Department for Education

Children's homes workforce literature review

Research report

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Government Social Research

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Background

The Department for Education commisisoned this review to consider the likely impact of introducing professional registration for staff working in residential children's homes. To provide context, we begin by summarising key characteristics of children's homes, the children's homes workforce, and the children they typically care for:

- The numbers of children in residential care[1] have fallen significantly from an estimated 40,000 in the mid 1970's to 7,890 by 2017[2];

- On March 31st 2018 there were 2,209 children's homes, of all types[3], a net annual increase of 3% on the previous year; 73% of children's homes are privately owned, 9% run by local authorities, and 7% by voluntary sector organisations[4].

- As of 31st March 2018, 44% cent of children's homes in England provided 3-4 beds, with a further 28% providing 5-6 beds. Only 12% of homes were any bigger[5].

- In 2018, 82% of children's homes in England were rated good or outstanding by Ofsted[6].

- A census published by the DfE in 2015 estimated the children's homes workforce to total around 20,060[7]. That compares with adult social care workforce of around 1.6 million[8].

- The average number of staff per home is 12, of whom 3.5 have responsibility for supervising or managing other members of staff[9]

- The 2015 census showed non-managerial staff in local authority homes were paid £12.04 an hour compared to £8.52 in privately run homes. Similarly, managers and supervisors in local authority run homes were paid £16.33 an hour against £11.38 in privately run homes[10]

[1] The term 'residential care' incudes children's homes, residential schools, secure units and unregulated homes and hostels
[2] Social Care Inspection blog - The changing picture in the children's homes sector
[3] Ibid.
[4] Ibid.
[5] Children's social care data in England 2017 to 2018: main findings
[6] Ibid.
[7] A census of the children's homes workforce Research report. January 2015 Alex Thornton, Sarah Hingley, Ed Mortimer – TNS BMRB London: DfE
[8] Skills for Care 2019 - Size and structure of the adult social care sector and workforce in England 2019
[9] A census of the children's homes workforce Research report. January 2015 Alex Thornton, Sarah Hingley, Ed Mortimer – TNS BMRB London: DfE
[10] Ibid.

- The census data, published by the DfE, show 92% of staff (excluding registered managers) held or were working towards a Level 3 qualification (80% holding and 12% working towards). 90% of managers held or were working towards the Level 5 qualification (76% holding and 14% working towards)[11].

- Most children stay in residential homes for only a short time. Over half (54%) for up to a maximum of 3 months; 28% for 6-12 months, and just 18% for more than a year[12].

- Over half (56%) of the children living in children's homes have a statement of special education needs or an Education, Health and Care plan. Around two thirds (62%) have mental health issues, whilst 74% have been violent or aggressive in recent months[13].

[11] Ibid

[12] DfE 2017 - Children looked after in England (including adoption)

[13] Sir Martin Narey's 2016 independent review of children's residential care

Summary

The Department for Education (DfE) commissioned the RTK Ltd to conduct this review of the existing literature on the subject of introducing arrangements for the registration of staff working in residential children's homes. The review has been prompted by the recommendation made by the Independent Inquiry into Child Sexual Abuse in its interim report in April 2018 that the DfE introduce arrangements for the professional registration of staff working in care roles children's homes[14]. Specifically, the recommendations were that:

- The Department for Education introduces arrangements for the registration of staff working in care roles in children's homes;
- Registration should be with an independent body charged with setting and maintaining standards of training, conduct, and continuing professional development (CPD), and with the power to enforce these through fitness to practise procedures; and
- Recognising that registration may require a period of phasing in, priority should be given to professional registration of children's home managers.

In response, the Government committed to explore the merits of further workforce regulation and the potential impact of taking the recommendation forward, through an evidence gathering exercise – in the form of this literature review and a call for evidence, which the the Government will launch in June 2019.

In that context, we set out to examine evidence concerning the possible merits of further regulation, and the potential impact it may have on standards of care provision and safeguarding of children in particular, and the children's homes workforce more generally. The Department asked that we consider four questions:

1. What evidence is there about the robustness of the existing regulatory arrangements for the children's residential care workforce to protect children? Is there any evidence that professional registration of managers or the whole workforce would be likely to strengthen this?
2. What are the current key issues of recruitment and retention within the children's residential care workforce? What does the literature suggest that the impact of professional registration would be on recruitment and retention of the children's residential care workforce?
3. Do the existing mandatory qualifications for people working in children's homes provide them with the necessary skills and expertise to do their jobs effectively?

[14] Independent Inquiry Child Sexual Abuse Interim Report Recommendations

Should there be additional professional requirements/training/qualifications for registered managers and/or the wider workforce?

4. What professional standards already exist for the children's residential care workforce, are these effective in providing a high quality workforce, and how do these differ across the residential care sector?

Evidence review

We conducted a Rapid Evidence Assessment (REA) of existing literature on the subject of introducing arrangements for the registration of staff working in residential children's homes. This section summarises the evidence concerning the four questions the Department posed:

1. ***What evidence is there about the robustness of the existing regulatory arrangements for the children's residential care workforce to protect children? Is there any evidence that professional registration of managers or the whole workforce would be likely to strengthen this?***

- New mandatory qualifications for those working in residential childcare from 5th January 2015 comprised the Level 3 Diploma for Residential Childcare (England) for carers, and the Level 5 Diploma in Leadership and Management for Residential Childcare (England) for managers;
- In 2015, 92% of staff (excluding registered managers) held a Level 3 qualification (80% holding and 12% working towards). 90% of managers held or were working towards the Level 5 qualification (76% holding and 14% working towards). The remainder held equivalent qualifications These met the mandatory qualification requirement;
- In 2018, 82% of children's homes in England were rated good or outstanding by Ofsted;
- Evidence suggests that registration, on its own, can often be primarily about restricting poor quality providers rather than improving workforce or practice quality standards. This has raised important questions about the role of government regulation when it comes to promoting the quality of residential care;
- Providers recommended any regulation be supported by investment in training[15];

[15] National Children's Bureau. (2016). *Quality standards in children's homes: early experiences of implementing the new regulations*. London: National Children's Bureau.

- Where provision is largely provided by the private sector, what evidence we have suggests registration either of the workforce or the setting enables the state to exert only a limited influence over the composition and development of the care market;

- International evidence suggests a learning-based and collaborative approach to regulation that prioritises capacity-building of professional skills, rather than compliance, is worth considering as a means to improving standards of practice.

2. ***What are the current key issues of recruitment and retention within the children's residential care workforce? What does the literature suggest that the impact of professional registration would be on recruitment and retention of the children's residential care workforce?***

- The evidence is limited. However, results from the first census to have been conducted with the English residential children's homes workforce showed that 54% of managers found it difficult to recruit staff with the appropriate level of skills and training. Of those managers, 91% said potential candidates did not have the required experience, whilst 52% said they did not have the necessary qualifications;

- Wales has more robust workforce data than England. That evidence suggests that staff turnover is an issue, with just over 40% of workers leaving their jobs within two years; however, managers tend to stay in their jobs for longer. More evidence is needed to understand recruitment and retention issues in both England and Wales;

- We do not have enough robust evidence to provide a definitive answer to the question concerning the impact of registration on recruitment and retention; market conditions vary from one area of the country to another, so the impact of regulation could differ accordingly. We also lack detailed knowledge concerning the potential unintended consequences of regulation on workforce behaviour. Under those circumstances, legislation to improve child protection through professional registration needs to be considered in the wider context of evidence about what works to improve quality.

3. *Do the existing mandatory qualifications for people working in children's homes provide them with the necessary skills and expertise to do their jobs effectively? Should there be additional professional requirements/training/qualifications for registered managers and/or the wider workforce?*

    - Ofsted inspections indicate that over 80% of current provision is either good or outstanding; the extent to which this is driven by mandatory qualifications in unclear;

- Evidence suggests that taken alone, additional qualification requirements may not be effective unless they are part of more systemic changes;
- Systemic changes that research suggests may be needed alongside any additional qualification requirements may include:
    - adopting strengths-based approaches that encourage and support young people to take more responsibility for their own lives;
    - promoting multi-professional working that involves a wide range of services making a distinctive but synthesised contribution to case reviews and decision-making;
    - providing consistent support through one consistent 'key worker';
    - maximising direct contact with young people that is flexible and reflective; and
    - using short-stay residential provision but resisting financial drivers to fill beds.

4. ***What professional standards already exist for the children's residential care workforce, are these effective in providing a high quality workforce, and how do these differ across the residential care sector?***

- Existing professional standards for the residential childcare workforce focus on the requirements for Level 3 and Level 5 qualifications;
- International evidence suggests standards across the sector are broadly consistent with our knowledge of what constitutes good practice;
- The introduction of professional standards is more likely to improve the quality of provision where providers are supported to implement a system of organizational processes and procedures that will promote compliance.

Section 1: The Evidence Review

Section 1 presents the results of a Rapid Evidence Assessment (REA) we conducted of the existing literature on the subject of introducing arrangements for the registration of staff working in residential children's homes.

In light of the work done for the Narey review and given the time constraints, we decided in conjunction with the DfE's project managers, to limit our search to sources that had the following characteristics:

- Reported in the English language;
- Reported the findings from evidence reviews, empirical studies, government reports and opinion pieces;
- Focussed on the children's homes or similar workforces, but also distinguished between the workforce more generally, and managers specifically;
- Assessed the impact of interventions designed to regulate the children's workforce;
- Were published after 2013.

We identified 128 references for full text retrieval, of which 39 were duplicates; of the 89 remaining, we were able to obtain 84. When the full texts were reviewed, we excluded a further 47 papers on the basis they did not meet the inclusion criteria, leaving a total of 37 sources for inclusion in the review.

We assessed the quality of primary research studies on seven criteria: rationale for overall research strategy, study design, sampling strategy, data collection procedures, data analysis, interpretation and reporting of results, and the credibility of the conclusions. For reviews, we assessed review method, search strategy, data collection (sift), quality appraisal, data analysis (quantitative), qualitative synthesis, interpretation and reporting of results, and credibility of conclusions.

Full technical details of the REA method can be found in Appendix 1.

Our brief for the review was to examine evidence concerning the possible merits of further regulation, and the potential impact it may have on standards of care provision in particular, and the children's homes workforce more generally. The Department asked that we consider four questions:

1. What evidence is there about the robustness of the existing regulatory arrangements for the children's residential care workforce to protect children? Is there any evidence that professional registration of managers or the whole workforce would be likely to strengthen this?

2. What are the current key issues of recruitment and retention within the children's residential care workforce? What does the literature suggest that the impact of

professional registration would be on recruitment and retention of the children's residential care workforce?

3. Do the existing mandatory qualifications for people working in children's homes provide them with the necessary skills and expertise to do their jobs effectively? Should there be additional professional requirements/training/qualifications for registered managers and/or the wider workforce?

4. What professional standards already exist for the children's residential care workforce, are these effective in providing a high quality workforce, and how do these differ across the residential care sector?

We have summarised the findings from 37 papers and reports into a narrative synthesis[16]. Narrative synthesis is a recognized approach to the systematic review and synthesis of findings from multiple studies that relies primarily on the use of words and text to summarise and explain the findings of the synthesis. Its defining characteristic is using text to 'tell the story' of the findings from the included studies. We constructed our narrative synthesis around the four questions the DfE asked us to consider. The remainder of this section reviews the evidence accordingly.

What evidence is there about the robustness of the existing regulatory arrangements for the children's residential care workforce to protect children? Is there any evidence that professional registration of managers or the whole workforce would be likely to strengthen this?

We have looked at the evidence regarding this question under three headings:

A. What are the existing regulatory arrangements?
B. How effective are they with regard to protecting children?
C. Would professional registration improve things?

Existing regulatory arrangements

In 2014, the DfE published a consultation document on proposals to revise the 2001 Children's Homes Regulations and to introduce new Quality Standards[17]. The proposed new standards covered:

- quality and purpose of care;
- children's wishes and feelings;
- education;

[16] Popay J, Roberts H, Sowden A, Petticrew M, Arai L, Rodgers M. (2006). Guidance on the conduct of narrative synthesis in systematic reviews. Lancaster: ESRC Research Methods Programme.

[17] Department for Education. (2014a). *Children's homes regulations: high expectations and aspirations*. London: The Stationery Office Limited.

- enjoyment and achievement;
- health and well-being;
- positive relationships;
- protection of children;
- leadership and management;
- care planning.

In the same year, the Independent Children's Homes Association (ICHA) published the results of their membership survey[18]. The survey focused on the opportunities for the independent residential childcare sector, its weaknesses and ways to address them, and the contemporary threats to the sector. The report concluded that the sector was generally under-valued and under-funded and therefore struggling to fulfil its true potential. The ICHA recommended developing a cohesive program of education and training for the residential childcare workforce, competency-based, nationally recognised and accredited. They argued that increasing standards of qualifications required for the role would create a more professional environment, as evidenced by the experiences of other European countries.

The proposed revised regulations consisted of the new Quality Standards regulations; essential administrative and management regulations; and a Guide to the regulations that would replace the current National Minimum Standards for children's homes.

The DfE identified three key aims for the new Regulations and Quality Standards[19]:

1. to introduce a regulatory framework that sets high standards for residential care and ensures that homes offer our vulnerable children the support they need to achieve positive outcomes;
2. to ensure that children's homes provide high quality care, set high aspirations for children and enable them to achieve their full potential, as the best homes already are; and
3. to support innovation in the sector and enable skilled professionals to use their judgement to provide care that meets each child's individual needs.

A total of 581 people responded to the consultation either on-line or at consultation events; respondents were predominantly private and public sector service providers.

[18] Independent Children's Homes Association (2014). *Home truths: the state of independent residential childcare*. Sutton: Independent Children's Homes Association.
[19] Department for Education. (2015). *Children's homes quality standards regulatory reform: impact assessment*. London: The Stationery Office Limited.

The results of the consultation provided broad support for the proposals and recognition that, if properly implemented, they would lead to more effective safeguards for children in residential care[20]. Respondents supported the principles of the Quality Standards but had some concerns about the detail of the Regulations and content of the accompanying Guide.

Respondents recommended including an explicit reference to safeguarding in the list of registered managers responsibilities in Regulation 11 of the framework, as well as identifying several overarching themes, including:

- The need to clarify and define more precisely the terms used in the Regulations and Guide;
- The need for further explanation in the Guide on some aspects of the regulatory requirements; and
- The need to improve how the Regulations and Guide work for children with disabilities or special needs.

The House of Commons Education Committee assessed whether the proposed reforms were appropriate and adequate, whilst highlighting other measures that might be needed[21]. The Committee recommended that, as part of the consultation exercise, the working group considered the best ways of ensuring that staff and managers have the skills and outlook necessary to create a culture which promotes the safety and welfare of children living in residential homes. It noted that changing the residential care rules would only improve outcomes for children in care if those rules were implemented effectively.

In response, the DfE commissioned a programme of implementation support to help embed the changes and ensure all parts of the sector were able to respond successfully to the new requirements. The department also agreed to undertake a formal review of the Regulations by 31 March 2020.

The new qualifications for those working in residential childcare from 5th January 2015 comprised:

(a) the Level 3 Diploma for Residential Childcare (England); and

(b) the Level 5 Diploma in Leadership and Management for Residential Childcare (England).

[20] Department for Education. (2014b). *Consultation on reforming children's homes care: consultation on changes to The Children's Homes Regulations 2001 (as amended) and The Care Standards Act 2000 (Registration) (England) Regulations 2010 Government response*. London: The Stationery Office Limited.

[21] House of Commons. (2014b). *Residential children's homes: sixth report of session 2013-14: report, together with formal minutes relating to the report. House of Commons (HC 716)*, London: The Stationery Office Limited.

How effective are existing regulatory arrangements with regard to protecting children?

The National Children's Bureau (NCB) published the first impact assessment of the 2015 regulations[22]. Their small-scale study involved telephone interviews with a sample of 21 home managers and other stakeholders from the sector. Interviews explored how residential homes had implemented the new regulations and Quality Standards. Emerging findings were discussed in consultations with a second group of ten managers at a DfE-hosted workshop. Providers were broadly positive about the new standards, despite some concerns about the workload implications for staff. Providers generally felt it was too early to assess the impact of the Standards. However, where they had made more substantive changes, they felt the standards were beginning to make a difference. Providers thought the changes had led to:

- increased workloads for home managers;
- better recording of activities and behaviour,
- more effective monitoring of care;
- greater engagement of staff in their work; and
- greater innovation in practice.

Residential home managers and other stakeholders suggested implementation of the Quality Standards would be best supported by:

1. Monitoring implementation of the standards and regulations;
2. Maintaining support for implementation across the sector;
3. Facilitating engagement with and by Ofsted;
4. Engaging the wider system;
5. Supporting investment in training;
6. Requiring a strategic approach to commissioning and supporting providers;
7. Improving the status of the sector.

[22] National Children's Bureau. (2016). *Quality standards in children's homes: early experiences of implementing the new regulations*. London: National Children's Bureau.

A more recent report explored the implementation and effects of the Children's Homes Regulations and Quality Standards on the skills, knowledge and qualifications of children's home managers and staff[23].

The study involved interviews with 20 key stakeholders, including local authority commissioning managers, decision makers, local authority providers and training providers. It explored their views on qualifications, pay and routes in or out of the residential care sector. As with the NCB report, stakeholders accepted the Children's Homes Regulations and Quality Standards positively, with acknowledgement that they were an improvement on the National Minimum Standards. They felt the Regulations empowered managers, giving them greater professional identity and responsibility. They also believed staff within the children's home sector had multiple opportunities for career progression. The stakeholder interviews provided an understanding of the implementation and implications of the new Regulations, with a specific focus on the Leadership and Management Standard.

The authors concluded that:

- The sector generally agreed the new regulations delivered greater professionalisation of the workforce, and increased accountability to demonstrate good practice;
- Stakeholders felt the Guidance could offer greater clarity around assessment of standards around quality, rigour and evidence-based practice. This lack of clarity, along with an inspection focus on outcomes could leave Managers anxious and unsure of where they stood in meeting the Standards.
- The new Standards risked reducing the appeal of managerial roles as a consequence of increased responsibilities (and paperwork);
- Training provided to support staff and Managers to achieve Level 3 and Level 5 qualifications respectively was adequate for developing a sound theoretical knowledge-base;
- Staff needed the right attitude and soft skills as a prerequisite to training;
- To improve staff performance, training should offer opportunities to build more experiential and specialist skills;
- The training to achieve these qualifications were seen to fall short at developing the range of skills, particularly at Level 3, that are needed to be effective.

[23] Kantar Public. (2018). *Children's homes research: phase 3. Research report*. London: Department for Education.

Would professional registration improve things?

Because professional registration is not currently part of the residential childcare workforce landscape in England, the evidence needed to answer this question needs to come from other sectors or indeed other countries. Two studies are relevant. The first comes from Sweden, where, like England, residential care for children is largely supplied by private providers who must have a licence issued by the state before they can enter the market.

The research described the regulatory conditions for and consequences of licensing care homes[24]. The Swedish system uses licensing to shape the development of the supply side of residential care. The study found that most applicants were granted a licence during the year in which data were collected; the licensing process consists of a few stringent standards. The authors also noted that the standards underpinning the licensing process are not based on robust empirical evidence of efficacy, and that applicants have significant discretion when it comes to organising how care is provided. The study concluded that:

- The licensing system is primarily about excluding manifestly unreliable applicants;
- This raises fundamental questions about the role of state licensing when it comes to promoting the quality of residential care:
    - licensing generally has a gate-keeping role, evaluating the quality of potential residential homes;
    - as much as a licensing process may be underpinned by stringent standards, licensing does not obviate the necessity for post licensing inspections by the state;
    - where provision is largely provided by the private sector, a licensing system enables the state to exert only a limited influence over the composition and development of the care market.

The second study examined regulatory processes used by the Israeli Youth Protection Authority (YPA) to regulate homes for at risk youth[25]. In the context of ongoing privatisation and marketisation of social welfare in Israel, the authors set out look at the role of regulatory functions of governments. They focussed on the YPA's distinctive learning-based and collaborative approach to regulating social welfare services. It puts the capacity-building of professional skills, rather than compliance, at the centre of the regulatory mission and gives homes and the inspectors room to exert professional

[24] Pålsson, D. (2017b). Entering the Market: On the Licensing of Residential Homes for Children and Youth in Sweden. *British Journal of Social Work*, **48(3)**, 843-859.
[25] Benish, A., Halevy, D., & Spiro, S. (2018). Regulating social welfare services: Between compliance and learning. *International Journal of Social Welfare*, **27(3)**, 226-235.

discretion. The authors looked at the relative advantages and disadvantages compared with the more legalistic and audit-based approaches currently dominating the field of social care inspection.

They concluded that on the positive side, a learning-based and collaborative approach:

- provides flexibility necessary to bridge the gap between official rules and regulations and complex reality;
- avoids creating adversarial relationships between providers and the state;
- can enhance transparency and openness; and
- has the potential to create a sense of duty.

On the downside, the approach can

- encourage intra-professional protectionism;
- create unhelpful professional and organisational autonomy;
- develop artificial boundaries of responsibility;
- require a large investment of resources.

Conclusions:

What are the existing regulatory arrangements?

- The new qualifications for those working in residential childcare from 5th January 2015 comprised the Level 3 Diploma for Residential Childcare (England) for carers, and the Level 5 Diploma in Leadership and Management for Residential Childcare (England).
- The 2015 census data, published by the DfE, showed 92% of staff (excluding registered managers) held or were working towards a Level 3 qualification (80% holding and 12% working towards). 90% of managers held or were working towards the Level 5 qualification (76% holding and 14% working towards).

How effective are they with regard to protecting children?

- In 2018, 82% of children's homes in England were rated good or outstanding by Ofsted. In 2014, prior to the introduction of the minimum qualification requirements, the corresponding figure was 64%. The extent to which the reported change was driven by mandatory qualifications in unclear.

Would professional registration improve things?

- Whilst limited with regard to residential childcare, evidence suggests that registration, on its own, can often be primarily about restricting poor quality providers rather than improving quality standards. This has raised important questions about the role of government regulation when it comes to promoting the quality of residential care;
- Where provision is largely provided by the private sector, what evidence we have suggests that registration enables the state to exert only a limited influence over the composition and development of the care market.
- International evidence suggests a learning-based and collaborative approach to regulation that prioritises capacity-building of professional skills, rather than compliance, is worth considering as a means to improving standards.

What are the current key issues of recruitment and retention within the children's residential care workforce? What does the literature suggest that the impact of professional registration would be on recruitment and retention of the children's residential care workforce?

We have looked at the evidence regarding this question under two headings:

A. Is there any evidence that recruitment and retention is an issue within the children's residential care workforce?

B. Would professional registration have an impact?

Is recruitment and retention an issue within the children's residential care workforce?

We have only limited empirical data on the current state of the children's residential care workforce in England. A census conducted for the DfE in 2013 attempted to build a more detailed picture[26]. The form was completed by 841 homes, 49% of the total eligible. It gathered detailed information about staff qualifications (including whether staff met the qualification requirements set out in regulation), data on staff pay and training, and Continuous Professional Development (CPD) in the sector. Over half (54%) of managers responding said that they found it difficult to recruit staff with the appropriate level of skills and training. When asked what they thought the issues were,

[26] Thornton, A., Hingley, S., & Mortimer, E. (2015). *A census of the children's homes workforce: research report*. London: Department for Education.

the main responses given were that applicants did not have the required experience (91%) and did not have the necessary qualifications (52%).

Survey results suggested that the children's residential care workforce is generally committed to working with children and young people. Twenty nine percent had worked in a children's home prior to their current position. Similarly, most employees left to go to another children's home (44%). Also common was that staff come from a job working with young people (14%) and leave to go into employment working with young people (40%). All homes surveyed had some form of training and personal development system in place for their staff.

Most staff met the qualifications set out in regulation. Census responses showed that in terms of pay, only 1% of staff were being paid at or below the National Minimum Wage (NMW) and 11% of staff were being paid less than the Living Wage Rate (LWR). Staff in privately run homes tended to work longer hours on average (38.6 hours a week) compared to local authority run homes (33.9 hours a week). At the time of the survey, privately run homes paid an average of £9.39 per hour against £13.28 in local authority run homes.

Whilst we lack up to date information on the residential care workforce in England, Social Care Wales published their ninth report of residential childcare managers and workers in 2017[27]. Although local employment markets are unlikely to be identical, the report from Wales does provide some potentially useful indications. The report provided a detailed look at both residential childcare managers and workers. It noted concerns over falls in the number of residential childcare workers holding required qualifications evident since 2014. They attributed the reduction in numbers of qualified staff to high turnover of workers; the evidence suggested that whilst the number of individuals registering who have gone through the induction framework is increasing, many are then coming off the Register before completing the required qualification. The proportion of workers leaving jobs within two years had gone up from 33.7 per cent in 2014 to 41.6 in the year of the survey. Almost a quarter who left the Register had been registered for less than a year, which suggests that new workers are not staying in post for long.

In contrast, the Register for managers was largely stable. The percentage of managers who had changed post within the previous two years (34.8%) was lower than three years ago, and twice as many managers had been in their current post for more than 10 years. The report concluded that more work is needed to understand why so many workers choose not to remain in their roles if recruitment and retention are to be addressed successfully.

[27] Social Care Wales. (2017). *Residential child care managers and workers on the register in Wales 2017*. Cardiff: Social Care Wales.

A recent survey of private providers in England, conducted for the ICHA, looked at the state of the sector in general; it highlighted issues that could have a bearing on pay and conditions, and by implication staff recruitment and retention[28]. Nearly two thirds of providers (61%) reported increases in the numbers of referrals in the 6 months prior to the survey, with only 13 per cent reporting a decrease. Reflecting the fact that most children stay for less than six months, providers suggested that children are often being inappropriately referred to fostering services first and then reappearing for referral to residential care when the placement breaks down. The changing nature of the referred population may be having an impact on job satisfaction, and by implication, recruitment and retention.

Providers expressed concerns over future financial viability, with 42% reporting profits in decline.

The report called for:

- a period of stability in regulation and inspection, and consistency of approach;
- insulation from the impact of further austerity cuts on underfunded local authorities and the need to be able to raise prices with inflation after several years of holding/reduction;
- placements and moving on decisions to be child-centred and not driven by financial savings; and
- negative perceptions of residential childcare in media, by government and commissioners to be actively reversed.

The report also suggested there are explicit links between their financial position and providers experiencing no improvement in the way in which children's homes services are commissioned and purchased.

A project commissioned by the DfE in November 2014 highlighted just how complex the financial conditions of the residential care market can be[29]. It explored the major factors related to pricing with a view to proposing how existing approaches could be developed by taking a market led approach to identifying needs and outcomes. However, feedback from the market suggested that the costs of provision, the price charged and by implication wage levels and thus recruitment and retention are the product of multiple factors, many of which are subject to local variation. In other words, thinking about the children's residential care market as a single, uniform entity may not be appropriate. The report concluded that developing a straightforward fair pricing tool of the type used

[28] Revolution Consulting. (2018). *Independent Children's Homes Association: state of the market survey*. Sutton: Independent Children's Homes Association. A representative sample of 140 providers completed the survey.

[29] Oxford Brookes University Institute of Public Care. (2015a). *Financial stability, cost charge and value for money in the children's residential care market: benchmarking feasibility paper: research report.* London: Department for Education.

in the adult residential market, was not feasible in the residential childcare market because of its complex nature and local variation.

Would professional registration have an impact on recruitment and retention?

Findings from the NCB's impact study reported in the previous section suggested that the sector generally welcomes better regulation[30]. Regulation is seen as supporting the shift towards greater professionalisation of the workforce. To that extent, it may be reasonable to assume that introducing professional registration in England would not necessarily impact negatively on recruitment and retention. However, given our lack of robust intelligence on the state of the residential care workforce, suggestions concerning local variation, and the experience in Wales, the evidence as it stands is, at best, equivocal.

Evidence from similar sectors is limited. The Youth Custody Improvement Board1 (YCIB) commissioned a report to explore the youth custodial estate and recommend how the system could be improved, particularly focusing on any current risks to safety and wellbeing[31].

The report concluded that ensuring that staff are of the highest calibre and quality is an essential prerequisite for a successful estate. The Youth Justice Board (YJB) identified a significant failure to attract the right people and a poor retention record. They noted that the youth custody workforce were: '*challenged both mentally and physically, as a consequence of lacking effective tools to communicate, to build relationships and to provide effective support*.'

The YJB concluded they needed to appoint staff motivated to work in the Youth Secure Estate (YSE) and not just waiting for an opportunity to transfer to the adult estate. The YCIB agreed, noting that the most immediate need to ensure the highest levels of safety was to recruit, retain and develop a cohort of staff with much greater levels of skill, aptitude and knowledge to work with young people with significant levels of challenging needs. They concluded that this would be achieved by ensuring new staff had appropriate skills and knowledge of working with young people and providing a training programme for existing staff at all levels of the YSE designed to heighten and develop their skills working with young people. The implication is that effective professional registration needs to be part of a wider training and professional development strategy designed to address issues of staff recruitment and retention.

[30] National Children's Bureau. (2016). *Quality standards in children's homes: early experiences of implementing the new regulations*. London: National Children's Bureau.

[31] Wood, A., Bailey, S., & Butler, R. (2017). *Findings and recommendations of the Youth Custody Improvement Board*. London: Ministry of Justice.

The international evidence is at best only partial, and as noted, localised market conditions mean it may have restricted relevance.

A study looking at the impact of regulation in the US examined how nursing homes responded in terms of staffing, quality, and the decision to exit the market[32]. The authors noted that regulation typically works to improve low-quality providers but has less impact on high-quality homes. Again, it suggested that markets are not homogeneous, so making predictions about the impact of regulation, or in this case registration, is far from easy. Whilst regulation can work to improve provision in the specific area being regulated, it is difficult to predict what unintended consequences it may have on factors like recruitment and retention.

Conclusions:

Is recruitment and retention an issue within the children's residential care workforce?

- The evidence is limited. However, results from the first census to have been conducted with the English residential children's home workforce showed that 54% of managers found it difficult to recruit staff with the appropriate level of skills and training. Potential candidates did not have the required experience (91%) and did not have the necessary qualifications (52%).

- Wales has more robust workforce data. That evidence suggests that staff turnover is an issue, with just over 40% of workers leaving their jobs within two years. However, managers tend to stay in their jobs for longer. More evidence is needed to understand recruitment and retention issues in England.

Would professional registration have an impact?

- The evidence is not robust enough to provide a definitive answer to this question; market conditions vary from one area of the country to another, and we also lack detailed knowledge concerning the unintended consequences of regulation on workforce behaviour. Under those circumstances, routes to improving child protection that include professional registration in a wider context of evidence about what works to improve quality are likely to be worth exploring.

[32] Bowblis, J. R., & Ghattas, A. (2017). The impact of minimum quality standard regulations on nursing home staffing, quality, and exit decisions. *Review of Industrial Organization*, 50(1), 43-68.

Do the existing mandatory qualifications for people working in children's homes provide them with the necessary skills and expertise to do their jobs effectively? Should there be additional professional requirements/training/qualifications for registered managers and/or the wider workforce?

This question has two elements:

A. Are current qualification requirements effective?

B. Is there a case for creating additional requirements?

Are current qualification requirements effective?

Arguably the most comprehensive consideration of children's residential care in England to have been conducted in recent years is the Narey report, published in 2016[33]. This independent review looked at the role of residential care within the wider care system and made 34 specific recommendations as to how to improve outcomes for children. It drew on responses to a call for written evidence, visits to 20 children's homes, and a survey of children's views conducted by the Office of the Children's Commissioner. It covered a range of areas including Ofsted inspections, staff qualifications, pay and recruitment and the need for system leadership.

Narey concluded that there is still a significant role for children's homes in the care system, although many professionals see them as places of last resort, despite the fact that over 80% of homes are rated by Ofsted as either good or outstanding. The report included the following points regarding staff qualifications, pay and recruitment:

- Nine in ten staff (excluding registered managers) either held a Level 3 qualification or were working towards it. Most staff began the course after the end of their six month probationary period and completed the requirements within 12 to 18 months;
- Continuing Professional Development should play a key role in staff development. Team based training is vitally important, because it gives staff an opportunity to discuss shared challenges and approaches;
- Managers are critical to the provision of effective care in residential homes. The best managers are not just effective leaders but set a professional example to their workforce. The best managers see themselves as advocates for their children with the children's permanent social workers, with schools and with families;
- Giving more of our future social workers experience of residential care might have a positive impact on recruitment;

[33] Narey, M. (2016). Residential care in England. Report of Sir Martin Narey's independent review of children's residential care. London: Department for Education.

- There is no evidence of a robust correlation between better-paid staff and the quality of children's homes;
- A key challenge in recruiting staff is appointing people able to withstand the pressure of the work, and the challenges posed by children who will sometimes behave poorly.

The points raised by Narey in relation to qualifications are broadly similar to responses of the sector to the requirements the government introduced in 2015. People felt the training provided to support staff and Managers achieve Level 3 and Level 5 qualifications respectively was adequate for developing a sound theoretical knowledge-base. However, there remained a need for robust CPD to support staff in developing the range of skills, particularly at Level 3, that are needed to be effective[34].

Research conducted by Unison explored the issue of professional development in more detail[35]. Their analysis of data from both adult and children's care homes found staff support to be a common factor determining the quality of service. Poor supervision, poor training, and poor management were common issues among inadequate care homes across both sectors, while those with high ratings were significantly better in these areas. The report noted that common problems in children's homes that required improvement include poor risk management and unsatisfactory recruitment processes. Fewer than half (44%) of children's residential care staff surveyed felt the training they got was always relevant to meeting young people's needs. Many felt their training was too basic or generic, but some warned there was a lack of training in key areas such as self-harm and sexual exploitation.

With regard to effective CPD, a review from the Joseph Rowntree Foundation published in 2014 used a rapid evidence assessment to investigate the scope for improving the quality of care provided by residential care homes in the United Kingdom through learning from other providers[36]. The authors looked at national and international research including evaluations, the opinions of service users, and feedback from frontline practitioners on the accuracy of findings and transferability of learning. The report found that although evidence of effectiveness is limited, there are promising ideas that could improve the culture of care homes, experiences of care and support for staff. The authors presented evidence to show how residential care homes in other sectors have created positive organisational cultures and increased relationship-based care to improve the quality of care offered. Their summary of the evidence included:

[34] Kantar Public. (2018). *Children's homes research: phase 3. Research report*. London: Department for Education. Reports responses from 20 stakeholder interviews conducted in April 2015.

[35] Unison. (2016*). Staff support and the quality of care in children's and adults' residential care*. London: Unison, Community Care. The recommendations of 200 Ofsted reports were examined, and cross-referenced; a survey was also sent to 2,053 Unison members working in children's residential care - 260 responses analysed (12.7% response rate).

[36] Burtney, L., Figgett, D., Fullerton, D., Buchanan, P., Stevens, K., & Cooper-Ueki, M. (2014). *Learning for care homes from alternative residential care settings: report*. York: Joseph Rowntree Foundation.

- The need to create a positive culture in homes supported by strong leadership, trained staff and clear policies to be balanced with keeping the resident at the heart of care;
- The workforce is key to the effective delivery of care and while learning from other settings was limited in this area, some key approaches may prove useful;
- Continuing support for staff is critical; the evidence at organisational, team and individual levels could help residential care providers identify gaps in their staff support provision.

A report for the DfE published in 2015 summarised the key findings from research into the qualifications, skills and training requirements of staff working in children's homes[37]. It was based on case studies carried out in 20 children's homes at the end of 2013 and early 2014. The work highlighted the importance of formal training and the acquisition of qualifications. However, the authors concluded that experience and 'learning on the job' were key to developing and equipping staff with the requisite skills to work in a children's home. Points raised included:

- Induction followed by in-house training is necessary to equip staff with the necessary skills and expertise to meet the needs of children and young people;
- Training provides staff with a better understanding of the issues affecting young people and the theory behind their practice;
- Shadowing, supervision and feedback from home managers, other senior staff and external specialists are crucial to the learning process;
- Training is more likely to be effective if it is rooted in the work of a particular home and young people living there;
- Individual homes should ideally have a training strategy integrating all learning and development activities. That strategy should be tailored to staff at different levels, with different learning styles and needs; and
- Ongoing training is likely to be more effective when delivered in person and adopts an interactive style.

Another approach to ongoing learning tested in the social care sector has been the implementation of apprenticeships. A three year project looked at strategies to help small and medium sized employers across adult social care implement an apprenticeship programme to help recruitment and career progression[38]. The project was initiated on the basis of evidence that apprenticeships boost productivity by enabling businesses to develop their skills base. Organizations were contracted to

[37] White, C., Gibb, J., Graham, B., Thornton, A., Hingley, S., & Mortimer, E. (2015). Training and developing staff in children's homes: research report. London: Department for Education.
[38] Pratt, J. (2016). *Career progression in care project: end of project report.* Leeds: Skills for Care.

achieve a minimum of five apprentices over the lifetime of the project. The results were generally positive: SMEs reported that the benefits of embedding apprenticeships outweighed the challenges. Benefits included:

- Improving the quality of care for people who need care and support;
- Helping to create a learning culture within the organisation;
- Creating a more strategic approach to workforce development;
- Helping create a learning culture within the organisation; and
- Providing opportunities help encourage young people to consider a career in the sector.

That said, the author noted challenges for organisations in attracting potential apprenticeship candidates.

Is there a case for creating additional requirements?

Evidence suggests that residential children's homes can best support workforce development by becoming learning organisations. Research conducted in Scotland looked at the extent to which residential childcare agencies already exhibit the necessary characteristics[39]. Findings suggested that whilst residential childcare providers often have many features of a learning organisation, the extent to which these characteristics are perceived to exist by the workforce differed significantly depending on their role. Many staff did not feel supported to take risks nor encouraged to develop innovative practice; they felt that typically mistakes are not used as learning opportunities and that a culture of blame is the norm. Interestingly, managers were much more likely to describe their organisations positively than workers.

The authors concluded that their results suggested aspects of current practice within residential childcare providers are consistent with characteristics of a learning organisation. However, the results also identified significant differences between the views of managers and other practitioners, especially with regards to promoting innovation and learning from mistakes. They attributed the problem to a pervasive culture of risk aversion, a judgement on the culture found in children's homes that others have made. Their proposed solution was to encourage managers to develop leadership styles that promote the effective evaluation of practice. Without it, they claimed, innovative practice will be stifled. An appropriate management style would emphasise the experience and decision making ability of practitioners.

[39] McPheat, G., & Butler, L. (2014). Residential Child Care Agencies as Learning Organisations: Innovation and Learning from Mistakes. *Social Work Education*, **33(2)**, 240-253.

An overview of projects funded under the first wave of the DfE's Children's Social Care Innovation Programme touched on the same themes of innovation and evidence-based practice[40]. The programme aimed to:

- Increase the quality of services so that children who need help from the social care system have better life chances;
- Help local authorities achieve better value for money across children's social care; and
- Ensure there are stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches.

The evaluation concluded that Wave 1 of the programme did incentivise further innovation, experimentation and replication. The authors made two policy recommendations:

- Deregulation: Continue and reinforce the current policy to support deregulation, moving the focus from risk avoidance and compliance in order to allow a wider range of innovations. Projects engaging in deregulation need longer to be tested in order to be given a 'fair trial'; and
- Support for systemic social work: National policy needs to reflect the evidence on the efficacy of systemic social work in the professional standards, training frameworks and inspection criteria.

Recommendations for practice aimed at children's services providers that emerged from Wave 1 included:

- using a systemic, family-focused, strengths-based approach that supports families and young people to take more responsibility for their own lives;
- multi-professional working that involves a wide range of services including specialist workers in substance abuse, domestic violence, mental health, CSE, female genital mutilation (FGM) and offending to make a distinctive but synthesised contribution to case reviews and decision-making;
- providing consistent support to parents, young people and foster carers through one consistent 'key worker';
- maximising direct contact with families and young people that is flexible and reflective; and
- use short-stay residential provision but resist financial drivers to fill beds.

[40] Sebba, J., Luke, N., McNeish, D., & Rees, A. (2017). *Children's Social Care Innovation Programme: final evaluation report*. Manchester: Department for Education.

In 2014, the NSPCC published a review of research into children in care and its implications for policy and practice. The review set out key safeguarding challenges and proposed solutions for the care system[41]. It made the point that children in care are supported by multiple professionals, including social care staff, health staff, teachers, police, youth workers, mentors, and advocates. To ensure they are supported to reflect on their practice and how they can improve their role in meeting the needs of children in care, the role of national and local leadership should be to ensure they have access to ongoing training to learn from best evidence-based practice and decision-making.

The report referenced Eileen Munro's suggestion that the cumulative effect of policy and guidance changes can produce obstacles to meeting the child's needs. It advises reflection on whether we have developed an over-elaborated, bureaucratised and risk-averse care system, and whether we should be more trusting of those who wish to work with or care for children. Could less actually be more effective? Echoing other sources we have summarised, it highlights the importance of not just considering the effectiveness of regulation, but any unintended negative consequences it may have for children.

A small-scale qualitative study in Scotland looked at residential childcare practitioners' views and perspectives of the blocks and enablers to the implementation of Staying Put and Continuing Care practice with three Scottish local authorities[42]. The results highlighted issues around learning and development opportunities for practitioners; the importance of managers and leaders in creating enabling contexts for practice; the challenges of resource pressures and limited capacity in the sector; and issues around established culture and practice.

The findings were consistent with other research suggesting several key, but not exclusive factors, including:

1. Workforce Development: Effective implementation requires extensive and sustained development of workforce and integrated systems and organisations that support practice and the staff involved;
2. Monitoring and accountability: Without effective planning and monitoring, there are many opportunities for various actors to reinterpret, deviate from, or subvert the original intentions;
3. Long term financial commitment: Embedding new ways of working, changing culture and practice generally requires long-term commitment and financial investment; and

[41] Rahilly, T., & Hendry, E. (2014). *Promoting the wellbeing of children in care: messages from research*. London: National Society for the Prevention of Cruelty to Children.
[42] McGhee, K. (2017). Staying Put & Continuing Care: The Implementation Challenge. *Scottish Journal of Residential Child Care*, **16(2)**. Online only.

4. Leadership: senior managers are required to ensure commitment and the availability of adequate resources. Notwithstanding the financial challenges that abound, positive leadership is crucial to addressing blocks, obstacles and setbacks.

The author noted that Scotland has many of the component parts necessary to ensure positive outcomes for children in residential care. They include copious research evidence for 'what works'; progressive, enabling legislation and policy; and a rich seam of practice wisdom. Given that much of the required elements are in place, what else is need for effective implementation?

The conclusion was that a lack of coordinated implementation plans, adequate resources, clear guidance and effective monitoring and accountability allows local authorities to interpret and apply policy and legislation in a way which leads to continued variation and inconsistency in local provision. The report argued that it is not a lack of knowledge as to what constitutes good residential childcare, or what needs to be done to improve matters. The workforce as interviewed believed implementing Staying Put policy and Continuing Care legislation effectively was linked more to political will, and the commitment of managers and decisions-makers to implement the changes that are required.

Another DfE funded study looked at the key factors influencing local authority decisions to place children in residential care both within and outside the local authority; explored the children's residential care market and local authority commissioning and procurement strategies; and examined the challenges and issues that arise when children are placed out of authority and how these might be overcome[43].

Interestingly, the authors concluded that the market for children's homes needs to be understood within the wider context of the 'whole system' rather than in isolation. Moreover, the market is complex; patterns of demand and supply vary across the country so a 'one size fits all approach' is not appropriate.

They argued that local authorities (working singly or in partnerships) could do more to systematically collate, analyse and interpret management information system data and qualitative information to effectively forecast demand for services and supply providers with information about the level of need they predict and the range of services that they require. Further support and guidance on this would be valuable to support more effective market management.

They concluded that meeting the needs of children with the most complex needs (high needs/low volume) presents a challenge for local authorities. It would be valuable to map the geographical spread of highly specialist provision, identify gaps in the market,

[43] Munro, E. R., McDermid, S., Hollingworth, K., & Cameron, C. (2014). *Children's homes: Understanding the Market and the Use of Out-of-Authority Placements.* London: Childhood Wellbeing Research Centre.

and explore what action should be taken by the government, providers and local authorities to address these.

International research provides some additional evidence on what works when it comes to improving standards of care, and the role that regulation can play.

A qualitative Australian study asked children for their views on the characteristics of workers that helped them to feel safe in a residential placement[44]. They identified competent and trustworthy staff as essential. Children wanted care workers to be caring, proactive, tenacious in building relationships, and available. They valued carers who listened and ensured young people had a voice. The authors concluded their results affirmed the central role of the worker-client alliance in ensuring residential care is a positive and safe experience for children and young people and identified structural factors that children and young people believe are barriers to them feeling safe. They included:

- Lack of stability;
- Hesitation of young people to forge relationships;
- Lack of faith that workers would or could effectively respond; and
- Competing priorities.

An ethnographic study of knowledge use and expertise among care workers in the US looked at how they developed expertise in an organization that did not require graduate professional education and provided little didactic training[45]. It showed how processes of informal apprenticeship allowed some workers to develop locally recognized expertise through working alongside more experienced peers. The author described care settings as ‘communities of practice’ in which informal apprenticeship contributed to the development of locally valued forms of expertise. The study looked at why care workers appeared to differ in their ability to make use of opportunities for peer learning, suggesting simple methods for maximizing opportunities for situated learning. It concluded that introducing social work students to the construct of situated learning may prime them to make use of these career-long opportunities to develop expertise.

A study of care homes in Jordan looked at the role of management and key workers in establishing effective residential environments for children[46]. It covered issues of education, experience, management style and beliefs. Results showed directors and caregivers possessed an adequate educational level on entry to the profession.

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[44] Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2018). Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care. *Children and Youth Services Review*, **84**, 68-75. Interviews with 27 children in residential care in Australia.

[45] Smith, Y. (2017). "Sense" and sensitivity: Informal apprenticeship among youth care workers in a residential treatment center for children. *Child & Family Social Work*, **22(3)**, 1330-1337.

[46] Ismail, L. B., Hindawi, H., Awamleh, W., & Alawamleh, M. (2018). The key to successful management of child care centres in Jordan. *International Journal of Child Care and Education Policy*, **12**(1), 3.

However, some caregivers thought they lacked understanding of handling some sensitive issues that arise. Recommendations included employing experienced directors who have a stated vision for the management of care centres and providing ongoing training.

A US survey of residential care providers on the utilization of evidence-based practices (EBPs) in residential care, examined outcomes, processes, and barriers related to the implementation of EBPs[47]. The results showed that residential care programs are primarily implementing EBPs that target specific client problems and populations and address prevalent problems of trauma and emotional disorders. However, childcare staff were mostly excluded from the training and delivery of EBPs. Although providers reported that implementation of EBPs yielded desired results, considerable barriers persisted. Fidelity data raised questions about the degree to which organisations are in fact implementing EBPs. The authors concluded that residential care settings were learning invaluable lessons about the use and implementation of evidence-based treatments in their specific practice contexts. The report concluded that residential settings could benefit from guidance in the delivery of evidence-based approaches.

A descriptive US study looked at the impact of support of the kind described[48]. Specifically, it reported on Florida's tiered quality rating and improvement system (TQRIS), Quality Counts. The TQRIS supports included grants and financial awards for materials and equipment, educational scholarships for staff, and on-site technical assistance to raise quality.

Results indicated that support was associated with increased quality of care over time. As with other interventions designed to support quality improvements, it was the centres with initial higher quality that made the greatest gains. Support was most effective in helping good homes get better. Where support was being provided, particular attention needed to be paid to ensuring lower-quality settings were accessing it. The length of time participating in the support programme was positively associated with change in quality. The authors concluded that although preliminary in nature, this evidence pointed to the value of extended participation support programmes, and that quality is not quickly or easily improved.

Finally, a series of studies from Portugal have looked at the impact of implementing one particular evidence-based approach in residential settings: the Webster-Stratton Incredible Years Basic Parent Programme[49]. The authors noted that in Portugal, little

[47] James, S., Thompson, R. W., & Ringle, J. L. (2017). The implementation of evidence-based practices in residential care: Outcomes, processes, and barriers. Journal of Emotional and Behavioral Disorders, 25(1), 4-18.

[48] Yazejian, N., & Iruka, I. U. (2015). Associations among tiered quality rating and improvement system supports and quality improvement. *Early Childhood Research Quarterly*, **30**, 255-265.

[49] Silva, I. S. (2018). *Therapeutic parents: Evaluation of the adequacy of the incredible years basic parent programme in the promotion of professional skills and reduction of behavioural problems of children in residential care*. Dissertation Abstracts International Section C: Worldwide, 75(1-C), No-Specified.

has been done to equip residential childcare staff with effective child behaviour management strategies. They suggested that an evidence-based programme could help to help staff with little or no pre-service specific training, to better cope with the young residents' behaviour difficulties, to develop a skilled childcare workforce, and to improve placement quality.

The paper reported positive results in improving care attitudes and care givers interactions. In the short-term, carers gained knowledge and skills related to empathy, positive parenting and affection. However, a twelve month follow-up study suggested early gains were not sustained. The authors suggested that support and training may need to be provided to caregivers on a regular and ongoing basis. Care givers were very positive about their participation in the programme. The authors concluded that programmes of this sort could provide a basic framework or starting point for the introduction of evidence-based interventions that promote the staff carers' development and the dissemination of new care practices. It is recommended consideration of the programme for residential care workers in Portugal, supported by more research to establish the efficacy and suitability of such training models.

Conclusions:

Are current qualification requirements effective?

- Ofsted inspections indicate that over 80% of current provision is either good or outstanding;
- To the extent that Ofsted inspections are a mark of how well staff in children's homes are doing their jobs, evidence from inspections suggests the majority staff do have the necessary skills and expertise;
- However, we do not have robust evidence to support the claim that observed quality of provision is a direct consequence of mandatory qualifications.

Is there a case for creating additional requirements?

- Evidence suggests that taken alone, additional qualification requirements may not be effective unless they are part of more systemic changes;
- Residential care homes in other sectors have created positive organisational cultures and increased relationship-based care to improve the quality of care;
- The need to create a positive culture in homes supported by strong leadership, trained staff and clear policies needs to be balanced with keeping the resident at the heart of care;

Silva, I. S., & Gaspar, M. F. (2014). The challenge of improving positive residential care practices: Evidence from staff experiences in Portugal. *International Journal of Child and Family Welfare*, **15**(1/2), 92-109.

- Continuing support for staff is critical; the evidence at organisational, team and individual levels could help residential care providers identify gaps in their staff support provision.

What professional standards already exist for the children's residential care workforce, are these effective in providing a high quality workforce, and how do these differ across the residential care sector?

Research published by the European Union in 2015 looked at national child protection systems across 28 EU member states. The study looked at five key areas:

- national child protection laws and policies;
- national authorities responsible for child protection and service providers;
- available child protection resources, particularly around qualifications, training and vetting of personnel;
- procedures for identifying and reporting children in need of protection and placing them in care; and
- how child protection systems are monitored.

The two areas of interest in the context of this review are standards on residential care, and certification and accreditation procedures for professionals.

EU standards on residential care

For most Member States, the job of monitoring standards is regulated by law. Of the 28 EU countries, 19 had national standards, five administered standards at a state level, four had no standards and six had national standards but as recommendations.

Key findings:

- Where standards are not developed at national level, disparities within a country may result;
- Existing standards very often take the shape of recommendations or guidance, and do not have statutory status;
- Existing standards are often loose, characterised by vague requirements and criteria. Monitoring compliance is therefore challenging;
- In some EU Member States existing standards lack a holistic approach, covering specific elements, such as finance, technical requirements and material conditions, whilst not addressing other relevant issues such as human resources;
- When standards specify elements of operational practice, they are not always supported by measurable indicators; and

- Existing standards do not always apply to all type of institutions. For example, in many Member States, national standards do not apply to institutions for juvenile offenders or to reception facilities for unaccompanied children.

Certification and accreditation procedures for professionals

Research has consistently shown having a sufficient number of qualified and well trained professionals is vital to ensuring the adequate protection and effective realisation of children's rights.

Key findings:

- Not all Member States have developed accreditation and licencing procedures for professionals in child protection;
- Accreditation and licensing procedures are often limited to specific professional groups and do not concern all of those working with children (such as administrative personnel and staff involved in the daily care of children in institutions)[50]. Qualifications requirements are therefore general and do not contain precise requirements addressing the specifics of child protection;
- Accreditation and licensing procedures do not always involve mandatory training (initial or ongoing) for professionals working with children, including administrative personnel and staff involved in the daily care of children in institutions;
- Very often no review of the accreditation/licence is required. If in place, the stipulated time lapse between reviews varies from two to six years; and
- Accreditation and licensing procedures do not always include vetting procedures. Most often vetting is conducted on appointment.

Northern Ireland's Department of Health, Social Services and Public Safety (DHSSPS) sets out Minimum Standards for Children's Homes aimed at to improving the quality and consistency of care for children and young people[51]. They also provide the criteria for registration and inspection set out in the Children's Homes Regulations (Northern Ireland) 2005.

Standards are used by providers to set a benchmark of quality care and also by the Regulation and Quality Improvement Authority (RQIA) in registering and inspecting residential child care services. The DHSSPS have adopted a rights-based approach, but throughout the standards document make reference to "appropriate and proportionate risk assessment". The phrase is used in recognition of the particular needs that children in residential care have and that, sometimes, their rights to safety and protection must be given priority over some of their own preferences regarding their care. The standards make explicit that homes have a responsibility to ensure children and young people understand why decisions might be taken against their wishes and

[50] This is true for England

[51] Department of Health Social Services and Public Safety (DHSSPS). (2014). Minimum standards for children's homes.

are given the opportunity to work through their feelings around these issues. They aim to balance the therapeutic interventions that vulnerable children and young people need alongside the fact that they are living in their home, not “units” or “centres” and must feel as at home, secure and safe as their peers.

Standard 17 deals with specifically with staffing. It stipuates that:

The home employs sufficient numbers of staff with appropriate qualifications, training and experience to support and meet the needs of children and young people.

Registered person and manager

- The manager of the home must be registered and is referred to as the registered manager;
- The registered person may also be the registered manager. Those applying for registration as the registered person and/or the registered manager must meet the relevant criteria for fitness for these positions. These include:
  - documentary evidence of appropriate qualifications and any accredited training
  - satisfactory AccessNI checks and police checks

In 2016, the DHSSPS set out a similar set of standards for what is termed ‘supported lodgings’. Designed to provide young people aged 16-21 with safe, suitable and supportive places to live within a local familial type environment, supported lodgings offer tailored levels of housing and social care support to enable young adults to develop the practical, emotional and relationship skills needed for a successful transition to independence and adulthood.

The ten standards cover:

i. Provision of Information;
ii. Service Referral Assessment and Placement;
iii. Placement Agreement and Support Planning;
iv. Ending or Leaving the Placement;
v. Safeguarding Young People;
vi. Engagement, Participation and Involvement;
vii. Accommodation;
viii. Hosts;
ix. Staffing; and
x. Management and Governance Arrangements.

Each standard includes clear criteria and examples of the types of evidence that can be used to demonstrate compliance. Standard 9 covers staffing. It states:

Suitably qualified and skilled staff and managers are employed by the Service Provider to ensure that Hosts and their families are adequately supported in meeting the needs of young people.

The evidence it calls for to support compliance includes:

- Evidence of compliance with staff recruitment, appointment and retention policies.
- Staff Job Descriptions and Personnel Specifications are available.
- An Induction Manual is in place and Staff induction records are maintained which demonstrate that induction training, including training on safeguarding policy and procedures, has taken place.
- A Personal Development Plan is in place for each staff member.
- A Staff Learning and Development Strategy is in place.
- Training plans and records of training attended indicate ongoing continuous development opportunities.
- Records showing that staff have an annual appraisal with their line manager to review their performance and to agree personal development and training plans.
- Records showing that there is regular supervision and follow-up with staff.
- Records showing that Hosts are provided with ongoing and consistent support from the Service Provider and through Named Worker arrangements.
- Minutes of staff meetings are recorded and retained.

Conclusions:

- Existing professional standards for the residential childcare workforce focus on the requirements for Level 3 and Level 5 qualifications;
- International evidence suggests standards across the sector are broadly consistent with our knowledge of what constitutes good practice; and
- The introduction of professional standards is more likely to improve the quality of provision where providers are supported to implement a system of organisational processes and procedures that will promote compliance.

Section 2: An Emerging Theory of Change

The Government is committed to exploring the potential impact of further workforce regulation in the residential childcare sector through the current review and a planned call for evidence. Their objective is to use evidence to understand the likely impact of a potential intervention (regulation) on better outcomes for children in residential care. Put another way, the objective is to build a theoretical model setting out current thinking on how regulation might ensure that children's homes provide high quality care, set high aspirations for children and enable them to achieve their full potential, as the best homes already are.

An approach that has been shown to add value to model building of this kind is to develop a theory of change (ToC). A ToC, (also referred to as a logic model or programme theory) is a framework describing the theory, assumptions and evidence that underpin the rationale for delivering a policy or programme of work. It specifies a set of intended outcomes (short, medium and long-term), and uses existing evidence to produce a set of hypotheses about possible links between those outcomes and programme activities and processes. The framework is an extremely important tool. It provides a consistent and systematic means of designing an evaluation, collating and analysing the existing evidence and the new data created, and generating and interpreting the results. It can be used to understand what existing evidence tells us and to identify gaps in the evidence base that the evaluation should prioritise for exploration.

Using a ToC or logic model is an approach recommended by HM Treasury's *Magenta Book*[52], the central government guidance on effective policy evaluation.

> [A theory of change] …is always recommended for any evaluation……to identify evaluation objectives and research questions which will direct the evaluation approach and inform the types of data and information that need to be collected.
>
> *The Magenta Book*

Arranging interventions and outcomes in a single model provides a framework that can help develop understanding of key elements in potentially complex systems. It certainly has the potential to enhance the evidence gathering exercise the Department is committed to[53]. We have created the first draft of a ToC to help collate existing evidence, understand where there might be gaps, and guide a conversation with key stakeholders about the likely impact of regulation on creating better outcomes for children who experience residential care.

[52] HM Treasury - The Magenta Book

[53] Personal communication: Jonathan Stanley, chief executive of the Independent Children's Homes Association

Developing a pathway of change takes time; it often needs several attempts to reach consensus. The draft ToC we offer here is not intended to be a definitive theoretical model. Rather, it is the first attempt at developing a framework that might guide and inform the evidence gathering exercise that is underway. It is a tool to be tested and revised.

Children's Homes Workforce Review: A draft theory of change:

The draft theory of change summarises key elements of the evidence we have identified in our review. It is a first draft, not a definitive overview. It may be useful to include a version of it in the call for evidence exercise to provide the discussion with a structure and frame of reference for prompting questions and organising responses.

Key implications

1. Consultation could usefully ask for views on how other features of the residential childcare system such as staff recruitment, training and professional development, might influence the potential impact of professional registration on the quality of provision;

2. Any unintended negative consequences registration may have on children in residential care should be explored;

3. The implications of government taking a collaborative approach to regulation and maintaining quality standards are worthy of consideration;

4. It would be useful to develop debate around the likely impact of deregulation and the potential impact of shifting from a risk avoidance and compliance focus on promoting innovative practice;

5. Explore with local authorities how a more collaborative approach to forecasting demand for residential care places could lead to more effective market management;

6. Examine how giving trainee social workers more experience of residential care might impact on workforce recruitment and retention;

7. Ensure residential care providers have access to the best evidence concerning practice and decision-making;

8. Consider whether there is a need to collect data on the residential children's homes workforce more regularly;

9. Explore with residential care providers how best to support investment in workforce training;

10. Consider how to encourage care home managers to develop leadership styles that promote effective evaluation of practice and address the perceived culture of risk aversion;

11. Explore with residential care providers how they might encourage managers to provide regular supervision and follow-up for staff;

12. Consult residential care providers on how they might implement team-based approaches to staff training;

13. Work with providers to explore what can be done to give staff clear career development pathways;

14. Examine what might be done to actively encourage staff in residential children's homes to record activities and behaviour effectively.

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Appendix 1

The REA method

Rapid Evidence Assessments (REAs) use systematic review methods to search and critically appraise existing research. The strength of the method lies in following a clear set of procedures and recording precisely what has been done at each step to enable the process to be replicated if necessary. REAs are characterized by rigorous and explicit methods but provide a quick synthesis of the available evidence by shortening the traditional systematic review process. This can be important when limited time or financial resources mean there is not enough time to conduct a full systematic review. REAs can speed up the review process by:

- Limiting the breadth of the research question;
- Using less developed search strings rather than extensive search of all variants;
- Using 'grey' and print sources but less exhaustively than systematic reviews;
- Establishing good inter-rater reliability for quality assessment using two raters for a sample of relevant papers. Once good interrater reliability has been established, time and resources are saved by using a single rater for the majority of papers.

We have conducted this review according to guidelines developed and written by Government Social Research (GSR) and the Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), part of the Social Science Research Unit at the Institute of Education, University of London[54].

It is worth noting however that limits on resources can create restrictions for REAs relative to full systematic reviews:

- Time constraints mean REAs (a) may miss some literature not catalogued on the key electronic databases, and (b) use a second assessor for rating only a small sub-sample of papers;
- Time does usually not allow for REAs to involve 'pearl growing', i.e. going through the reference lists of selected articles looking for other potentially important sources that searches of electronic databases may have missed;
- All review methods, including REAs, risk generating inconclusive findings that provide a weak answer to the original question if there not enough studies of sufficient methodological quality to address the question. The timescales to which an REA is delivered means that if findings are inconclusive, there is not enough time to go back and reformulate the question or inclusion criteria.

[54] http://webarchive.nationalarchives.gov.uk/20140305122816/http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment

Assessing the strength of a body of evidence

The last twenty years has seen a real growth in what has become known as Evidence-Based Practice (EBP). Stakeholders have recognised the benefits of developing EBP in areas including public health and social policy. To quote the Treasury's Magenta Book:

> Good evaluation, and the reliable evidence it can generate, provides direct benefits in terms of policy performance and effectiveness, but is also fundamental to the principles of good government, supports democratic accountability and is key to achieving appropriate returns from taxpayers' resources. A good evaluation is therefore a normal and natural part of policy making and effective government and is a powerful tool available to the policy maker. *[p.12*][55]

Evidence reviews are a critical element in developing EBP; they are used to summarise the main characteristics of a body of evidence in relation to a specific issue. Guidance on how to assess the strength of a body of evidence typically highlights four important characteristics:

(a) The **quality** of individual articles or papers that make up the body of evidence;

(b) The **quantity** (number) of papers that make up the body of evidence;

(c) The **consistency** of the findings produced by the studies making up the body of evidence; and

(d) The **context** in which the available evidence has been collected.

The quality of studies

Based on established evaluative methods, we used two different quality assessment systems, one for primary research studies, and a second for evidence reviews, to assess studies included in the review. As noted above, an essential element of a review is to provide a guide to the credibility of each included study.

Quality assessments of single studies

We assessed the quality of primary research studies on seven criteria: rationale for overall research strategy, study design, sampling strategy, data collection procedures, data analysis, interpretation and reporting of results, and the credibility of the conclusions. Where primary studies tested the impact of specific interventions, in addition to the seven criteria listed above, we rated the design of the intervention study using the Maryland Scientific Methods Scale (SMS)[56]. Not all primary studies test

[55] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220542/magenta_book_combined.pdf

[56] Sherman, L. Gottfredson, D. MacKenzie, D. Eck, J. Reuter, P. Bushway, S. (1997) *Preventing Crime: What Works, What Doesn't, What's Promising* Washington: US Department of Justice.

interventions, (e.g. some may report survey findings) therefore not all primary studies were rated on the SMS. Details of the quality assessment system for primary studies and quality scores for papers assessed can be found in the appendices, along with a description of the SMS scoring system.

Quality assessments of reviews of studies

For reviews, we used eight criteria: review method, search strategy, data collection (sift), quality appraisal, data analysis (quantitative), qualitative synthesis, interpretation and reporting of results, and credibility of conclusions. Details of the quality assessment system we used for reviews can be found in the appendices of this report, along with quality scores for all the reviews included.

The quantity of papers

One of the key strengths of empirical research the capacity to replicate or repeat investigations to see if the same results are found. That is why it is so important that research papers provide enough detail of how an investigation was conducted to enable someone else to repeat what was done. The more times a finding has been replicated, the more confident we can be that the effect is a real one rather than a product of the way a study was designed and implemented; the more studies done to test a theory or intervention, the stronger the body of evidence. However, there is no rule of thumb for how many studies are needed to constitute an adequate body of evidence. That often depends on the research question being investigated; the more complex the question, then the more studies that are needed to be confident that the evidence base is strong. Certainly, where only one or two studies have been done, even if they are well-designed, it is reasonable to conclude that the body of evidence is limited. Based on recommendations, we take a case by case approach.[57] For each review we undertake we categorise the size of the evidence base as small, medium or large, and specify the number of studies associated with each category. Typically, we might assess the size of the evidence base as 'small' where the review has identified five or fewer studies, 'medium' where we have found between six and ten studies, and 'large' if eleven or more studies were found.

The consistency of the findings

A strong body of evidence is usually defined as one where many studies all report the same or similar findings when a specific intervention is delivered to a clearly defined group of end users. However, social interventions are typically complex. As a result, it is possible to have many studies that, because they have tested slightly different interventions in different social contexts, do not provide entirely consistent findings. Using a review to synthesise the findings from multiple studies helps to establish the

[57] Department for International Development (2013). Assessing the strength of evidence: DfID practice paper. www.gov.uk/government/publications/how-to-note-assessing-the-strength-of-evidence . Last accessed March 10th2014

degree of consistency in a body of evidence by exploring the impact of these similarities and differences.

The context in which evidence has been collected

A review needs to acknowledge the context in which the evidence cited has been produced. It is important to have a good understanding of how well evidence collected in one context can be generalised to another. In social policy research, country of origin is often, although by no-means always, relevant. Critical elements of social context may include details of the wider landscape of services within which interventions are being delivered. Depending on the level of detail reported in individual papers, it may not always be possible to take such variations into account.

Summary

To summarise, the strength of a body of evidence depends on the quantity of research that has been conducted, the quality of that research, the context in which the research was done, and consistency of findings across papers and articles uncovered by a search of appropriate sources. The rest of this section of the report describes the quantity, quality and context of the evidence we uncovered.

Quantity of research available

Our review set out to develop understanding of the following questions:

1. What evidence is there about the robustness of the existing regulatory arrangements for the children's residential care workforce to protect children? Is there any evidence that professional registration of managers or the whole workforce would be likely to strengthen this?

2. What are the current key issues of recruitment and retention within the children's residential care workforce? What does the literature suggest that the impact of professional registration would be on recruitment and retention of the children's residential care workforce?

3. Do the existing mandatory qualifications for people working in children's homes provide them with the necessary skills and expertise to do their jobs effectively? Should there be additional professional requirements/training/qualifications for registered managers and/or the wider workforce?

4. What professional standards already exist for the children's residential care workforce, are these effective in providing a high quality workforce, and how do these differ across the residential care sector?

Sir Martin Narey's 2016 independent review of children's residential care showed very clearly that there is a variety of published literature purporting to provide evidence on the key questions to be examined[58]. Much it comes from government agencies and departments including Ofsted and Department for Education. Other more research orientated material has been produced by organisations such as the NCB Research Centre in partnership with TNS BMRB, and academic evaluations of programmes like RESuLT.

In light of the work done for the Narey review and given the time constraints, we decided in conjunction with the DfE's project managers, to limit our search to sources that had the following characteristics:

- Reported in the English language;
- Reported the findings from evidence reviews, empirical studies, government reports and opinion pieces;
- Focussed on the children's homes or similar workforces, but also distinguished between the workforce more generally, and managers specifically;
- Assessed the impact of interventions designed to regulate the children's workforce;
- Were published after 2013.

[58] Narey, M. (2016). *Residential care in England*. Report of Sir Martin Narey's independent review of children's residential care. London: Department for Education

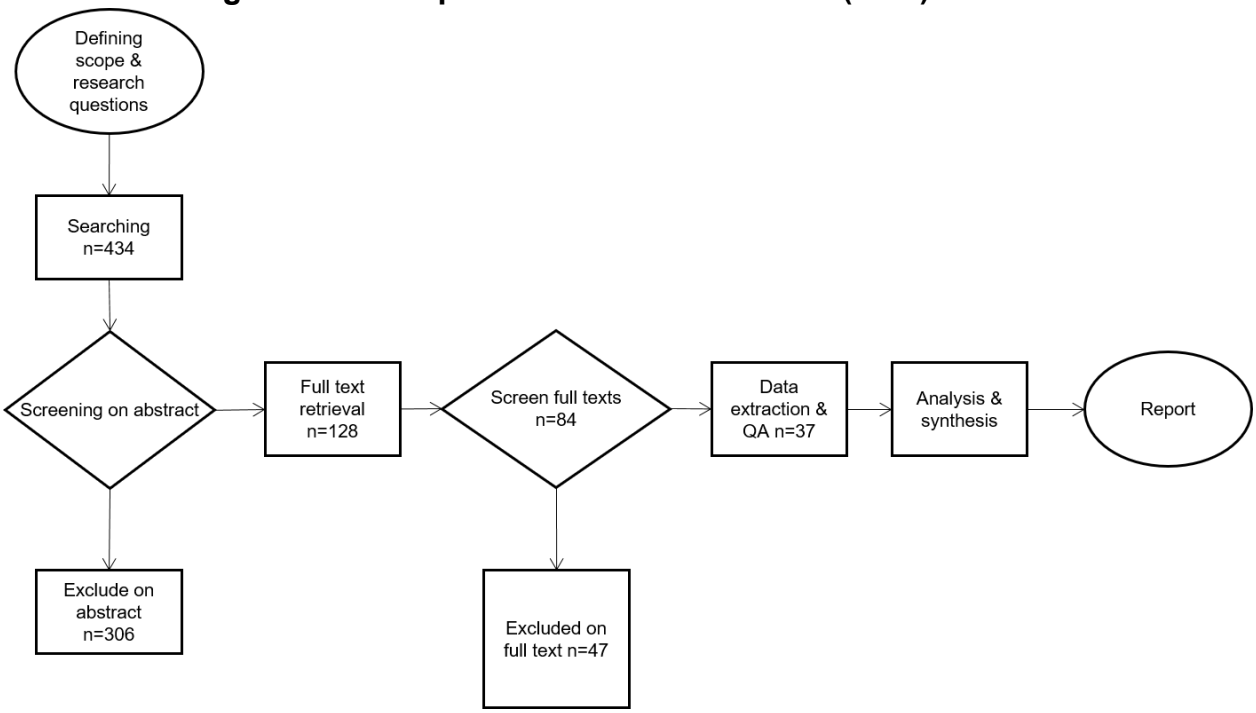
Table A1.1 summarises the number of hits returned from each of the databases we searched.

Table A1.1: Summary search terms and hits returned by database searched

Database	Hits	Full texts selected
Social Policy & Practice	184	58
Web of Science	35	13
International Bibliography of the Social Sciences	7	4
British Nursing Index	3	2
ProQuest Sociology Collection	43	14
Social Services Abstracts	62	12
PsychINFO	36	7
Sociology Collection	15	3
SCOPUS	23	6
SCIE database	16	7
British Library Social Welfare Portal	10	2
TOTAL	434	128

The flow diagram below shows the numbers of studies identified at each stage of the REA.

Figure A1.1: Rapid Evidence Assessment (REA) workflow

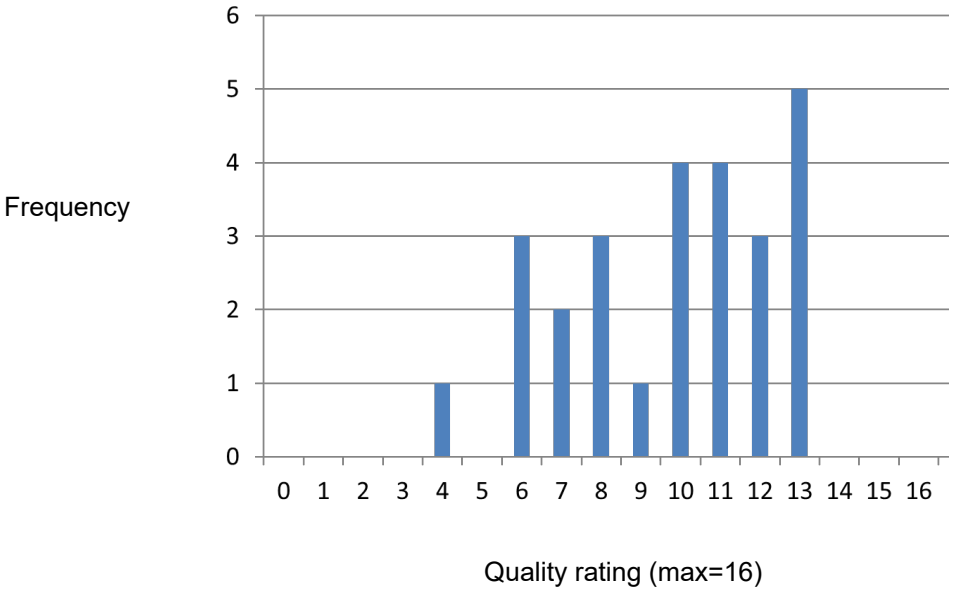


Of the 128 references selected for full text retrieval, 39 were duplicates; of the 89 remaining, we were able to obtain 84. When the full texts were reviewed, a further 47 papers were excluded on the basis they did not meet the inclusion criteria, leaving a total of 37 sources for inclusion in the review.

Quality of individual research studies and reviews

We assessed reviews on eight criteria, with each of the criteria has been marked on a scale of 0-2, giving a possible total score of 16. Four papers selected at random were coded independently by two members of the research team to establish there was no systematic bias in quality coding. Figure A1.3 (below) shows the distribution of the quality ratings across all papers we included in the review. The papers we included are variable in terms of quality, with scores ranging from 4 to 13, but generally of a reasonable standard.

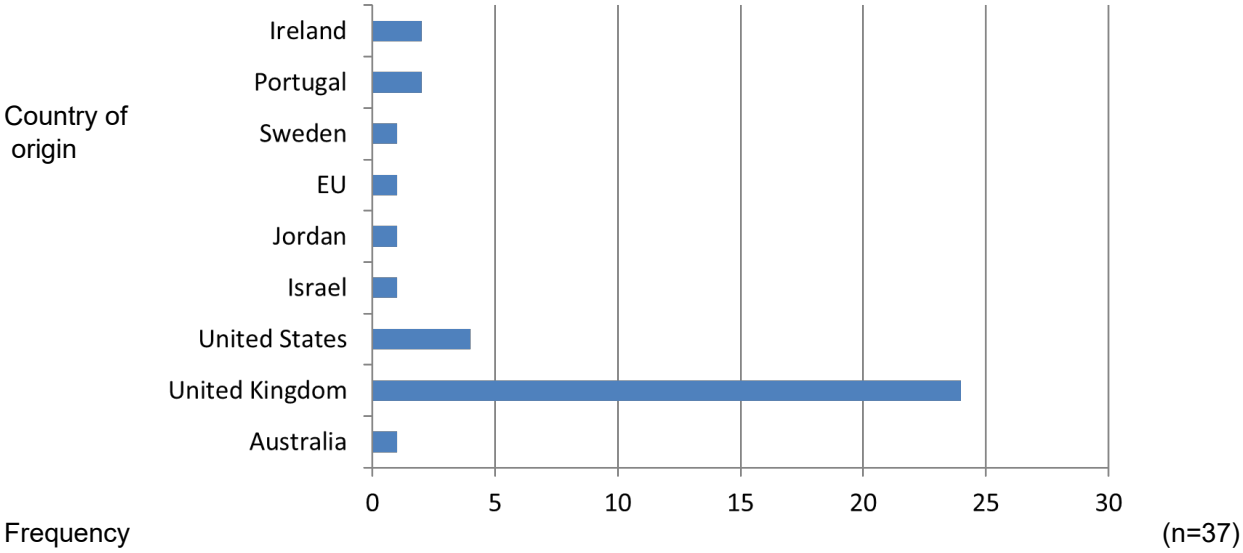
Figure A1.2: Distribution of quality scores across empirical and review papers (n=26)[59]



Context - international comparisons

Figure A1.3 (below) shows most research in this area comes from the UK. Of the 37 papers included in the review, 24 originated in the UK, four from the US, and the remainder from either EU countries or Jordan, Israel or Australia

Figure A1.3*:* Country of origin of papers included in the review



[59] Excludes government reports and policy position papers etc.

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