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Residential Care for Children and Young People: Priority Areas for Change

Short title:

Residential Child Care: Priority Areas for Change

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Abstract:

Abuse in residential childcare has been of concern to the public and the profession for a number of years. This article highlights a Scottish Institute for Residential Child Care (SIRCC) response to the Scottish government which was requested following allegations of abuse in Glasgow City Council's Kerelaw residential school and secure unit. It offers priority actions to address the challenges of residential childcare and ensure the safety of children and young people as far as is practicably possible. It contextualises the residential childcare task, and explores four interrelated areas in which change is strongly recommended: (1) organisations' cultures; (2) workforce challenges including the status of the sector, staff selection standards, the role of residential childcare workers in relation to their level of autonomy and their education levels; (3) abuse allegations, in particular the sector's growing fearfulness of false allegations, support for practitioners' anonymity when accused of abuse, and a reconsideration of criminal record certificate information; and (4) service delivery related to behaviour management and advocacy support. The intersection between the SIRCC and the subsequent *Kerelaw Inquiry* reports is outlined. Finally, it concludes with a scan of the immediate strategic policy horizon which indicates an unprecedented momentum for change. While based in the Scottish context, it reflects lessons which are applicable internationally.

Residential Care for Children and Young People: Priority Areas for Change

Introduction

Abuse in residential care has been of concern to the public and the profession for a number of years. Since the 1980s, several public inquiries and government reports have focused on factors which relate to the safety and harm of children in residential childcare. The findings of these reports have led to developments in residential care in Scotland and in the UK which have affected not only the residential childcare sector but also the broader area of social services. There has also been increasing recognition that children and young people are abused in a range of settings outside the family home in foster care, school, sports clubs, etc. (Gallagher, 2000). Any abuse of children in residential care has to be placed in this wider context.

A number of allegations of child abuse were made by young people and staff in Glasgow City Council's Kerelaw residential school and secure unit over a period of roughly 25 years. In recent years, two staff members were jailed, numerous others were disciplined or dismissed, and the facility was closed in 2006. After a lengthy investigation into accusations of abuse directed at numerous members of its Kerelaw staff, Glasgow City Council produced a report of its review with a surprising lack of detail (Comley, 2007). In response, the Scottish Minister for Children and Early Years requested from the Scottish Institute for Residential Child Care (SIRCC)¹ a considered reflection on the safety of children and young people in Scotland's residential care and the challenges facing the sector. *SIRCC's Response to the Minister following Glasgow's Investigation of Kerelaw* (Davidson, 2007) draws from

¹ The Scottish Institute for Residential Child Care (www.sircc.org.uk) is a partnership of educational institutions (University of Strathclyde, Robert Gordon University, Langside College) and a young people's advocacy organisation (Who Cares? Scotland). It equips the residential child care sector to improve the quality of care given to children and young people by providing certificate and degree courses; professional development; policy and practice consultancy; and by undertaking research.

recent research, previous reports and contact with the sector, and offers 20 recommendations for change (Appendix 1).

An independent inquiry into abuse at Kerelaw was subsequently commissioned to secure insight into the conditions that led to the abuse at Kerelaw specifically and to make recommendations to ensure these abuses did not recur. The remit of this *Independent Inquiry into Abuse at Kerelaw Residential School and Secure Unit* (Frizzell, 2009—hereafter the *Kerelaw Inquiry*) was narrower than *SIRCC's Response*, focussing on the circumstances of that particular establishment and borrowing from the wider picture when appropriate. While it is not possible to give a detailed summary of the *Kerelaw Inquiry* report here, there are important areas of crossover between this and the *SIRCC Response to the Minister* (Davidson, 2007), particularly in the areas of organisational culture. Most notably, the controlling and silencing culture of Kerelaw was found to be a fundamental cause underlying a complexity of factors. The report links the culture to, among other features, senior and external management failures which contributed to lost opportunities for change. The report found that a toxic culture contributed to young people not being listened to and ineffective complaint systems; insufficient performance management; training and learning that was unsatisfactorily integrated into the service; and behaviour management interventions that were applied at times abusively within a culture that tolerated and reproduced poor practice. The Scottish Government and Glasgow City Council accepted the Inquiry recommendations in full. This swift positive response and the pace of strategic policy activity in the sector indicate an unprecedented momentum for change for residential childcare in Scotland.

This article highlights the issues raised by a specific case of institutional abuse and the response by a national centre of excellence (SIRCC). It places this in a context, considers the broad range of factors which influence children's safety in residential

childcare, and suggests four essential areas for improvement. It briefly outlines the intersection between the *SIRCC Response* and the *Kerelaw Inquiry* and concludes with a scan of the promising policy horizon.

Context

While this article focuses on the important task of ensuring children and young people are safe in residential childcare, it is important to stress that ensuring their safety, while vital, is only one component of a highly complex service. Caring for children and young people in residential settings has many distinctive aspects. Where residential care is of high quality, workers adapt everyday routines, commonplace interactions and regular tasks to help young people develop, reflect and achieve their potential in a myriad of facets of their lives. This happens in groups and on an individual basis. Residential childcare workers help the young person to understand their behaviour by offering a safe, validating and caring relationship within which to explore healthy ways of interacting and engaging with the world. In residential childcare's unique environment, 'practitioners take as the theatre for their work the actual living situations as shared with and experienced by the child' (Ainsworth and Fulcher, 1981, p234), .

Challenges on multiple levels

Individual challenges

The various care tasks in residential childcare are being made ever more challenging by the increasingly difficult social and psychological histories and related presenting behaviours of many of the young people now entering residential care. These are often the children and young people whose needs have not been sufficiently met through earlier intervention or by health and education services (Berridge, 2007). Generally, these children and young people have high levels of need: a growing

number of children and young people are coming into care with one or more parents who are problem drug users, with behavioural difficulties that require specialist support, and an increasing number of younger children are coming into care (Milligan *et al.*, 2004; Social Work Inspection Agency (SWIA), 2006; Kendrick, 2008).

Research indicates that a significant proportion (between 40% and 90%) of children and young people who are looked after in residential childcare are experiencing significant mental health problems (McCann *et al.*, 1996; Dimigen G. *et al.*, 1999; Meltzer and Lader, 2004; Kendrick *et al.*, 2004; van Beinum, 2008).

Management challenges

The provision of good quality residential childcare cannot be reduced purely to individual factors. Residential childcare is a dynamic environment, requiring both internal and external management and leadership which facilitate and sustain a positive, open, empowering and reflective ethos (Bullock, 2008). The centrality of the importance of the role of internal managers has been highlighted in recent research (Whitaker *et al.*, 1998). Unfortunately, the limitations of external management have also been highlighted in cases of institutional abuse in residential care (Kendrick, 1997).

System challenges

Additional pressures on the residential task are due to the systems within which residential childcare operates. Children who are being placed in residential care are often being placed in emergencies, their placements are frequently unplanned and they can experience several placements during their time in care. In some local authorities, unit managers cannot refuse to accept a child in an emergency, even when this will create extremely difficult conditions for children and workers alike.

There continue to be anecdotal reports of residential units being overcrowded on occasion (Docherty *et al.*, 2006). These conditions compromise services' abilities to achieve positive outcomes for children and young people.

The failure of childcare systems has a direct bearing on the challenges for residential childcare. Effective residential childcare relies on well-managed, sufficiently resourced and child-centred care systems; these qualities are not yet evident consistently throughout Scotland. Any attempts to strengthen the quality of residential childcare services should be undertaken in conjunction with a strengthening of the care system for children and young people who are accommodated as a whole, beginning with the development of a national strategy.

Children and young people's safety

Recent research, professional experience and previous inquiries offer some insight into how effectively children are being kept safe in residential care. Research and inspections have shown there are good, supportive and empowering residential childcare services that produce positive outcomes for children and young people in Scotland (for example, SWIA, 2006; Malloch, 2007). There are also variable practices, particularly in relation to issues of control (see below). Some young people living in residential childcare have had serious concerns about experiences of bullying by peers, by workers and in the community, and the effect of this on their mental health and well-being (Paterson *et al.*, 2003; Barter, 2008).

What is known about safety and effective practice is limited, however (Emond, 2005; Clough *et al.*, 2006). Further research is needed to identify the experiences and outcomes of children and young people, as well as the elements of the wider

childcare service which are most effective in facilitating better outcomes for children and young people.

Legislative changes

Recent substantial legislative changes in Scotland have transformed the landscape in which residential childcare is located. These include more rigorous inspection regimes, professional registration for residential childcare staff, and greater education requirements alongside the provision of organisational support and free access for residential workers to sector-specific programmes which would normally attract tuition fees (Kendrick, 2004). In addition, awareness of and support for children's rights have increased with the incorporation of the principles of the United Nations Convention on the Rights of the Child (UNCRC) (UN, 1989) into the Children (Scotland) Act 1995, and more recently with the establishment of Scotland's Commissioner for Children and Young People. While most of these changes occurred prior to 2005, the impact of these changes has yet to be fully realised.

Essential areas for improvement

Despite the complexity of the residential childcare task, key areas have consistently been identified in research, in inquiries, and through experience, which are vital for the prevention of abuse and promotion of better practice. The following section outlines four closely interconnected priority areas requiring action.

Organisational cultures

The fundamental importance of the role of culture within an organisation cannot be overstated. Major UK inquiries (England: Kirkwood, 1993; Levy and Kahan, 1991;

Utting, 1991; Utting, 1997; Wales: Waterhouse *et al.*, 2000; and Scotland: Skinner, 1992; Kent 1997; Marshall *et al.*, 1999; Shaw, 2007; Frizzell, 2009) have consistently named the culture of the organisation as problematic and a key factor leading to abuse. In particular, Sen *et al.* (2008) identify factors which promote the development of strong positive staff cultures in residential care, including transparency and permeability of residential units in which a range of professionals and family members have access to the children to observe their experiences of care. In addition, the manager plays a key role in ensuring congruence between the messages sent by management to workers, and the subsequent actions of the management. For young people to be treated with warmth, respect and value by those caring for them, the workers themselves need to experience warmth, respect and value from their managers (Paterson and Duxbury, 2007). Strong leadership within organisations and supportive external management also promote healthy organisational cultures (Bullock, 2008). Indicators of unhealthy cultures include a non-questioning ethos; failure to listen to children and young people; a denial that abuse can occur even when reported; isolation; a lack of critical practice; and the acceptance of 'macho' and violent ways of interacting (Sen *et al.*, 2008).

Even in a residential facility in which a questioning ethos is the aspiration however, the pace and intensity of life in a residential environment can make it difficult to prioritise regular reflective space to promote reflective practice. Some residential providers use external professional consultation of some form to help develop and maintain this type of culture. Research suggests that this can be very effective in enabling workers to understand, manage and survive some of the more difficult behaviours young people may display, and consequently can contribute to the stability of young people's placements (Kendrick, 2005; Scottish Executive, 2006). This external involvement also facilitates transparency and reduces insularity which are important safeguarding components.

Workforce

Good quality residential childcare requires organisations to have the capacity to recruit and retain competent, confident workers. The ability to do so relies on a number of interrelated factors (McLaughlin, 2006), explored below.

Status of the sector

Poor conditions, high turnover of workers, and job dissatisfaction have been found to be factors associated with the abuse of children in residential care (Kendrick, 1997). Any efforts to keep children safe in the future cannot be successful without a long-term strategy to reduce the stigma and low status associated with the residential childcare sector.

Staff selection standards

Research undertaken in 2005 (Kay *et al.*, 2007) indicates that while some residential childcare service providers have very good staff recruitment practice, there is a worrying number of organisations which fail to recruit workers in a manner that follows even basic best practice guidance, for example, requiring references from previous employers. Registration, legislation and organisations' selection, assessment and vetting procedures will not successfully screen out all abusers. Nor will this effect a positive organisational culture essential to children's safety. Nevertheless, measures to promote safer recruitment systems (for example Scottish Executive, 2007) would go some way to eliminate the gaps in procedures for the recruitment and selection of staff, and increase the safety of children (McPheat, 2005; Sen *et al*, 2008).

It should be acknowledged that reluctance to implement excellent screening procedures may reflect a difficulty some organisations have in their staff recruitment efforts. The low status attributed to the sector will contribute to this difficulty.

Professional autonomy

Workers in residential childcare should be confident, autonomous individuals within a team who are responsible for the delivery of a professional standard of nurture and care. A recent important review of social work (Scottish Executive, 2006) identified the need for increased autonomy for social workers; residential social workers also have the potential for a more autonomous role alongside their integral role as a member of the residential team. This autonomy should be seen within the context of a professional's capacity to function responsibly in such a manner, and within an environment which offers regular skilful supervision. This proposal must be closely aligned with the proposed increase in education levels of staff (below), so as to ensure staff competence is in keeping with their confidence.

Staff confidence and autonomy can play an important role in minimising the influence of the power differentials which often exist between management, care workers and children. If the potentially negative effects of such inequalities are not positively managed, for example through regular skilful supervision, the negative feelings created may be replicated in workers' relationships with the children in their care. This has the potential to produce an environment in which isolated, demoralised staff groups can be less likely to uphold children and young people's rights (Paterson and Duxbury, 2007). It can also lead to residential workers focusing on the care of children in a narrow way, and not engaging with the wider task of promoting the health and education of children and young people (Baldwin, 1990; Brodie, 2005;

Maclean and Connelly, 2005; Francis, 2008; Scott *et al.*, 2008). Confidence, autonomy and professionalism act as protective factors in these circumstances.

Several features prevent the sector achieving this confidence and autonomy consistently. The low status of the sector, its pay levels and conditions of work, and workers' traditionally low education levels have resulted historically in residential childcare not being staffed by people who perceive themselves as professionals. Nor are they perceived as such on the whole by allied professionals working with these young people. While these perceptions may be slow to change, the process of registration of the workforce, and the undertaking and achievement of qualifications by staff may go some way to addressing this problem of perception. Higher aspirations for staff education levels will contribute further to this development.

Organisational culture also plays a role here: the retention of confident, autonomous workers with relevant degree-level qualifications is assisted by an open and reflective culture. It is of concern that some newly-qualified social work degree-trained residential workers have reported that they chose to leave the residential sector due to the lack of opportunity to challenge current practice effectively (Kay, 2005).

Education levels

Policy and legislation indicate that a qualified workforce is an important foundation for the achievement of an improved quality of residential childcare. The first Scottish audit of the training and qualifications of residential childcare workers, supervisors and managers showed that a substantial number did not hold relevant qualifications (Frondigoun and Maclean, 2002). Subsequently, the Scottish Social Services Council (SSSC) included the residential childcare workforce in its first phase of registration,

and a national minimum baseline for the registrable qualifications for residential childcare staff was established in 2004. Setting this baseline has supported a slow but steady increase in basic qualification levels in the sector. Following this, research indicates that overall 54 per cent of managers, supervisors and care workers are either qualified or undertaking qualifying training (Lerpiniere *et al.*, 2007). This is a substantial increase overall from 29 per cent just three years previously (Hunter *et al.*, 2004; Sen *et al.*, 2008).

Despite the challenging circumstances in which these staff work however, the expectations for the education levels of residential childcare workers are low in comparison, for example, to the level of qualifications set for social workers. This is difficult to justify, given the challenges and complex responsibilities of the residential childcare task. Now that a significant proportion of staff in the sector are undertaking qualifying education, it is proposed that the original baseline should be reconsidered with the aim of increasing the minimum requirement for the registration of the residential childcare workforce to better equip them for this complex task.

It is worth noting that, while set within a different framework, care workers' qualification requirements in England, Wales and Northern Ireland are lower than in Scotland (Campbell, 2006).

Abuse allegations

Positive organisational cultures include congruent messages of care both to staff by management and to young people by staff. This link is applied here to the treatment of workers following allegations of abuse, and the quality of care for children in residential care.

A growing fearfulness of false allegations

As a result of some of the legislative and practice changes listed above, children and young people's opinions and experiences are increasingly being invited and heard. This is an important step forward, and a positive outcome has been the successful prosecution of some workers who have abused young people in their care.

There is, however, an unintended consequence of the increased number of allegations of abuse throughout the residential sector: residential staff are working in an environment of increasing fear and uncertainty. Traditional features of professional practice have been seen to go some way to protecting workers from false allegations of abuse. These include, for example, skilled maintenance of boundaries and open communication (see Davidson, 2005). Yet even with these skills, capable workers may no longer feel confident that they will not be falsely accused of abuse.

The brevity and inferences of Glasgow City Council's report on its investigation of Kerelaw will have contributed further to this fear within Scotland, given its wide sweeping condemnation of a substantial yet imprecise number of Kerelaw staff (Comley, 2007, p.4: 4.5; see also Frizzell, 2009, p.48: 8.43). The predominantly negative media focus on abuse in residential care is also contributing. This growing fear makes the complex task of providing high quality residential care even more challenging, and it diminishes the capacity of the sector both to recruit and retain high calibre, well-qualified workers. This in turn has a negative impact on the ability of the sector to achieve better outcomes for the children and young people in its care.

Anonymity when accused

Scotland's former Commissioner for Children and Young People has spoken of this problem across the children's services workforce (Marshall, 2004; 2008), and has raised concerns that this change risks making professionals afraid of interacting with children and work with children a less desirable option.

...the publicity associated with child abuse cases actually works to the detriment of the whole body of children and young people in this country, because it creates a climate of fear, conducive to a sterile environment, in which our children have become the new Untouchables (Marshall, 2004: 8).

The way forward must build on the growing success of young people's voices being heard, while also effectively addressing the impact of any false allegations of abuse on workers, on young people and on the sector. The Commissioner offered a valuable proposal to address this serious problem: childcare professionals accused of abuse should remain anonymous unless a guilty charge is reached, thereby reducing to some extent the risks associated with false allegations.

There are contentious aspects to this proposal. It assumes that in the case of an allegation which is without foundation, the benefits of anonymity to the accused, their family, their career and the profession outweigh the risk posed by a guilty person who remains anonymous until the conclusion of an investigation or court case. While the workplace will be likely to suspend an accused person from direct work with children until the situation is resolved, this person's contact with other children outside the workplace will not be scrutinised during the suggested window of anonymity. Therein lies the most significant risk being weighed.

Reconsidering criminal record certificate information

In many Scottish jurisdictions, workers who have had any allegation made against them will have the details of that allegation revealed on all future enhanced criminal record certificates, even when the allegation has not been substantiated. It is understandable that for children's protection a criminal record certificate necessarily specifies that an allegation was made, investigated, and no evidence was found to support it. However, it is proposed that the particulars of the allegation, which are commonly given in full detail, should be retained by the police and not contained in the certificate itself. This would not diminish the protection of children, which is its principle purpose, and would decrease the impact of false allegations on workers in the sector.

Improving service delivery

Management of children and young people's behaviour

The management of children and young people's behaviour, the practice of physically restraining children and young people, and the attitudes surrounding this complex and difficult area of practice require a greater degree of attention and in some cases significant improvement (Paterson *et al.*, 2003; Davidson *et al.*, 2005; Milligan *et al.*, 2006; Steckley and Kendrick, 2008a; 2008b). This is supported by a recent compilation of residential childcare inspection reports by the Care Commission (Care Commission, 2008). These indicate that the practice of physically restraining children and young people requires improvement across at least half of the residential establishments in Scotland. Critically, mental health services for children living in residential childcare are often not sufficiently resourced, leaving workers to manage the children's behaviours without the necessary expertise or advice (van Beinum, 2008; Milligan, 2006).

While the practice of restraint must be a focus for improvement, developing a child-centred, rights-based, and supportive ethos within a residential establishment will contribute to more effective management of children and young people's difficult behaviour. This will ultimately lead to more positive experiences overall (Davidson *et al.*, 2005; Paterson and Duxbury, 2007).

Openness to complaints

Scottish legislation and policy (Scottish Office, 1993) have explicitly incorporated the philosophy of the UNCRC (UN, 1989). This has created an increasing awareness of the rights of children and young people. Article 12 of this Convention outlines the responsibility of all bodies working with children or young people to seek out their views in all areas that concern them. A discourse which explores the drawbacks to this added responsibility for children in public care adds an important dimension to our understanding of children and young people's experience of participation (see Emond, 2008). Nonetheless, their authentic participation is a vital principle in the prevention of abuse in residential childcare (Stevens and Boyce, 2004; 2006).

The aforementioned inquiries assert that the existence of open environments in which children's complaints are welcome, and their opinions, concerns and feedback are heard and acted upon where appropriate "is essential to prevent further abuse of children and young people and to promote children's safety" (Kendrick, 2004, p76).

Safe environments for children rely equally on the organisation's openness to staff members' concerns, complaints and feedback as well as to those of the children they serve. The role of managers in residential childcare is central to the development of

open and reflective cultures (Bullock, 2008). Regular supervision, exit interviews, complaints procedures and other ways to facilitate workers' feedback are important to ensure any concerns are raised and responded to effectively, without retribution. Staff should also be aware of the Public Interest Disclosure Act 1998 and the statutory mechanisms for 'whistleblowing' where appropriate. The Committee on Standards in Public Life has stressed, however, that the Act should be seen as a "backstop" for when things go wrong, not as a substitute for an open culture (the Committee on Standards in Public Life, 2004). Sen *et al.* (2008) raise concerns about a lack of evaluation of the implementation and effectiveness of 'whistle-blowing' and complaints procedures in residential care.

Horizon scanning

National residential childcare policy in Scotland is underpinned by a ministerial vision "to make residential care the first and best placement of choice for those children whose needs it serves" (Scottish Parliament, 2008, para 5928). This is a marked change from traditional policy positions which at various times have been ambivalent at best about the legitimacy of residential care (Crimmens and Milligan, 2005; Kendrick, 2008). The pace of activity in this policy area is swift, in part as a result of this active ministerial leadership. Examples of recent policy changes include, among others: the newly legislated timescales for professional registration of the residential childcare workforce; a government-initiated scoping study on children and young people's advocacy services; the development of an appendix to the National Care Standards addressing the physical restraint of children and young people to clarify procedures for staff, service users and regulators; and Scotland's first anti-stigma campaign to address the misconceptions and negative attitudes towards looked after young people and residential childcare.

Perhaps most significantly, the proposal of a national strategy has evolved, and a government-funded, SIRCC-led National Residential Child Care Initiative (NRCCI) has recently engaged with an unprecedented range of stakeholders across residential childcare and the wider social work, health and education sectors to consider achievable solutions to many of the challenges raised above. The NRCCI report (Langeland *et al*, 2009) offers recommendations on how to deliver service provision that matches the full range of needs of children and young people; a workforce with the necessary range of skills, qualifications and qualities; and a model for commissioning services between local authorities and providers with a focus on better outcomes for children and young people. Policy positions and strategies alone are not sufficient, however, and an evaluation of the impact of these activities would offer important insight into the real significance of these investments for children and young people.

Conclusion

Residential childcare is a positive choice for certain young people. Good quality residential care provision exists in Scotland and the circumstances at Kerelaw residential school are not indicative of the whole of the residential childcare sector. There is variable practice, however, and the safety of children and young people in Scotland cannot be ensured without attention both to internal organisational factors and to wider systems challenges. Scotland's supportive national policy context may contribute to better outcomes, but only through energy applied cooperatively to the range of closely interrelated factors outlined above will the aim of providing consistently good quality residential childcare be realised.

Note:

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Appendix 1: Summary of Recommended Actions

Recommendations to the Scottish Government (Davidson, 2007) to address the challenges of the residential childcare sector in Scotland and ensure the safety of its children and young people:

1. Develop a national integrated strategy for services to all children and young people who are looked after away from home.
2. Undertake research into the levels of safety of children and young people in residential childcare, and into 'what works'.
3. Undertake an audit of safeguards recommended in previous inquiries, identify those yet to be implemented, and implement all those which remain relevant.
4. Set a deadline for the professional registration of the residential childcare workforce.
5. Actively promote organisations' uptake of the *Safer Recruitment* guidance (Scottish Executive, 2007).
6. Lead a long term strategy to reduce the stigma and low status of the residential childcare sector.
7. Ensure training on children's rights is available to all professionals working with looked after children and young people.

8. Facilitate funding routes that keep advocacy services as independent as possible.
9. Ensure advocacy services are available to all young people in residential and foster care, including children with disabilities who are often overlooked in policy.
10. Review staff complaints procedures and ensure that these operate in an open culture.
11. Further develop and implement strategic approaches for the improvement of the professionalism of residential childcare staff.
12. Amend the baseline registration qualifications for residential childcare workers to require content which is relevant to the childcare task within the requisite academic award.
13. Further develop and implement strategic approaches to increase the number of residential childcare workers and managers with relevant qualifications, including degree-level qualifications.
14. Develop a long-term strategy to increase the baseline requirement for residential childcare sector registration.
15. Improve leadership around issues of physical restraint.
16. Revise the *DIY Quality Review Pack* (Centre for Residential Child Care, 2000). Promote the use of this pack and the *Learning Organisations* self-assessment

resource pack (Social Care Institute for Excellence, 2004) to advance the development of learning cultures in residential childcare establishments.

17. Promote the use of external professional consultation services in residential childcare establishments to advance the development of reflective practice.

18. Propose a legislative change to ensure anonymity when childcare professionals are accused of child abuse.

19. Reduce the detail provided on enhanced criminal record certificates to reflect only what is necessary when related to unsubstantiated allegations.

20. Support training and development on best practice in managing allegations of abuse for professionals and managers in all services working with children and young people who are looked after.

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