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THE QUALIFICATION DEBATE

INTRODUCTION

Amid the many reports, reviews and debates about the difficulties facing residential child care services, one theme has emerged consistently: too little has been invested in the training of staff in the sector and too few of the staff, particularly those in senior positions, hold professional qualifications.

This theme has recurred in every published report. In 1987 a review by Barr listed 50 reports between 1946 and 1985 which called for more and better training for residential care staff. Yet in 1991 Sir William Utting, in his review of residential care following the Staffordshire child care enquiry, was to note that, 'The proportions of residential child care staff who possess a relevant qualification is no higher than it was 10 years ago'. The report of the select committee on the development and management of staff in children's homes (under the chair of Norman Warner), published in 1992, concluded that in spite of some recent improvements arising from the availability of the Department of Health's Training Support Programme,

'Most staff in children's homes do not have appropriate training. . . . At the moment the situation has been created in which the most disadvantaged and difficult children in our society are being cared for—and sometimes treated—by a group of care staff who overall have been given the least training of all.'

At around the same time, the report of the residential staffs enquiry chaired by Lady Howe (1992) was calling for much greater clarity about the roles and functions of different staff in the residential sector, and appropriate training strategies set up to meet their needs. This enquiry found that although the majority of staff had taken short courses

organized by their local authority, 'Training needs were rarely identified in a systematic fashion and access to training rarely monitored.'

There has, throughout, been disagreement about what kind of training is most appropriate, and this debate revolves around two issues: the extent to which the training provided should focus on the specific practical requirements of the workplace, or be a 'professional training' with accompanying academic and theoretical inputs. If the latter, what is the relationship between residential care as an area of professional practice, and the wider field of social work? This debate was encapsulated in the different emphases in the recommendations of the published reports.

The Utting Report concluded that, 'The nature of the task of residential child care establishes social work as its core discipline,' and came down firmly in favour of the Diploma in Social Work (DipSW) as the key professional qualification to which the majority of senior residential workers should aspire. 'All heads of homes and ideally about one third of the staff, might need to be professionally qualified, the majority in social work.'

The Expert Group, set up on the recommendation of the Utting Report to examine the residential child care content of qualification courses, came to a similar conclusion. It endorsed Utting's finding that the DipSW was the most appropriate qualification and recommended that, 'All residential child care workers should hold a professional qualification at DipSW level.' (CCETSW 1992a)

The Warner and Howe Reports were less clear on the centrality of the DipSW as the primary qualification for residential child care workers. Although the Howe Report endorsed the value of the DipSW for senior staff, it also gave greater emphasis to National Vocational Qualifications (NVQs) for all staff, a point picked up by the Warner committee. Both were concerned to ensure that all staff would receive an appropriate level of training. The Warner Report also called into question the appropriateness of the DipSW, and called for a specialist qualification for senior staff.

'The government should reconsider its current policy on qualification for heads of homes, and should consider arranging the design and introduction of a new Diploma, focused more on the group care of children and young people at a qualification level to the Diploma in Social Work as the preferred professional qualification for staff working in children's residential care.'

The Howe Report was particularly concerned with the management functions required of senior residential care staff, and called for more specific training to be provided to help them undertake this part of their role.

Whatever the emphasis, the acceptance that better quality services involve a greater investment in staff training and qualification remains

constant. However, the assumed link between training and quality of care recently faced a challenge as the results of two major research studies began to emerge (Sinclair and Gibbs, 1998; Berridge and Brodie 1998). Neither team of researchers was able to prove a link between two of the most commonly assumed factors—the staff/resident ratio, and the training and qualification of staff in the unit– and the quality of care provided. Both studies sought, and failed to find, a statistical relationship between the proportion of qualified staff in homes and outcomes in terms of quality of care.

These somewhat counter-intuitive findings raise a number of questions. Have all the previous reports and reviews been totally wrong in assuming that a higher proportion of trained and qualified staff can help to improve the quality of care provided in residential services? Or do these results imply that the kind of training that has been provided, particularly qualification training, is not suited to the needs of residential care staff? An alternative conclusion that might be drawn is that the training is right, but that so many other factors determine the final outcome in relation to quality of care that the contribution of training is difficult to detect. If the latter were to be the case, then the question needs to be asked as to what *is* the contribution of training and qualification to those factors that do make a difference to the quality of care provided.

This book sets out to explore these issues within a particular context: the evaluation of the Residential Child Care Initiative (RCCI). This initiative, set up in 1992, arose directly from the recommendations of the Utting Report and set out to address the shortage of qualified staff in residential care in two ways. Firstly, specific funds were set aside, within the Child Care sub-programme of the Training Support Programme, for staff to be seconded from their local authorities to obtain the Diploma in Social Work qualification. A small number of places were also allocated to the independent sector. Officers in charge, deputy officers in charge and other staff considered to have the potential for management posts were eligible for secondment under the initiative. Secondly, £0.5 million were made available through CCETSW to support education centres in developing expertise in residential child care education and training. Eight DipSW centres around the country were selected to offer this special training at nine sites.

Given the debates surrounding the nature of qualification for training, the Expert Group called for a careful monitoring and evaluation of the effectiveness of RCCI.

'It would be especially important to follow-up those completing qualifying programmes in their subsequent careers to discover the impact both on their own practice, and on the young people concerned. . . . It would be most unfortunate if

students undertaking this initiative entered other professional areas on completion of their training. Without such research it would not be possible to take corrective action, and such research needs to commence immediately.'

EVALUATION OF RCCI

The Tavistock Institute was commissioned to undertake this evaluation in 1994. Our aims in undertaking the evaluation were to:

- examine how far training supported under RCCI had contributed to the needs of individual social workers, their employers and residential child care as a profession;
- examine the implications for individual careers of the training provided and, consequently, for the possibilities of staff deployment and overall mobility;
- assess the actual and likely effects of RCCI-supported training on the future availability and quality of training provision.

The evaluation that we undertook had a number of different aspects and utilized a range of methodologies, which are described in Chapter 2. The key concept was the idea of a 'pedagogic audit': a framework through which we could examine the 'match' between the needs of the students seconded and their employing agencies, and the training provided, and through which we could compare the training activities provided by the specially funded 'RCCI centres' with those provided by more conventional DipSW programmes. In order to make these comparisons, six other DipSW programmes were studied in addition to the eight RCCI programmes, and interviews were also undertaken with a number of key 'stakeholders' in RCCI. The results of this audit are reported in Chapters 4, 5 and 6.

The pedagogic audit highlights the importance, not only of the content of training and the way in which it is delivered, but also the wider context in which it takes place. In the case of RCCI this meant the local authority context from which residential child care staff were seconded, and to which they would return to apply what they had learned. To this end we also undertook case studies in six local authorities, to examine how they had chosen to use their RCCI funding, and how this had affected service provision when those seconded under the initiative returned to work. This part of the evaluation is reported in Chapters 3 and 8.

Finally, we were keen to find out what the staff seconded thought of their DipSW programmes, and what impact they perceived their studies to have had on their work. We took both a qualitative (in-depth

interviews) and quantitative (survey) approach to this part of the evaluation, and the results are reported in Chapters 5, 6 and 7.

The RCCI itself came to an end in 1997, by which time over 400 senior staff had completed DipSW programmes and returned to their work. The evaluation came to an end at around the same time, and in many respects the situation had by this stage already changed. Without RCCI, the number of secondments to DipSW dropped considerably, and many local authorities were now seeking forms of qualification training other than a two-year, full-time DipSW programme. The special funding for the eight DipSW special RCCI programmes had also come to an end.

Nevertheless, by intensifying the provision of qualification training to senior residential child care staff, RCCI provided a unique opportunity to study the effectiveness and impact of qualification on child care services. There had been little systematic research on this topic since a study undertaken in the late 1970s of training for residential child care workers (Millham *et al.* 1980).

This book seeks to capture some of the experience of the individuals and organizations involved in RCCI, and indicate what messages this has for future qualification training for residential sector staff. It seeks to identify what contribution the qualification of residential social workers makes to the quality of residential services for young people, or to the provision of social work to children and families more widely.

The remainder of this chapter gives an overview of some of the wider issues related to residential care and training at the time that RCCI was set up, highlighting some of the recurring themes. In brief, these were:

- rapid changes in the residential child care field and their implications for training and qualification of staff;
- changes in the wider arena of professional training and qualification;
- new understandings of the nature of professional practice, incorporated in different professional 'models' appropriate to different settings.

RESIDENTIAL CHILD CARE IN CRISIS

The Residential Child Care Initiative was set up during a time when residential child care had come under intense scrutiny. Although the specific scandals in the late 1980s brought matters to public attention and precipitated the official reviews, the difficulties facing residential child care had been building up for a number of years, in part as a result of a rapid reduction in the size of the sector. A general move away from institutional care in all areas had encouraged many authorities to close

units and reduce the number of bed places, concentrating resources on the support of children within their own families or, failing this, through placement with foster families. The shrinking of the sector had facilitated some reorganization and refocusing of services, but it had also exacerbated some of the traditional difficulties, and these had important implications for the training and qualification of residential care staff.

In the first place, it had led to the further erosion of qualified staff in a service in which staff had traditionally received little training. Many of the staff who left the sector during the restructuring of the service were those who had recently obtained Certificate in Social Services (CSS) qualifications (AMA and ARCC 1996). By 1991, the CSS qualification was already being phased out, to be replaced by the newly established DipSW, but there seemed little chance that sufficient numbers of staff would be seconded onto the new qualification to replace this loss of qualified staff. Local authorities were seen to be both reluctant to second residential workers onto the new qualification, and fearful that secondment would be seen as a way of getting out of the sector:

'In many places Diploma in Social Work training is accessible to a very select few and is often seen by them as a passport out of residential care and into fieldwork.' (Warner 1992)

The failure to second staff onto qualifications such as the DipSW reflected an ambivalence towards professional qualification for residential workers, in addition to the more general under-investment in training for the sector. Although lack of resources was frequently given as the reason for failing to provide training for staff in the sector, the Warner Report suggested that it also reflected 'a lack of commitment to training by many employers, because they have not identified what training their staff need, whether or not they can afford it'.

The widespread reduction in the sector's size also served to exacerbate the problems of low morale, low status, and marginality of residential services within social services departments. All reports produced during this period highlighted these difficulties, said to be a function, or a reflection, of the poor terms and conditions of service for residential care staff, combined with the limited training and career opportunities within the service. Yet many also commented on the high quality of care that was produced in spite of these poor conditions of service.

'With residential care widely regarded as a placement of last resort, staff are said –not unreasonably—to be in a low state of morale. At the same time, every exploration of residential child care, every piece of research, every inspection continues to unearth examples of excellent practice.' (Utting 1991)

The Howe Report also suggested that the culture of training had led other social workers to perceive residential staff as doing a less professional job than themselves, in part because they did not take part in the same training activities and had a more constrained role.

'[Staff employed in residential homes] believe that many social workers regard residential care as inferior to the more broadly based work that they perform and regard the skills required as being less professional.'

The report also comments on the fact that,

'At a national level, the voice of the residential services has never matched the size of the workforce. The reasons are not altogether clear, and may in part reflect a lack of confidence of many residential staff to speak up for themselves and influence policy making.'

The Utting Report suggested that the low status and poor conditions of service were a symptom, rather than the underlying cause of difficulties in the sector, the primary difficulty being the overall marginality of these services within the structure of social services organization.

'Pay and conditions are not the most serious matters affecting residential care, nor is training. The major problem is that the residential care of children is commonly regarded as an unimportant, residual activity. Thinking about it today is still dominated by historical attitudes towards looking after children: as women's work in which the skills are inherent or intuitive, and the commitment of the workforce is exploitable.'

In the much earlier study of training for residential child care workers by Millham and others, referred to above, research suggested that the marginalization of residential care was not just a function of the 'low status' accorded to the kind of work involved, but was also a consequence of the marginalization of the client group with which the sector works.

'Because of its functions for the wider society and through its enormous heritage, it has an end of the line role for those whom it shelters. Residential jobs tend to take on the colour of the clients they serve.'

The marginalization of residential services has also been encouraged by the fact that many units were physically isolated, setting them 'out of mind as well as out of sight'. In many authorities, homes were also operating within a policy vacuum.

'A recurring theme in the commentaries on the development of residential care for children in the 1980s has been the lack of a coherent policy framework for these services. As result, some staff have become isolated and demoralized, and the management of homes idiosyncratic.' (Utting)

Research by the SSI had also indicated that even if there was a policy relating to the role of residential care, this was often unknown to social workers (Department of Health, 1991).

The Warner committee also emphasized the managerial isolation of residential child care within the social services structures. Senior managers were criticized for having given 'insufficient attention to ensuring that there are effective management arrangements for homes that provide early warning of problems and means of rectifying situations'. Howe also comments on the fact that,

'Because of the residential boundaries around homes, workers have got on with the work, usually without complaint, and senior managers and elected members have in consequence been insufficiently aware of the quality of the work undertaken, its stresses, problems, requirements and potential.'

This theme was also picked up by the Expert Group, which quoted research evidence demonstrating the importance of external management structures if residential units were to be able to successfully undertake the complex tasks required of them. Recent changes in the management structure in some social services departments, the Expert Group argued, had served further to isolate residential services within the management structure.

'Organizational structures have changed, especially in social services departments, so that these external managers are now often locality team managers, who may have no experience or training whatsoever in group care.'

Picked up even more strongly by the Howe committee of enquiry, this report comments on the fact that external line management of the residential sector was often conducted by people with very limited experience of residential work.

'While it would be generally unthinkable for a residential manager with no fieldwork experience to be put directly in charge of area teams, it has been considered reasonable to give former fieldwork staff control of residential services.'

The reduction in size of the sector, combined with the devolution of services to a local level, had also led to the loss of middle management

posts, often the very posts which had previously provided supervision and support to homes. In revisiting residential services which he had studied in the mid-80s, Berridge found that by the mid-1990s, in some authorities, the most senior manager with responsibility had been downgraded from second to third tier, resulting in a deterioration in external management for local units, characterized by lack of supervision. Berridge and Brody's research also suggested that relations between residential services and field social workers had deteriorated in some areas.

The poor relationship between the two sides of social work provision has been highlighted by a number of research studies, and the Expert Group and the Howe enquiry attributed this in part to the nature of social work training. The fieldwork bias of professional qualification, the Expert Group argued, 'has consequences for all social workers, since it has left their assumptions, preconceptions and prejudices about group care at best insufficiently challenged, and at worst, confirmed and fed.' They further criticized the wider social work profession for failing to take responsibility for the training of residential child care workers or other equivalent groups, and failing to 'remedy the stigma and discrimination against residential child care which persists within some parts of the profession, and which disadvantages those living and working in such settings.'

THE CONTRIBUTION OF QUALIFICATION AND TRAINING

The problems of residential care, as this selective review suggests, were as much structural as individual, and it would be a mistake to suggest that better training and qualification for the staff of the sector were seen as the only solution. The Utting Report, for example, called for better planning of services, tightly drawn management structures, a clearer specification of roles and effective monitoring of services. The Warner Report called for an improvement in the processes for the recruitment and selection of staff, and the Howe Report recommended major changes to the terms and conditions under which staff were employed, and clarification of management and career structures.

Nevertheless, better training and a higher proportion of qualified staff, particularly at senior levels, have been key elements in the changes proposed by many of the reports during this period, so it is relevant to consider *how* the qualification of individual staff was felt to contribute to the enhancement of services. Three themes relevant to this question stand out in the reports of this time.

Qualification training was believed to provide an appropriate route to equipping staff with the knowledge and skills they need to undertake the roles required of them. It was believed to be important for the status and standing of the sector, and its ability to attract good staff. And it was seen as a way in which the isolation of the sector could be broken down, and a 'learning culture' encouraged within residential services.

In discussing the need for qualification as a way of preparing staff for their roles, the Utting Report focused centrally on the heads of homes and deputy heads of homes, arguing that since they were very influential in the overall running of homes they needed to be equipped for their task by appropriate training, experience and supervision. Utting came down firmly in favour of the DipSW as the appropriate qualification, although he accepted that other qualifications had a part to play in the overall 'skill mix'. By endorsing the DipSW as the central qualification, he sought to underline the links between residential care and the wider social work profession.

'The functions of residential care . . . call for a thorough knowledge of the principles and methods of social work. There needs to be leadership and oversight in every home by someone who is suitably qualified in this area.'

The Warner committee, however, came to a rather different conclusion, arguing that the role of residential workers was different to that of other social workers, and that their needs might be better served by a different kind of professional training.

'The four primary tasks of the residential child care worker are significantly different from general social work. They are: the provision of basic day to day child care; enabling group living; utilizing and managing activities— including education (the social task); and therapeutic work. Each of these calls for a range of skills and knowledge which, although not individually unique to residential child care, nevertheless form an area of expertise which is different from general social work.'

Although strongly in favour of qualification training, the Warner committee argued for a more specialized professional training for senior staff. They suggested that the European model of the 'social pedagogue', which stresses the centrality of child development to work in this field and also provides a link between social work and education, might have something to recommend it.

The Howe enquiry stressed the importance of new managerial tasks which senior residential staff were being asked to take up, and indicated that social work qualifications had not, up to now, provided the kind of training which would prepare them for these roles.

'If managers of residential homes and hostels are to be able to carry out their wide range of duties effectively they will need extensive management training in addition to any professional qualifications required. . . . The enquiry believes that the local authority or departmental staff development strategy for its staff should include management training. The view was commonly expressed that the previous professional qualifications (CQSW and CSS) had not prepared officers in charge for the administrative and devolved financial tasks now required.'

Both the Warner and the Howe Reports call for a stronger commitment to other forms of training for other staff, both suggesting that the further development of appropriate NVQs might in the future provide for this. Training for all staff who required it, Warner argued, was the only way to achieve a competent service which met the requirements of the new legislation. The committee put forward a proposal for a personal development contract for all staff: a written agreement which identifies the existing knowledge and skills of each member of staff, and sets out a plan of activities through which any gaps or deficiencies will be addressed in order to contribute to the aims and objectives of the establishment. These could involve both formal and informal learning opportunities.

The Howe Report also calls for a clearer analysis of the different tasks within residential care being undertaken by different staff, and training which assessed staff experience as well as formal knowledge. 'Residential staff themselves felt that experience and acquired skills should be recognized as much as formal qualifications.' This committee also cast doubt on the value of training individual staff in isolation from their colleagues, as a strategy for improving the quality of care.

'Much training – and qualifying training in particular – is geared to meet the needs of individual staff members. However, a major aspect of residential care is the need for teamwork and consistency of practice. . . . The provision of training programmes for complete staff teams is therefore of the utmost importance. New ideas cannot be reliably introduced to a home by training one or two staff outside the home and sending them back to influence the others; if new approaches are to be adopted or attitudes changed, it is necessary for the complete staff to be involved and identify with the new thinking.'

The second major importance of qualification training, it is argued by these reports, is in enhancing the status of residential child care. The comments of the Howe Report on the belief that other social workers see the sector as less 'professional', and the lack of confidence of staff in speaking up for their service, have already been noted. The Utting Report links the importance of having good strategies for personal development

and career progression with helping residential care to become 'an occupation of standing that people want to join, and stay in for a reasonable period in their career'. The Warner committee emphasized qualification as a mark of status and standing, arguing that opportunities for training can help the service not only to attract and retain high quality staff, but also to help their motivation.

The third contribution of training mentioned in all the reports is the role of training and qualification in breaking down the isolation in residential care, providing staff with an opportunity to view their work from another perspective. Utting argued the need for all staff, even those who had no ambitions to move outside the residential sector, to gain 'a broader perspective of social work generally, and the role of residential care within it. This is important in countering the tendency in some homes towards insularity and inwardness, which is so often the breeding ground of unprofessional practice.' Howe argued that staff development plans should include opportunities for 'career breaks, retraining and opportunities to work in different settings and with different client groups, so that staff can continue to develop their skills, renew their motivation and contribute to the work more fully in the light of greater experience'.

The Warner committee put their emphasis on the importance of training as a means by which new ideas and practices are brought into the sector, and the development of a 'learning culture' is encouraged.

'Training and staff development ensure that practice does not stagnate; and it can prevent poor practice becoming the norm, by encouraging staff to reassess their approaches and procedures. . . . Workplace training is particularly important because it helps to involve staff in the work of their colleagues and the home. Ideas for improving care can be shared and disseminated, and staff will be able to feel that they are playing a full part in the development of the home and improving the quality of care.'

The link between training and the wider organizational culture within residential child care is something to which we will return later. However, it is worth noting at this point that the social world and the culture generated within residential units has been a topic of considerable interest to researchers, from the work of Millham and colleagues on training for residential child care workers, through to the most recent research studies, such as that by Whitaker *et al.* (1998). Millham was to note a concern that there often appeared to be little connection made between the two elements.

'Since the earliest days of our work into residential communities, we have been particularly interested in the social world of staff. The proportion of staff qualified

in residential child care is generally low, and we have often noted during our studies that newly qualified staff returning to work with fresh ideas and new experiences were given little scope to develop or even to express their views. Training, therefore, did not seem to be a force for change.' (Millham *et al.* 1980)

THE CHANGING ROLE OF RESIDENTIAL CHILD CARE WORKERS

The debate about the most appropriate qualification for residential child care workers centred around different conceptions of how similar or different their role was to that of other social workers. The confusion over the role of residential workers was one of the legacies of the rapid changes that had taken place in the size and conception of residential child care during the past ten years.

The emphasis on community-based solutions to child and family difficulties had left the residential sector in danger of being left with a residual role, providing for those who could not be cared for in other ways. Where once residential care for children had been built on a value base which fitted into a wider cultural value system, in which institutions of different kinds were accepted as an appropriate setting for the care of children and young people (Sinclair 1988), many of these assumptions had now been challenged by evidence of abuse by the staff into whose care young people had been entrusted, and by a greater understanding of the harm caused by 'institutionalization'.

The role ascribed to residential services by the Children Act of 1989 was one of providing accommodation for children as part of a plan for their welfare, with only a minority of children being committed 'to care' through a court order. Accommodation was seen primarily as a preventive or support service to children in need, and to their families. In providing accommodation, local authorities were to share some of the parental responsibilities for the child, and were required to provide the upbringing that good parents would give their children.

However, the changing nature of the client population makes the performance of these apparently straightforward duties far from easy. With younger children increasingly finding places in foster care, the Utting Report concluded that 'residential care is primarily a service for adolescents'. However, adolescents have somewhat different 'parenting' requirements to younger children, and in many places residential services had become a 'staging post' on the way to independent living rather than a longer-term 'home' in itself. This could serve to enhance the supervisory role of care—keeping the young person out of trouble rather than

some of the more positive elements of parenting, such as provision of care, nurture and guidance.

The reasons for admission to care had also changed. Between 1980 and 1990, there had been a marked drop in the numbers of young people coming into care as a result of criminal care orders or wardships; increasingly, young people were coming into the care of the local authority as a result of a major breakdown in family relationships, or crises arising out of disordered or challenging behaviour (Utting 1991). A high proportion of the looked-after young people had additional problems—experience of sexual abuse, violence within the family, repeated rejection and numerous changes of care—before admission to local authority care (SSI 1985). Berridge and Brody, in their comparison between residential care in the 1980s and 1990s, found that, 'The current children's homes population is much more complex and problematic than in 1985. The proportion posing behaviour problems prior to entry has more than doubled.'

A higher proportion of residents with serious emotional or psychological difficulties also represented a challenge to more conventional approaches to 'parenting'. While official reports emphasized the role of the residential establishment as the place in which 'care' takes place, with 'therapy' provided by other services (the Warner committee, in particular, emphasizes the importance of all homes having access to suitable psychiatric, psychological and psychotherapeutic support services), in practice such external therapeutic input was often lacking, with residential staff being left to handle the young people in their care with little outside support. Others have argued that the provision of good care is, in itself, a crucial therapeutic role.

The therapeutic role in itself is not unwelcome amongst residential care staff. The Sinclair research indicated that staff typically expressed a wish for a role which involved more counselling, therapeutic work and aftercare; those who felt they had such a role had on average higher morale. The therapeutic role has also been encouraged by the fact that much of the available literature on residential child care has arisen out of the experience of 'therapeutic communities'.

The 'support role' of residential services also had implications for the role of staff. Residential homes were increasingly providing a supporting role, not only to young people and their families, but also to other services. 'Residential services fulfil a specialist role as partners in a range of preventative and rehabilitative services designed to meet specific needs.' (Utting 1991)

Parker (1988) was even more forthright in concluding that one of the key roles for residential care was now in helping to maintain a system of foster care by providing for transition, preparation and recovery.

'In an imperfect world, residential care often survives by virtue of these important wider functions rather than the course of its success in meeting the primary goals of individual children. Nevertheless, it should not be concluded that all wider functions are to be deplored, for in some instances these may enable another system, or part of a system, to operate in ways which encourage it to meet its primary goals more successfully in the interests of a child's well-being.'

Similarly, Sinclair and Gibbs (1988) concluded that,

"The justification of homes must lie partly in their place in the "care system" of residents, their role as back-up and staging posts for other forms of provision, and partly in the role of providing a relatively long-term form of provision themselves.'

They argue that three roles are likely to command acceptance, particularly with young people themselves and their parents: as emergency back-up to preventative work in the community; as back-up to longer-term placements which may break down; and as a 'half-way house' caring for young people for whom fostering is not desirable and who are not expected to return home.

The movement from key provider to support role has important implications for the role of residential workers. Whitaker *et al.* (1998) identified the importance of the residential workers' liaison role, interacting with a complex network of organizations and individuals external to the home. However this was not always a role which residential care staff had been equipped to play. Berridge and Brody were to conclude that, compared to services in the 1980s,

'Inter agency and multi-professional dimensions of the work, if anything, have deteriorated. Relationships with field social workers, beset with differences in ideology and status, have not improved. . . . Relationships between most residential homes and fostering professionals were not strong.'

Relationships with other services, however, and particularly the police, were seen to be rather better.

IMPLICATIONS FOR TRAINING AND QUALIFICATION

The changing role of residential staff has encouraged a reassessment of the skills and knowledge needed by staff to enable them to perform

their tasks effectively. The renewed calls for training and qualification are, in part, a recognition of these changes in practice, since they had reinforced the notion that the skills required by residential staff were not merely an extension of 'normal' parenting skills. If the complex needs of the young people being looked after were to be properly met, more advanced or 'professional' skills were needed. The interweaving of practical and professional skills in residential care was aptly summed up by David Lane, a researcher involved in an earlier evaluation of RCCI, in a presentation to an AMA conference on the 'Crisis in training for residential child care'.

'The fundamental question is how one views residential child care. Is it an unskilled job, rather like parenting which, we accept, anyone can do, or is it a highly professional task, requiring qualifications pitched at degree level? Among the ranks of those responsible for residential service for children, whether they are elected members or senior officers, there are advocates of both extremes of view, and of every blend of opinion in between. . . .

'The fact is that residential child care deals with extremely complex behaviour and developmental problems through the medium of daily living. On the surface, it should look rather ordinary, without wigs, hard hats, white coats or other symbols that professionals are at work. But underlying the practical aspects of daily life, a professional approach to residential child care entails a range of hidden skills, such as the management of the group of residents and of the living environment so that they meet the needs of the individual group members who are growing up and developing and needing to resolve their personal problems.'
(Lane 1996)

That is, the difficulty arises because residential child care does involve both very ordinary 'mundane' tasks of providing an appropriate, clean and comfortable 'home', and the very extraordinary task of relating to and 'caring for' young people with complex problems. In outlining the tasks for managers in residential units, Kahan (1994) identifies three major 'elements' in the management of a residential unit: the very practical 'hotelier' function, staff management and the organization of care of residents. The Howe committee of enquiry also drew attention to the complexity of the managerial task, which includes the management of the building and its equipment, household management, the budget, the staff and care of the residents, as well as a number of lesser issues such as public relations.

'The success of the home depends upon the officer in charge's competence in the whole range of responsibilities. The ability of the home to fulfil its role may be seriously impaired if there is a weakness in any of these aspects.'

THE DEVELOPMENT OF TRAINING FOR CHILD CARE MANAGERS

The tension between training in practical skills and professional qualification has recurred throughout the history of training for residential child care staff. The earliest qualifying courses, set up for house parents in the late 1940s by the Central Training Council in Child Care (CTCC), had a strong emphasis on the practical skills required. Other trainings set up by CTCC, such as ISS (In-service Statement of Attendance) also had a strongly practical orientation, although the academic content of training increased with the development of the Certificate in Residential Care of Children and Young People (CRCCYP), a professional qualification which involved both full- and part-time study in college.

When CCETSW was established in 1971 (at the same time as the post-Seebohm 'generic' social work departments) residential care was viewed as a part of the wider social work profession, with the newly established Certificate of Qualification in Social Work (CQSW) as the appropriate professional qualification. However, by 1973 CCETSW had also established the CSS, designed to allow for more specialized study and, in its involvement of employers in the training process and its use of assessed practice in the workplace, built upon the experience of the earlier CRCCYP.

CSS was generally highly valued by those who undertook it, but it faced a number of problems, not least that while staff were told that it was 'equal to but different from the CQSW' its value within the wider social work arena was limited, engendering considerable resentment and an inability of staff to move to fieldwork positions or manage fieldwork staff. The CQSW, in contrast, was seen as the qualification for field social workers. Few residential workers appeared to have an opportunity to take a CQSW qualification, and research in the mid 1970s (Ainsworth 1978) indicated that less than 3% of those obtaining a CQSW went into residential care. A bias within the primary social work education towards fieldwork, and against residential work, appears to have been established from these early days. Parsloe and others found in their research during the 1970s that few courses claimed to include residential care as part of their programme, and even in those that did, the tutors had reservations about the quality or usefulness of the input (Parsloe *et al.* 1976).

By the early 1990s the more practical qualifications for junior staff, the ISS (by now the ICSC: In-service Certificate in Social Care) and the Preliminary Certificate in Residential Child Care (PCRCC, later to become PCSC) had been discontinued, leaving CSS or CQSW as the primary professional qualification available to residential staff. Both were shortly to be replaced by the new Diploma in Social Work, which in practice

combined both the more academic orientation of the CQSW and some of the more practical aspects of the CSS.

By this time, however, the new NVQs were being developed at Levels 2 and 3, and these, once again, emphasized a strong skill or 'competency' based orientation to training, with accreditation via assessed work-based practice.

At this stage, the debate about the most appropriate training for residential care workers was caught up in a much wider debate concerning the nature of training for work, and the role of qualification. The introduction of NVQs in 1986 was part of an initiative to reform training provision through the restructuring of vocational qualification, a response to widespread concern at the under-investment of resources in training and education for Britain's workforce. NVQs were designed by leading industry bodies, made up of employer representatives rather than educationalists, and two of their key features were the active involvement of employers in their design and application, and their reliance on standards of competence required to perform specific jobs. Assessment took place in the workplace, rather than through written examinations.

The competency approach is central to the NVQ. This is based on a functional analysis which 'breaks the job down into functional units and the units into elements, each of which has to be separately assessed to cover a range of situations according to a list of performance criteria.' (Fraut 1994)

While there are grounds for believing that the articulation of competencies has helped to introduce clarity into professional education, helping to ensure its relevance to meeting the needs of the workplace (Yelloly 1995), there are those who criticize the competency approach on the grounds that it is concerned with the *performance* of activities within an occupation, and is fundamentally behavioural in conception and reductionist in character.

Commentators have also suggested that employers have defined NVQ skill levels in a very narrow and task-specific way, in contrast to their European counterparts which include a broader mix of training and general education. Interestingly, this criticism was also echoed in the Utting Report, which commented that, 'I have received evidence, which I find persuasive, that the range of NVQ competencies which relate to residential care is too narrow.'

The competency approach faces particular difficulties when dealing with the more complex skills and behaviours which traditionally make up professional activity.

'The units and elements derived by functional analysis [through which competencies are derived] may provide a basis for inferring competent performance but cannot themselves explain what Schön (1983) has described as the artistry of professional competence. We would argue that an occupational derived

classification will do justice to this artistry only if it reflects what professionals actually do in practice.' (Jones and Joss 1995)

Others have argued that it is particularly inappropriate to the training of social workers:

'This model is inappropriate for education, training and professional development in social work because it results in fragmentation of the complexity of social work and lacks a holistic approach to the necessary integration of knowledge, values and skills, and the processes whereby these are integrated and applied.' (Lishman 1998)

The concern about competencies points towards a conflict at the heart of the debate about the most appropriate training and qualification for residential child care workers, in highlighting the question whether the training provided is seen as a route to vocational accreditation or to professional qualification.

DIFFERENT MODELS OF PROFESSIONAL PRACTICE

Attempts to identify the core elements that make up a profession, as opposed to a trade or skill, have gone through various stages, from the earliest attempts to define a specific set of traits (Millerson 1964), through approaches which have sought to analyse professional status in terms of a functional division or labour (Durkheim 1957; Etzioni 1969; Parsons 1951) to attempts by particular occupation groups to assert autonomy and control over their area of work (Friedson 1973).

One of the difficulties in most of these models is that different theorists have failed to agree on what are the key characteristics or traits that define professional practice. However, certain key elements tend to recur throughout the different attempts at definition. These include a knowledge base, usually defined in terms of expert or theoretical knowledge; some kind of 'closure' or regulation over entry into the profession; a value base, particularly concerning the client–professional relationship; and professional autonomy in relation to practice. More recent approaches have focused not so much on the role and position of professions within wider society as upon the content of the work, what professionals actually do – a move which has strong parallels with the movement towards the identification of a specific 'competency base' of different occupational groups, which was influential in the development of NVQs (Walker 1992). This approach has highlighted the centrality of the exercise of

professional judgement, from which a body of underlying knowledge can be assumed.

Most definitions of professional practice have pointed to a body of theory or knowledge as a key characteristic, but changes in the understanding of the nature of knowledge have helped to blur the boundary between vocational and professional education. A key development here has been the distinction made in the 1950s by the philosopher Polanyi, who made a distinction between *tacit* and *explicit* knowledge (Polanyi 1966). Explicit or codified knowledge is transmittable in formal, systematic language, while tacit knowledge has a personal quality which makes it hard to formalize and communicate.

Donald Schön, in his exploration of professional practice, was concerned with a similar distinction: the relationship between practical knowledge and formal theory. He pointed out a crisis in professional knowledge, wherein the high ground of academic rigour and the lowland of messy practice do not connect; in other words, it was hard to make a direct link between the theory taught in the academic environment and the complex, indeterminate problems facing practitioners in day to day practice (Schön 1987). In order to bridge this gap, a form of 'professional artistry' needs to be developed, which requires what he termed 'reflective practice': the process by which the individual moves between learning, reflection and action. He argued that reflection in practice and reflection on action (a double feedback loop) were essential to advanced professional practice, particularly in a changing and uncertain world where practice has to be constantly reassessed in the light of changing external requirements.

Following on from this, Schön and his colleagues identified four distinct professional roles:

- the expert professional who claims expert knowledge which may result in his being distanced from everyday problems;
- the managerial professional who leaves behind his discipline of origin and assumes responsibility for planning, resource allocation and personnel;
- the practical professional who takes a pragmatic problem-solving approach, arriving at solutions by trial and error, and who does not eschew everyday problems;
- the reflective practitioner who recognizes the limits of professional knowledge and action, builds in a cycle of critical reflection to maximize the capacity for critical thought, and produces a sense of professional freedom, and a connection rather than a distance from clients.

(based on the summary of Schön in Pietroni (1991))

A similar analysis, building on the work of Schön and in particular drawing distinctions between the roles of the practical, expert and reflective practitioner, has been drawn up by Bines (1992), who suggested that these correspond to different stages in development from a 'pre-technocratic' to 'post-technocratic' professional training. Bines, like Schön, is particularly interested in the way in which the skills implied in the different models of professional practice are acquired.

The discussion of different models of professional practice, and their implications for learning and educational development, is taken further in Chapter 4, but it is useful at this stage to describe a development of Schön's professional models by Jones and Joss (1995), who make explicit links to the theoretical and value orientations implied within each model, to the nature of relationships with clients, and to the means by which professional development and learning are acquired (Table 1.1).

They argue that their models do not form a continuum, and that there is some overlap of features. They can also exist side by side within an organization, though there is generally a dominant form.

Different models of professional practice, Jones and Joss argue, have different implications for professional development. So, for example, training for the practical professional tends to rely on 'learning-by-doing', with little explicit reflection or abstraction, whereas training for the managerial professional tends towards a static and didactic mode of formal learning, and for the reflective practitioner learning is an experiential process of doing, observing, reflecting, conceptualizing and experimenting.

Returning to the debate about the most appropriate training for residential child care staff, we can use these models to help clarify how different conceptions of the task of residential care have different implications for training and qualification. David Lane's question, quoted earlier in this chapter, could be paraphrased as: 'The fundamental question is how one views residential child care. Is it the work of a practical professional, an expert professional, or a reflective practitioner?'

However, it would be a mistake to see the ambiguity around professionalism, and the kind of professional a social worker represents, as being confined to residential care. Many have seen a more widely based ambivalence towards the social work profession as a whole, which Lishman sees as being central to a 'competency based versus reflective practitioner training' debate.

'Put briefly, but too simply, two contrasting models appear to influence continuing professional development: the competency based approach underpinning the National Vocational system and adopted to some extent by CCETSW for both qualifying and post-qualifying awards, and an approach which values reflective

Table 1.1 Models of professional practice

Model of professional	Self-image	Theoretical orientation	Knowledge base	Practice theory	Value base	Relations with client	Professional development
Practical professional	Crafts(men)	Atheoretical, common sense, denies relevance of theory to practice	Practical knowledge generated from work. No unique established base of esoteric knowledge. Tacit knowledge is predominant form	Implicit expertise. Trial and error. 'Know how'	Vocational traditions of culture and practice highly valued—organization centred	Exclusive control. Demonstration of mastery	Apprenticeship mode. Can't be learned from books. Learning-by-doing without explicit reflection and abstraction. Initiation into traditions of practice through coaching.
Technical expert (similar to Schön's expert professional)	Expert	Espoused theories derived from systematic knowledge. Theories developed through scientific enquiry	Esoteric knowledge is the dominant form. Practitioner is sole possessor of relevant knowledge. Knowledge is that of rational expert	Explicit and based on techniques and expertise applied to problems. Rule-governed inquiry. Fragmented rather than holistic approach	Technical rationality: 'Thinking like a professional'. Encourages differentiation and specialisms which are highly valued. Problem-centred rather than client-centred	Objectivist approach. Expert expects/ demands deference. Authority is secured through control, organizational 'needs' rather than client 'wants' are reference points	Knowledge and academic theory valued, plus rules and guidance. Learning approaches often static and didactic
Managerial professional	Expert	As above, plus management theory which may be populist and not rigorously scientific	As above. Much knowledge concerned with resource management and issues of efficiency and effectiveness	As above plus management techniques. May draw opportunistically on social psychological theories e.g. in interpersonal skills	As above but most managerial professionals not yet as highly valued as established professions (except within own peer group)	As above plus authority relations with 'operative' colleagues	As above. Increasingly strong emphasis put on academic or at least formal learning and qualifications (e.g. MBA, NCVQ)
	Operative	Professionalisation by ever more prescriptive rules, regulations and guidance. Limits and boundaries set on professional discretion through managerial impositions, by increasingly hierarchical structures and by non-collaborative modes of decision making. Often result of external requirements on organization to demonstrate accountability and increase customer satisfaction					
Reflective practitioner	Facilitator	Espoused theories which include theories of social relations. Recognizes there is no single right answer to most social problems	Specialist knowledge can be esoteric but need not be. Knowledge becomes manifest in interactions with client. Uses all sources of knowledge available, including relevant information from client	Based on process and interpersonal theories. Congruence between espoused theories and theories in use. Constructivist view of reality of practice. New rules created out of practice to make new sense out of uncertainty or unique and conflict ridden situations	Client-centred, socially constructed and holistic	Collaborative, based on on-going dialogue, surfacing conflict, sharing meanings and a reflective contract with the client. Authority achieved through consensus	Process of experiential learning by doing, observing, reflecting and conceptualizing; experimental. Knowledge a process, not a product. Abstract conceptualization leads to new models and principles being tested and refined

From Jones and Joss (1995). Reproduced by permission of Sandra Jones and Richard Joss.

practice and learning process, and stresses the role of the professional and the reflective practitioner.' (Lishman 1998)

THE AMBIVALENT PROFESSIONAL ROLE OF THE SOCIAL WORKER

A number of commentators have remarked upon the difficulties that social workers have had in becoming fully 'professionalized'. In one of the earliest analyses of professional activities, Etzioni (1969) consigned social workers firmly to the rank of 'semi-professional'. Some writers (Sibeon 1991; Thompson 1992) have sought to locate the cause of the difficulty in the ambivalence of social workers towards professional status, arising from internal contradictions within the profession itself. The radical social work movement of the 1970s led to suspicion of the power and exclusivity implied in the professional 'imprimatur', while others have argued that social work has failed to develop a 'clearly demarcated scientific knowledge base' on which full professional status could be based (Hugman 1991). Some drew attention to a lack of interest in theory amongst many social workers:

'Social workers have an ambivalent relationship with theory. Uncertain of its relevance, social workers lack an adequate theoretical and conceptual base for purposeful practice. They are often unable to articulate the skills and knowledge which guide their practice, or the specific forms of intention or practice theory which they are applying to their work. Theorizing is abandoned to academics.'
Preston-Shoot and Agass (1990)

The resistance to academic learning and theoretical inputs has been seen as particularly pronounced among residential social workers. The study of training for residential workers already quoted (Millham *et al.* 1980) found that many of those choosing to work in residential care had not been particularly successful at school and had left full-time education 'with alacrity'. Some have subsequently, these researchers argue, 'dallied with further study, but have generally been left with career aspirations out of step with their sparse academic achievements. As they are insecure and concerned about status, the more aspirant residential social workers will dislike theoretical or academic approaches to social issues as these will remind them of previous humiliations in the academic area.'

Others observers, however, have located the difficulty not within the psychology or aspirations of social workers themselves, but within the wider political and social environment within which social work is located.

Pietroni, for example, argues that part of the failure to invest in the professional development of social workers stems from the re-emphasizing of community, rather than professional, solutions to social problems, as reflected in the report of the Barclay working party (Barclay Committee 1982), set up in 1981 to review the role and tasks of social workers.

'Opening with the statement that "too much is generally expected of social workers", the report goes on to emphasize the contribution that communities can, with help, make to their own most vulnerable members. Whilst undoubtedly true, the idealism on which this emphasis was based led to a contentious Alternative Report by Professor Robert Pinker, who asserted that the majority report undermined the great need for advanced and specialist training and skilled supervision. Others pointed out that, while the promotion of self-help networks and community responsibility is both essential and desirable, Barclay provided a low-cost option at a time when the foundations of the welfare state were already under threat.'
(Pietroni 1991)

Others have also argued that the renewed interest in non-professional, voluntary and community agencies as a primary source of social care was part of a much wider attack on professional practice during the 1980s.

'Professionals were arraigned as motivated by self-interest, exercising power over would-be customers, denying choice through the dubious claim that "professionals know best". This attack was particularly focused on welfare professionals, who were seen to be a product of the 1960s and 1970s liberalism which was viewed as undermining personal responsibility and family authority.'
(Clarke and Newman 1997)

Others, for example Banks (1995), have also pointed to the emergence of 'New Public Management', with its emphasis on managerialism and efficiency savings, constituting a major challenge to professional definition and identity, and see this tendency as being closely linked to the competency driven approach to training and professional development. Lishman (1998) similarly highlights a 'tension between a local authority's requirement for a technically competent worker, and a professional requirement for critical reflective practice, which may include criticism of the agency's practice', as one of several obstacles to professional development.

The lack of investment in professional training has been directly linked to a wider hostility towards social workers operating as autonomous professionals, and this has been succinctly summed up by Pietroni (1991):

'Given a short social work basic training, no nationally recognized career path or consistent professional development structures, and inhibition or antipathy

towards individual authority and excellence, a context is produced which is intrinsically antagonistic to thoughtful practice.'

Some of the wider changes in the organization of local government and social welfare have had a considerable impact on the nature of the social worker role, which in turn have been reflected in changes in the content of professional education. Dominelli (1998) argues that the core theoretical content of social work has always been hotly contested, with three different approaches regularly competing for the central position. He identifies the core approaches as: *therapeutic helping approaches* which emphasize individuals and their psychological needs; *maintenance approaches* which emphasize pragmatic interventions; and *emancipatory approaches* which seek to empower service users.

A number of writers have commented on the increased emphasis on maintenance and emancipatory approaches within current professional training which, it has been argued, have taken ascendance over more therapeutic approaches. Of particular relevance to residential care, Banks (1995) regretted the disappearance of group work from many professional programmes. In Chapter 4, we will show that it was the lack of therapeutic and group work content in DipSW programmes that led some stakeholders interviewed during the present research to suggest that the DipSW was an inappropriate training for residential child care workers.

High quality theoretical and academic content in professional training programmes also requires higher education centres in which research and theory development can take place. This presents particular difficulties in the field of residential care: the Howe Report drew attention to the fact that by 1992, the four post-qualifying training courses in residential child care, which had previously been provided by universities and which had 'acted as a focus for new thinking and research', had been closed or absorbed into programmes with other remits. The report called for the establishment of more higher education centres which could take a lead in undertaking research and developing new theoretical thinking and applied practice methods.

'The aim will be to ensure that staff are stimulated and existing practice questioned, so that the pressure to establish higher standards of care is maintained.'

THE PROFESSIONAL ROLE OF THE RESIDENTIAL CHILD CARE MANAGER

The wider ambivalence towards the professional role and training of social workers can be seen to be strongly reflected in the confusions

around the professional role of senior residential child care workers. The most appropriate professional 'role model' for this sector is further complicated by the fact that by the time they undertake professional training many residential workers, particularly those seconded under RCCI, are already in managerial posts, and for many of their employers it is the managerial rather than the professional role which is emphasized as a desired training outcome.

It is interesting to note that within the Jones and Joss models, there are two different conceptualizations of the management role. The managerial professional they see as similar in many ways to the expert professional, but with additional expertise in management skills. However, there is also, they argue, a 'de-professionalized' and 'de-skilled' version, in which the autonomy of the manager has been undermined by restrictive rules and regulations and guidance. They link this model with organizations with increasingly hierarchical structures, in which decision making is non-collaborative.

Which model of managerial competence is most appropriate for social work organizations, and particularly residential care services, has also been a source of some debate. This goes to the heart of a deeper tension between professional and managerial conceptions of the function and organization of welfare services. For example, Clarke and Newman (1997) argue that a tension between the legal and administrative task of providing services to the whole population, and the professional commitment to meeting client need, lies at the heart of all welfare and health services. In the post-war years, the tension had largely been resolved by allowing professionals considerable autonomy within public services, particularly within health services. However, this resolution began to break down with the tightening of resources in the recessions of the 1970s and 1980s, and the introduction of commercial sector management principles into public management. The model of management adopted tended to be a more hierarchical 'command and control' approach, and with the managerial goals of 'economy, efficiency, effectiveness' increasingly taking precedence over professional values and professional autonomy.

There are hints of this model of management in the Utting review, which begins its section on the management of residential child care services with the statement:

'Every service needs to be delivered within a well-planned and well-managed structure if its objectives are to be achieved economically, efficiently and effectively.'

Although acknowledging the importance of professional competence in the delivery of residential care in a complex environment, he endorses the

application to the sector, within a 'purchaser/provider' framework, of the same principles of management that were currently being applied to community care. This required 'detailed information systems which enable unit costs of provision and therefore costed packages of care to be calculated'.

Many social services departments were very preoccupied with the shift to purchaser/provider divisions, and many were in the process of contracting out services during the period that RCCI was introduced. Although this affected children's services less than those for adults, the concern with budgetary control and tighter systems of accountability for the use of resources was reflected in the establishment across the board of new management systems. Senior managers were anxious to ensure that unit managers had appropriate skills to operate such systems effectively, which put a spotlight on those aspects of unit management relating to the management of budgets.

This may well have influenced the concern of senior managers about the DipSW as the appropriate qualification for their managers, for it was clear that the DipSW was not a qualification which set out to furnish people with management skills. The Expert Group concluded that such skills should be acquired through further training at post-qualifying level, not through the DipSW, although they did suggest that students completing the DipSW did need to have some understanding of basic management concepts and skills. They produced a list of management areas in which social workers should be trained.

CCETSW, in developing a set of requirements for DipSW programmes based on the recommendation of the Expert Group, sets out this list, but leaves it up to the individual programme as to which elements they would incorporate in their students' learning, and which should be left to their post-qualifying learning and experience.

TRAINING TIED TO SERVICE DEVELOPMENT

One final point, which also reflects assumptions about the nature of professional qualification, is that RCCI was set up at a time when there was a general trend towards a more strategic approach to training and staff development, a trend which reflected a wider movement towards improvements in human resource management. This too, it could be argued, was influenced by the move to more commercial approaches to management in social services departments.

The traditional model of professional training tends to view qualification and training as an attribute of the individual: an individual acquires a

qualification, and on the basis of this seeks a job, or pursues their professional practice as an independent practitioner. The qualification is a widely recognized 'signifier' of competence to practice, and of professional status. It is essentially 'portable'; that is, it is not tied to one specific setting but may be applied in a variety of settings.

Social services departments seconding staff onto qualification training have traditionally reflected this view. Indeed, the application of 'conditions of secondment', usually the requirement that secondees return to their workplace and remain there for at least two years, is a recognition that the training provided has now enabled them to move elsewhere. Decisions about secondment onto qualification training are made on the basis of the career aspirations of the individual member of staff, and their readiness for training, rather than on consideration of the needs of the service (Abraham *et al.* 1991). As the Warner committee commented:

'Even when there is a good level of spending on training it is not always clear that the training activity is linked to the overall needs of particular homes or of the service in general. Too often we have observed training for residential child care being seen essentially as a formal qualifying process which merely fulfils the need to have some qualified staff.'

Over the last 10 years there has been a shift in attitudes towards training, as pressure has grown, partly from the government and partly from employers, to ensure that training is more closely tied to the needs of the workplace. This has been reflected in a number of moves to engage employers in the process of designing and developing training, such as the setting up of Training and Enterprise Councils (Local Enterprise Companies in Scotland), National Training Agencies, and in the establishment of DipSW partnerships, rather than leaving this primarily to academic institutions.

This change in attitude towards training has been reflected in changes in the approach to training in social services departments. The Department of Health's Training Support Programme (TSP) has been one important stimulus towards this change. TSP is a direct grant to local authorities, designed to cover part of the cost of the provision of training to social work staff, and from its inception local authorities have been required, when making applications for funding, to draw up a training plan.

When the grant was first set up, in 1989, the notion of drawing up a training strategy of this kind was a novel idea to many authorities, and few had administrative structures in place which could provide them with the information on numbers of staff, and their training requirements, that they required as a basis for such strategies. Some training

departments also lacked the formal, or informal, communication structures needed to match their training plans to developments in departmental policies and practice.

The availability of TSP grants encouraged many authorities to establish mechanisms for training needs analysis, and formal planning structures through which other parts of their departments could be consulted about training plans. This encouraged a more strategic approach to training which took into account not only the career aspirations of the individual staff member, but also the needs of the service. It also encouraged a greater awareness of the level of expenditure on training, especially where different units or divisions were given specific training budgets over which they had some control.

This may also have contributed to managers taking a more critical stance towards DipSW trainings, the cost of which the Warner committee calculated in 1991 to be around £50,000 per person, taking into account salary costs, college fees, and cover for the post during the staff member's absence. Set against the costs of in-service or work-based training activities such as NVQ, part-time or distance learning options, the DipSW is a very expensive investment of resources.

The cost of this form of training raises particular anxieties about its 'portability', which enables those with DipSWs to move from the relatively low status residential sector to the relatively high status fieldwork sector. This concern may have also encouraged the view that a more specialist training, tying the practitioner more firmly into the residential sector, is a preferred option when considering the investment of resources in training.

OVERVIEW

In this chapter we sought to highlight some of the issues within residential child care which led in the early 1990s to renewed concern about the low level of qualified staff in the sector. This led to the establishment of the Residential Child Care Initiative, which sought to provide additional resources and encourage more senior staff to take DipSW qualifications. The evaluation of this initiative provided the rationale for the research which forms the basis of the present book.

In exploring the background to RCCI, we draw attention to some of the wider debates around the provision of training to residential child workers. These include the tension between the need for vocational or professional qualifications, which highlight either the practical or the more academic and theoretical aspects of the residential care task. This, in

turn, reflects a wider ambivalence about the professional 'core' of social work, which, it has been suggested, has come under question both from within the profession itself and from outside. It has been argued that many social workers, particularly in the residential sector, have an ambivalence towards theory and academic learning, while forces at play in the wider political and social environment are reflected in a reluctance to invest in the kind of training that would support a fully autonomous professional role for social workers.

In terms of the different professional 'models' which are in wider currency, there appears to be confusion as to whether senior residential social workers are 'technical' or 'expert professionals', or whether, in the light of their managerial responsibilities, they should be viewed primarily as 'managerial professionals'. Each model has different implications for the primary focus and method of training and qualification.

The debate, we argue, is further complicated by the failure of recent research studies to find evidence of a link between the numbers of qualified staff in residential units and the quality of care provided. Although the many reports and reviews quoted imply a need for qualification training in order to prepare staff adequately for their role, these research results suggest that the link between qualification training and the quality of care provided within the residential unit is a complex one. At the centre of this difficulty lies a lack of clarity about how the provision of training, and the acquisition of a qualification by the individual, contributes to change within the wider system. This lack of clarity is in turn reflected in the nature of the training itself, the expectations of those involved in the provision of training, and the way in which social services seek to incorporate training (or fail to incorporate training) within their wider vision of service development.

It is this interface between training and the context within which it is provided that is the subject of the rest of this book.