

Residential Child Care in England

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Abstract

This article provides a summary of the current context for residential child care in England. It records continually increasing outcomes as evidenced in a new set of Quality Standards by a new inspection framework. Examples are given of the type of expectations now made for homes to evidence safety and specialism whilst retaining the 'golden thread' of 'Think Positive'. Declining income has the potential to affect provision as already seen through the effects of regulation. Solutions are proposed to overcoming what is perceived as the isolation and marginalisation of the sector.

Keywords

England, residential child care, children's homes, quality standards

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After 15 years of care standards in England, which we can now see brought National Minimum Standards as a first stage, the sector is now working with Quality Standards¹. The nine Quality Standards set out the outcomes that must be facilitated to be achieved for children while living in children's homes. Each standard has an aspirational, child-focused outcome statement, followed by a clear set of underpinning, measurable requirements that homes must meet to achieve the standard.

There is a twin focus of safeguarding/protection and quality of care with a 'golden thread' being 'Think Positive' – positive relationships, parenting, behaviour support, environments². This positive orientation replaces decade long negativity towards group living options. There is an acceptance and expectation

¹ The Children's Homes (England) Regulations 2015

<http://www.legislation.gov.uk/ukxi/2015/541/contents/made>

Statutory guidance: Children's homes regulations, including quality standards: guide <https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide>

² NCERCC presentation at Children's Homes Quality Standards Implementation Partnership events 2015 <http://www.childrenshomesqualitystandards.org.uk/>

that positive relationships are present in children's homes, that grown-ups have professional parenting roles, that proactive behavioural support is more effective than reactive behaviour, that homes can be stimulating places to live. There is also a new inspection framework that scrutinises the quality of leadership and management, the quality of care, protection, progress and wellbeing.

Government ministers had expressed doubts about the quality of care in children's homes despite the sector consistently increasing its inspection outcomes. Several times over a decade and a half the bar has been raised. The evidence is that children's homes are delivering the Quality Standards and more can be done with greater support from other agencies. With one round of inspections the outcomes to 30th September 2015 were:

- 71% of inspections resulted in a good or better for overall effectiveness; an increase from the same period in the previous year of 13%.
- 12% homes are outstanding for their overall effectiveness, an increase of 5% from the same period in the previous year.
- 'Requires Improvement' has decreased to 23% - 7% lower from the same period in the previous year.
- 'Inadequate Outcomes' has decreased to 6% from 12%.

Such achievement was due to the committed leadership and workforce of the sector, and especially registered managers.

The improvement has been sustained. The Ofsted (Office of Standards in Education for England) social care report 2016³ report the proportion of good or outstanding homes has risen from 60% to 79% as at 31 March: an increase of 19 percentage points⁴.

Echoing the recent Ofsted social care report that the overwhelming majority of homes are already good or outstanding, Sir Martin Narey (2016) opens his report, Residential care in England, stating 'that children living in homes in England are treated overwhelmingly well'. He reports being 'hugely impressed' and that 'we can be generally and genuinely confident about the quality of care in children's homes'⁵.

Facing challenge and change, the resilience of the sector has had to be enormous and it must be understood that whilst there is a positive picture to report, the costs financially and emotionally have been large. Adding to the challenge is a financial reality of a famine of fees leaving 40% of the

³ <https://www.gov.uk/government/publications/ofsted-social-care-annual-report-2016>

⁴ Ibid p38

⁵

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534560/Residential-Care-in-England-Sir-Martin-Narey-July-2016

independent sector (over 75% of all homes are independent and small, with fewer than four beds) lacking confidence in the future, two-thirds with either static or reduced income, 42% with profits in decline and 47% reporting reduced reserves.

Not only do homes across England urgently need support and encouragement, there are obstacles that need to be cleared away from homes for continued progress.

Research for Government⁶ tells us that placements are made for safety, specialism and choice. Despite there being no evidence to correlate location and investment the link is often made in the media or commentator rhetoric. The sector engages positively with challenge; if homes are required in different places a national strategy for all placement options based on audited need is needed. For this to happen local authorities will need to be directed through primary legislation.

There is a 'Sufficiency Duty' but with the evidenced inaction the wording needs to be stronger.

Safety is a big priority but the provision of it comes through the golden thread of 'Think Positive'. For example, homes complete an annual 'appropriate and suitable location assessment', and through the action of providers these are more than safety checks and mitigation of risks, and are to ensure there are positives where a home is located to meet needs.

However, homes are being hampered in making more progress by other agencies not responding to requests for information or documentation. There is a need for all Ministries to support children's homes by advising their workforces of the importance of the Quality Standard; and the requirements made of what is called the 'wider system' to support children's homes to deliver the Quality Standards. There are local area meetings but this remains patchy and depends on personalities rather than expected national protocols of all agencies. Homes have to chase agencies for details and documents including care plans.

Homes have taken a firm hold on their admissions. Trends in referral requests show an increasing level of need, complexity and age as a result of the use of edge of care, community and family placements until a threshold was crossed. The average age of a young person in a children's home now is over 14 years old, with many other placements preceding. This last insight results from the lack of a national needs-led rights delivering placement strategy. In policy and practice options are viewed individually rather than as a cohesive system.

⁶ Munro, E., McDermid, S., Hollingworth, K., & Cameron, C. (2014). Children's Homes: Understanding the Market and Use of Out of Authority Placements. <http://www.cwrc.ac.uk/projects/1216.html>

Homes now frequently say no to young people of high risk to themselves or the others in the home. Homes cannot jeopardise their 'Good' Ofsted rating for evidenced fears of local authorities not making placements. As a result there are some needs for which there are very few places, on some days perhaps none, even in secure accommodation.

Parenting England's most vulnerable young people makes residential child care an emotionally, physically, intellectually and psychologically demanding job. The people who do it are resilient, talented and creative. The amount of money that can be paid as wages is limited by the famine of fees. With the National Living Wage homes pay rates will compare unfavourably with some supermarkets. Reframing this, it does seem that caring for the most vulnerable children still has a strong element of vocation. Looking back over history all the factors seem unchanging.

The same lack of available funding affects workforce development. English providers know the good international examples of workforce development government funding such as in northern Europe. Europe has a wider range of options for children who need to live away from home. Whilst residential child care in England is the smallest in history, Denmark, France and Germany all have a greater proportion of children looked after away from home than does England.

It does not seem there is a market solution for England; currently the sector is too small. To make more good things happen it must become no longer unfashionable to say we need more children's homes.

The Quality Standards move the residential child care task to become even more explicitly methodical and reflective, working not from personal preference or experience but from what assessment and evidence tells us is the best way to be, using every moment of time with this young person at this time.

For this information to be made available and delivered we need new solutions.

For the Diploma Level 3, the required qualification ensuring essential skills and knowledge to support children and young people in residential child care settings, we need nationally available materials free to download with supporting TED lectures. This would leave providers with the bespoke training for their own homes.

Our leaders and managers need to know knowledge and skills are close to hand from residential child care academies in higher education institutions in each region with three staff per region, this number making access easier and also creating a community of practice development amongst learners locally and of those leading the learning.

These would be an excellent investment by any government. We cannot see the funding coming from any other source.

Perhaps we cannot escape cultural history; there is still the need for the sector to be understood as responses to highest levels of social, emotional, psychological unmet need. The Quality Standards make a start for a greater psychological approach by all staff, though it is implicit only.

Through Child and Adolescent Mental Health Services being largely unavailable for most young people and the expertise less for the higher or more defined needs that do not cross a mental health threshold often found in children's homes residential child care has had to develop its own clinical teams that can specifically meet the psychological, psychiatric and therapy needs of children placed.

Looking wider, children's homes will benefit from improved social work knowledge and skills allowing productive case work for young people living in children's homes. The sector has long advocated for all social workers to gain residential experience and insight through the return of the residential placement in the social work degree. We need social work assessment that supports the right child in the right placement first time and brings down the three-plus and five-plus placements per year that are rising.

English residential child care continues to champion a national commitment to place children's homes professionals as equal professionals to others across children's services. These past few years it has seemed the sector has been alone in seeking to end its isolation as a placement option, and marginalisation of its professional voice. Having survived the challenges and developed onwards so strongly the unique practice of the sector must be recognised. As inspection outcomes show, residential child care is a proven positive choice for children.

About the author

Jonathan Stanley is principal partner at National Centre for Excellence in Residential Child Care (England) and CEO of the Independent Children's Homes Association. He has 44 years' experience in residential child care work, integrating care, education and health working for local authority, independent and voluntary organisations.

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