions whereas these experts are essential for new staff to learn from.

- 80 working in partnership
- 81 Communication
- 82 Too much to mention
- 83 Shift work. stressful nature of the role. dealing with stress in the work place.
- 84 The amount of different areas that childcare residential workers have to cover and the differing needs of the children and young people and the skills required to undertake this job
- 85 Young people not feeling that they belong anywhere.
- 86 Residential work is unique because all behaviours displayed by young people are concentrated and magnified within a group living environment
- 87 Supporting vulnerable young people as they work through trials & trauma. Maintaining relationship with parents/family appropriate to circumstances. The need to work positively with other agencies.
- 88 Patience
- 89 I feel that residential child care should get more recognition as a professional service.
- 90 Relevant experience and life skills transferable from other services such as community based services
- 91 Residential care is unusual as we are expected to become caregivers for young vulnerable children/ Adults for e.g. 8 hours per day, then we walk away and return the next day, often leaving situations half resolved for other practitioners to continue. This is often unsatisfactory for the residing individual and can lead to a mistrust / angry reaction. These type of situations are hard to work through in a class room.
- 92 We make all the decisions in the clients lives
- 93 Most complex children and young people in the care sector. Advanced assessment and understanding and interventions are required.
- 94 Relationships and long term support
- 95 The nature of working in the Life space and how the potential that residential workers have to effect real change with the resident group.
- 96 It is apart from social work and needs to be separated in order to gain recognition as a professional practice
- 97 Making a difference
- 98 Good practice
- 99 The support work that is involved
- 100 Issues about attachment for the looked after child
- 101 Relationships, attachment (or lack of).

**A5.12. Which professional and personal Skills and attributes do you feel are required for this sector, which should be recognised in a new award? (Please elaborate)**

- 1 Understanding of difficulties, empathy and resilience of the worker and a real thirst to work with and support young people
- 2 Communication skills, problem solving, collaborative working, ASIST training, background to Social Work?
- 3 Problem solving, working with others, good all round skills, communication, empathy.
- 4 Calm and person centred approach
- 5 Patience, caring, honest, trustworthy, mentally and physically strong
- 6 Experience, education, tougher inspections by a fully trained and experienced inspectorate. A introduction of a mandatory period of experience in residential environment (not educational) for all social workers.
- 7 Communication, joint working with other professionals involved in the care of the children, putting the children first.
- 8 Communication counselling skills, not to be judgemental and to have an open approach with young people and staff. If we do not have the answers to YP question ensure we let them know that their questions are important and we shall seek answers within an agreed time limit.
- 9 The ability to adapt to varying situations at a moment's notice both at the level of the children/Y.P. as well as dealing with other professionals at a level befitting your position
- 10 The management of working with traumatised children. Recognising the difference between learnt behaviour and supporting children/young people that have additional needs in terms of their mental state of health/well-being.
- 11 Good communicator, team player, respectful to children and take responsibilities seriously.
- 12 Professional skills should include ability to effectively plan and execute tasks, projects and plans. Tools to improve report writing skills. Demonstrate how to effectively communicate a message to both other professionals and young people. Also demonstrate ability to write a structured argument and analyze different theoretical approaches, giving examples of where it has worked. Skills on dealing with other agencies including the police, education, health, courts etc. Skills relating to dealing with mental health, drug misuse and skills to deal with the effects from young people witnessing domestic abuse.
- 13 Confidence, patience, compassion, clear communication.
- 14 Communication, ability to speak to young people on their level
- 15 Good training paired with learned experiences Patience, empathy, person centred approach, understanding, dialogical, communicative
- 16 Continual good practice being recognised
- 17 Communication Interpersonal Patience
- 18 As above
- 19 Communication, inter-personal, work ethic
- 20 Professionally should be adept at recognising and interpreting signs of abuse of medications. Empathy and recognition that inter agency arbitration may be needed.
- 21 Do and dont's of what to say at certain times. I have a great understanding as do lots of my colleges but I have this mainly through life expectancies some may not have had, deeper knowledge of the real traumas would help newcomers.
- 22 Good communication, group working
- 23 Empathy, clear open communication, inclusion of child and all family in decisions about child's life, participation of family children,
- 24 Communication, patience, organisational skills, life experience, work experience, ability to engage with young people, caring attitude

25 Empathy, honesty, open communication, listening, non-judgemental attitude, acceptance, genuineness, knowledge about child development and psychology and disabilities if applicable

26 As above

27 Being approachable for the young people, working as part of a team is essential, child protection and whistle blowing should be made more aware.

28 Academic - relate theory to practice; self-reflection and use of self within the life space environment; ability to work within a multi-agency context also.

29 Demonstrate understanding & empathy. Resilience & able to work with challenging behaviour.

30 I don't want to sound too silly, but in the social care sector it is very important to share common values and principles. if you don't care about what you are doing then it simply isn't going to work out well for you. I have learned so much from the youngsters I have worked with and the people I have worked alongside, for me it is an awareness of this that makes me who I am and allows me to fit into my role as a young person's support worker. the individuals I work to support all deserve positive outcomes and to have good lives, this is not a statistic to be banded about for political gain, this is about people's lives

31 Patience and sense of humour having the proper tools to be professional

32 More information and knowledge of psychology and mental health of children and young people, also effects of substance misuse and addiction. on young people's lives.

33 A need to be able to converse on a working level with other professionals ;i.e. social workers, and a need to be able to show empathy when conversing with children and their parents/carers.

34 Life skills, and experience

35 How to de-escalate challenging behaviour and how to effectively work with relief staff

36 Ability to work reflexively and reflectively, relationship building skills, theory into practice, communication skills

37 Communication, interpersonal skills and knowledge of a range of topics which affect the young people we look after

38 Simply having the correct values and emotional intelligence for the job,

39 Too numerous to mention, caring manner, values such as trust, respect, dignity, also a good theoretical grounding in the development of the young person plus an understanding of conditions that affect young people. good communicator, child centred approach.....

40 Patience, commitment and unconditional positive regard for others

41 Don't think a new award is needed.

42 Excellent communication skills Demonstration and understanding of empathy How to work as a team and to use one's own initiative

43 High integrity, non-judgmental

44 Need to be literate and caring and have had experience in more than one residential home

45 Knowledge of the child's specific needs, how to work with children with disabilities

46 Ability to communicate and progress young persons' situation in life through stimulation and self esteem.

47 Social work but often unknown pedagogy as we work hands on with young people on a more one to one level.

48 PATIENCE - myself and my colleagues were just discussing this quality this evening. Whenever I (or evidently they) discuss our jobs with others, other people are always quick to say how much patience must be required. This is arguably something that cannot be taught, but it is also probably one of the most important qualities in a practitioner. The importance of communicating essential information appropriately and professionally.

49 Problem solving Continuity of care practice Recognition of personal achievement in our work with individuals

50 Team working skills particularly communication

51 Sw value base too many workers have skewed values and concepts! Empathy, Sympathy Intuition Humour Reflexivity Adaptability Team work Problems solver Conflict resolver Good communication

52 Building relationships

53 Good communication skills a necessity

54 Communication, relationship building, counselling,

55 Recognising early childhood experiences, and realising the impact of the early years.

56 Lifelong learning such as gaining Svq 4 even though you are only a worker so that you are able to think further ahead and be more knowledgeable in managerial position

57 Unsure

58 Candidates should be independent learners and thinkers as well as team players. Patience, forward thinking and pushing boundaries are also helpful.

59 A good communicator including report writing, a basic grasp of computing, varied personal interests such as Art, literature or sport to give varied choices and experiences. A level of understanding of therapeutic practices to work with the young people in creating a warm, nurturing environment.

60 Knowledge of the care system

61 Co-operation wish to work and help young people

62 A lot of theoretical knowledge is needed and the ability to apply this in practice - the knowledge is wasted if the worker cannot apply it. Staff need to be able to communicate at a high level with other practitioners and professionals

63 The ability to establish trust and build a nurturing relationship stems from a genuine empathy with the young people and academic understanding of the issues that they face must underpin all interventions.

64 Listening skills

65 An ability to assimilate factual information fairly quickly and to keep accurate records relating to that. Good communication skills and empathy.

66 Communication empathy out of the box thinking

67 Listening skills and ability to re-direct situations can be highly important. How you learn about a young person and what steps you use to help them. writing good and appropriate risk assessments for young people I feel that they are major gaps throughout staffs assessments.

68 Communication

69 Communication

70 Continuity of excellence of care.

71 Resilience, ability to deal with stressful situations

72 Communication teamwork problem solving

73 Communication is key, along with self awareness and the ability to adapt and develop to meet the needs of the young people. Report and information filling should be paramount as accurate information from each service provider is essential for transparent clear working...to enable a good standard of service for the young people in our care

74 Adults being able to counsel the young people.

75 Communication understanding promotion of individuality

76 Communication skills. Observation skills and ability to respond appropriately to said observations. Emotional intelligence.

77 Effective communication Multi professional working Empathy Active listening Knowledge from academic qualifications Good Corporate Parenting

78 Understanding of national care standards, delivery of interventions and family work

- 79 Confidence, loyalty, determination, empathy, honesty, trust and the ability forgive / forget and move on.
- 80 Common sense
- 81 Relationship building is an essential skill that could only be assessed through practice observation.
- 82 Listening, empathy, a thorough understanding of child development and what can stall or halt such development,
- 83 Communication, understanding of young people
- 84 Empathy & solid communication skills.
- 85 I believe that many of the attributes required for the role cannot be assessed in any traditional framework
- 86 Education Communication
- 87 Recognised qualifications and personal experience
- 88 Positive working relationships with young people
- 89 Attachment should be the cornerstone of all future training. Communication and consistency from staff.
- 90 Identifying our role more clearly (not just a glorified babysitter!)

### **A5.13. Other comments (please feel free to add anything if not covered above)**

- 1 Yes is it correct for relief workers to work in residential child care with no SVQ or H&C qualifications I am confused by this as a registered worker if my registration is late I am not allowed to work .
- 2 Looking at the benefits of working with children/young people in smaller care settings as opposed to managing conflict within larger units.
- 3 I think that the ultimate qualification for residential staff to work towards should be the degree in residential social work. Qualification achievement should be linked to any future promotions, and not just length of service.
- 4 I feel HNC / SVQ3 is the right level of qualification, degree level will put a lot of potentially good workers off just because they are not academically minded
- 5 Staff should be paid while training. and studying as a requirement for the unit.
- 6 I believe that the level of staff qualification is already at a high standard. From working in this sector it is more important to have great communication tools and a caring and understanding nature
- 7 Thank you for your time, I hope my views are useful in some way. if I can ever be of any use do not hesitate to contact me
- 8 The award could perhaps include a short time on placement with other professionals or have some classroom based training to cover some possible situations that residential child care workers may face
- 9 A lot of emphasis is placed on qualifications and how many, sometimes good people are lost and more value placed on academic qualifications
- 10 There are many areas open to discussion which hopefully can be put forward for the betterment of the young people we are looking after.
- 11 N/A
- 12 I feel an individual's learning should never stop - new things are happening all the time and workers need to keep up to date. At six monthly intervals I feel individuals working in any care industry should be tested - to ensure their knowledge of legislation and practice is at not just an acceptable standard but at the highest level possible.
- 13 Need to make it compulsory for private care sector to train staff more and help with relevant qualifications.
- 14 Monitor staff and record keeping more closely, weed out and get rid of staff in false positions
- 15 Understanding of behaviours
- 16 I went to a training day with DR Suzanne Zeedyk and I was empowered by her teaching
- 17 In my view employers do not see the difference residential staff can make to the lives of looked after children. This certainly applies to the local authority I work for and I think that if it is a requirement for staff to be qualified to the same level as social workers, employers might start to see the benefits of their residential workforce
- 18 I feel that current care practice focuses on staff caring for the young people to such an extent that it hinders the process of the young person caring for and being confident in themselves.
- 19 There should be an opportunity to extend the level and range of qualifications, up to and including full Social Work qualification, without requiring employers' backing, so that less favoured groups or individuals can move upwards in their career
- 20 Satisfactory
- 21 Years of working in this sector does not mean there is no room for improvement.
- 22 Promoting the staff team's ability to work collaboratively. Break down resentment /defensiveness from long-serving staff towards academic qualifications.
- 23 I have always felt that there should have been a degree in Residential Child Care that follows on from the HNC (similar to Social Work qualification). A higher level of knowledge is essential and such a

qualification would be a step in the right direction to giving residential child care the professional recognition that it so rightly deserves.

24 Current SVQ desired qualification is quite confusing you need a HNC then have to do a lesser qualification why

25 It is my belief that for improved service delivery and to achieve more positive outcomes it is of the utmost priority that residential childcare workers are educated to degree level. This would also contribute towards streamlining of services with the residents case files being held by allocated workers within their unit. Furthermore a workforce that is truly invested in allows for greater levels of vertical movement and also laterally through different services as there would be a standardised professional, qualification. This would also be of significant benefit to the workforce as it would improve overall practice and assure workers that their input is valued and their futures invested in.

26 The internet has allowed for so much more and valuable information from other countries which we do not make enough use of and we could help young people so much more if we had access to proper lectures from leading people in this field

27 Please do not turn this difficult challenging and rewarding job into an academic framework which would be unreachable for some great workers