

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Report of  
Scottish Institute for Residential Child Care (SIRCC)  
National Conference and Agency Visits  
(June 7-10, 2010, Scotland, UK)**

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**September 2010**

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## (A) Introduction

### (1) Objectives/themes

Scottish Institute for Residential Child Care (SIRCC) was established in 2000. SIRCC is a partnership of educational institutions-Robert Gordon University, University of Strathclyde, Langside College and Who Cares? Scotland, a young people's advocacy organization. SIRCC works with the aim of ensuring that residential child care staff throughout Scotland, have access to the skills and knowledge that they require to meet the needs of the children and young people in their care. Each year the SIRCC National Conference would launch to empower and encourage services for children that were not only caring but embracing the challenges with confidence and professionalism. The theme of this year's conference is "Reflections and Visions". This year, as SIRCC celebrates its 10<sup>th</sup> Anniversary, this conference will provide an opportunity to reflect on the achievements of the residential child care sector, and build a vision for the future, which will address some of the current challenges in Scotland.

### (2) Organizer, event schedule and delegates from Hong Kong

The conference was organized by the Scottish Institute for Residential Child Care (SIRCC) in Aviemore of Scotland from Monday 7<sup>th</sup> June to Wednesday 9<sup>th</sup> June 2010. Agency visit was liaised by the SIRCC and held from Thursday 10<sup>th</sup> June to Friday 11<sup>th</sup> June 2010 in Glasgow.

#### Event Schedule:

| Date          | Events  | Contents  |
|---------------|---|---|
| 7-9 June 2010 | SIRCC Conference  | Plenary Sessions & Workshops  |
| 10 June 2010  | (1) North Lanarkshire Council Visit<br>(2) Glasgow City Council Visit<br>(3) Meeting with SIRCC Staff | (1) A children's home<br>(2) A children's home<br>(3) Knowing residential child care services in Scotland |
| 11 June 2010  | (1) Visit Kibble Education and Care Centre<br>(2) Meeting with the Fostering Network Staff            | (1) A multi-residential child care services unit<br>(2) Knowing the fostering service in Scotland         |

#### Delegates from Hong Kong:

| Name                  | Organization                          | Title                    |
|-----------------------|---------------------------------------|--------------------------|
| Kwan Kin Shing, Peter | Hong Kong Student Aid Society         | Director                 |
| Shek Mei Ki, Maggie   | Hong Kong Children and Youth Services | Registered Social Worker |
| Fung Mei Chun, Pax    | Hong Kong Student Aid Society         | Assistant Director       |

## (B) Background

For children who are looked after away from home, it has been decided that it is not appropriate for them to remain at home and either the local authority, children's hearing or sometimes the court will consider alternative placements. These alternative placements can include foster care or residential care. Most children and young people become looked after for care and protection reasons. These can include neglect, mental, physical or emotional abuse, parental substance misuse or poor parenting skills, or a child or young person may have become involved in the youth justice system.

At 30 June 2008 there was an estimated 1,177,641 people in Scotland aged 19 and under (22.79% of total population). There was an estimated 282,972 children aged 0-4, 269,480 aged 5-9, 297,754 children aged 10-14 and 327,435 young people aged 15-19. The total number of children looked after at 31 March 2009 was 15,288. The proportion of looked after children in residential care is 10.33%.

Children looked after at 31 March 2009 by type of accommodation:

| Type of accommodation                           | Age Group    |              |              |              |            | Total         |
|---|--------------|--------------|--------------|--------------|------------|---------------|
|   | Under 5      | 5-11         | 12-15        | 16-17        | 18-21      |               |
| <b>In the community:-</b>                       |              |              |              |              |            |               |
| At homes with parents                           | 995          | 2,026        | 2,301        | 572          | 38         | 5,932         |
| With friends/relatives                          | 809          | 1,377        | 654          | 136          | 14         | 2,990         |
| With foster carers provided by Local Authority  | 1,031        | 1,440        | 818          | 256          | 47         | 3,592         |
| With foster carers purchased by Local Authority | 164          | 416          | 256          | 63           | 6          | 905           |
| With prospective adopters                       | 141          | 93           | 6            | 2            | 0          | 242           |
| In other community                              | 4            | 6            | 6            | 27           | 4          | 47            |
| <b>Residential Accommodation:-</b>              |              |              |              |              |            |               |
| In local authority home                         | 1            | 41           | 391          | 168          | 11         | 612           |
| In voluntary home                               | 1            | 27           | 72           | 29           | 8          | 137           |
| In residential school                           | 0            | 67           | 379          | 139          | 13         | 598           |
| In secure accommodation                         | 0            | 3            | 68           | 30           | 1          | 102           |
| Crisis care                                     | 2            | 5            | 7            | 4            | 0          | 18            |
| In other residential                            | 8            | 8            | 57           | 34           | 6          | 113           |
| <b>Total looked-after children</b>              | <b>3,156</b> | <b>5,509</b> | <b>5,015</b> | <b>1,460</b> | <b>148</b> | <b>15,288</b> |

Children looked after at 31<sup>st</sup> March 2009 by disability status:

| Main Disability                                  | Number of Children |
|--|--------------------|
| Specific learning difficulties                   | 33                 |
| Mental health problem                            | 29                 |
| Autistic spectrum disorder                       | 113                |
| Hearing impairment                               | 20                 |
| Language and communication disorder              | 49                 |
| Physical or motor impairment                     | 80                 |
| Visual impairment                                | 35                 |
| Social, emotional and behavioral difficulties    | 644                |
| Learning disability                              | 277                |
| Combined sight and hearing loss (deaf and blind) | 0                  |
| Other chronic illness/disability                 | 122                |
| Multiple disabilities                            | 239                |
| No disabilities                                  | 12,185             |
| Not known  | 1,462              |
| <b>Total looked-after children</b>               | <b>15,288</b>      |

## (C) Observation

### (1) Meeting needs and matching resources

Kate Cairns's presentation serves as an external comment on the recently published reports from the National Residential Child Care Initiative (NRCCI), which is under SIRCC. Kate is a registered social worker and training manager, producing and delivering online training and qualifications for children and services. She is an author and speaker with an international reputation. Kate emphasizes that every placement should include a risk assessment. One must assess the risk associated with placing that child in that setting at that time, and what are the hazards for the child and for the care setting, what is the level of risk associated with each hazard. The strategies to be in place to manage the high or medium risk placement should be decided, too.

Teamwork is the key to risk management. Any missing information during assessment will cause high risk for the child and the care setting. Kate's focus actually echoes with the reports of NRCCI, which says that we need to ensure that we make good early assessment. Enhanced assessment and care planning is recommended by the reports. Assessments should be comprehensive and based on the needs of the child or young person and show how a particular residential placement will address or support action to address these needs.

**NRCCI recommends that consideration of residential care as appropriate service early in care journeys, fewer emergency admissions, improved choice of placement, usually near to children and young people's communities of origin, and stability and continuity of placement are important during the assessment process. In conclusion, well supported placements that address the needs of the looked-after children and young people are important. The service providers need to follow through as long as necessary so that the children and young people are launched into adult life as positively as possible and receive the help they need to lead happy, healthy and valued lives.**

## **(2) Relationship is the foundation of mental well-being**

**Dr Graham Bryce has worked in child adolescent psychiatry for around 30 years. Over the last 10 years, he has been a member of a mental health team in Glasgow which works solely with children and young people who are looked after and accommodated (LAAC). In light of the growth of interest in attachment theory, he will consider what we have learned about the inter-dependence of mental well-being and relationships, and how this informs our efforts to improve the mental well-being of young people in residential care. Good quality residential care provides nurture for children who have had a very difficult start in life and it is the relationships between staff and children, and amongst children themselves, which are the foundation upon which their future well-being will be built.**

**Many young people will need more than basic care in order to make good some of the early emotional and physical harm. This requires support from a range of agencies. Service providers need to become much better at planning, managing the experience of the children and young people and make sure they can make sense of what is happening. Scotland is calling for a better collaboration between agencies and a more strategic approach to the use of residential care, so that it is used purposely to provide care and support for children who cannot be brought up in their own homes. Service providers can and must do better. If relationships are the key to personal development, then it is essential that the staffs who work with young people are appropriately qualified and supported; the responsibilities and pressures of working with children in the care system have to be recognized properly.**

## **(3) Violence prevention**

**John Carnochan is a Detective Chief Superintendent with Strathclyde Police and has been a police officer for over 35 years. Together with Karyn McCluskey, John established the Violence Reduction Unit (VRU) in 2005 with the aim of developing a strategy that would bring sustainable reductions in violence within Strathclyde. In 2006, the VRU assumed a Scotland wide role and are now supported by the Scottish government. Their fundamental tenet is that "violence is preventable-not inevitable". John was awarded the QPM (Queen's Police Medal) in 2007.**

**John introduces the general definition of violence into three sub-types of violence according to the victim-perpetrator relationship. These are self-directed violence, interpersonal violence and community violence. "Interpersonal violence" refers to violence between individuals, and is subdivided into family and intimate partner violence and community violence. John then introduces the public health approach as defined in the world report on violence and health (WRVH). The principles of public health provide a useful framework for both continuing to investigate and understanding the causes and consequences of violence and for preventing**

violence from occurring through primary prevention programmes, policy interventions and advocacy. This approach seeks to improve the health and safety of all individuals by assessing underlying risk factors that increase the likelihood that an individual will become a victim or a perpetrator of violence. This approach consists of four steps including surveillance (problem identification), identification of risk and protective factors, intervention and implementation.

## **(D) Implications to Hong Kong**

### **(1) Residential care can be a best choice for children – not a last resort**

In many advanced western countries, there has been a trend that family-type residential care services such as foster care is preferred to non-family-type care services such as children's homes, especially for the care of abused and neglected children. The argument is a family setting best suits for the needs of these children.

The same phenomenon was witnessed in Scotland, especially when some scandals happened in children's homes were widely reported by the media in the 1970's. So in the 1980's and 1990's, foster care was the predominant residential child care services in Scotland and residential care (i.e. children's homes and other types of homes) was treated only as a last resort. The consequence was only the most difficult or hard-to-place cases were referred to residential care and staff members in residential care found it much harder to handle the cases. This had resulted in much more crises, if not scandals, in residential care since staff members were totally helpless in handling all these tough cases. On the other hand, foster carers and social workers in foster care did not find the solution better for them, for they had to handle most of the cases, no matter how hard they might be.

There was a turnaround, however, in the turn of the century. A chief inspector of the government whose main duties were to inspect residential child care services discovered and believed, by his long years of experience, that residential care, given the support, could serve children and young people well and there were positive functions in it. This chief inspector then tried hard to persuade the central government of Scotland to place more emphasis and support on residential care and, since then, there has been a change of views on residential care since 2000.

This chief inspector and subsequently, the Scottish government, has come to realize that in order for residential care to serve the looked after children and young people with high quality, to upgrade the qualifications and training of staff members in residential care is important and there should be government provision to bring about adequate and suitable qualifications for the staff members.

So in 2000, the Scottish Institute of Residential Child Care (SIRCC) was founded with funding granted from the government to provide training and support for staffs working in residential care and to conduct research, compile training materials and service statistics etc.

At present, residential care functions well in Scotland. Children's homes in Scotland now have only a capacity of 6 to 8 children and young people of both sexes. They are regarded as one of the best choices for the looked after children but no longer only treated as a last resort.

The implications to Hong Kong are, firstly, government, while developing foster care, should place more positive regards on residential homes such as small group homes, children's homes and boys'/girls' homes. There should be balanced emphasis, support and development on both types of services. Residential homes should be given due recognition in term of their functions and contributions. Secondly, in view of the importance of residential child care services for the looked after children and young people, tertiary institutes could be more helpful in conducting research for the services and training for staff members. These will induce continuous improvement in the whole residential child care sector. Last but not the least, in view of the growing complexity of the cases referred to residential care, government should step up in giving more concrete support, such as specialist services, to residential care so that children and young people in care can be benefited.

## (2) Commitment of the government

The Scottish government would like every care home to be the first and best choice for children who need residential care, not a place of last resort. To make this happen, the government has established and funded the Scottish Institute for Residential Child Care (SIRCC) in April 2000. The government also asked the SIRCC to lead a multi-agency, the National Residential Child Care Initiative (NRCCI) to consider the many challenges facing residential care in Scotland and make recommendations for change. NRCCI aims at shaping the future direction of services to suit children's needs. The NRCCI will focus on four key questions: how well the residential resources has matched the needs of children and young people, the skills required of the residential childcare workforce, how to ensure more effective commissioning of services and, how to address the challenges facing by secure care sector.

The National Residential Child Care Initiative (NRCCI) believes that residential care can make a real and positive difference to the lives of children when it is effectively planned and resourced. This requires both well-informed service planning at a strategic level and effective care planning for the individual young person undertaken by a well-equipped workforce.

There are costs attached to the reforms and the government is ready to make the best use of all relevant resources to raise the bar and be ambitious for looked-after children as for her own children. The Scottish government inputs much resource in residential child care. The weekly subsidy for each child in residential child care unit is from £2,500-£3,000 per child per week. Each child and young person will have pocket money from £3.6 to £22.32 per week with reference to their ages. Birthday allowance and festive allowance for a young person is set at the rate of £80 and £100 respectively per person. All expense is subsidized by the government, the parent and child need not pay a penny. Funding is granted by the local authority. The Scottish government provides £5 million of additional funding in the current financial year to local authority and voluntary providers of children's homes and units in residential schools to improve their physical environment and to create an educationally rich environment for the children and young people who live there.

It is hoped that the Hong Kong government can share the vision and mission of the Scottish government in the future as residential child care do have an important role to play in the development and provision of both family service and children and youth service in Hong Kong.

### **(3) Qualified workforce and professional development for residential child care**

Residential child care professionals wanted a change in poor public, professional and media perceptions of the service. They sought an acknowledgement of good practice in residential care and its contribution to the well being of children. They did not want the young people who were placed in residential child care or its workforce to be stigmatized. The training and education of the residential child care workforce is an important lever to improve the quality of the sector. Since 2000, there has been a strategic emphasis on developing a qualified workforce in residential child care in Scotland. The Scottish Social Services Council (SSSC) has established a national baseline for the registrable qualifications for residential child care staff. All workers in residential child care services (this includes managers, supervisors, and workers) must register with the SSSC. The introduction of required registration has raised standards and fostered a new professionalism in residential child care. It stipulates that residential child care staff hold one of a range of care qualifications, supervisors and managers hold one of a more limited range of care qualifications with managers also require a management award. The Continued Learning Framework is promoted to support lifelong and an organizational learning culture in residential child care.

The registration of residential child care staff began in 2005. While many staff are undertaking qualifications, 68% staff in 2007 was still unqualified. And 51.6% of this unqualified staff held a qualification listed by the SSSC but which was not sufficient to meet qualification criteria. This indicated that, although individual staff did not hold the qualifications necessary for registration, staff had some level of qualification. Those with a commitment to residential child care have aspirations for its future. Professionals want Scotland to be proud of a world class residential child care service with a collective will to make a difference to the lives of children and young people. There is still some way to go before all staff meet current registrable requirements but a highly skilled and qualified workforce is the challenge ahead.

SIRCC aims to influence and improve the quality of care and outcomes for children and young people living in residential care in Scotland by ensuring that residential child care worker throughout Scotland have access to training, education, consultancy and research. SIRCC provides specialized professional development training, certificate and degree courses and consultancy services, and undertakes a wide range of research projects. Recognized courses are organized to fit the needs of different levels of staff working in the residential care services. SIRCC has established a number of courses, delivered by its academic partners, which meet the Scottish Social Services Council's (SSSC) requirements for registration and post-registration training and learning. These offer an intensive focus on residential child care. Courses offered include High National Certificate (HNC) in Social Care, the Social Work Honours undergraduate degree and postgraduate degree, and the Masters in Advanced Residential Child Care. SIRCC also provides a variety of professional short courses which provide underpinning knowledge for Scottish Vocational Qualification (SQV, which is a certificate of vocational education in Scotland), introductory courses and post registration training and learning. A working group under the NRCCI has been set up to work on the range of skills, qualifications and qualities required of the residential child care workforce. SIRCC at Langside College, Glasgow provides support for

individuals who do not have the necessary entry level qualifications. Assessment and courses are delivered throughout the year and in Scotland and are provided free to all residential child care workers.

Robert Gordon University of Aberdeen invites staff employed in residential child care to apply for a place in the BA (HONS) Social Work (Residential Child Care) by Distance Learning, starting from September 2010. This course is offered as partnership arrangements of the SIRCC and is delivered free of all course fees for students working in residential child care within Scotland. This University also offers a part-time course (over fourteen months) HNC Social Care by Distance Learning for Residential Childcare Workers. The Glasgow School of Social Work also offers a BA 4 year honours degree in Social Work with the Residential Child Care Pathway and a part time (over 2 years) MSc in Advanced Child Care.

Professional development for residential child care is not yet available in Hong Kong. There is no relevant formal training organized, developed and provided by the tertiary institutions in Hong Kong for this specialized service. Yet with reference to the complex nature and multi-dimensional needs of our children and young people in the residential care and the care provided by parents and families, a highly skilled and competent workforce is the foundation to safeguard the well being of our children and to meet the changing needs of our young generation in the residential setting. The Scottish Institute for Residential Child Care (SIRCC) aims to ensure that residential child care staff throughout Scotland, have access to the skills and knowledge that they require to meet the needs of the children and young people in their care. This is applicable to our Hong Kong context as well. There should be a body responsible for the development of a professional and qualitative workforce to provide residential child care services.

#### **(4) Need for different specialist services and multi-disciplinary approach for residential child care**

The Scottish government emphasizes that a young person who is cared for within residential child care may need access to specialist services such as education provision or mental health services. The police, health authority, learning and leisure services are major partners in this multi-agency approach which aims to ensure that a coordinated response to the care and protection of young people. This approach overseen by the child protection committee is underpinned by legislation contained within The Children (Scotland) Act 1995 and supported by operational procedures and guidelines. For one of the home we visit, a nurse of general health from the Council will visit the children and young people once a week to provide health service while another nurse of mental health will provide service to the residents upon request. Police Officer and Clinical Psychologist will also visit the children and young people, too. Actually, the Looked After & Accommodated Children's (LAAC) Nurses have been developed over the past eight years and are responsible to maintain and improve the health and well-being of looked-after and accommodated children in their care in Scotland. Expertise teams are formed to work solely with different aspects on children and young people who are looked after and accommodated (LAAC), for example, the mental health team in Glasgow which works solely with children and young people who are looked after and accommodated (LAAC).

There is no difference in our local context, our children and young people in general and the residential child care setting are having different kinds of needs. Social services alone cannot meet all their needs, and therefore, cross-sectoral collaboration and partnership, such as with school,

police and the medical and health sector and even in employment, should be allied to assess the overall needs of young people and provide the support they need.

#### **(5) Design of children's home**

The provision of adequate space with physical facilities to safeguard individuality, privacy, child development and the prevention of dispute among children and young people, is the principle in the design of the children's home in Scotland. The homes visited are purpose-built unit with facilities that respect the individuality, privacy and development of the children and young people. Gymnasium, laundry, pantry, reception cum guest room, television area (both large and small), computer area, open rest cum barbecue area (with garden chairs, table and outdoor umbrella), and playground are provided. Each child or young person lives in a spacious single room, mostly are en-suite, with bathroom and toilet, and fully furnished with television and some even with safe boxes. Each room is decorated by the children themselves. Simply speaking, single bedrooms, adequate communal space, creation of an educationally positive environment, living environment that are domestic in scale, located in positive neighborhoods, garden areas or access to open space, and good transport links are factors to be considered in designing the unit. Children's units generally have between 3 to 8 places only.

The principles adopted by the Scottish government in designing the children's homes serve as good examples in our future planning in Hong Kong. Schedule of accommodation can be considered as one of the guidelines in developing residential child care units. In-situ expansion of places within the existing accommodation should not be encouraged to provide care in a home-like family environment and to respect the individuality and privacy of our children and the prevention of dispute.

#### **(6) Provision of after care service**

During the period 2008/2009, young people left the looked-after system at the age of 15-16 in Scotland. The local authority in Scotland is responsible to assess and review a young person's aftercare needs and to establish pathway plans to prepare the young person leaving care. She must provide suitable accommodation that meets the needs of the young person. In addition, the local authority has the responsibility to provide financial assistance as well. These young people are eligible for support in terms of education, employment and training. After care service is provided on individual bases including accommodation and financial support. The young people will have a Pathway Plan and will get help from a Pathway Coordinator. They may go to supported housing and learn budgeting, cooking, cleaning and everything for independent living. The secure transitions fund was set up by the Scottish Executive in April 2007 to achieve better transitions for young people leaving secure care and to reduce readmission through provision of additional support. Continuity of care is crucially important for positive outcomes. Employment, college and job training are key factors in a good transition. The field wants to make sure that young people are properly supported as they move into young adulthood with other services such as through care and after care provision, education and health to those aged 18 years and up.

Though our children leave the residential services at the age of 18 in our local context, there is no one responsible to provide after care to them except that foster care workers are required to have a

three months follow-up service after the discharge of the cases. Yet there is no such requirement in other residential child care services. The provision of after care service for those left the care will imply resource implication but worth further exploration to sustain the positive outcomes of the residential child care services. For example, resources can be allocated for the first six months for those leaving care to make sure they can adjust well when they are back to their families and communities.

#### **(7) Ideology and provision of Foster Care**

The ideology and provision of Foster Care in Scotland is very different from Hong Kong. Foster parents are supported by an allowance ranging from £400 to £800 per month. Professional foster parents' allowance may be, in some cases, as much as a professional social worker. The foster carer usually takes care of one child at a time but sometimes she can take a maximum of three children and the allowance will be triple. Fostering is still much cheaper compared to residential child care which costs £2,000 to £3,000 per week per child. On the other hand, volunteers are not preferred under the residential child care because of the issue of professionalization and also scandals of abuse. Police reference check for carers and workers are required. The complexity of the nature of the cases also makes agencies become very cautious to have volunteers in taking care of the children and young people.

There are 32 local authorities in Scotland and also 24 independent and voluntary fostering providers, all of whom provide foster care for children. In Scotland there are currently 4,497 children in foster care. This is 70% of children who are looked after by people not known to them. At the moment there are 3,300 fostering families in Scotland. These include married couples, co-habiting couples, single males, and single females. A recent development in Scotland was a change in her legislation in September 2009 which meant that same-sex couples were no longer barred from fostering as a couple. More and more, Scotland is seeing males taking more of a leading role in the fostering task and it is not uncommon to have single male foster carers.

Though our number of foster carers in Hong Kong is much smaller than that of Scotland, same sex and single sex carers may not be accepted as in Scotland. The cultural difference will be needed to be worked out first before we can move on in relaxing the requirements of foster carers. However, the financial support given to the foster carers and the flexibility in financial aspects such as one-off payments for household equipment (e.g. washing machine), while others may be given a car to transport the children, and some may be given financial support in making alterations to their houses, e.g. to convert their houses and add additional bedrooms those caring for children with disabilities. They may receive payments for adapting their home with disabled access, which demonstrate good examples in meeting the needs of the looked-after children.

The advocacy role played by the Fostering Network in proposing minimum allowance rate for foster carers, campaigning, lobbying and media work to influence the policy of the government also demonstrates the importance to fight for additional investment and policy change for our children and young people in residential child care.

Our government should also take reference of the publicity and promotion work done by the Fostering Network who keeps on telling the world about the amazing job that foster carers do, and

persuading more people to think about becoming foster carers themselves. The Fostering Network has a media and communication team responsible for promoting fostering through television, radio, magazines and newspapers.

#### **(8) Developing evidence-informed practice, publications, research and development**

Developing the research and evidence base practice for residential child care has been one of SIRCC's central goals. Staff have carried out empirical research, published widely and embedded research into the whole range of training and courses. The SIRCC has managed to contribute to the development of textbooks on various aspects of residential child care as well. SIRCC presents many different types of publications which contribute to the ongoing professional development of the sector. There is no systematic and long term development on evidence based/qualitative research for residential child care. We have very few publications of textbooks on residential child care as well. The Hong Kong government and our field can further explore these areas which will certainly contribute to the development of the service.

#### **(9) Databank and on line resources**

Scottish government collects data from the local authorities and publishes them at national level. The data used for Children Looked After Statistics are collected at an individual level from all 32 local authorities. The new individualized collection methodology provides a much richer source of information on children looked after statistics. In particular, the individual level data allows analysis to be performed at any period in time. The data is published on the Scottish Government Statistics website and for cross-year comparisons. Scottish Government Statistics include the private sector within the 'voluntary sector' category so changes in both sectors are masked. SIRCC has a complete database of all residential services in Scotland which distinguishes between voluntary and private sector and it is able to map the trends. On the other hand, research into the mental health of looked-after children, their experience in residential child care and many other reports and the National Care Standards (which describes what the user can expect of the service) on looked-after children are available on line for the children and young people, the foster carers, and the general public as well. The availability and accessibility of dataset and on line resources definitely help to provide evidence to conduct ongoing review and evaluation and to plan for the residential child care services in the Hong Kong context.

## **(E) Conclusion**

The SIRCC is producing the 'Aviemore Declaration'. SIRCC hopes that the Declaration becomes widely known and accepted in Scotland, across the UK and internationally. The declaration will provide a public statement of intent on residential child care for the next decade. The proposed key principles give good reference to the development of residential child care services in Hong Kong. Firstly, children and young people are at the centre of everything we do in residential child care. Children and young people who live away from home have the same rights as children and young people who are not looked after by the state. Respect for children and young people's human rights underpins how we work. Their participation and voices should be promoted and heard. Children and young people who live away from home in residential and other forms of care

experience stigmatization and discrimination. We need to work with children and young people, other professionals, politicians and the media to tackle these negatives stereotypes and perceptions.

Secondly, residential child care services must work in partnership. Residential child care is an essential service for some children and young people who have to be looked after away from home. Residential child care services have to be of the highest quality and provide nurture, care, commitment and stability. These services should support children and young people's hopes and expectations as well as meet their everyday needs. However, residential child care cannot do this alone. We must work collaboratively with families and other professionals who provide services to children and young people. Our services will only be effective if other services are effective too. Children and young people need to have access to education, health, play, leisure and cultural services and even employment that meet their needs. In some instance, they may need access to specialist services including mental health or additional educational support in order to help them meet their potentials. Residential child care will work closely with professions in these areas to maximize their effectiveness. However, poorly funded and under resourced services will not meet children and young people's needs. The consequences of inadequate services will cost more in the long term if children and young people need more intensive care in the future.

Finally, developing the highest professional skills is very important. If we want to achieve the highest standards in our professional practice, we need to seek opportunities to increase and extend our individual and collective skills through education and professional development. Common approaches to education and training for residential child care workers and other professionals working with children and young people are important to develop a high quality service. Those who work in residential child care have a significant contribution to make to residential child care. We also want politicians and policy makers to be well informed about the positive contributions that residential child care makes as well as the challenges it has to confront. A comprehensive review on the strength and weakness of the residential child care services (including her workforce) together with the need assessment of the children and young people in need of residential child care will help us to head towards the right direction and provide qualitative service. Yet the government must take the lead to make this happen. Our government needs to commit herself to the development of residential child care as the Scottish government does.

## **(F) References**

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  - (6.2) Elsley Susan (2008), *Home Truths: Residential Child Care in Scotland*, Scottish Institute for Residential Child Care (SIRCC)
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- (11) Website of The Fostering Network- <http://www.fostering.net>
- (12) Website of Kibble Education and Care Centre- <http://www.kibble.org>
- (13) Website of Glasgow City Council- <http://www.glasgow.gov.uk>
- (14) Website of North Lanarkshire Council- <http://www.northlanarkshire.gov.uk>

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## **(H) Appendices**

- (1) Provisional Programme for SIRCC National Conference 2010 Mon 7<sup>th</sup> –Wed 9<sup>th</sup> June 2010, Aviemore, Scotland
- (2) SIRCC National Conference 2010 Parallel Session & Workshop Choices
- (3) Recording Note on Opening Plenary Session:  
Building on Success-Looking at Key Issues from the National Residential Child Care Initiative (Speaker: Ms. Kate Cairns)
- (4) Recording Note on Plenary Session:  
Relationships: The Foundation of Mental Well-being (Speaker: Dr. Graham Bryce)
- (5) Recording Note on Parallel Session Presentation: Pathways & Performance: Ten Years of Caring, Now That We Know About Sexually Harmful Behavior and Its Existence in Our Care Settings (Speaker: Mr. Joe Nee)
- (6) Report on Agency Visit: North Lanarkshire Council Visit
- (7) Report on Agency Visit: Glasgow City Council Visit
- (8) Report on Agency Visit: Kibble Education and Care Centre
- (9) Meeting note with Professor Ian Milligan of SIRCC
- (10) Meeting note with the Fostering Network

**SIRCC National Conference 2010 Mon 7<sup>th</sup> – Wed 9<sup>th</sup> June 2010, Aviemore**  
**Building on Success – Reflections and Visions**

**Provisional Programme**

**Mon**

|              |  |  |   |
|--------------|--|--|---|
| 11.30        | Registration starts  |  |   |
| 12.00        | <b>Exhibition Open</b> Osprey Arena where a light lunch will be served   |  |   |
| <b>14.00</b> | <b>Opening Plenary Session:</b> Building on Success – Looking at key issues from the National Residential Child Care Initiative:<br>Kate Cairns, Independent Trainer and Consultant <i>Chair: Romy Langeland, Independent Chair of SIRCC</i>   |  |   |
| 15.15        | <b>Parallel 1</b><br>Ethos & Values: Alliance not Compliance<br><i>Paul Gilroy, Crossreach &amp; Edwina Grant, Independent Consultant</i>  | <b>Parallel 2</b><br>Past, Present and Future: The Contribution of RCC to Development of Coherent Narratives in Looked After Children. <i>Stuart Hannah, Ind. SW &amp; Psychotherapist</i> | <b>Parallel 3</b> Three short presentations<br><ul style="list-style-type: none"> <li>• Building on success: From exclusion to inclusion<br/><i>Chris Walter, Camphill</i></li> <li>• Holding the space<br/><i>Irene Stevens SIRCC, &amp; Laura Steckley, SIRCC, GSSW</i></li> <li>• Online resources<br/><i>Jackie Blair &amp; Nicholas McGhee, Spark of Genius</i></li> </ul> |
|              | <b>Tea in the Osprey Arena</b>   |  |   |
| 17.00        | <b>Fringe Events</b> Safe Social Networking – Christopher McCann, Alvie Room<br>Salsa Academy @ The Academy Hotel– Martin Goodwin<br>Registration – Maureen Anderson and other fringe events in the open exhibition area   |  |   |
| 18.00        | Free Time  |  |   |
| 19.30        | <b>Bar Open for Awards Dinner</b> at 8pm   |  |   |
| <b>Tues</b>  |  |  |   |
| 09.00        | <b>Relationships: the Foundation of Mental Well-being</b> Dr Graham Bryce, Consultant Child and Adolescent Psychiatrist<br><i>Highlands Chair Harriet Dempster, Dir. Of SW.</i>  |  |   |
| 10.00        | <b>Parallel 4</b><br>Building on Success: Attachment Promoting Units in Edinburgh<br><i>Graham McPheat, SIRCC, GSSW &amp; Janet Sinclair City of Edinburgh</i>   | <b>Or choice of Workshops</b><br><b>A -G</b>   |   |
| 11.15        | Coffee   |  |   |
| 11.45        | <b>Parallel 5</b><br>Pathways and Performance: Ten Years of Caring, Now That We Know About Sexually Harmful Behaviour and Its Existence in Our Care Settings<br><i>Joe Nee, Independent Consultant Psychologist</i>  | <b>Or choice of Workshops</b><br><b>H - N</b>  |   |
| 12.45        | Lunch  |  |   |
| 14.00        | <b>Launch of 'Go Outdoors'</b> <i>Chair: Tam Baillie, Scotland's Commissioner for Children and Young People</i><br><b>Young People's Reflections and Visions</b> <i>Who Cares? Scotland &amp; Voice of Reason</i><br><b>Introduction to World Café</b> <i>Jennifer Davidson, Director of SIRCC</i> |  |   |
|              | Comfort break  |  |   |
| 15.15        | <b>World Café – The Aviemore Declaration</b> Creating a Declaration on Residential Child Care  |  |   |
| 16.30        | Tea Break Final open session in the Exhibition Area  |  |   |
| 17.00        | Free Time Exhibition closes by 17.30 and fully away by 18.00   |  |   |
| 19.30        | Drinks Reception, Dinner (start at 8pm) and Ceilidh  |  |   |
| <b>Wed</b>   |  |  |   |
| 09.30        | <b>The Shared Agenda</b> Keynote Presentation: John Carnochan QPM  |  |   |

|       |   |  |  |
|-------|---|--|--|
|       | <i>Chair: Ronnie Hill, Director of Children's Services Regulation, Care Commission</i>  |  |  |
| 10.30 | Coffee Break – Go to the next venue for coffee  |  |  |
| 10.45 | <p><b>Parallel 6</b> Three short present's</p> <ul style="list-style-type: none"> <li>• Inclusive recruitment - involving young people meaningfully in staff recruitment and selection <i>Alison Gough, Quarriers</i></li> <li>• Travelling &amp; Training - Advancing Residential Practice <i>Max Smart, E Lothian</i></li> <li>• Abandoned at 16? Multiple transitions experienced by care leavers <i>Patricia McQueen, Strathclyde Uni.</i></li> </ul> | <p><b>Parallel 7</b></p> <p><b>Making attachment work</b> in services for children with a learning disability<br/><i>Brodie Paterson, University of Stirling</i></p> | <p><b>Parallel 8</b></p> <p><b>Risky Enough?</b> Perspectives from young people and workers on how secure accommodation decisions are made.<br/><i>Autumn Roesch-Marsh, University of Stirling</i></p> |
| 11.45 | <b>20:20 Vision</b>   | <i>Chair: Ronnie Hill, Director of Children's Services Regulation Care Commission</i>  |  |
| 12.45 | End   | Bag Lunches available  |  |

**SIRCC National Conference 2010 | Parallel Session & Workshop Choices**

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choices for each session by putting a 1, 2 or 3 next to your preferred selections.  
You will attend one parallel or workshop in each session.

These should be faxed back to SIRCC on 0141 950 3681 or emailed to Michelle Lamont on  
[michelle.lamont@strath.ac.uk](mailto:michelle.lamont@strath.ac.uk) by Wednesday 2<sup>nd</sup> June.

**Session 1 – Monday 7<sup>th</sup> June – 3.15pm**

| Name  | Description   | Choice                   |
|---|---|--------------------------|
| <b>Parallel 1</b><br><b>Ethos &amp; Values: Alliance not Compliance</b><br><i>Paul Gilroy, CrossReach</i><br><i>Edwina Grant, Independent Consultant</i>  | Our practice has a vision that we are able to affect positive change for children and young people to enable them to make informed choices in their future and that through this we can break the cycle of care that many young and their families find themselves in. Positively changing children's and young people self beliefs and behaviours comes through a residential ethos and value base that promotes and supports partnership, participation and genuine positive relationships. You cannot make people change (Compliance) they have to want to (Alliance).   | <input type="checkbox"/> |
| <b>Parallel 2</b><br><b>Past, Present &amp; Future: the contribution of residential child care to the development of coherent narratives in looked after children</b><br><i>Stuart Hannah, Independent Psychotherapist and Social Worker</i>  | This presentation will explore the themes of past, present and future in the lives of children journeying through the care system. By linking theory with practice I will make a case for how reflective practice in residential child care can positively impact on children, young people and staff members' ability to make sense of themselves and their experiences. I will share stories of my own journey as a practitioner encountering children in a variety of settings. I will make the case that young people can benefit from being offered opportunities to 'join' up memories, thoughts and feelings during their time spent in residential children's homes. This is, of course, both very sensitive and tricky work but, I believe, time very well spent.  | <input type="checkbox"/> |
| <b>Parallel 3 – Short Presentations</b><br><b>Building on Success: from exclusion to inclusion</b><br><i>Chris Walter, Camphill</i><br><br><b>Holding the Space</b><br><i>Irene Stevens, SIRCC</i><br><i>Laura Steckley, SIRCC / GSSW</i><br><br><b>Online Resources</b><br><i>Jackie Blair &amp; Nicholas McGhee</i><br><i>Spark of Genius</i> | This presentation will describe how Camphill, an independent residential school for children and young people with a variety of complex needs, began a new project by applying its experience in using relationship based approaches to work positively with vulnerable individuals. The presentation will look at the research base for a systemic approach that validates the young person's experiences and that of their families. It will present a short case study of one young person's experience and include evaluation from parents and professionals.<br><br>This presentation will describe the training, outline the findings of a case study of the Sunderland home, and report on how the training has been received in Scotland. Key concepts for this work include containment, therapeutic holding, core conditions and working in the life space. The presentation will include a resume of the literature informing the training, and a presentation of the methodology and findings, including the use of images.<br><br>This presentation is aimed at helping delegates understand the best use of online resources in enriching both the academic and social experiences of young people within residential care and education. It deals with the reflection of previous methods employed to engage young people in learning and how these can be modified and adapted to suit the needs of young people who may face a number of barriers to learning. It also allows the delegate a glimpse into the future of care and education strategies through ultra modern principles; namely social inclusion, progress tracking, stakeholder participation and re-engagement learning initiatives. | <input type="checkbox"/> |







**Session 2 – Tuesday 8<sup>th</sup> June – 10am**

| Name  | Description   | Choice                   |
|---|---|--------------------------|
| <p><b>Parallel 4</b><br/> <b>Building on Success: Attachment Promoting Units in Edinburgh</b><br/> <i>Graham McPheat, SIRCC</i><br/> <i>Janet Sinclair, City of Edinburgh Council</i></p>                   | <p>The session will detail the success and achievements of a service development programme undertaken within Edinburgh residential child care services to define and implement an attachment promoting framework. It will reflect upon how a vision was developed from within the unit managers group, in consultation with SIRCC, and developed into a number of initiatives - including two staff development programmes and two conference events. The session will also consider the challenges involved in taking these developments forward, placing the programme in the context of some of the challenges currently facing the residential child care sector.</p>   | <input type="checkbox"/> |
| <p><b>Workshop A</b><br/> <b>Restoring Broken Identities: building resilience of looked after young people by nurturing moral values</b><br/> <i>David Woodier, North Lanarkshire Council</i></p>           | <p>How do we build resilience in young people who are Looked After? I will present two case studies that show how helping young people identify positive values in their lives strengthened their sense of identity. In one of the case studies I describe how a young person who was struggling in a mainstream school benefited from volunteering in a primary school by changing his perception of his role in his community and his view of his future. I include extracts of conversations that show how I engaged young people in dialogue about their values and examples of 'paper and pencil' activities that can be used to facilitate self awareness and a tool I developed to help young people identify role models in their lives.</p>  | <input type="checkbox"/> |
| <p><b>Workshop B</b><br/> <b>Sharing innovative practice to support transitions</b><br/> <i>Evelyn Vrouwenfelder, SIRCC Associate</i><br/> <i>Carol Lawson, Stepdown</i></p>                                | <p>The workshop will present findings from a specific research project which aimed to explore new ways of supporting young people's transitions from secure care into the community, into another placement or both. In addition to hearing ideas and examples of the innovative practices that were developed as part of this project, participants can talk to the researcher and Carol Lawson, a 'stepdown' worker who worked/works with young people leaving care and/or in transition. Many of the workers involved in the project agreed that the initiatives could be implemented much more broadly than just in relation to those coming from secure care and this workshop is an attempt to reach a wider platform by sharing and discussing the work. SIRCC presented some of the findings as part of their 'In residence' series. At the end of the workshop participants will receive a copy.</p> | <input type="checkbox"/> |
| <p><b>Workshop C</b><br/> <b>Supporting the residential child care workforce to be the best they can be – The Continued Learning Framework</b><br/> <i>Fiona Clark &amp; Laura Gillies, SSSC</i></p>        | <p>Scotland is committed to the best possible outcomes for children and young people in residential childcare. The Continuous Learning Framework (CLF) recognises that the most important factor in achieving this is the quality of the residential childcare workforce. The main aim of the CLF is to improve outcomes for people using social services by supporting the workforce delivering them to be the best they can be. It sets out the shared commitment required of both social service workers and their employers to achieve this. It can support lifelong learning and an organisational learning culture in residential childcare.</p>  | <input type="checkbox"/> |
| <p><b>Workshop D</b><br/> <b>Putting Children's Needs First – an integral and dialogical model for therapeutic teamwork in residential care</b><br/> <i>John MacFadyen, Independent Psychotherapist</i></p> | <p>Putting children's needs first and promoting excellence within residential child care are the prime directives and standards that we aim to achieve. An integral and dialogical approach to teamwork provides a framework which elevates the level of professionalism and sophistication within team dynamics, provides an inbuilt and ongoing flow of training and supervision integrated into daily performance and increases the levels of emotional intelligence and psychological insight staff are working from and constantly evolving. In this workshop we will identify the essential theory, structures and processes to support good practice and follow a 'Putting Children's Needs First' orientation and an Integral and dialogical approach to therapeutic teamwork.</p>  | <input type="checkbox"/> |

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|--|---|--------------------------|
| <p><b>Workshop E</b><br/> <b>Learning Through Film – using film as a psycho-educational tool to aid recovery from trauma</b><br/> <i>Joy Wakenshaw &amp; Joanna McCreddie, CareVisions</i></p>                             | <p>The Sanctuary Model implemented at CareVisions gives us a number of tools to support the work we do with children and young people in our care. One of these is the use of psycho-education materials such as film to teach young people about how past experiences can impact upon their current life. 'Learning Through Film' activities use the framework of the Sanctuary SELF Model to guide us through a process of recovery. SELF is an acronym for Safety, Emotions, Loss and Future. These are the four stages through which we support a young person as they move towards making sense of their past and are able to look to the future.</p>  | <input type="checkbox"/> |
| <p><b>Workshop F</b><br/> <b>I'm Not F*****g Moving! An introduction to the use of Dance Movement Psychotherapy with adolescents</b><br/> <i>Julie Joseph, Common Thread Ltd</i></p>                                       | <p>Dance Movement Psychotherapy (DMP) offers a movement based group work model for adolescence. This workshop will demonstrate some of the key concepts of DMP when working with adolescents. The workshop will aim to:</p> <ul style="list-style-type: none"> <li>• Demonstrate the creation of a safe space for emotional expression</li> <li>• Explore how DMP allows young people to access and express information that is preverbal or beyond their ability to talk about</li> <li>• Facilitate group interaction and the exploration of group dynamics and emerging group stories.</li> <li>• Evidence how the movement process creates non verbal feedback and opportunities to safely reflect on 'unuseful' behaviours.</li> </ul> | <input type="checkbox"/> |
| <p><b>Workshop G</b><br/> <b>Peer Mediation and Participation: can it help change the culture in residential child care?</b><br/> <i>Wendy Milne, West Lothian Council<br/> Carol Hope, Scottish Mediation Network</i></p> | <p>This workshop will give delegates the opportunity to explore the concept of Peer Mediation and participation in a residential child care setting. The workshop will focus on the strengths of the resident group and the key role young people can play in helping other young people make sense of life in residential child care. Within the workshop delegates can consider the strengths and the pitfalls in attempting to train staff teams, young people and their parents in peer mediation across 4 residential children's homes in West Lothian.</p>  | <input type="checkbox"/> |

**Session 3 – Tuesday 8<sup>th</sup> June – 11.45am**

| Name  | Description   | Choice                   |
|---|---|--------------------------|
| <p><b>Parallel 5</b><br/> <b>Pathways and Performance: 10 years of caring, now that we know about sexually harmful behaviour and it's existence in our care settings</b><br/> <i>Joe Nee, Independent Consultant Psychologist</i></p> | <p>In the last 10 years we have recognised what knowledge exists concerning our role in looking after and protecting children and young people in our care. There has much more attention paid to informing practice in relation to the links between research around attachment, trauma, relationships, child development and sexually harmful behaviour. SIRCC has played its part in supporting staff, protecting children, young people and staff, as well as disseminating knowledge, providing training and promoting good practice. Where are we now? What do we know? What do we need to know? Joe will examine and discuss the issues, the research and current practice.</p>  | <input type="checkbox"/> |
| <p><b>Workshop H</b><br/> <b>What use are clinicians in residential care?</b><br/> <i>Alex Holmes, Young Foundations</i></p>  | <p>This session aims to consider the ways in which clinicians can help in providing excellence of care to troubled young people in residential services. Young people who find themselves in residential care have often been through a multitude of adverse experiences. They will have learnt ways to get by in life that might have helped them through those adversities, but that are now holding them back from making relationships with others and achieving their aspirations in life. Their presentation can sometimes be baffling for those that care for them. But if the young person is to make steps towards their potential it is important that the group caring for them can understand them, empathise with them and help them learn new ways of being with others. In this session we will consider how clinicians can help or hinder this process and consider how clinicians can best support residential services.</p> | <input type="checkbox"/> |

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| <p><b>Workshop I</b><br/> <b>Throughcare and aftercare as a continuum: of value to young people or just expensive in terms of resources and flexibility?</b><br/> <i>Caroline Chittleburgh, Dean and Cauvin Trust</i></p>          | <p>Young people leaving residential care are expected to do less well in the world of work, be more likely to become homeless, have drug and alcohol problems and become involved in the criminal justice system. How do we turn this expectation around? The workshop will share Dean and Cauvin's experience of supporting young people from the time they move into the residential unit until they are in their twenties, drawing on evidence from a research project which highlights the things young people look for from their worker and will also include input from a young person in receipt of the service.</p>   |    |
| <p><b>Workshop J</b><br/> <b>Preventing suicide: protection and partnership in keeping young people safe – helping young people, carers and staff</b><br/> <i>Chris Robinson, SWIA<br/> Monica Merson, NHS Health Scotland</i></p> | <p>A joint workshop run by Choose Life and the Social Work Inspection Agency (SWIA) to provide guidance for practice and training interventions in helping to keep young people safe.</p> <p>Aims:</p> <ul style="list-style-type: none"> <li>• Share the joint work of Choose Life and SWIA on protective strategies for young people</li> <li>• Consider the findings of SWIA's reviews of the deaths of looked after children and evidence from Choose Life</li> <li>• Identify key issues which contribute to good practice in preventive strategies</li> <li>• Recognise the importance of listening to young people and working in partnership with them</li> <li>• Inform participants about training and development of preventive work in this area.</li> </ul> |    |
| <p><b>Workshop K</b><br/> <b>Exploring the self that we use in 'use of self'</b><br/> <i>Fiona Feilberg, SIRCC / RGU</i></p>   | <p>This would be mainly an experiential workshop using art materials, metaphors and mask work to explore different aspects of the self. There will also be a brief presentation looking at how these approaches were used in work with social pedagogy students in Finland and discussion about how they can be used in work with young people.</p>  |   |
| <p><b>Workshop L</b><br/> <b>Building on Successful Practice: using social pedagogy to rediscover, rediscover, reconnect and reflect</b><br/> <i>Gabriel Eichsteller &amp; Sylvia Holthoff, ThemPra Wales &amp; Germany</i></p>    | <p>Based on ThemPra's work with residential child care teams around implementing social pedagogy into their practice (as well as the research underpinning these projects), we would like to explore together with delegates how social pedagogy can be used to build on existing successful practice. We consider social pedagogy as providing a vision that helps professionals rediscover and reconnect to some of their own related traditions, and to reflect how a social pedagogic perspective can enhance their current practice. Together we can construct a social pedagogy that supports and draws upon existing approaches in an overarching, comprehensive and holistic way.</p>  |  |
| <p><b>Workshop M</b><br/> <b>Reality TV in Residential Child Care: scary moments as young people evaluate their workers</b><br/> <i>Sandra Strathie &amp; Calum Strathie, Dundee City Council</i></p>                              | <p>This workshop is based upon the experience and evaluation findings of a pilot training developed for and with residential child care workers in a YP Unit in Dundee. The participation of young people was crucial both in the recordings of their interactions with residential workers and in their evaluations of staff. The workshop will show how the method of Video Enhanced Reflective Practice was used to help the residential team reflect on their practice, and to coach them on their interaction style. We will see how coaching supports staff to build on their interactions and attuned responses to the young people.</p>  |  |
| <p><b>Workshop N</b><br/> <b>Nature Nurture in Practice</b><br/> <i>Terri Harrison, Camphill</i></p>   | <p>This workshop will give practical examples of the Nature Nurture approach to early intervention. There will be opportunities for delegates to experience and explore working in natural outdoor environments as a therapeutic response to childhood trauma and stress. The workshop will comprise a brief introduction to the promotion of resilience and will include games and activities for a wide range of age groups that can be used by participants in their own settings. Participants will share ideas and suggestions for implementing outdoor experiences and observing the benefits in their practice. This workshop will take place outside.</p>  |  |

Session 4 – Wednesday 9<sup>th</sup> June – 10.45am

| Name  | Description   | Choice                   |
|---|---|--------------------------|
| <p><b>Parallel 6 – Short Presentations</b><br/> <b>Inclusive Recruitment: involving young people meaningfully in staff recruitment and selection</b><br/> <i>Alison Gough, Quarriers</i></p>          | <p>For over two years, all but a handful of staff who have been recruited to work at Seafield School - in any post from school cook to Head teacher to residential childcare worker - have been interviewed or assessed by a panel of young people who live and/or learn at Seafield. The young people believe this experience of being fully involved in staff recruitment has developed their skills, confidence and most importantly sense of place and being valued within the school community. The staff and managers have been impressed and often inspired by the insight and maturity of the young people when assessing candidates' strengths. The successful candidates have told us that the young people's interview / assessment / group work was the most enjoyable and daunting recruitment experience they have had and brought home to them from the start why we are here and the importance of what we do in terms of impact on young people. You can watch and hear for yourself how it works in our short film.</p> | <input type="checkbox"/> |
| <p><b>Travelling &amp; Training: advancing residential practice</b><br/> <i>Max Smart, East Lothian Council</i></p>   | <p>This presentation will highlight the importance of connecting residential practice in Scotland to practice in child care worldwide. Opportunities afforded by this award highlight the importance of international links; particularly when the training offered is at the forefront of contemporary best practice. Training with others internationally afforded opportunity to engage with many different professionals involved with working with vulnerable young people. Hear about how this multi-disciplinary training in a different culture challenged the speaker's professional assumptions.</p>  | <input type="checkbox"/> |
| <p><b>Abandoned at 16? Multiple transitions experienced by care leavers</b><br/> <i>Patricia McQueen, University of Strathclyde</i></p>   | <p>This presentation will draw on findings of phenomenological qualitative research which focussed on case studies of 10 and independent interviews of 17 young people in Scotland who had left care and were accessing further education (FE) at a Scottish College. The experiences of these young people although varied, were often thematic and similar, particularly with regards to the barriers they faced when accessing FE. These barriers will be the focus of this presentation.</p>  | <input type="checkbox"/> |
| <p><b>Parallel 7</b><br/> <b>Making attachment work in services for children with a learning disability</b><br/> <i>Brodie Paterson, University of Strathclyde</i></p>                                | <p>Secure attachments are central to emotional and psychological development but the presence of a learning disability can pose unique and complex difficulties for families and carers. Parents dealing with the loss of the 'imagined perfect child' may find it almost impossible to bond with a child whose ability to mirror during interactions is impaired due to their disability. For residential child care practitioners therefore understanding the significance of attachment, how the process can be affected by the presence of a learning disability and how best to promote secure attachment represent vital knowledge and skills needed to realise the vision of first and best placement.</p>   | <input type="checkbox"/> |
| <p><b>Parallel 8</b><br/> <b>Risky Enough? Perspectives from young people and workers about how best to respond to 'risky' behaviours</b><br/> <i>Autumn Roesch-Marsh, University of Stirling</i></p> | <p>This presentation will provide some of the findings from a recent study of local secure accommodation decision making in Scotland. It will explore the perspectives of young people, residential workers, social workers and managers on the topic of 'risky' behaviour and risk thresholds for admission to secure accommodation. Key differences and similarities of perspective will be highlighted in attempting to answer the question: How might we improve our approach to assessing and responding to 'risky' behaviour?</p>   | <input type="checkbox"/> |

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Service Development**

**SCOTTISH INSTITUTE FOR RESIDENTIAL CHILD CARE (SIRCC)**  
**NATIONAL CONFERENCE 2010 CUM AGENCIES VISIT**  
**(June 7-10, 10; Scotland, UK) (4 days)**

**CONFERENCE RECORD FORM**

**Date:** June 7, 2010

**Time:** 2:00 p.m.

**Venue:** MacDonald Highland Resort, Aviemore, Scotland, U.K.

**Topic:** Opening Plenary Session: Building on Success---Looking at Key Issues from the National Residential Child Care Initiative (NRCCI): Meeting Needs, Matching Resources

**Speaker:** Ms. Kate Cairns, Independent Trainer and Consultant

**Content:**

The speaker presented that the risks of children before and at birth such as adverse genetic inheritance, maternal exposure to illness or head injuries could result in impaired brain function and lead to developmental trauma. The developmental trauma would later affect children's thoughts, feelings and behavior, produce complex disorders like stress disorder or impair their social functioning.

Moreover, the speaker also emphasized the importance of attachment between the children and primary caregivers. She considered if the children were born without prior impairment, the single greatest factor affecting brain development after birth was the quality of the attachment relationships between the children and primary caregivers.

Furthermore, emotional trauma could be described as terrible experiences that children encountered during their childhood. Emotional trauma caused stress injuries to the brain which might also lead to complex disorders affecting children's thoughts, feelings and behavior as well as their personality development. In addition, the speaker also introduced different kind of children's needs such as health needs, education needs, identity needs, family and social needs etc. She described methods of meeting children's needs by

matching different resources by the residential child care settings. The speaker also emphasized the importance of understanding children's family and developmental history, equipping knowledge and skills in identifying children's needs, so as to find appropriate ways and resources to meet their needs.

Finally, the speaker highlighted that every child care placement should include a risk assessment of placing a child in the setting. The level of risk was assessed and the strategies of managing the risk should be formulated. The speaker revealed that enough information was very essential in risk assessment. Missing information might lead to high risk situation. Teamwork was the key to risk management. The staff of residential child care units should take all appropriate measures to take care of children and promote their physical and psychological well-beings.

**Prepared by:** Shek Mei Ki, Maggie

**Date:** 24 August 2010

THE HONG KONG COUNCIL OF SOCIAL SERVICE

Service Development

Scottish Institute for Residential Child Care (SIRCC)  
National Conference and Agencies Visit  
(JUNE 7-10, 2010, Scotland, UK) (4 days)

CONFERENCE RECORD FORM

1. **Date:** June 8, 2010
2. **Time:** 9:00 a.m.
3. **Topic Presented:** Plenary Session: Relationships: The Foundation of Mental Well-being
4. **Venue:** MacDonald Highland Resort, Aviemore, Scotland, U.K.
5. **Speaker:**  
Name & Position: Dr Graham Bryce, Consultant Child and Adolescent Psychiatrist,  
Chair Harriet Dempster, Director of Social Work, Highlands Council  
E-mail: graham.bryce@ggc.scot.nhs.uk
6. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:  
(This part can be substituted by attaching printed materials of the Agency.)

Dr Graham Bryce practices child and adolescent psychiatry and also serves in the NHS (National Health Service) of Greater Glasgow and Clyde. The NHS of Greater Glasgow and Clyde (NHSGC) is one of 14 regional NHS Boards in Scotland. The Board provides strategic leadership and performance management for the entire local NHS system in the Greater Glasgow and Clyde area and ensures that services are delivered effectively and efficiently.

Responsible for the provision and management of the whole range of health services in this area including hospitals and General Practice, NHSGC works alongside with partnership organizations including Local Authorities and the voluntary sector. NHSGC serves a population of 1.2 million and

employs 44,000 staff. It is the largest NHS organization in Scotland and one of the largest in the U.K.

Recognizing the significant workforce issues relating to child and adolescent mental health, the Scottish Executive has also established a Child and Adolescent Mental Health (CAMH) Workforce Group to identify ways which to build capacity for promotion, prevention, care and treatment within the children's workforce across a range of agencies.

## **7. Content of Presentation:**

A whole system approach should be adopted when talking about the mental health of children and young people, it means a framework for the promotion, prevention and care of mental health, not just treatment for illness. It is also emphasized that we can and we must do better. What we understand by "mental health" will depend on our values, perceptions, and assumptions (Katherine Weare, 2000), there is no single accepted definition for mental health. Diagnosis of disorder may start with the presenting behavior within the child's current and past experiences instead of using categorical models of disorders. Therapeutic work is not adequately delivered as it depends on how services are organized and how resources are allocated. Clinical settings are perceived as stigmatizing. Different conceptual frameworks on which care services and treatment services are constructed also influence our therapeutic work. Neglect will restrict the growth of brain cells of infants whereas sensitive, well attuned care appears to enhance brain development. Neglect brings negative impact on relationships. There is association between neglect and trauma. Early intervention is likely most effective.

Mental health problem is a matter of relationship. Understanding ourselves as within a network of relationships, we can consider our differences (of models, of culture, of language) as a resource rather than a problem. Conceptual model should serve rather than govern relationships. Attachment theory helps to train foster carers to respond in a nurturing fashion and the Tulane Infant Team Model (New Orleans) works with child, foster carer and biological parents. They can be used as interventions on mental health problem. Multidimensional treatment can foster care and help children and young people to deal with mental health problem. Much caution is required when applying evidence to complex situations. One should not be misled by the Exploding the Settled Placement myth. We should build relationships with carers which allow us to work together to address young people's "critical needs". The Dyadic Developmental Psychotherapy (Dan Hughes, 2004) and the Developmental Attachment Therapy (David Howe) are examples of good quality clinical practice.

We can provide training and consultation on the emotional and mental health needs of our children and young people for residential workers and foster care workers. Accessible and confidential support should be given to children and young people who are feeling troubled. Explicit arrangements within CAMHS teams (including referral protocols for looked-after children and arrangements for care planning and review) are necessary as well. Liaison between specialist CAMHS and looked-after care services (including multi-agency planning and commissioning) to ensure the development and delivery of accessible and appropriate mental health responses for children and young people in local authority care can make intervention more effective.

In conclusion, mental health is neither the property nor the sole preserve of mental health services. Most mental health interventions work better in the context of collaboration and negotiation among different specialists from various fields.

**8. Observation:** (e.g. stimulation / implications for Hong Kong)

“Relationships” as the foundation of mental well-being can be interpreted from three aspects. Firstly, there are factors which protect against the development of a mental health problem. These include attributes of the individual child, such as an adaptable nature or good self esteem, and a range of relationship factors, including peer and family relationships. For children who experience adversity, the consistent availability of a person whom they can trust and in whom they confide fosters resilience. A nurturing and positive relationship thus prevents the appearance of mental health problem.

Secondly, the relationship between trends in risk and protective factors and the prevalence of mental health problems in populations is complex. Thus the ability to measure accurately the prevalence of mental health problems remains the most reliable and readily available indicators of mental health need in a community. For example, employment and educational opportunities, good housing and fairness and stability in relationships play the major part in determining the mental health of children and young people.

Thirdly, different professionals including teachers, social workers, residential child care workers, foster carers, police, children’s hearing reporters, children’s hearing members, health visitors, general practitioners, pediatricians, school nurses, psychologists, psychiatrists, psychotherapists and other therapists and multi-disciplinary mental health teams need to work together. The main focus of mental health work with children and young people should be in their communities, schools and families. Collaboration in various settings including schools, social work services and health settings is necessary. Different specialists needed to be involved. This requires a trustful and workable relationship among different professions. The relationships between agencies should support rather than undermine this integration. There should be discussion about how to improve integration among different sectors.

With reference to the relationships on the development of the mental well-being of the children and young people, the recognition of their right be heard, and their capacity to play a full part in thinking about residential services for them should be explored when we want to improve our service.

Research and survey on residential services for children and youth is not common in Hong Kong. A suitable data collection system and a mechanism should be set up to collect the relevant data to do the analysis for service planning, development and evaluation. We can also study both the risk and protective factors when assessing the need for residential service. We need data that can help us to identify the need of those who want residential services and to evaluate the services. We have a pressing need for continuing research. Regular publications including published report should be available to make the whole mechanism work even better.

For those who are providing residential care services in Hong Kong are somehow not among the mainstream services but in the specialist services and may become relegated and marginalized or even excluded. Yet it is clear that residential care services is to help the children and young

people back into their communities, schools and families. The challenge is to find ways of working together effectively with those who work with children and young people. A multi-disciplinary team of trained professionals with an integrated approach may make this happen.

There is lack of formal institutional training on residential care for children and young people in Hong Kong. The idea on the provision of training and consultation on emotional and mental health needs for residential workers and foster care workers, therefore, also applies to us. Our colleagues are interested in further training in relation to residential care issues. They need additional knowledge, skills, support and accessible routes to systematic and continuous training to tackle the increasingly complicated nature of the cases.

## **9. References:**

The Scottish Government, October 24, 2005, "Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care"

Public Health Institute of Scotland, May 2003, "Needs Assessment Report on Child and Adolescent Mental Health"

**Completed by:** Fung Mei Chun, Pax

**Date:** 31 August 2010

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Service Development**

**SCOTTISH INSTITUTE FOR RESIDENTIAL CHILD CARE (SIRCC)**  
**NATIONAL CONFERENCE 2010 CUM AGENCIES VISIT**  
**(June 7-10, 10; Scotland, UK) (4 days)**

**CONFERENCE RECORD FORM**

**Date:** June 8, 2010

**Time:** 11:45 a.m.

**Venue:** MacDonald Highland Resort, Aviemore, Scotland, U.K.

**Speaker:** Mr. Joe Nee, Independent Consultant Psychologist

**Topic:** Parallel Session 5: Pathways and Performance: Ten Years of Caring, Now  
That We Know About Sexually Harmful Behavior and Its  
Existence in Our Care Settings

**Content:**

The speaker claimed that normally, adolescent and pre-adolescent sexuality was needed to be considered as a continuum. But the problem sexual behavior was associated with other behavior, such as substance abuse, conduct disorder, learning problems or delinquent behavior.

The speaker introduced 5 primary pathways to the development of sexually abusive behavior towards children. The 5 pathways were described as: the sexually abusive behavior was driven by the need for intimacy with social skills deficits; by distorted sexual scripts; emerged from emotional dysfunction; with cognitive distortion and anti-social beliefs; and was driven by multiple dysfunctional mechanisms.

Furthermore, the speaker also described that people who exhibited serious/violent sexual behavior had experienced severe and multiple traumatic events such as being neglected, physically or sexually abused during childhood. They might have the history of family dysfunction, violence, emerge anti-social behavioral problems or serious learning difficulties.

In addition, the speaker revealed that the research was found that children and adolescents who lived in residential child care settings improved their psychosocial functioning. The satisfactory relationship and

interaction between the children and residential staff was a key factor leading to children's better development and success of residential child care service.

Finally, the speaker emphasized the future development of residential child care service. For providing better service for children, qualified training for staff should be provided and positive working relationship was needed to be created and maintained. Moreover, collaboration with the Police, Health and Education Practitioners was promoted and encouraged to strive for qualified service.

**Prepared by:** Shek Mei Ki, Maggie

**Date:** 24 August 2010

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Service Development**

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| <p><b><u>Scottish Institute for Residential Child Care (SIRCC)</u></b><br/> <b><u>National Conference and Agencies Visit</u></b><br/> <b><u>(JUNE 7-10, 2010, Scotland, UK) (4 days)</u></b></p> |
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**AGENCY VISIT / MEETING RECORD FORM**

1. **Date of Visit/Meeting:** 10 June 2010
2. **Name of Agency:** North Lanarkshire Council
3. **Address/Meeting Venue:** 30 Forrest Street, Airdrie, ML6 7AG
4. **Contact Person:**  
 Name & Position: Ms. Norma Lawrie/House Manager  
 E-mail address: LawrieN@northlan.gov.uk
5. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:  
 (This part can be substituted by attaching printed materials of the Agency.)
  - 5.1 **Type of Service**  
  
 The house visited was a residential children unit running by North Lanarkshire Council in Scotland, UK. The residential unit was a purpose-built house for those children who needed out-of-home care for a period of time. The children and their families were provided time and space to resolve their problems.
  - 5.2 **Target Group**  
  
 The residential unit provided care and accommodation up to 7 children aged 11-16 of both sexes. The children who could not be adequately cared by their families were referred to stay in the residential unit by the social workers. The social workers would draw up the "Care Plan" for the children to help them to return homes and make sure the children will receive adequate care in the residential unit. The social workers would have regular meeting with children and their families and involve them to make plans and decisions.

### **5.3 Staffing**

There was around 25 staff in the unit, including the house manager, residential workers, the cook, domestic worker and clerical worker etc. The residential workers were on duty in three shifts, with eight hours for each shift. There were at least 2 residential workers to be on duty in each shift. The workers could not sleep in the night shift. The house manager, cook, domestic worker and clerical worker worked on daytime. All staff collaborated as a team to take care of the children and help them in need.

### **5.4 Facilities**

Each child had his/her own bedroom which were en-suite (with bathroom inside). There were a big-sized bed, wardrobe, studying desk, book shelf, small television and safe box in their bedrooms. The children were also encouraged to design their own bedrooms and make them home-like. They were also advised to bring belongings from their homes to make them feel comfortable and warm by living in the residential unit. Moreover, there were also a shared sitting room, computer room, kitchen and gymnasium in the residential unit. Outside the house, there were also a small basketball court and garden for children to use in their leisure time.

### **5.5 Daily Routine**

The children needed to follow the time table and regulations of the residential unit. They needed to attend the school or go to work on daytime. The children were also provided with pocket money. If the children did not obey the regulations or break the rules, they might get the consequences such as having pocket money deducted.

### **5.6 Parent-child Contact**

The children normally would have home leave during weekends to maintain contacts and relationship with their parents. The parents were also encouraged to visit their children and talk with them in the reception room. In addition, there were a variety of parent-child activities organized for children and their parents to enhance their relationship.

### **5.7 Funding and Inspection**

The residential unit was funded by the local authority. The total cost was around 2,500 pounds per week. The inspectors would visit the unit three times every year. They would conduct two regular visits and one surprise check in a year. The inspectors would talk with children and give them questionnaires to complete to understand children's opinions about the residential service.

### **5.8 Professional Service**

The nurses would visit the residential unit every week to provide health knowledge, sex education or body check to the children. Sometimes the police would also visit the unit to enhance the security of the unit. On the other hand, if the children needed intensive psychological service, they would be referred to receive treatment from clinical psychologists.

## **6. Content of Meeting:**

Ms. Norma Lawrie, the house Manager welcomed our delegates and me in a residential children unit of North Lanarkshire Council. She took us to tour around the unit and introduced the residential child care service to us. Then she arranged a tea sharing with us. Some of her staff, service users and a nurse shared the unit operation, daily life and professional service providing for children with us. The process of visit was very smooth, warm and fruitful.

## **7. Observation:** (e.g. stimulation / implications for Hong Kong)

### **7.1 Professional Development of Residential Child Care Workforce**

The training and education of residential child care workforce is very important in improving the service quality. The staff needs to equip adequate skills and knowledge to face the challenges and tackle children's problems nowadays. In Scotland, there has been a strategic emphasis on developing a qualified workforce in residential child care service.

Scottish Institute for Residential Child Care (SIRCC) was established in 2000 to improve the quality of residential child care service by ensuring the residential staff in Scotland has access to training, education, consultancy and research. That means the residential child care staff is requested to meet some requirement or achieve some qualifications in order to provide better service to the children. The training cost is mainly funded by the Scottish Government.

I consider the staff training or development of residential child care workforce in Hong Kong is not sufficient and needed to have some improvement. Firstly, we can put more emphasis on staff development and try to provide a standardized training to our residential child care worker to help them acquire adequate knowledge and skills. Moreover, we can promote the importance of professional development of residential child care workforce in Hong Kong nowadays. We can try to request residential child care worker to get some child care qualifications or meet some requirements so as to improve service quality.

### **7.2 After-care Service**

The residential child care service in Scotland provides after-care service to the children when they have discharged from the residential settings. They provide support and assistance to the children to help them to restart their new lives with family members or by independent living. In Hong Kong, except foster care service, no after-care service is provided by other residential child care settings. I think after-care service is essential to support the children to adapt the new environment after discharging from the residential settings.

### **7.3 Multi-disciplinary Collaboration**

According to our visits to children's homes in Scotland, I found that there was more professional support such as clinical psychologists, nurses or police to provide service to children for their better development. Those professions would have regular visits to children's homes. In Hong Kong, we also cooperate with different professions to work with children, but we need to strengthen our collaboration with them. For example, we can invite nurses to take regular visits to residential

settings to provide body check and sex education to the children. We can also try to invite police to share the consequences of committing crimes or involving in gangs with the children. We believe multi-disciplinary collaboration is effective in helping the children in need.

**8. Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

It is very worthwhile to visit the agency again. This was an eye-opening opportunity to make a visit to residential child care settings in Scotland. It was very fruitful for us to understand the perspectives, operation and practice wisdom of residential child care service by observing the physical environment, sharing with the staff as well as service users. Furthermore, we could recognize many foreign practitioners and exchange our experiences with them and get more insight to improve our residential child care service in Hong Kong. In conclusion, it was a wonderful and unforgettable experience that I highly recommend to organize this kind of event in future.

**Prepared by:** Shek Mei Ki, Maggie

**Date:** 24 August 2010

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Service Development**

**Scottish Institute for Residential Child Care (SIRCC)**  
**National Conference and Agencies Visit**  
**(JUNE 7-10, 2010, Scotland, UK) (4 days)**

**AGENCY VISIT / MEETING RECORD FORM**

1. **Date of Visit/Meeting:** 10 June 2010
2. **Name of Agency:** Glasgow City Council
3. **Address/Meeting Venue:** Helenvale Childrens Unit  
51 Helenvale Street  
Parkhead  
Glasgow  
G31 4TF
4. **Contact Person:**  
  
Name & Position: Anne Lamont (Manager)  
Keith Stoddart and Paul Boyle (External Managers)  
  
Telephone no: 44 (0)141 276 3918
5. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:  
(This part can be substituted by attaching printed materials of the Agency.)
  - 5.1 **Glasgow City Council**

Scotland has a total of 32 Local Authority Areas (regional councils) and Glasgow City Council is among one of them. The current position of the residential care for the children and young people provided in this Council is that she operates 18 residential units with 117 registered placements. She has 312 staff with 212 females and 100 males. She offers dedicated external management and 24 hours external management cover to her units. And out of hours support team is also available to provide assistance to those units in times of emergency. She has gone through a modernization process which implies a reduction of placements available, provision of single room to tackle the problems of privacy, from large institutional buildings into smaller normalized settings

and improved child and staff ratio within these years. The difference made is summarized as follows:

| 1996                           | 2009                                    |
|--------------------------------|---|
| 350 places                     | 121 places                              |
| 10 units with 20 children each | 14 of 18 units registered for 6 or less |
| Large institutional buildings  | Smaller “normalized” settings           |
| Lack of privacy                | More single rooms                       |
| Poor child/staff ratios        | Improved ratios                         |

The accommodation plan for 2009 to 2013 includes the provision of 19 units with an extra 20 places. The Council will also close 8 existing units and retain 9 units. She will yet build 9 new 8 bed units (all en-suite). The capital investment is of £ 11m. Such ambitious plan requires full co-operation of all Council services, elected members, and other housing agencies.

The Council sees many challenges ahead. Demand outstrips resources, outcome-focused planning is required, contact levels with the looked after accommodated children (LAAC) are much diversified. The recruitment and retainment of registered professional staff is always an on-going issue to be tackled. Support and guidance to staff is important. There should be clarity of residential task. The utmost important is to safeguard our children.

Comprehensive complaints and safeguarding mechanisms are available to monitor the service standard. The service units are inspected by and registered with the Care Commission. Her workforce registers with the Scottish Social Services Council. Her partners in Corporate Parenting include the area services, education, health, culture and leisure, the Development & Regeneration Services, and the Building Services & Civic Design.

Her plan for the future includes a highly skilled and qualified workforce, provision of single bedrooms with adequate communal space, garden areas or access to open space. The creation of an educational positive environment and living environments that is domestic in scale will also be aimed at. It is also planned that the units should be located in positive neighborhoods with good transport links.

## 5.2 Helenvale Childrens Unit

Helenvale Childrens Unit is a small unit which is part of a large local government, the Glasgow City Council. It is one of the units of the Social Work Department of the Council. The unit aims (the unit herself uses the term “Mission”) to provide a place where young people stay when they need to be looked after away from home for a period of time. The unit has all the things young people might have at home and provides information and support that young people may find useful. It is a long stay unit. The emphasis of the unit is the re-habilitation of young people to their own family, alternative carers or working towards independence. Each young person has their own bedroom and they are encouraged to make their personal space as homely and comfortable as possible. Young people are encouraged to bring belongings from their home to make them feel comfortable.

It is a six bedded, purpose built unit in the Parkhead area of Glasgow. Children admitted may be male or female at different ages. There are four bed rooms upstairs and two downstairs. Two of the bed rooms are en-suite. Each young person has their own bedroom. The unit also has a shared kitchen, sitting room and contact room. A large shopping centre and local cinema, leisure centre and football park, and local library are within walking distance away from the home unit. Open kitchen policy for young people to help themselves to snacks and drinks when they want. At any one time there are two or three young people in residence and the period of residence can be anything from three months to three years.

Within the unit, there is a staffing complement of one unit manager, one senior residential practitioner (day shift), two senior residential practitioners (night shift), eight residential workers (day shift from 7:30 am to 2:30pm or 2:00pm to 10:00pm), four residential workers (night shift from 9:45 pm to 8:45am), one senior clerical worker, one cook, one domestics, one handyman, making a total of 20 staff. At any one time there are two or three young people in residence and the period of residence can be anything from three months to three years.

**6. Content of Meeting:**

The external manager, the unit manager and the deputy manager warmly receive us and brief us about the residential services (including her source of subvention, staffing, future planning and development of the service) provided by the Glasgow City Council and the unit. We tour around the whole building including the dormitory, common area, the laundry, the kitchen and staff duty room of the unit. The unit is subsidized by the local authority with £3,000 per children per week. The unit in turn will provide young people with money for such things as bus fares, lunch money and clothing. Young people who may earn a wage through training schemes etc are expected to contribute to their upkeep. How much money young people are given depend on their circumstances and their behavior. Pocket money is given on Saturday morning. The amount given to the children is as follows:

|        | £ Weekly Pocket Money Allowance |
|--------|---------------------------------|
| Age 5  | £3.60                           |
| Age 6  | £4.32                           |
| Age 7  | £5.04                           |
| Age 8  | £5.76                           |
| Age 9  | £6.48                           |
| Age 10 | £7.20                           |
| Age 11 | £7.92                           |
| Age 12 | £8.64                           |
| Age 13 | £10.08                          |
| Age 14 | £11.52                          |
| Age 15 | £12.96                          |
| Age 16 | £18.72                          |
| Age 17 | £20.88                          |
| Age 18 | £22.32                          |

The birthday allowance and festive allowance for a young person is set at the rate of £80 and £100 per person respectively. The workers work on a three shifts duty roster to make sure that there would be two to three staff available for the children at each shift. Emergency staff was also available to provide additional assistance to the unit in case of emergency such as escort of the children to the hospital or to offer help during crisis. Nevertheless, the children would be visited by the Clinical Psychologist, nurses and Police Officers to provide services to them as well. There were four girls and two boys aged from 11 to 14 living at home at our time of visit.

**7. Observation:** (e.g. stimulation / implications for Hong Kong)

The residential care for children and young people is a resource (in terms of manpower, space and money) intensive industry. Each child requires £3,000 per children per week and there is a team of twenty staff for six children. Adequate staff ratio is emphasized to provide timely nurturing and caring to the young people on an individual base. The unit manager and the residential workers are trained to provide residential care for the children. The quality of the residential worker is essential to the provision of the residential child care services.

The emphasis on the provision of single bed room to each child conveys the message of respect individuality and uniqueness of each child. They are encouraged to decorate their own dormitories and make use of their own space and bring along their own personal and favorable stuff from home. It also gives a sense of security and privacy to the service users and helps to prevent theft, dispute, bullying and other undesirable behaviours. One girl is back to the home during our visit. It is a pity that we did not have the chance to talk with her but she looks cheerful and was very friendly and close to the staff. A home-like setting is emphasized.

The location of the home is accessible with basic community facilities for a better integration to the community. The new planning of the Council to have new residential units also stress that the new location must be accessible and distribute evenly across the districts to avoid over concentration. Moreover, the importance of adequate space for the children is also emphasized.

Clinical Psychologist provides assessment and other relevant to those in need and nurses will visit the children and young people on a monthly basis. The community police officer is involved as well. A multi-disciplinary approach is adopted in serving the children. The collaboration and cooperation of different professions including the residential social workers, the clinical psychologist, the nurses and police officer is to ensure that the children and young people are being cared with a holistic approach.

In conclusion, the government input many resources to safeguard a high quality residential care service for the children and youth. She also has a long term planning mechanism for the review and development of the service and is committed to take the lead and coordination role

**8. Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

It is worthwhile to visit the agency again to know more about the service from both the policy and operational levels. It is hoped that we can have the chance to talk with the children or their parents to know their comment on the service as well.

**9. References:**

Information on the Glasgow City Council can be retrieved from the website <http://www.glasgow.gov.uk>

**Completed by:** Fung Mei Chun, Pax

**Date:** September 1, 2010

**THE HONG KONG COUNCIL OF SOCIAL SERVICE**

**Service Development**

**Scottish Institute for Residential Child Care (SIRCC)**  
**National Conference and Agencies Visit**  
**(JUNE 7-10, 2010, Scotland, UK) (4 days)**

**AGENCY VISIT / MEETING RECORD FORM**

1. **Date of Visit/Meeting:** June 11, 2010
  
2. **Name of Agency:** Kibble Education and Care Centre
  
3. **Address/Meeting Venue:** Kibble, Goudie Street, Paisley PA3 2LG, Scotland
  
4. **Contact Person:**  
  
Name & Position: Stephen McKeown, Operations Manager  
  
Telephone no: 44 (0) 141 889 0044      Fax: 44 (0) 141 887 7561
  
5. **Description of Agency,** including type of services provided, target served, programmes, staffing, funding sources, and special facilities:  
  
Kibble is one of the leading social welfare agencies in Scotland providing residential child care services to children and young people at risk. It runs a large specialist centre for these young people on a large piece of land with services which include group homes, intensive fostering services, a secure accommodation, a social and life skill training centre, an education centre for young people, day care services and a Works Centre. In fact, all these services on site and near the campus form a support network for the young people in care.  
  
The target children served are boys aged above 11 and usually up to 16 and not older than 18. There are 450 staff members looking after around 100 boys. Parts of the funding of Kibble come from the Council while the organization also raises funds by running a social enterprise and fundraising.

The special feature of Kibble is that it operates different types of services for the boys at risk, nearly all on the same site and each of them supplements one another and also form a support network to one another. In addition, it runs day care services as well as intensive fostering services for young people at risk. It also provides throughcare and aftercare services.

## 6. Content of Meeting:

Professor Ian Milligan of the Scottish Institute of Residential Child Care (SIRCC) kindly accompanied us in the visit to Kibble. Through his liaison, we were able to have:

- a) An overview of Kibble's services;
- b) A visit to group homes;
- c) A brief visit to the Education Centre;
- d) A brief visit to Intensive Fostering Service;
- e) A visit to the Secure Unit (for children with severe behavioral difficulties/ young offenders).  
This is a high-security facility that is rarely open for visits of other people.

## 7. Observation: (e.g. stimulation / implications for Hong Kong)

### a) Intensive Fostering Service

It should be appreciated that Kibble takes the initiative to run an intensive fostering service for boys with more severe behavioral and emotional difficulties on its campus. The belief is a family setting is more beneficial to these boys than otherwise putting them in institutions or other more secure units. Foster care can work for them provided that there is adequate support. We could observe that both the supervisor of the service and the foster parents were eager to make it work.

In order to make the service a success, Kibble:

- i) Gives foster carers a salary and allowance which can be up to 36,000 pounds per year. Not only that this salary is very high in the field but also that paying a salary to foster carers is still not common in Scotland.
- ii) Provides "24 hours per day and 7 days per week" support to foster parents.
- iii) Provides full training to foster carers, which can help them to gain a vocational qualification in social care.

### b) A range of care services and support services on one site

This is very important for it supplements and supports each of the services on site. For example, if the boys in the intensive fostering service need to find a job, there is a skills and vocational centre on site and a Kibble's Works Centre nearby which can provide them training and jobs. In addition, the boys can spend a significant part of their time during the day in the Education Centre and by using other facilities such as sports. In the end the boys are found needing other type of services, there are alternatives on the campus, such as day care service, group homes and secure unit.

In Hong Kong, although it is difficult to find such a large site, we can still think of one building in which all such facilities are located, for children and young people at risk.

c) Social Enterprise --- A Works Centre

“Jobs change lives”. Kibble operates a Works Centre near its campus. On the one hand, it provides vocational training, jobs and aftercare services to the looked after young people. On the other hand, it earns money which can then be re-directed to the services for the young people. Comprehensive vocational training is offered, which may include media works, music works, promo works, frame works, road works, landscape gardening, catering service, mail packaging and distribution, maintenance works, warehouse works, tile works, metal works, wood works, garden machinery repair works, recycling, vehicle maintenance and repair and office works. Kibble forms a partnership with other companies in providing these training and jobs.

**8. Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

Kibble is worth visiting again. Since we could only spend 2 hours in Kibble this time and, therefore, had not been able to visit all services in details, I would suggest more time could be spent on the Intensive Fostering Service, the Works Centre and the Education Centre in future.

**Completed by:** Peter Kwan

**Date:** September 2, 2010

THE HONG KONG COUNCIL OF SOCIAL SERVICE

Service Development

**Scottish Institute for Residential Child Care (SIRCC)**  
**National Conference and Agencies Visit**  
**(JUNE 7-10, 2010, Scotland, UK) (4 days)**

**AGENCY VISIT / MEETING RECORD FORM**

1. **Date of Visit/Meeting:** June 10, 2010
  
2. **Name of Agency:** Scottish Institute for Residential Child Care (SIRCC)
  
3. **Address/Meeting Venue:** The National Office (SIRCC), Glasgow School of Social Work,  
University of Strathclyde, Jordanhill Campus, 76 Southbrae Drive,  
Glasgow  
G13 1PP
  
4. **Contact Person:**  
  
Name & Position: Professor Ian Milligan, Assistant Director (Education)  
  
Telephone no: 44 (0) 141 950 3623 Fax: 44 (0)141 950 3681
  
5. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:

The SIRCC is funded by The Scottish Executive and is a partnership between the University of Strathclyde, The Robert Gordon University, Langside College and Who Cares. It provides training to all workers in residential care in Scotland and helps plan the registration structure and procedure for the Scottish residential workers and residential social workers. It also conducts research for residential care services. Staff members of SIRCC also come from the member universities and agencies that make up the Institute.

## 6. Content of Meeting:

The meeting was conducted in the format of discussion as well as a "Question & Answer" session. On the side of SIRCC, Professor Milligan and Dr. Graham Connelly were present. On the side of the Hong Kong delegation, there were Mr. Peter Kwan, Ms. Pax Fung and Ms. Maggie Shek.

The topics that had been raised, not exclusively, included:

- a) Amount of subvention from the Scottish government/councils;
- b) Staff costs and annual costs of fostering and group homes;
- c) Historical development of residential care in Scotland;
- d) Age of criminal responsibility and the juvenile criminal system;
- e) Children's hearing;
- f) Salaries of teachers and social workers;
- g) Guide to outdoor activities and litigation culture;
- h) Use of volunteers;
- i) Children's responses to fostering service and group home service;
- j) Forsaking the "couple model" in group homes;
- k) Use of CCTVs in the city of Glasgow.

## 7. Observation: (e.g. stimulation / implications for Hong Kong)

- a) The great emphasis in fostering service in the 1980's & 1990's, which resulted in the phenomenon that most aggressive and difficult cases would only go to residential care, had created great burden to residential workers and made residential care less successful and desirable in Scotland. Although, there was recently a shift back to more use of residential care and residential care is no longer only treated as a last resort in Scotland, Hong Kong should avoid falling into the same trap when only fostering is the mainstream residential child care service. We should also recognize the regular contributions of residential care (e.g. group homes and large homes) and its functions in looking after children and youth.
- b) In Hong Kong, the concurrent existence of a welfare system for children of abuse and neglect, a juvenile criminal system catering for the needs of more violent clients and a hospital system rendering services to children and young people having mental health issues is desirable. This co-existence is absent in the Scottish system. All types of children and young people, no matter how difficult and how specialized services they may need, can only be absorbed in the welfare system (i.e. fostering and residential care) in Scotland.
- c) The shift in Scotland from having a "couple system" (having a couple to look after children) to a round-the-clock and round-the-year roster system in group homes is something Hong Kong needs to consider in due course. Although we still maintain a couple system, the fact that it has become more difficult to find suitable couples as a result of societal changes may somehow require us to think of other alternative. It can be equally beneficial to children and young people in care, despite that the cost structure may necessarily be different.

- d) Having a similar structure such as the SIRCC for training of residential workers, compiling data and statistics, as well as conducting research for residential child care services is something much desired in Hong Kong.

**8. Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

Professor Ian Milligan is very resourceful. He has the scholarly knowledge of all types of residential child care services, having done relevant researches and paying visits to different countries, as well as the real-life experience of being a residential worker for some years in Scotland. Such kind of scholar-practitioner is much needed in Hong Kong. It is worth having a discussion with him and, if possible, to invite him to come to conduct training for our workers in Hong Kong or to conduct cross-country research and study.

**Completed by:** Peter Kwan

**Date:** September 1, 2010

THE HONG KONG COUNCIL OF SOCIAL SERVICE

Service Development

Scottish Institute for Residential Child Care (SIRCC)  
National Conference and Agencies Visit  
(JUNE 7-10, 2010, Scotland, UK) (4 days)

AGENCY VISIT / MEETING RECORD FORM

1. **Date of Visit/Meeting:** 11 June 2010
  
2. **Name of Agency:** The Fostering Network
  
3. **Address/Meeting Venue:** Office of The Fostering Network  
2<sup>nd</sup> Floor, Ingram House  
227 Ingram Street  
Glasgow  
G1 1DA
  
4. **Contact Person:**  
  
Name & Position: Sarah Crangle (Fostering Links Project Worker)  
  
Telephone no: 44 (0)141 204 6582
  
5. **Description of Agency**, including type of services provided, target served, programmes, staffing, funding sources, and special facilities:  
(This part can be substituted by attaching printed materials of the Agency.)

The Fostering Network is the UK's leading charity for everyone involved in fostering. With over 35 years of experience, she is expert in foster care and aims to make life better for fostered children and young people. She works with and for her members to campaign for positive change. She also works with the media to challenge stereotypes and present a positive view of foster care and foster carers. She undertakes projects to drive forward best practice and change in fostering. However, this agency does not provide direct foster service but is an association of the foster families.

As a charity, she relies on fundraising activities to carry on her work. As well as applying for funding for specific activities and projects, she runs fundraising events and campaigns. Her supporters range from multi-national corporations to individual foster carers and social workers.

The Fostering Scotland provides learning and development opportunities for foster carers and fostering services, as well as information and service for anyone involved in fostering through her Fosterline Scotland service. She also runs the Fostering Links project to connect her members across the country and produce a newsletter. She has a membership of over 55,000 foster carers and over 300 fostering services. She helps fostering services with the recruitment and retention of foster carers. She is launching a new campaign to make society recognize and value the huge contribution foster carers make. She also runs resource centre to provide information on foster care, including publications and free resources.

## 6. Content of Meeting:

Children are looked after with some remaining at home, and others being accommodated away from their homes, e.g. in foster care or residential care. There are 32 local authorities in Scotland and also 24 independent and voluntary fostering providers, all of whom provide foster care for children. In Scotland there are currently 4,497 children (usually under 5 to 11 years old) in foster care. This is 70% of children who are looked after by people not known to them (i.e. parents, family or friends). At the moment there are 3,300 fostering families in Scotland, all of whom are members of the Fostering Network Scotland. These include married couples, co-cohabiting couples, single males and single females. A recent development in Scotland was the change of her legislation in September 2009 which meant that same-sex couples are no longer barred from fostering as a couple. More and more it is seeing males taking more of a lead role in the fostering task and is not uncommon to have single male foster carers.

Allowances are paid by the local authorities to agencies providing fostering care across UK. Yet there are wide variations for the amount obtained by the agencies. Slightly separate to allowances, some fostering services also provide a fee to the foster carer in recognition of their role. As with the allowances and fees, the rates vary considerable between each agency. The Fostering Network believes that no foster carer should have to subsidize the state to make sure fostered children get the essentials of modern life. Therefore, she is recommending minimum weekly allowances for fostering in the U.K, which vary according to the age of child. These are designed to cover the cost of looking after a foster child, and do not include any form of reward for the carer. She encourages local authorities to pay allowances to all carers at these rates or above. The recommended minimum weekly allowances for fostered children in 2010 and 2009 are as follows:

| Age          | Outside London | In London |
|--------------|----------------|-----------|
| 0-4          | £125.09        | £146.81   |
| 5-10         | £142.49        | £167.36   |
| 11-15        | £177.38        | £208.42   |
| 16 and above | £215.74        | £253.10   |

The Fostering Network also recommends an additional four weeks allowance to cover the cost of birthdays, holidays and a religious festival. In addition she strongly urged fostering services to increase fee payments as fees for many foster carers are far too low, with 60% receiving a total weekly rate £250 or less.

**7. Observation:** (e.g. stimulation / implications for Hong Kong)

Foster carers are now Scotland's primary resource for children in the care system. It is not that difficult to recruit foster carers at present. However, strong campaign from the fostering Network Scotland has highlighted a growing crisis in recruitment and retention of foster carers. Compared to Scotland, the recruitment of foster families in Hong Kong seems to be far behind; much effort should be made to upkeep a qualitative and adequate home pool to safeguard the need of fostered children.

With regards to payments for children with special needs, ADHD, autism etc... there is sometimes an additional fee element available for the carer in recognition of the additional needs that the child may present. Disability Living Allowance is a benefit paid by the Government to people with a disability, whether they are looked after in foster care, elsewhere, or still remaining at home. This is available for anyone under the age of 65. Foster carers who looked after young people with sustained complex difficulties will receive an additional allowance from some agencies. The operation of these allowances can further be explored for her application to Hong Kong.

The allowance and fee given by different local authority areas in different parts of the country are quite different. Each area would pay an allowance element which would cover the day to day costs of the child including food, clothing, accommodation, leisure activities etc... The fee element, which would be in addition to the allowance, is the payment to the foster carer, which recognizes their skills and their role. This tends to be a tiered system, increasing with experience and attendance at training courses. Such skills payment is offered to the foster carers by the Fostering Network. The fostering service incorporates four skills levels with each being linked to a skills payment. The skills payment is paid on a four weekly basis. There is only one skills payment per household. The tiered system is as follows:

| <b>Skill Level</b>   | <b>Annual Payment (2010/11)</b> |
|--|---------------------------------|
| <b>Level 1</b> (all new foster carers)   | £7,765                          |
| <b>Level 2</b> (minimum of two years experience)   | £11,570                         |
| <b>Level 3</b> (minimum of three years experience)   | £15,375                         |
| <b>Level 4</b> (working with young people with complex needs, need a minimum of 2 years continuous fostering experience) | £24,790                         |

As the foster carers gain experience, attend training and demonstrate the appropriate skills they will be given the opportunity to progress through these skills levels. This system will surely motivate the foster carers to have continuous learning and development and to provide qualitative care to the children and therefore, worth further exploration in the Hong Kong setting.

Currently foster carer households do not need to pay tax on the first £10,000 they receive. If they are employed elsewhere, this tax exemption only applies to the income they received from fostering – any other income is taxed in the usual way. Tax exemption is another way to recognize their contribution and increase participation

Many other supports are provided to the foster carers in addition to the financial element, which includes regular respite, ongoing training, learning and development, support groups and the opportunity to meet with other foster carers, regular one to one support from their supervising social worker, 24 hour telephone support for when things go wrong and etc. Membership of the Fostering Network has legal insurance cover should a serious issue arise. Feeling valued as an equal member of the fostering team, having their voice heard when discussions and decisions about the child are taking place or being made are promoted. Some foster carers receive one-off payments for household equipment (e.g. washing machine) while others may be given a car to transport the children. Some may be given financial support in making alterations to their house, e.g. to convert their house and add additional bedrooms. Those caring for children with disabilities may receive payments for adapting their home with disabled access and etc. This caring and nurturing culture to the foster carers give good examples to our local context.

The learning and development programmes organized by the Fostering Network can be in-house tailor made courses to meet specific needs of fostering service or agency, open courses for smaller numbers of participants and online training that provides a flexible option for those who work full-time or live in rural areas. This agency runs free training sessions for foster carers in assertiveness and advocacy to support the foster carers to play an active and effective part in influencing decision makers, having confidence to influence policy and have the opportunity to offer peer support. She also develops evidence based assessment tools with training to help the field to assess potential foster carers on the basis of their skills, knowledge, abilities and experiences. Nevertheless, the Fostering Network puts much effort in doing survey and research and publications to provide the most accurate and up-to-date information to the government and the public. Her website is resourceful and accessible as well. We can make reference to all these stuff and the government can play the leading role.

**8. Recommendations:** (e.g. whether it is worthwhile to visit the agency again?)

It is worthwhile to visit the agency again to know more about the mechanism of coordination and monitoring of fostering service from both the policy and operational levels. Visit and talking to the foster carers and fostered children would be recommended.

**9. References :**

The website of the Fostering Network is <http://www.fostering.net>

**Completed by:** Fung Mei Chun, Pax  
**Date:** August 22, 2010