Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

NATIONAL REVIEW OF CARE HOMES FOR CHILDREN IN WALES
2018-19

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FOREWORD

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Gillian Baranski, Chief Inspector

It gives me great pleasure to present our national report on care homes for children. We recognise the contribution high quality residential care can make to enabling care experienced children to achieve positive outcomes. Therefore in our strategic plan 2017-20 we committed to undertake a thematic review of the quality of care and outcomes for children living in care homes across Wales. This review also complements and informs the work of Welsh Government's Ministerial Advisory Group to improve outcomes for care experienced children and young people.

CIW is committed to raising standards and delivering positive outcomes for the most vulnerable children in our society. Through our regulatory work we aim to ensure children and young people who are reliant on care services get the very best care and support to enable them to have the same opportunities and life chances as other children.

People are at the centre of what we do and I am deeply grateful to everyone who has contributed to this critical piece of work, especially to the children and young people who provided valuable insight into their care experiences. I would also like to thank the care home providers and their staff who contributed to the review, and am especially grateful for the work of the stakeholder group whose drive, energy and challenge has been invaluable.

In carrying out this review we found examples of positive practice which we want to recognise, share and promote. We also identified areas where children experienced poor outcomes, often because those in a position to ensure they received the care and support they needed did not work together to make this happen.

The findings in this report sit alongside those of our national overview report of local authorities' care and support for care experienced children and young people, published in June 2019, and the report on child exploitation published in August 2017 (both available on our website). It is disappointing the findings contained in our reviews are not new and in the main do not require additional resources to achieve. Care experienced children deserve the very best from each of us. We will follow up the recommendations contained in our two reports, working with others to secure improvements in outcomes for the most vulnerable children and young people in Wales.

GILLIAN BARANSKI

Chief Inspector

INTRODUCTION

PURPOSE OF THIS REPORT

This report sets out the findings from the national review of care homes for children undertaken by Care Inspectorate Wales (CIW) between July 2018 and March 2019. The review covers registered care homes for children providing a range of residential placements, including residential short breaks for disabled children, but excluding secure provision.

As at 31st July 2018, there were a total of 152 care homes for children operating in Wales which fell within the scope of the review. These homes had capacity to provide up to 681 places for children.

AIMS OF THE NATIONAL REVIEW

The overall aims of the national review were to:
• evaluate the quality of care provided in care homes for children and how well they promote children's well-being and help them to achieve positive outcomes;
• reflect the experiences and views of children currently living in care homes for children;
• describe capacity and services provided by care homes for children in Wales and how this is used by local authorities in Wales and elsewhere in the UK; and
• provide an understanding of the challenges facing the care home for children sector within Wales.

In parallel with the national review of care homes for children, CIW also carried out a thematic review of local authority services for care experienced children which was published in June 2019.

Hearing directly from children about their experience of living in care homes was a vital part of this review and we commissioned Voices from Care Cymru to undertake this work for us. Children's views are captured throughout Part 1 of the report and Appendix 1.

In support of the review, Estyn prepared a report on the independent schools sector as some of these schools are attached to registered care homes where children who live at the home attend the school. This is contained in Appendix 3.

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SUMMARY OF
KEY FINDINGS

We found many children in care homes receive good quality care and support. Children achieve the best outcomes where services use recognised and holistic models of care which include therapy and education.

Almost all homes provided a warm, comfortable and accessible environment for children with accommodation appropriately furnished and maintained.

There was a general commitment to ensure children had positive social and leisure experiences, improving their social skills. This contributed significantly to their overall emotional well-being.

Several of the findings of this review confirmed those in CIW's national review of local authority support for care experienced children published in June 2019.

Local authorities were experiencing difficulties in securing appropriate placements to meet the needs of children, and the needs and risk factors for children have increased in complexity.

We found children who had experienced several placement breakdowns leading to a significant number of moves between services. This included fostering, residential care and, for some children, secure placements. These experiences had affected their well-being, increasing their trauma, and severely impacting on their ability to form attachments and have secure relationships with their carer and peers.

Better local commissioning arrangement are required to ensure children's needs are met as close to home as possible. We found a mismatch between the location of care homes for children in Wales and the placing authorities from which children originate.

We found some children were not in receipt of their entitlement of statutory education and some did not have their emotional health needs met. We found for these children local authorities and health boards were not working collaboratively to ensure children had the right support to meet their well-being outcomes.

The number of children who go missing from care in some areas of Wales has increased, as have children who are at risk of sexual exploitation. We were concerned to find that in some situations where children absented themselves from the home there was almost an acceptance of this by providers, placing authorities and local safeguarding teams. We found little evidence to support a proactive response with consideration of alternative strategies to safeguard children.

Some care homes needed to develop the role of the keyworker to build supportive relationships with children, acknowledging their strengths, help reduce risk and build their resilience for the future.

KEY
RECOMMENDATIONS

1. Service providers, placing authorities, local authorities and health boards must ensure children have access to local specialist services including health and education, to ensure their well-being outcomes are met.

2. To help prevent placement breakdown, residential care should be considered a positive choice for some children and not a last resort.

3. Providers who are not delivering their service through an evidence-based model of care should consider developing a more coherent approach to care and support for children.

4. Providers, local authorities, health boards, police and other relevant agencies should work more collaboratively to improve children's well-being by ensuring:

   • sufficiency of placements to meet the needs of children and enable them to live close to home;
   • all children living in residential care have their statutory education needs met;
   • improved monitoring, oversight and coordinated action when children go missing from care and are at risk of sexual exploitation;
   • improved partnership working to understand the factors leading to some children having multiple placement breakdowns and apply this learning to reduce recurrence;
   • timely access to specialist health services, particularly Child and Adolescent Mental Health Services (CAMHS); and
   • all children living in care homes have access to advocacy and independent visitors.

5. Welsh Government should develop a national multi-agency strategy to reduce the risk of children who are care experienced being criminalised.

6. Placing authorities and providers should review policies and practice in relation to thresholds for reporting children who are missing, ensuring these are consistent with guidance and do not place children at unnecessary and increased risk of harm, including criminalisation.

Part 1 of the report sets out further areas for improvement and development under each key area.

PART 1:
QUALITY OF CARE

The review considered the quality of care and support for children living in care homes under 10 key areas.

- How well children are introduced into the home
- Children have a personal plan that identifies their individual care and support needs
- Children's health needs are met
- Children's educational needs are met
- Children's social and leisure needs are met
- Children experience good quality care and support
- Children are supported to reach their potential
- Children feel safe and are protected from harm
- Children's rights are actively promoted
- Children live in a warm, safe and nurturing environment.

These formed the basis for the self-assessment completed by providers and informed lines of enquiry for our inspections and our engagement with children.

1. HOW WELL CHILDREN ARE INTRODUCED TO THE HOME

WHAT PROVIDERS TOLD US

In general, providers recognised the importance of visiting the child and/or of the child visiting the home as part of the pre-admission assessment to inform whether they are able to meet their needs. Providers said there were sometimes difficulties in achieving this due to the urgency of the placement requests, exacerbated by an increasing number of children experiencing placement breakdowns.

More than half of providers highlighted barriers to a successful and well-managed admission process. This reflected their experience with a range of placing local authorities across England and Wales. These included:

- lack of accurate, up to date and comprehensive information from some placing authorities at the point of referral;
- delays by the placing local authority in responding to requests for further information;
- some placing local authorities being reluctant to provide further information until an offer of a placement is made by the provider; and
- inaccurate historical information and incomplete risk assessments.

> **...the problem of referrals and admissions is that, in 90% of cases, they come due to breakdown of a placement.**

Providers told us this could result in some children experiencing a placement breakdown if the home could not meet their needs. They were also concerned about the impact of potentially inappropriate admissions on the other children already living there. They described in some cases pressures from commissioners for emergency placements meant that matching the needs of the child to the service were negated due to the urgency of needing a placement. Some providers were clear they do not admit children in an emergency. Providers told us emergency placements are becoming more frequent because of placement breakdown. A provider stated *"the problem of referrals and admissions is that, in 90% of cases, they come due to breakdown of a placement."*

WHAT WE FOUND AT INSPECTIONS

We found in general children were supported to move into a service with clear admissions processes and assessments, confirming that the service could meet their needs. In the majority of services, records demonstrated effective decision-making with clear reasons for accepting or declining referrals and proper consideration was given to compatibility with other children. Impact assessments took account of risks and proper attention was paid to staff training needs or any additional staffing requirements.

There were exceptions, which included:

- failure to ensure proper consideration was given to the compatibility of children with other children already living in the home;
- lack of assessment of children and whether their needs could be safely and effectively met;
- admissions and subsequent care and support provided that was not in accordance with the provider's statement of purpose;

- admission processes not fully considering risk factors and whether the service could safely support the needs of children, leading to children engaging in risky situations placing them at risk of harm; and
- pre-admission checks from other UK nations did not always take account of differences in the legislative framework to ensure children receive their entitlements, for example access to education and healthcare.

We found in some cases local authorities had not provided relevant records, and whilst attempts had been made to chase these up, they had still not been made available. Where placements were planned, children were in the main having a pre-placement visit to the home experiencing a positive welcome; this was not the case for emergency placements. In some areas, the lack of availability of appropriate placements impacted on the admissions process and suitability of the placement. In some of these situations, this had a detrimental effect on achieving positive outcomes and in some cases had led to children experiencing a breakdown of their placement.

Children's introductions to the home were supported by a 'guide to the service'. The content of these varied, but generally included information about children's rights and entitlements; how to make a complaint; advocacy; photos of the home; staff profiles; and rules and expectations. However, these were not always in a format that reflected children's needs and communication preferences including the Welsh language.

WHAT CHILDREN TOLD US

Children described a mixed picture about their admission to homes. Some children told us they had spoken with the manager and staff prior to moving to the home and

felt involved in the placement decisions, whilst for others this was not their experience.

Not all children had the opportunity for a visit before moving in. For example, a child talked about their experience of moving into a home without having had a prior visit, to find another child living there who had bullied them at a previous school. This highlights the importance of inter-agency planning and pre-admission visits.

Children described their experience during their first few days of being in the home. They told us staff were very welcoming and supportive, but felt there was a need for greater preparation for moves, including being able to go to school. They spoke about the importance of getting on with the other children living at the home, being ''*personally suited*''.

Some children told us they did not always feel safe in the first few months of the placement. One child described an incident shortly after they arrived when there was "12 hours of mayhem" which resulted in an ambulance being called.

Another child who had moved at very short notice had found the situation frightening having been told about the move only the day before. Another child said they felt isolated because they were not from Wales.

> **"I knew I was moving but thought I had two weeks; I was then told you are coming tomorrow."**

A young person aged 12 at the time who had been placed with 16 year old said:

> **"I didn't feel safe and not welcomed by them but generally feel safe now."**

Children told us about what might make it easier when moving in.

- "Nothing, because the house makes it easier for the young people to move into the home."
- "I think children could be moved in a bit quicker, if it needs to be."
- "I would like to help children move in by painting their bedroom. I would help unpack their stuff."

Children told us about things they like about residential care.

- "Food, money, location''
- "Pocket money to get stuff''
- "You get £50 every month for new clothes''
- "Rewards and trips''
- "Money for things that are needed e.g. support buying moped and licence''
- "Rewards ... getting money and treats for being good.''
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GOOD PRACTICE EXAMPLE

- In some services a key worker was allocated prior to admission.

- Some services enabled children to choose their key worker as part of the admission process.

- A number of services completed an 'It's me' booklet when children move into the home.

- Some services supported children to develop DVDs about the service in a variety of formats.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers must ensure they consider all relevant factors before offering a placement to a child including compatibility with other children and the skills and experience of staff.

- Providers must have in place a robust admissions process, to ensure they provide a service specific to the individual needs of the child, and they are confident they can provide appropriate care.

- Providers must ensure they have appropriate resources available to meet the needs of children as set out in their Statement of Purpose.

- Placing local authorities should ensure all relevant information about children is made available to providers at the point of referral and this is updated when children's needs or circumstances change.

2. CHILDREN HAVE A PERSONAL PLAN THAT IDENTIFIES THEIR INDIVIDUAL CARE AND SUPPORT NEEDS

WHAT PROVIDERS TOLD US

Providers recognised the value of a personal plan, that it is regularly reviewed to support effective care. In their self-assessment, some providers described the importance of collating key information about children during the referral process to inform the personal plan. They highlighted the importance of it being a holistic document co-produced with children, to ensure it reflects their wishes, feelings and aspirations as well as detailing how day-to-day care and support will be provided to ensure their well-being outcomes are achieved.

Providers told us the barriers to developing personal plans included the lack of comprehensive, timely information from local authorities and the lack of effective communication, support and availability of social workers. This was compounded if there was a distance between the placing local authority and the home, and where there was a change in the child's social worker. One provider reported that a child had five social workers in five months.

WHAT WE FOUND AT INSPECTIONS
We saw positive examples of personal plans which were thorough, well-constructed, identified clear outcomes and clarified the respective roles and responsibilities of the various professionals involved in the child's care and support. In some services, plans needed to be better developed with children more actively involved in saying what matters to them and agreeing their goals.

Where we found good quality personal plans, these included effective risk management and behaviour support plans, with children involved in their own record keeping.

Key workers played a vital role in ensuring children were engaged and invested in their personal plans. We saw good evidence in some services to demonstrate the effectiveness of this, with children having positive relationships with staff who they talked to about what matters to them.

In those services where personal planning needed further development we identified a need for better analysis and clarity about how children's needs would be met, and outcomes achieved. Plans did not always contain up-to-date information about children's complex needs or how staff were to manage the risks and appropriately safeguard them. In a number of services, the placing local authority had not shared its care and support plan and in some services where it had, some plans were of poor quality.

WHAT CHILDREN TOLD US

Children had differing views about their involvement in their personal plans. Some told us they felt "very involved" in plans and decisions about their care and the majority felt "quite involved". Some children said their social worker did not always check with them whether they felt they were having the right care, and often the independent reviewing officer did not meet with them before their statutory review. Children spoke about the importance of having things in common with their key worker, enabling them to do things together and work on their plans. Trust was seen as a key factor when building relationships.

"I can talk to my key worker about how I feel."

"I fully trust all the workers in my house, we have good banter."

GOOD PRACTICE EXAMPLE

- Some providers take a person-centred approach, making planning child-friendly and ensuring children are central to the process. Plans are written in the first person.

- In services where the development of personal plans was recognised as a dynamic process, the needs of children were under constant review and the plan was adapted as children's needs changed. The child and relevant people were involved in agreeing any changes.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers need to ensure children are better supported to understand and be involved in the development and review of their personal plans. They should ensure personal planning for children is an ongoing process and they are outcome-focused.

3. CHILDREN'S HEALTH NEEDS ARE MET

WHAT PROVIDERS TOLD US

Providers told us of delays in receiving information relating to children's health needs from both local and health authorities, leaving their health needs unmet. Key reasons for this included:

- where children had a series of different placements there was delay in information being passed to the provider and the relevant hospital, which could result in them not having the correct health support;
- where children were unable to attend an appointment due to moving homes; and
- gaps in records of their personal and family medical history.

Services with access to the Looked After Children Nurse valued this and the positive relationship children had with these professionals. This contributed to maintaining children's engagement with health services. A number of providers identified the lack of access to a specialist nurse as an issue. A few providers reported difficulties in being able to register children with dentists and the local GP practice; often this was due to the slow transfer of the child's health records from their previous GP. Some providers highlighted an issue with the delay in getting GP appointments for children.

A significant number of providers highlighted issues with access to mental health care, such as Child and Adolescent Mental Health Services (CAMHS), and they expressed concern children were not getting the appropriate support needed to deal with their emotional health needs.

WHAT WE FOUND AT INSPECTIONS

In the main we found children were registered with local health services and had received a current health assessment by a medical practitioner. We also found positive outcomes where children had access to a Looked After Children Nurse and a designated link worker. We saw positive examples of key workers supporting children in relation to a range of health issues, including substance misuse and sexual health issues.

Health information was collated at the referral stage by managers or staff, but this was inconsistently maintained following admission, which meant children were not always having their changing health needs identified. This was exacerbated when children moved between different geographical areas as this could

result in disruption to the health services they had been receiving. Generally medication arrangements complied with national guidance; however, where children self-managed their medication the safe storage of these could be improved.

We also found evidence that older children had difficulty in maintaining their involvement with health services. Some providers went to great lengths to encourage and support children to engage; in other services there was a less proactive approach.

Our inspections confirmed what providers told us about the lack of mental health provision and this was also raised as an issue by some children during the consultation. We saw delays and issues about access to CAMHS, resulting in poor outcomes for children.

Some services placed great importance on healthy eating as an integral part of the overall care for children. In these homes, children were involved in meal planning, shopping and food preparation. Meals eaten alongside staff provided a positive social experience. In other services we found meal planning was ad hoc and often not freshly prepared, with no importance placed on meal time routines involving staff and children. We also found wider healthier lifestyle options needed to be better recorded.

WHAT CHILDREN TOLD US

Children described how staff helped them to keep well and healthy and supported them to attend health appointments. Older children said sometimes this could be intrusive. Some children said they did not get the support they needed for their emotional health needs and information about sexual health and substance issues.

Children talked about staff who worked hard to help them have a healthy lifestyle, whilst for some this had not been their experience. They also said they enjoyed eating together as this gave them a sense of being with a family.

They told us they thought it was important to plan and cook food for themselves as part of becoming more independent, but some children reported that access to the kitchen was restricted and whilst they understood why this was the case, they wanted to have some flexibility.

"The fridge is locked, and the cupboards."

"We plan menus, go shopping for food. I can help if I want."

GOOD PRACTICE EXAMPLE

- In some services a CAMHS clinician attends team meetings every other month to advise staff on supporting young people, and staff are able to contact them for advice.

- A number of services implement an integrated approach to care, education and therapeutic support for children, which helped to ensure their physical and emotional health needs were kept in clear focus.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Local authorities, health boards and providers must ensure improvement in access to health services, including specialist nurses, CAMHS and substance misuse services with better oversight of children's health needs by the relevant health board.

4. CHILDREN'S EDUCATIONAL NEEDS ARE MET

WHAT PROVIDERS TOLD US

Providers reported that when a child's education placement can be maintained, they do not experience many difficulties. However, they highlighted challenges in ensuring appropriate educational provision for children, some of which were associated with out-of-area and cross border placements. These included:

- children regularly being left without education when they transfer from one local authority to another;
- funding arrangements for 'out of county' placement leading to delays in assessment and educational provision;
- lack of access or delays to specialist educational placements for children with behavioural and emotional issues; and
- the difference in roles and responsibilities of local authority looked after children education co-ordinators from authority to authority.

Some providers expressed a view that care experienced children were treated differently by some schools by excluding them without valid reason and without a written letter. Providers said this resulted in strategies to maintain their education not being developed. One provider told us: "*One young person had not been in school for two years. They were receiving home tuition for two hours each week.*"

WHAT WE FOUND AT INSPECTIONS

We found a mixed picture regarding children's education, reflecting the issues raised by providers. Some children were attending mainstream local schools, others attended an independent school provided directly by the service. There were some good examples of children being well supported in their education. Others who had been out of school for extended periods had re-engaged with education, gaining confidence in their learning abilities which was improving their overall well-being outcomes. We also met children who were not engaged in any type of education.

In services where there was an independent school, we found children were generally engaged in the curriculum provided. Further detail regarding the quality of this provision is set out in Estyn's report in Appendix 3.

We found some children had been out of education for extended periods and reflected the concerns highlighted by providers that arrangements for children's education was not being agreed by the placing authority prior to placement. In these cases we found children were spending long periods of the day not positively occupied and often in bed until late morning. Inspectors noted some shortfalls in placing authorities ensuring children had a Personal Education Plan (PEP) in place.

The lack of continuity in education provision was often a significant factor in the disruption of children's placements as it led to a lack of routine, structure and boundaries, which undermined their overall well-being. Whilst some services had taken a proactive approach in highlighting these concerns with the placing authority, we were concerned to find others who accepted this situation.

WHAT CHILDREN TOLD US

Children told us about their different experiences of being in school; some told us school was important to them especially if they were in mainstream school as this made them feel 'normal' and they liked to mix with their peers. It was clear that some children felt very proud of their achievements and attributed this to the support they had received in the home and at school.

Others told us how their education had been disrupted and the negative impact this had on their life and they did not understand what the difficulties were. Others were so disengaged with education they had no views.

"My school's important to me."

"I feel proud I'm going to university, I've worked hard."

GOOD PRACTICE EXAMPLE

- In some services we found good working relationships between home and school, including joint planning to enable children to achieve their potential.

- Some services implement an integrated approach to providing care and education with a 24-hour curriculum, ensuring children's educational attainment was a focus of the overall delivery of the service.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Local authorities need to ensure children receive their education entitlement and multiagency strategies should be developed to ensure delays in children accessing education are minimised.

- Local authorities and providers need to ensure children have an up to date Personal Education Plan (PEP) in place and this is being regularly reviewed and updated.
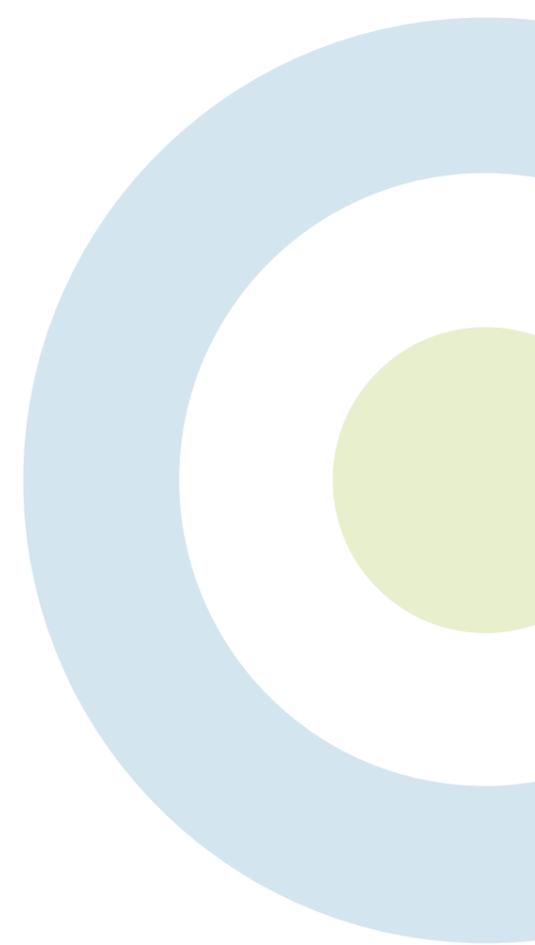
5. CHILDREN'S SOCIAL AND LEISURE NEEDS ARE MET

WHAT PROVIDERS TOLD US

Providers generally understood the importance of supporting children's social and leisure opportunities as part of the child's development.

They identified the following as some of the barriers to supporting children's involvement in social and leisure activities.

- Staffing levels, in some cases, meant children needed to take part in group-based activities with other children living in the home rather than on an individual basis.
- A few providers mentioned challenges in motivating staff to support children's involvement or in overcoming staff anxieties about supporting involvement in activities outside the home.
- Reluctance by some local authorities to agree participation in some community based activities, due to children's risk-taking behaviours leading to children becoming more isolated.

WHAT WE FOUND AT INSPECTIONS

Children were provided with an extensive range of experiences, including being part of local sporting teams, rock climbing, sub-aqua diving, holidays abroad and supporting friends to visit for tea. We also found children were supported in various ways to be actively involved in the community by attending the local youth club, volunteering and working in local facilities.

A number of homes provided care through an activity-based model with a positive approach to risk management which enables children to learn how to keep themselves safe and protected whilst engaged in a range of activities.

We found there was a real commitment to ensuring children spent their leisure time in a positive way. In the main children were experiencing positive outcomes, with their social skills improving which was significantly contributing to their overall emotional well-being.

WHAT CHILDREN TOLD US

Children raised some concerns about not having the same opportunities as children who are not care experienced and this made them more isolated. Some children told us they could not join in some activities because of restrictions placed by placing authorities.

However, children did report some very positive opportunities they had experienced and felt they were provided with excellent opportunities to participate in activities which they enjoyed.

They spoke about the lengths staff went in order to support them and special events such as birthdays were celebrated. They enjoyed a variety of activities in the community and within the home. The Friday evening takeaway was particularly popular.

Children in the main expressed they had sufficient money to take part in the activities of their choice.

> "I get to plan my activities for the week and this includes free time as well as house activities."
>
> "I play rugby for the local team and attend Scouts."

GOOD PRACTICE EXAMPLE

- A number of services actively promote the hobbies and outside interests of children, including those they had before living at the home with extra staff working to facilitate these.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Local authorities and providers should work together to share and manage risk to avoid imposing restrictions on young people's engagement in activities.

6. CHILDREN EXPERIENCE GOOD QUALITY CARE AND SUPPORT

WHAT PROVIDERS TOLD US

The majority of providers highlighted the importance of working in collaboration with the placing local authority and other relevant people in children's lives.

A number of providers set out the importance of being able to support children's needs through a range of in-house services, including therapy and education. However, they highlighted that some placing authorities are reluctant to provide permission for the child to receive the in-house services.

The importance of ensuring children had the best possible care by a competent and skilled staff team was cited by some providers as critical to children achieving good outcomes.

Some providers recognised the value of implementing models of care where staff are trained and skilled; have an understanding of the impact of early life trauma on children's ability to make secure attachments; and the resultant improvement in care and support to meet these complex needs.

They identified key issues which impact on their ability to provide the best quality care and support, which included the lack of or delayed access to health and education services and lack of local specialist services.

WHAT WE FOUND AT INSPECTIONS

We found where services operated within a clear and coherent model of care, children were making good progress in achieving their well-being outcomes. We saw some very positive examples where providers had achieved successful integration of care, education and therapeutic services. In these services we found children in the main were being supported to reach their potential and were secure in their relationships with staff. In some services staff were well trained in dealing with a range of children's complex needs, including sexual exploitation, sexually harmful behaviours and self-harm.

We saw examples where providers had been creative in how they supported children to achieve their goals and aspirations, with effective systems to ensure children were engaged in their care and were making good progress with their overall needs. In some services where they did not provide therapy and education, they worked closely with partner agencies to co-ordinate the different elements of support to children.

Some services employed therapists; however, in some cases this did not include direct support to the children. The therapist attended staff meetings and provided advice to the staff team periodically rather than direct interventions with children. This was a particular concern for children with complex needs where we found evidence of impact on their well-being.

Most services had an agreed model of behaviour management and in the main this focused on positive behaviour approaches, with staff having appropriate training. We saw individual behaviour plans in place for children within a number of services and children had been involved in the development of these. In the majority of services we observed staff modelling good standards of behaviour to children and in the main we found sanctions to be applied fairly, and in agreement with children, parents and/or the placing local authority.

We did find in a number of services physical interventions were more frequently used. This was often attributed to children having more complex needs and the ability of staff to appropriately manage these. In some services we found physical interventions were being used by staff who had not received the appropriate training, putting children and themselves at risk. It was also unclear how the placing authority was monitoring this through the social worker or independent reviewing officer.

WHAT CHILDREN TOLD US

Children made some very positive comments about the care and support they had received and told us their key worker was often instrumental in this. They valued the positive relationships they had developed with other care experienced children. Children told us continuity of relationships with staff and other children was important for them, particularly for those who had experienced placement disruption.

> "I am never alone"
>
> "I can be with other kids"
>
> "I love being in residential care"
>
> "I feel safe with staff, they calm me down"
>
> "The good thing about the home is having people who are for you"

Two children told us about feelings of insecurity and changes in the homes which had affected them.

> "I've seen too many people come and go – 5 staff and 12 children over a few years, so it's difficult to make relationships"
>
> "At the beginning I was unsettled in family life and the staff here supported me through every hard decision made and have gone beyond for my care here."

Some children discussed the therapeutic support they had received.

> "The therapy is the best thing about living in residential care"
>
> "Talking about my feelings and not keeping it in"

GOOD PRACTICE EXAMPLE

• Where services were operating with a coherent model of care such as 'Next Steps' we found children were making good progress in achieving their well-being outcomes.

AREAS FOR IMPROVEMENT & DEVELOPMENT

• Providers who are not delivering care to children through a recognised and well-researched model of care should review their current practices within their service.

• Providers must develop clear approaches to behaviour management including a strong emphasis on prevention and de-escalation. All staff must have training in appropriate methods of physical restraint.

• Placing authorities and providers should work collaboratively to ensure better oversight of children's behavioural needs, their risk-taking behaviours and ensure proactive measures are taken when there is evidence the placement is not meeting children's needs.

7. CHILDREN ARE SUPPORTED TO REACH THEIR POTENTIAL

WHAT PROVIDERS TOLD US

Providers described the importance of focusing on children's development needs and their progress throughout the placement to ensure they reach their potential. The importance of working within a model of care was recognised and programmes such as 'Next Steps' were used in a number of services to support children to receive the most appropriate care and support.

Providers highlighted the importance of supporting children to develop their independence skills, social responsibility and involvement in the local community as an important factor in providing children with a sense of belonging and developing their self-esteem. This linked with preparing them for moving on and a number of providers have independent living programmes. This was also seen as a key area in short break services in preparing children's transition to adulthood. A number of providers told us they were updating their care planning processes to be more outcome-focused and described the importance of children being involved in setting their goals.

Providers told us children did not always meet their full potential because:

- long term planning was limited, in some cases due to the placing authorities' care and support plans being based on the short term goals;
- placing authorities' decisions were often based on resources rather than the needs of the children;
- decisions were not made in a timely way for children who are approaching care leaving age, where children were described as being left in limbo because decisions had not been made;
- sometimes children do not want to be in the placement as they have experienced placement moves creating difficulties in getting them engaged in any programme of care and or education; and
- some children have experienced extensive trauma and neglect and as a consequence do not believe they deserve or are entitled to live in "decent or sustainable homes."

WHAT WE FOUND AT INSPECTIONS

In services where holistic care was provided we found this generally had a positive impact, with children making good progress towards their goals.

We found a continued barrier for children reaching their potential was their history and the number of placement breakdowns they had experienced. This often led to them having difficulty engaging with services and this compromised their well-being. In services where care was provided alongside education and therapeutic support this generally had a positive impact, with children making good progress; they were reaching their potential and were achieving good outcomes.

A number of services had models of care to support children's transition into adulthood and in the main we saw these were being effectively implemented. Local authority pathway plans did not always link with personal plans; in some cases this was due to delay in the placing authorities' decision making about the child's future.

WHAT CHILDREN TOLD US

Children talked about wanting support to move on. One child described how they had been supported to apply to join the armed forces by a member of staff who had come into work on their day off to take them for the interview. They spoke about the journey to becoming more independent as a gradual 'step by step' process and the importance of building trust between themselves and the staff, and how this contributes to their level of independence.

- "It's gradual — you gain it and then you gain it unsupervised ... on the bus with staff, then on the bus alone, then normal mobility"
- "I want to stay here a bit longer as I get a new job and want to move carefully and not rush it"
- "You build up trust with people ... As you gain trust you get more — like going on the train alone"
- "Staff are overprotective when it comes to computers"
- "I have come from a little 9 year old boy to a big 16 year old"
- "I get to go to town on my own"
- "I get free time"
- "I feel confident."

Children spoke about the importance of their key worker in helping them achieve their goals.

''It's good to have a key worker: they ask if I'm OK and help me to get the practical things I need''

GOOD PRACTICE EXAMPLE

- Care homes that place great importance on children having continuity of relationships, with both staff and other children, built on mutual trust and respect, supported by an effective key worker system.

- Care homes that model positive behaviour approaches where children are valued and respected, recognising their unique needs and strengths.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers who do not deliver independent living programmes should consider how they support children's independence skills, and their development into adulthood.

- Providers and staff need to place greater importance on the development of nurturing and trusting relationships with children.

8. CHILDREN FEEL SAFE AND ARE PROTECTED FROM HARM

WHAT PROVIDERS TOLD US

A thorough admissions process was recognised as being instrumental in keeping children safe, enabling them to identify any potential risks at the point of accepting the placement so appropriate planning could take place.

Providers highlighted key areas to ensure children are safe, including:

- an admissions process that enables planning and balancing the diverse range of needs of children placed within homes;
- risk assessments and working with children to develop individual safety plans, balancing children's independence with any potential risks;
- a stable, skilled and experienced staff group;
- relationships with local police officers and missing children's teams working together to support children and mitigate risk, and effective information sharing between agencies; and
- children being supported to be aware of and understand their personal safety and potential risks they could encounter in the community.

WHAT WE FOUND AT INSPECTIONS

In the main, appropriate safeguarding policies and procedures were in place and there was evidence to support appropriate responses to child protection concerns. Generally services were providing staff with safeguarding training, but often this was at a basic level and staff understanding of the complexities of some children's risky behaviours did not always ensure they were safeguarded appropriately. In some services clearer and more proactive risk assessments were required to ensure all staff consistently managed risks and behaviours in order to safeguard children better. In services where children were at risk of child sexual exploitation (CSE) or County Lines, Sexual Exploitation Risk Assessment Framework (SERAF) assessments were in place. However, we did find in some services these were not aligned with children's personal plans and on occasion did not provide effective safeguards for the children concerned. In some homes the behaviour of some children had adversely affected the well-being of others and their ability to feel safe and secure at the home.

The prevention and monitoring of children going missing from care is an area which requires improvement. We saw some services taking a proactive and responsive approach, whilst in others mitigating steps could have been better explored. We found there is a need for improved arrangements between providers, placing authorities, host authorities and police, to ensure children are appropriately safeguarded. We were concerned that we did not see evidence to confirm that placing authorities were routinely considering the risk of a child going missing when carrying out reviews. However, we also saw situations where staff had worked hard with children to reduce risk. In particular we saw incidents when children were new to the service, they would absent themselves from the home, but as they gradually formed relationships with staff and learned what the service entailed, these episodes diminished.

It is of concern that in some homes we found an increase in the level of criminal activity by children echoing the findings of the Laming review "In Care, Out of Trouble" (2016). We saw an increase in police cautions or charges, particularly for physical assault, often against staff, and criminal damage largely within the home. We found variation between geographical areas and services.

WHAT CHILDREN TOLD US

Some children told us they felt supported in gaining an insight into themselves and understanding their behaviours, as well as being given tools to avoid placing themselves in situations they did not want to be in. Generally they felt rules were fair and even if at times they did not like the consequences, they understood and recognised it was for their benefit.

The majority expressed that they felt staff supported them to keep them safe; however, not all reported that they felt safe all of the time in their home.

> ''I think the staff know how to protect the kids well and know how to look after them.''
>
> "Staff are kind and want the best for me."
>
> "Staff are fun and caring and I feel safe here and they know what to do when I can't manage my feelings and I feel safe like this".

GOOD PRACTICE EXAMPLE

- A service used mindfulness as a strategy to keep children and others safe. Anger management, self-soothing and reflective exercises are used as an approach with children to support them to keep safe.

- A number of providers have developed positive relationships with local police to support the home in working with children who engage in risk-taking behaviours and have Child Sexual Exploitation Ambassadors within staff teams.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Placing authorities and providers should review policies and practice in relation to thresholds for reporting children who are missing, ensuring these are consistent with guidance and do no place children at unnecessary and increased risk of harm, including criminalisation.

- Providers, local authorities and police should develop a multi-agency approach to review and reduce the incidents of criminal activity for children.

9. CHILDREN RIGHTS ARE ACTIVELY PROMOTED

WHAT PROVIDERS TOLD US

Providers understood their responsibilities in ensuring children's rights are upheld in accordance with the United Nations Convention on the Rights of the Child (UNCRC). They identified the importance of providing information to children so they can actively be informed of their rights, make decisions about their life and when things are not going so well, who they need to contact regarding this matter. They spoke about the importance of the key worker role in facilitating children's rights and the role they play in advocating on behalf of children. They stressed the importance of how staff support children to ensure their views are taken into account in many situations including statutory reviews.

Some providers described new initiatives including children being involved in interview panels for staff appointments and children's panels as part of quality assurance and service development. Others provided information sessions for children on their rights, bringing people in to talk about services available.

Providers discussed some of the barriers to promoting children's rights which included balancing children's desire for more freedom in the community, with a poor understanding of their own 'risky' behaviours.

WHAT WE FOUND AT INSPECTIONS

The majority of services promoted children's rights and the model of care actively involved children.

We spoke to children who told us they were aware of their rights, including how to complain and we saw some good examples where children were supported to make a complaint and seek support from advocacy services. We found in some services the arrangements for advocacy support for some children was good, with regular visits by Tros Gynnal and the National Youth Advocacy Service (NYAS). However, a number of children did not receive advocacy support for a variety of reasons, including that they were not aware of the advocacy arrangements; they had refused support; or were not clear what arrangements were in place.

This report has already highlighted areas where children's rights could be better promoted, including in decision making about placements; planning and reviewing their care; and access to education and healthcare. Other areas where support for children's rights should be improved are:

- having information about the service and involvement in the running of the home;
- taking part in play and leisure activities enjoyed by other children currently limited by concerns about health and safety; and
- being made aware of their rights e.g. if children's guides included information on their rights, advocacy and how to access the Children's Commissioner for Wales.

WHAT CHILDREN TOLD US

Children said that having their views heard was important to them; in the main they felt listened to, but did not feel they always had a positive relationship with staff. This then impacted on them having their rights promoted. Some children raised issues with the routines, structures and boundaries in place within homes. Bedtimes was one of the things about living in a home they wanted to see changed. An 18 year old stated the same 'rule' applied to everyone in the home regardless of age, and they were expected to be in their room by 9:30pm weekdays and 10pm at weekends.

> ''In our home, there are different bedtimes depending on your age. 8:30pm for 13 year olds, 8:45pm if you're 14. It doesn't mean you have to go to sleep. You can watch TV in your room.''

Children expressed concerns about their access to technology, and use of mobile phones for some.

- "They don't take my phone – I personally pay for it''
- "Others have to buy internet from their own money but have access to the house wi-fi''
- "Not allowed (a phone) for something I did ages ago (7/8 months). The phone is taken off others half an hour before bed.''

Maintaining contact with their families and friends was seen as an important aspect for children in the promotion of their rights. In the main they spoke positively about how this is supported by staff in the home. One of the most difficult things they found about living in residential care was not being with their families.

> "I miss my mam, I miss my mam."
>
> "Not seeing my brother."
>
> "At the moment, I am not seeing my family members."

Several young people emphasised the physical distances involved.

> "A 3 ½ hour drive to see my family."
>
> "Everything is good apart from living so far from family."

Children told us they understood the purpose of advocacy and how to ask for an advocate. Some issues arose about the independence of the advocate, with some accessing the service commissioned by the company rather than the local authority statutory advocacy provision. We were told of a situation where the same advocate had been in place for six years and they had been a consistent and calming presence in their life. However, we also heard of another scenario where repeated requests for an advocate had been made, and the child had been initially told by their social worker they "didn't need one". Some children said they had a good relationship with their social worker and did not want an advocate.

Children spoke about the importance of having a relationship with key people from the organisation and how this made them feel valued and listened to. For some children who had experienced many placements they differentiated between homes being run by a large company, where they never saw the owner, as opposed to a home run by a smaller company where they saw the owners frequently.

> "Sometimes they can be too much like a business than a care home. I never saw the owner."
>
> "Every day I have lunch with the owner."

GOOD PRACTICE EXAMPLE

- Care homes who support children to be involved in the National Assembly for Wales Youth Parliament.
- Providers who explicitly take a rights-based approach to care.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers and placing authorities should ensure advocacy arrangements are well promoted to ensure all children have equal access, including disabled children.

10. CHILDREN LIVE IN A WARM, SAFE AND NURTURING ENVIRONMENT

WHAT PROVIDERS TOLD US

A number of providers clearly understood the significance of the environment as part of their model of care, the importance of this in providing a therapeutic model and the critical aspect in securing attachments for children. The importance of this was particularly emphasised in those services provided to disabled children, specifically children with autism.

WHAT WE FOUND AT INSPECTIONS

In almost all services we found they provided a warm, comfortable and accessible environment for children with accommodation appropriately furnished and maintained. In services provided for disabled children consideration had been given to their needs.

Children were encouraged to participate in cleaning their own rooms and in the main they were supported to personalise their bedrooms. Individual identities and interests were also reflected in other areas of the home; their right to privacy was also promoted. They could access a range of communal areas including the use of kitchen facilities, although there were a small number of instances where their access was restricted. We did find some instances where children's bedrooms were locked daily and they were required to ask staff to open their bedrooms.

In some homes we identified concerns in relation to cleanliness, maintenance, furnishings and children being able to personalise the home. Often the situation was influenced by the property ownership; we found where properties are leasehold or rented this compounded the situation. In almost all homes visited, the external buildings and grounds were well maintained. In some situations the location of the home was not always in an area that was in the best interests of children. On occasion, these led to issues for children and sometimes the communities.

WHAT CHILDREN TOLD US

The feelings of ownership and safety were key themes for children about a home feeling like their home. The home being quiet was an important factor for some children, as was being able to stamp their personality on their room; this helped them to settle in and feel safe and secure.

They also talked about the importance of having a quiet or safe space where they can go to when they feel stressed or anxious; children reported they did not always feel safe in their home.

"My room"

A "quiet space"

"I feel safe but sometimes when I hear about bad things on the news that has happened in the local area it worries me slightly"

"I know how to keep safe by always making sure I stay in a large group and meet the guys (staff) for collection in a well-lit area to take me back home"

"I feel threatened sometimes by a person that I used to know, but he may try and come and see me."

"I have decorated my room loads of times"

"There are our pictures everywhere"

"I have a new life here, I feel safe in the home"

"It's my home. I've been here for ages"

"I'd like the house painted a different colour"

"I don't know how it could be made better"

"I don't have support to tidy my bedroom because I tidy it myself"

"I have part of the garden where I have a plant planted and with the weather how it is and the area isn't very well kept by the gardeners"

"I am happy with how the house looks from the outside"

GOOD PRACTICE EXAMPLE

- In a number of services consideration is given to how the environment meets the needs of disabled children and those with therapeutic needs.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers must ensure a proactive approach to repairs and resources to ensure the environment continues to promote children's well-being outcomes.

- Providers should undertake a location risk assessment prior to setting up a service.
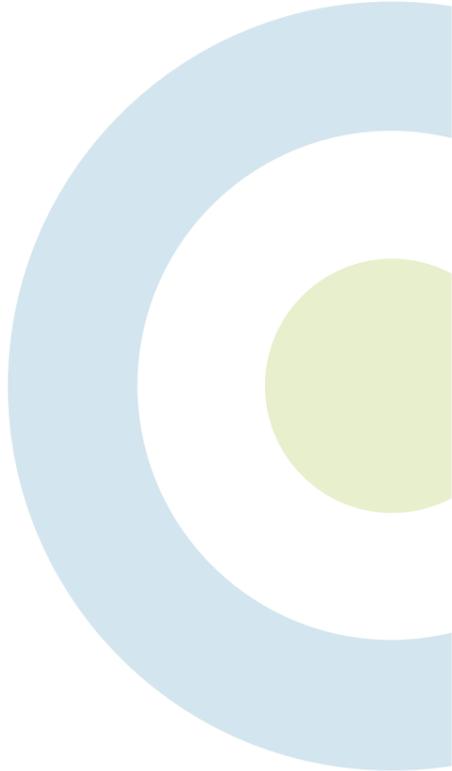
LEADERSHIP, MANAGEMENT AND QUALITY ASSURANCE

Effective leadership and management are of central importance to the successful operation of a care home for children and ensuring children achieve their well-being outcomes. The review has highlighted some of the key characteristics critical to the successful achievement of those outcomes, including:

- leaders and managers who are visible and accessible to children, staff and other key stakeholders;
- leaders and managers who have a clear vision for the service and the ability to articulate this in a way which ensures the service has a clear purpose, and which helps staff to develop and sustain a positive ethos and model of care;
- staff teams who have a shared understanding of what they are aiming to achieve, for and with children, and who have a strong commitment to supporting children's developmental needs;
- effective systems are in place to recruit, induct, supervise and develop staff;
- clear, accessible and up-to-date policies and procedures and effective day-to-day management arrangements to support practice;
- effective quality assurance systems, a commitment to continuous improvement and a culture which is open to independent scrutiny and constructive challenge; and;
- sufficient resources to provide good quality care and support.

In some services there was a clear sense of the vision and values in the way the service was described in its statement of purpose, and there was consistency between the statement and day-to-day management and practice. However, in others there was no evidence of these key components. In most instances, services had robust processes in place regarding the recruitment, selection, vetting and appointment of staff. Providers and this review have identified a gradual decline in the overall number of qualified residential childcare workers.

This is a significant area of concern, particularly in view of the increasing complexity of the needs of the children they work with.

We found children's communication needs could not always be met by staff with the relevant skills, for example using Makaton and Picture Exchange Communication System (PECS).

GOOD PRACTICE EXAMPLE

- Effective quality assurance and governance arrangements that actively seek the views of children to inform service planning and development.

AREAS FOR IMPROVEMENT & DEVELOPMENT

- Providers must ensure staff receive appropriate induction and training relevant to their roles and responsibilities and, significantly, those which are required to meet the needs of individual children.

- Managers and practitioners need to have training in assessment, planning and the review process.

- Providers must ensure prompt action is taken where there is a risk to the number, qualifications, training or experience of staff which may fall below what is needed to provide a good quality, safe service.

- Providers need to ensure they have in place effective and robust quality assurance systems as an integral part of developing and improving the quality of service provided to children.

PART 2:
PROFILE OF CARE HOMES FOR CHILDREN IN WALES

1. THE NUMBER OF CARE HOMES FOR CHILDREN SERVICES IN WALES

The data provides information from two points of collection for the year from 1st August 2017 – 31st July 2018, and at a point in time on 31st July 2018.

On 31st March 2018 there were 152 care homes for children providing 681 places.

By 31st March 2019, at the end of the review process, the number of care homes for children had increased to 178 providing up to 774 places, with 15 services offering dedicated short breaks for children.

This represented an increase of 12% of services and 6% of places since March 2018 (Figure 1).

Figure 1. Care home for children services and places March 2014 to March 2019

Places

Services
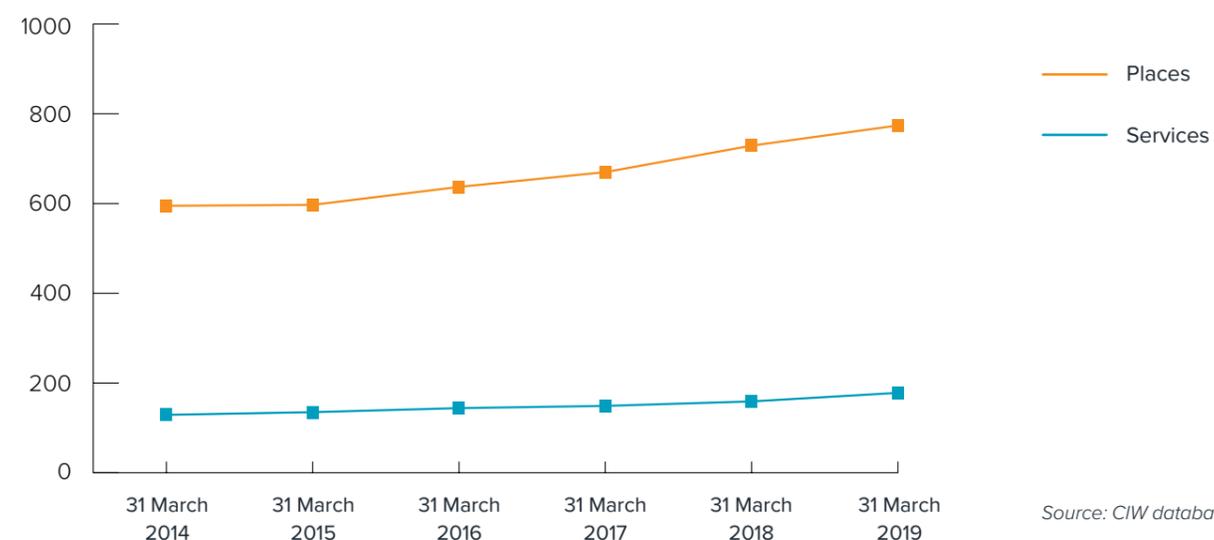
Source: CIW database

2. WHO PROVIDES CARE HOMES FOR CHILDREN IN WALES

Table 1. Providers of care homes for children in Wales as at 31ˢᵗ July 2018

Provider type	Percentage of homes	Percentage of places
Voluntary sector organisations	5%	5%
Private sector organisations	81%	78%
Local authorities	14%	17%
Total	**100%**	**100%**

Source: CIW database

- Thirty six private sector organisations provided care homes for children in Wales.
- The four largest private sector providers managed 28% of all care homes for children in Wales, providing 35% of all private sector places.
- Twelve of the 22 local authorities in Wales directly managed care homes for children. These provided a total of 113 places, with 46 for short breaks.
- The voluntary sector provided the majority of residential short break services.

LOCAL AUTHORITY PROVISION

Table 2. Local authority providers of care homes for children as at 31ˢᵗ July 2018

Local authority	Services	Places
Wrexham	1	4 (4)
Gwynedd	1	6 (6)
Conwy	2	13
Powys	1	9 (7)
Pembrokeshire	1	6 (6)
Swansea	1	4
Carmarthenshire	3	13 (8)
Newport	3	16 (5)
Bridgend	3	15 (5)
Rhondda Cynon Taff	3	16 (5)
Caerphilly	1	5
Cardiff	1	6
Total	**21**	**113 (46)**

Source: Providers' self-assessment. Figures in brackets were those dedicated for short breaks

Figure 2. Care homes for children by service size, as at 31ˢᵗ March 2019

Service size
- ○ Up to 5 places
- 6 to 10 places
- 11 to 15 places
- More than 15 places
- — Local Authority

Source: CIW Services 31 March 2019
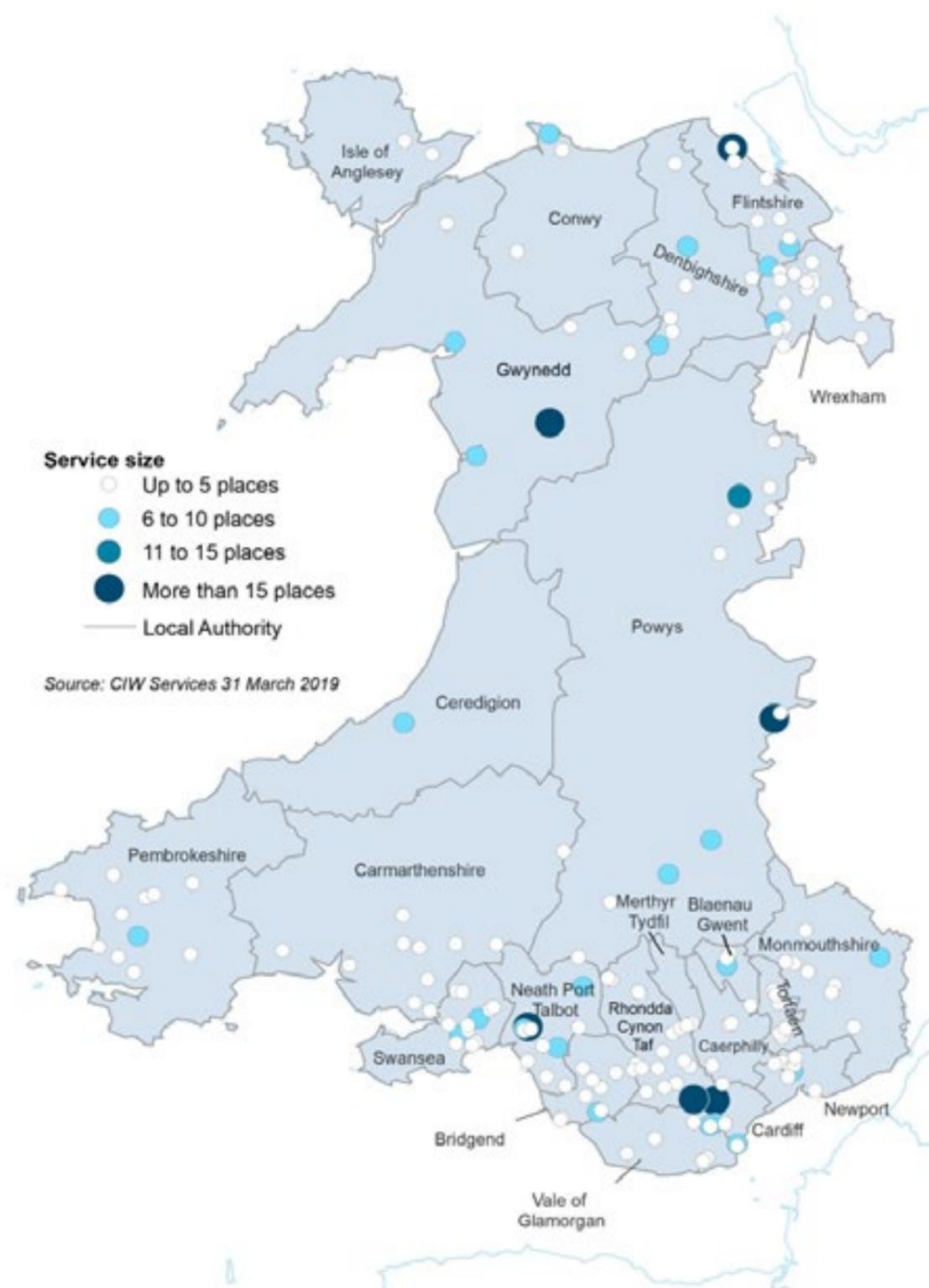
3. CHILDREN LIVING IN CARE HOMES FOR CHILDREN

CHILDREN LOOKED AFTER BY WELSH LOCAL AUTHORITIES

As at 31st March 2018, there were 6,407 children looked after by Welsh local authorities, a rate of 102 per 10,000 children aged under 18 (Table 3).

Table 3. Number of Welsh children looked after at 31st March 2014 to 2018

2014	2015	2016	2017	2018
5764	5613	5664	5943	6407

Source: Looked After Children Census Statistics for Wales (2018) Experimental Statistics: Children Looked After by Local Authorities, 2017-2018, 22 November 2018, SFR 112/2018
Excluding children who are looked after exclusively under short breaks, who normally live at home but are accommodated by a local authority in a series of short periods of care.

WELSH CHILDREN PLACED IN CARE HOMES FOR CHILDREN

Table 4. Welsh children looked after at 31st March 2014 to 2018 by location

	2014	2015	2016	2017	2018
All placements in regulated children's homes subject to children's homes regulations (Codes H3 & H4) [1]	210	220	220	230	250
All placements in residential care homes (R1) [2]	80	80	65	80	100
Total	290	300	285	310	350

Source: Stats Wales.

1 Code H3 is used for placements in all children's homes inside the local authority boundary which fall within the meaning of the Children's Homes (Wales) Regulations 2002. This includes maintained, controlled and assisted community homes (except where child is placed in a secure centre), voluntary sector homes, private registered homes and schools that are dual-registered as children's homes and private registered homes (as defined by section 1(6) of the Care Standards Act 2000). Code H4 is used for all children's homes outside the local authority boundary, defined as for H3.

2 Code R1 applies to residential care homes and nursing homes which fall within the scope of the Care Standards Act 2000. The services they provide will normally include an element of personal care or nursing care. Personal care in this instance generally means help with personal activities such as feeding, washing, etc.

LOOKED AFTER CHILDREN PLACED IN CARE HOMES FOR CHILDREN IN WALES BY ENGLISH LOCAL AUTHORITIES

Table 5. Children looked after by English local authorities as at 31st March 2014-18

2014	2015	2016	2017	2018
80	90	100	110	110

Source: Department for Education (England) Looked After Children Statistics Team.

On 31st March 2018 there were a total of 435 children placed in Wales, of which 325 children were placed by Welsh commissioners and 110 by English commissioners. This means 25% of placements in Wales as at 31st March 2018 were commissioned by local authorities in England.

4. LOCATION AND COMMISSIONING OF PLACEMENTS

Table 6. Capacity and use of care homes for children within local authority boundaries excluding short breaks as at 31st July 2018

Local authority	Capacity in local authority area	Places in use as at 31st July 2018	Percentage places in use as at 31st July 2018	Commissioned by Welsh authorities	Commissioned by non-Welsh authorities	Percentage Commissioned by non-Welsh authorities
North Wales						
Isle of Anglesey	7	6		2	4	
Gwynedd	41	29		5	24	
Conwy	16	7		5	2	
Denbighshire	32	29		8	21	
Flintshire	33	32		11	21	
Wrexham	57	46		28	18	
Sub-total	186	149	80.1%	59	90	60.4%
Mid/ West Wales						
Powys	66	55		32	23 (i)	
Pembrokeshire	35	29		24	5	
Carmarthenshire	24	19		17	2	
Ceredigion	0	0		0	0	
Sub-total	125	103	82.4%	73	30	29.1%
Gwent						
Blaenau Gwent	14	12		12	0	
Caerphilly	9	6		5	1	
Monmouthshire	32	18		13	5	
Torfaen	4	3		3	0	
Newport	18	14		9	5	
Sub-total	77	53	68.8%	42	11	20.8%
South Wales						
Vale of Glamorgan	25	21		18	3	
Cardiff	54	34		30	4	
Swansea	43	32		31	1	
Bridgend	23	18		17	1	
Neath Port Talbot	24	19		16	3	
Merthyr Tydfil	3	2		0	2	
Rhondda Cynon Taff	43	34		31	3	
Sub-total	215	160	74.4%	143	17	10.6%
Total	603	465	77.1%	317	148	31.8%

Source: Providers' self-assessment

(i)   Includes one placement commissioned by a health board in Wales.

Table 7. Placements by location of commissioner as at 31ˢᵗ July 2018 excluding short breaks

Welsh children placed in own local authority area	Welsh children placed in neighbouring local	Welsh children placed in other local authority area in Wales	Children placed in Wales by non-Welsh authorities	Total
103 (22.2%)	83 (17.8%)	131 (28.2%)	148 (31.8%)	465

6. PROFILE OF CHILDREN

LENGTH OF STAY FOR CHILDREN IN A HOME

Figure 3. Length of stay for children between 1ˢᵗ August 2017 and 31ˢᵗ July 2018 based on 151 Self-Assessment of Service Statements (SASS) from providers
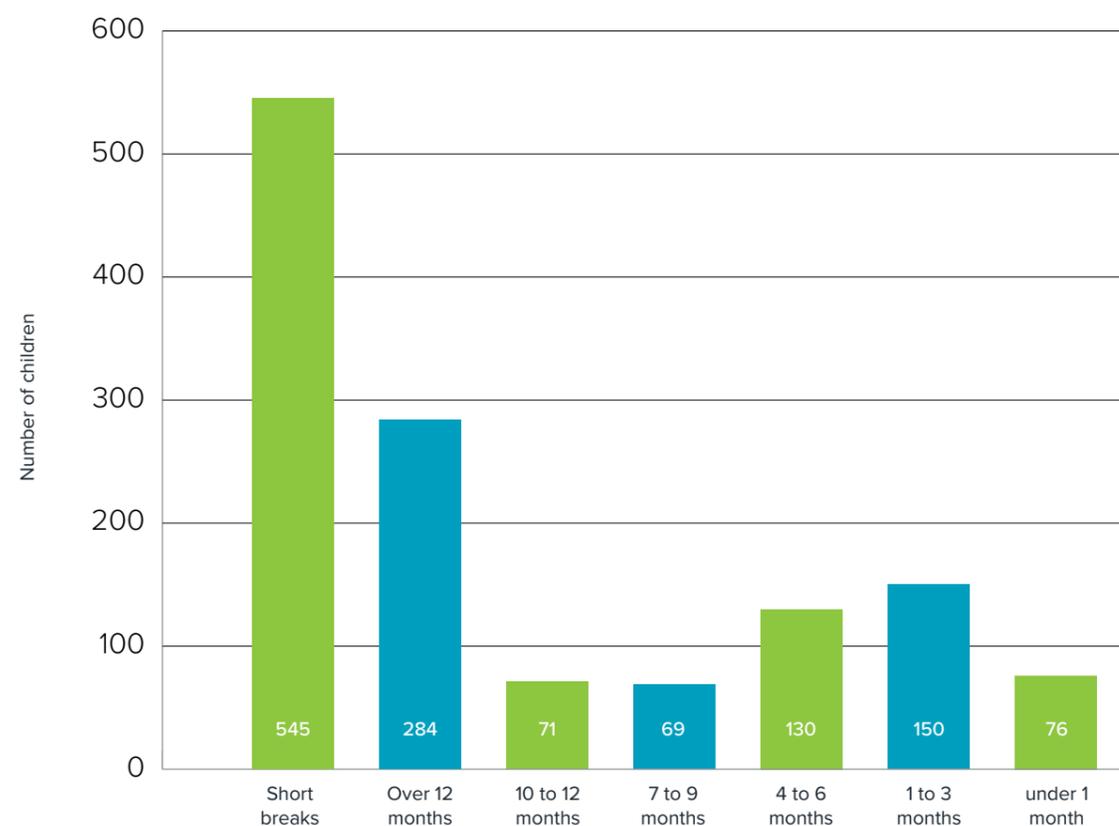
Source: Providers' self-assessment

GENDER OF CHILDREN PLACED

Table 8. Children by age and gender between 1ˢᵗ August 2017 and 31ˢᵗ July 2018

Gender	Under 5 years	5 to 10 years	11 to 15 years	16 to 17 years	18 and over	Total
Male	*	105	505	220	50	875
Female	*	35	270	145	5	460
Transgender	0	0	*	*	0	10
Non-binary	0	*	10	15	0	25

*Source: Providers' self-assessment. The following measures have been taken to minimise the risk of unwanted disclosure of personal data. All figures have been rounded to the nearest five. Where there are less than five children in any group, the actual number has been suppressed, and replaced by the symbol *.*

- During the year 67% of places were taken by boys. Of these, 90% were for 5 to 10 year olds compared to 62% for 16 to 17 year olds.
- There were 11 care homes which were gender specific; only one of these was for girls.

PREFERRED LANGUAGE AND COMMUNICATION METHODS

Table 9. Children's preferred language and communication needs between 1ˢᵗ August 2017 and 31ˢᵗ July 2018 (including short break care)

Children's language preferences	Number	Percentage
Welsh	46	3.0%
English	1076	77.0%
Other spoken language	5	0.4%
British Sign Language	9	0.7%
Makaton	69	5.0%
Other communication method	189	13.6%
Total	1394	100.0%

Source: Providers' self-assessment

7. THE WORKFORCE

This data has been taken from the Self-Assessment of Service Statement (SASS) of 151 children's care home services in Wales.

RESIDENTIAL CHILD CARE MANAGERS AND WORKERS BY GENDER AND SECTOR

Table 10. Residential child care managers and workers by gender and sector as at 31st July 2018

	Charitable company/ Charitable Incorporated Organisation	Limited Company/ Public Limited Company	Local authority	Total
Residential child care managers				
Male	14%	42%	22%	38%
Female	86%	58%	78%	62%
Transgender	0%	0%	0%	0%
Non-binary	0%	0%	0%	0%
Residential child care workers				
Male	24%	42%	27%	39%
Female	74%	58%	73%	61%
Transgender	1%	0%	0%	0%
Non-binary	0%	0%	0%	0%

Source: Providers' self-assessment

The SASS identified that 61% of residential child care managers and 62% of residential child care workers are women. There were differences between public, private and voluntary sectors in the gender profile, with local authorities and third sector having a higher proportion of female managers and workers.

WELSH LANGUAGE

The proportion of staff being able to communicate bilingually in Welsh and English was 12% and similar to the overall profile of those registered with Social Care Wales.

OTHER COMMUNICATION SKILLS

Thirteen staff were identified as having been trained in the use of Picture Exchange Communication System (PECS) and seven in Makaton sign language. Six staff were identified as having skills in other European languages including Hungarian, Romanian, Greek and Polish.

EMPLOYMENT STATUS AND SICKNESS

It was identified that 89% of all staff were on permanent contracts and reported staff sickness levels were relatively low at 2.4%.

STAFF TURNOVER

Between 1st August 2017 and 31st July 2018, 922 managers, staff and others (which included domestic staff) commenced employment and 642 left employment. A significant number of employees identified moving to another children's home or for career progression within the sector as the most common reason they had left the home. However, one of the most frequently cited reasons for staff leaving a home included to take up jobs in other fields/to pursue a career change.

DATA FROM SOCIAL CARE WALES

REGISTRATION AND CODES OF PRACTICE

Social Care Wales as the regulator for the workforce has published a Code of Professional Practice for the Social Care Workforce. All prospective registrants must agree to follow the Code when they register and may be subject to fitness to practice proceedings if they are found to have failed to meet the standards. The Employers Code is enforced by CIW. Residential child care managers have been required to register with Social Care Wales since 2007.

In April 2018, there were 205 registered managers, an increase of 5% from 195 in 2017. Of these, 197 were working in residential child care. The Register increased by 24% between 2013 and 2018, including a rise of just over 7% between 2017 and 2018.

Of those for whom employer information is available:

- 78% were working in the private sector;
- 14% worked in the local authority sector; and
- 8% worked in the third sector.

QUALIFICATIONS

In April 2018, 46% of the workforce held the current Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales and Northern Ireland. The remainder held recognised predecessor or equivalent qualifications. The percentage of residential child care workers on the Register who are qualified decreased from 60% in 2013 to 51% in 2018.

QUALIFICATIONS BY GENDER AND SECTOR

Table 11. Completion of Induction Framework and required qualifications by registered residential child care Workers by sector and gender as at 31st August 2018

	Private sector		Voluntary / third sector		Local authority		Not known / not employed	
Completion of:	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
Induction Framework	625 (60%)	417 (52%)	57 (37%)	16 (29%)	61 (20%)	40 (30%)	54 (53%)	40 (60%)
Required qualifications	422 (40%)	384 (48%)	98 (63%)	39 (71%)	245 (80%)	94 (70%)	47 (47%)	27 (40%)
Total	1047	801	155	55	306	134	101	67

Source: Social Care Wales registration data

TURNOVER OF MANAGERS AND WORKERS ON THE SOCIAL CARE REGISTER

According to the 2017 workforce profile, almost a quarter of workers who left the Register during the previous 12 months had been registered for less than a year, and 63% had been registered for fewer than three years. Between 2017 and 2018, 214 workers left the Register and 398 joined. Of those who left:

- 70% did not maintain their registration;
- 8% changed role to a residential child care manager; and
- 2% were removed by a Social Care Wales fitness to practice committee.

REGISTERED MANAGERS AND WORKERS BY GENDER AND SECTOR

Table 12. Residential child care managers registered with Social Care Wales by gender and sector at 31st March 2018

	Private sector		Voluntary / third sector		Local authority		Not known / not employed	
	Female	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**	**Male**
Residential child care managers	90	65	15	*	20	5	5	*
Residential child care workers	1050	800	155	55	305	135	100	65
Total	1047	801	155	55	306	134	101	67

*Source: Social Care Wales registration data. The following measures have been taken to minimise the risk of unwanted disclosure of personal data. All figures have been rounded to the nearest five. Where there are less than five children in any group, the actual number has been suppressed, and replaced by the symbol *.*

Among residential child care managers, the overall ratio of women to men was approximately 2 to 1 (132 women, 73 men). However, there were differences between sectors in the profiles of managers by gender; the third sector had the highest proportion of female managers (93%) followed by local authorities (76%) and the private sector (59%).

ETHNICITY

In April 2018, 95% of managers and 96% of workers identified themselves as white, white British, white Welsh or white Irish.

WELSH LANGUAGE

Between 2014 and 2018 there has been a gradual increase in the percentage of residential child care managers and workers identifying themselves as being fluent in Welsh and as having some Welsh (Table 13).

Table 13. Welsh language ability of residential child care managers and workers - 2014 to 2018

	Percentage of residential child care managers		Percentage of residential child care workers	
	2014	**2018**	**2014**	**2018**
Fluent	10%	12%	10%	11%
Some Welsh	17%	21%	21%	27%
No Welsh	73%	67%	69%	62%

Source: Social Care Wales registration data

APPENDIX 1:
VOICES FROM CARE

During our consultation events children were asked to describe their views about their care experiences and categorise them under headings: T-Shirts = OK; Pants = not very good; Socks = needed to be pulled up or improved.

T-Shirts	Pants	Socks
Money for things that are needed e.g. support buying moped and licence.	Rules.	My behaviour.
I am never alone.	Nothing so far.	Nothing.
I can be with other kids.	Sometimes I don't like the rules.	Nothing.
Talking about my feelings and not keeping it in.	Behaviour.	Waiting for shift changes.
Rewards.	Bedtime, food, mornings, people.	Some people can be quite childish and very loud.
Going to high school and meeting new friends.	Different rules for different people.	The no girls system.
Making new friends in the home.	The people who I live with.	Rules for home changing.
Seeing my family sometimes.	Rules.	Later bed time.
Getting money and treats for being good.	Bossy, Boring.	Choosing my bedtime.
Someone inspecting the place regularly.	Not seeing my brother.	Bedtime.
School attitude.	Staff are over protective when it comes to computers.	Try not to be sassy.
The house manager.	A 3.5 hour drive to see my family.	Trying not to have attitude with staff.
Key workers.	Everything is good apart from living so far from family.	One rule for all.
I have come from a little 9 year old boy to a big 16 year old.	We don't get sweets every day.	Having coffee.
We get to go on activities.	We don't like boys in our home.	Food.
You get to see your family.	Other young people slamming doors, hurting each other and embarrassing me.	Needing to do my washing up.
Getting on with people.	I miss my Mam, I miss my mam.	Better food choice.
I love being in care.	Sometimes they can be too much like a business than a care home.	
I get free time.		
I get to go to town on my own.		
Nice house.		
The Therapy is the best thing about living in residential care.		
Our onsite school is a great part of residential care.		
Having your own space.		
Decent people.		
Food, Money, location & other residents.		
I feel confident.		
Nice staff, clean home and nice location.		
Pocket money to get stuff.		
You get £50 every month for new clothes.		
Rewards and trips.		

APPENDIX 2:
METHODOLOGY

The methodology for the review included the following elements.

THE SELF-ASSESSMENT OF SERVICE STATEMENT (SASS)

All registered care home for children providers were required to undertake a SASS. This sought information from a census point of 31st July 2018 and between 1st August 2017 and 31st July 2018.

Providers gave a self-assessment of the quality of care they were providing in relation to the following 10 key areas. They were required to identify areas of good practice, areas for development as well as challenges or barriers.

- How well children are introduced into the home
- Children have a personal plan that identifies their individual care and support needs
- Children's health needs are met
- Children's educational needs are met
- Children's social and leisure needs are met
- Children experience good quality care and support
- Children are supported to reach their potential
- Children feel safe and are protected from harm
- Children's rights are actively promoted
- Children live in a warm, safe and nurturing environment.

As of 1st April 2019, 151 of the 152 services which fell within the scope of the review had completed the SASS. These services accommodated a total of 500 children as at 31st July 2018 and a total of 1,361 children between 1st August 2017 and 31st July 2018.

INSPECTION VISITS TO CARE HOMES FOR CHILDREN

Inspections took place at 56 registered children homes across Wales, and represented a sample across all registered providers. These were undertaken under the legislative frameworks of either the Care Standards Act 2000 or the Regulation and Inspection of Social Care (Wales) Act 2016. These included a focused review of the 10 key areas included in the SASS.

ENGAGEMENT WITH CHILDREN

The review included engagement with children.

Voices from Care Cymru were commissioned to facilitate engagement events during January 2019 in Wrexham, Llanelli and Treforest.

Inspectors consulted with children about their experience of the home either individually and/or in small groups during the inspection of the services.

Children and young people also had the opportunity to provide feedback via an online questionnaire.

STAKEHOLDER ENGAGEMENT

In July 2018, we facilitated engagement events for providers to consult on the methodology of the review.

We have been supported by a stakeholder group with membership from the following organisations:

- Voices from Care Cymru
- Welsh Government policy
- Social Care Wales
- Estyn
- Children's Commissioning Consortium Cymru
- Heads of local authority children's services
- Welsh Government Police Liaison Unit
- Children's Commissioner's Office (observer)

CONTRIBUTIONS FROM OTHER ORGANISATIONS

- Summary report for Voices from Care Cymru (Appendix 2).
- Data provided by Social Care Wales in relation to the residential child care workforce.
- A report on independent special schools attached to a registered children's care home provided by Estyn (Appendix 3).
- Data provided by Welsh Government and the Department for Education in England based on their respective census data concerning children who are looked after and living in care homes for children in Wales.

APPENDIX 3:
ESTYN REPORT ON INDEPENDENT SCHOOLS

ABOUT ESTYN

Estyn is the office of Her Majesty's Inspectorate for Education and Training in Wales, and is independent of, but funded by, the National Assembly for Wales. The purpose of Estyn is to inspect quality and standards in education in Wales.

Estyn uses a common inspection framework for all inspections of education and training providers in Wales. Under this framework, providers are judged under five inspection areas:

1. Standards
2. Wellbeing and attitudes to learning
3. Teaching and learning experiences
4. Care, support and guidance
5. Leadership and management

Providers are judged using a four point scale:

- Excellent – Very strong, sustained performance and practice
- Good – Strong features, although minor aspects may require improvement
- Adequate and needs improvement – Strengths outweigh weaknesses, but important aspects require improvement
- Unsatisfactory and needs urgent improvement – Important weaknesses outweigh strengths.

CONTEXT

This report provides an overview of findings from the independent school sector; a number of these schools are run by the provider of the care home for children where children living in the care home will be attending the independent school.

In January 2019, there were 35 independent special schools in Wales, three more than in January 2018. Independent special schools educate pupils aged from 3 to 19 who have a wide range of needs, including autistic spectrum disorder and social, emotional and behavioural difficulties. Many of the schools are small and pupils usually live in children's homes attached to the schools.

A minority of these schools also educate day pupils or pupils who reside in children's homes not attached to the school.

In addition to full inspections, Estyn carries out regular monitoring inspections of independent special schools, usually every 12 to 18 months. For full inspections, inspectors use the framework and apply the judgements described above. For monitoring visits, inspectors make no judgements. Instead, they use the common inspection framework to evaluate a school's strengths and weaknesses and make recommendations for improvement.

During full inspections and monitoring visits, Estyn also judges the extent to which the school complies with the Independent School Standards (Wales) Regulations 2003 (National Assembly for Wales, 2003).

Over the period of the CIW review from July 2018 to February 2019, Estyn conducted four full inspections and 14 monitoring visits. This represents just over half of the overall total of independent special schools registered with Welsh Government. Fourteen of the schools visited during this period are registered with CIW for children's homes attached to the school.

COMPLIANCE WITH INDEPENDENT SCHOOL STANDARDS (WALES) REGULATIONS 2003

Three of the four independent special schools inspected and three-quarters of schools visited as part of the monitoring process complied with all of the Independent School Standards (Wales) Regulations 2003. One of the four schools inspected and four of the schools visited as part of the monitoring process failed to meet at least one of the Standards. Three schools failed to comply with Standard 1: The quality of education provided. In these schools, there are shortcomings in curriculum planning and schemes of work, and learning experiences do not match well to pupils' needs, particularly in regard to the provision for personal, social and health education. As a result, pupils do not make enough progress and are not prepared well enough for the challenges of life in the community when they leave school.

Two schools also failed to comply with Standard 4: The suitability of proprietors and staff. In both cases, this is because the responsible individual of the school had not had their disclosure and barring certificate countersigned by the National Assembly in accordance with the regulation, due to recent changes in the proprietor or headteacher of the school.

One school failed to meet the regulatory requirements for Standard 3: Welfare, health and safety of pupils.

SUMMARY OF INSPECTION OUTCOMES (SEPTEMBER 2018 TO FEBRUARY 2019)

STANDARDS

Pupils attending independent special schools have a wide variety of social, emotional and special educational needs. Many have experienced significant disruption to their formal learning before joining the school. As a result, there is considerable variation in their individual starting points and motivation. It is not appropriate to compare the standards pupils achieve at these schools with national averages because of the wide range of pupils' emotional and special educational needs.

In three of the independent special schools inspected during this period, and in many of the schools visited as part of the monitoring process, pupils make at least good progress in their learning in relation to their starting points and abilities. Many pupils develop their literacy skills well; for example, they improve their reading skills effectively from their baseline scores and develop more secure writing skills. Many pupils consolidate and improve their numeracy skills. They become more confident in applying these across the curriculum, and in relation to real life contexts that support their future independence well, such as budgeting and travel.

In these schools, pupils make particularly strong progress in developing relevant communication and social skills. They listen carefully to each other and to teaching staff, and answer questions confidently using subject specific language accurately. Less confident pupils respond positively to teachers' questioning to extend their answers and justify their opinions with increasing confidence. Many pupils develop their thinking and problem-solving skills well. For example, they plan and prepare their own meals or apply the skills they learn in school to work experience placements in the community. This helps them to become more independent in their daily lives.

By the time they leave the school, many pupils achieve a worthwhile range of nationally recognised qualifications at entry level. A few pupils achieve GCSE qualifications in subjects such as English, mathematics and science. Overall, the progress pupils make in developing their skills supports pupils well in making successful transitions to appropriate destinations that are relevant to their needs and abilities.

In one of the schools inspected and in a minority of the schools visited during this period, pupils' progress in developing their literacy, numeracy and information communication technology (ICT) skills is inconsistent. Generally this is because they do not use these skills regularly enough in real life situations or apply them purposefully in subjects across the curriculum. In a few schools, the presentation of pupils' written work is poor, and there are insufficient opportunities for pupils to achieve qualifications that support vocational progression or future learning pathways. Pupils make limited progress against the targets in their individual education plans (IEPs) because of shortcomings in target-setting or in the school's tracking and monitoring of progress.

WELL-BEING AND ATTITUDES TO LEARNING

In all of the schools inspected during this period, and in most of the schools visited as part of the monitoring process, pupils make at least good progress in improving their standards of well-being and attitudes to learning. In nearly all schools, pupils develop productive working relationships with staff who support them very effectively to develop their self-esteem and resilience when faced with challenges in learning. Over time, because of the co ordinated support they receive from staff, pupils learn to manage their anxieties successfully and improve their behaviour in relation to their individual needs. This helps them to engage constructively in lessons and build their social skills and self-confidence.

Many pupils attend school regularly and are punctual for lessons. In lessons, they work effectively independently and together with their peers. They take pride in their work and are eager to share their achievements and the progress they have made in their learning with visitors. They apply themselves well to tasks and maintain their focus to complete these successfully. In these schools, many pupils develop their leadership skills appropriately and contribute constructively to the life of the school and the local community.

During their time at school, many pupils develop a secure understanding of healthy lifestyles, and learn how their choices will impact on their future lives. For example, many pupils take part regularly in physical exercise and can explain the benefits of a healthy diet. Importantly, many develop their understanding of healthy relationships through well-planned therapeutic

interventions and the school's provision for personal and social education.

In a minority of schools visited as part of the monitoring process during this period, the attendance of a few pupils is too low. These pupils make slow progress in managing their behaviour and do not engage well in learning. They do not respond well to staff support and leave lessons early without completing tasks.

TEACHING AND LEARNING EXPERIENCES

In two of the schools inspected and in around half of the schools visited as part of the monitoring process, teaching and learning experiences are good. In these schools, the school provides a broad and relevant curriculum that meets the needs of pupils well. Curriculum planning includes a strong focus on developing pupils' literacy and numeracy skills, as well as the wide range of skills pupils will need in their future lives, for example, through the provision for outdoor education, independent living skills and work experience. These schools develop beneficial partnerships with local businesses and colleges to provide valuable opportunities for pupils to apply their learning to real life contexts relevant to their future pathways.

In these schools, teachers use secure subject knowledge to plan challenging lessons that build suitably on pupils' prior learning. Teachers and learning support assistants work together very effectively and know their pupils' strengths and areas for development extremely well. They share high expectations of pupils' behaviour and progress, and provide highly effective support and challenge for pupils. They tailor the curriculum skilfully to individual pupils' needs and provide a stimulating variety of well-planned activities that extend pupils' problem-solving skills.

In two of the schools inspected and in around half of the schools monitored, aspects of teaching and learning experiences require improvement. Generally, this is because teachers set learning activities that lack challenge and are not tailored well enough to pupils' abilities and needs. Teachers are overly reliant on a limited range of approaches to teaching such as the use of worksheets, and do not include sufficient opportunities for pupils develop their independent learning. In these schools, there is a lack of continuity and coherence in curriculum planning, and teachers do not provide enough opportunities for pupils to develop their literacy, numeracy and ICT skills progressively across the curriculum. As a result, pupils make

inconsistent progress in developing these skills.

In a minority of schools, the curriculum is too narrow. There are limited opportunities for pupils to follow accredited courses, or to access colleges of further education and learning experiences in the community.

CARE, SUPPORT AND GUIDANCE

Provision for the care, support and guidance of pupils is good or excellent in three of the schools inspected over this period, and is a strong feature in many of the schools visited as part of the monitoring process. In these schools, teachers and support staff have a strong understanding of the needs and abilities of their pupils. Teachers and leaders gather a wide range of evidence to monitor and track pupils' progress in learning effectively. They consider this information carefully together with data on attendance, behaviour and other aspects of pupils' well-being to provide a robust record of the progress pupils make over time. They use this information skilfully to implement a beneficial range of interventions that support pupils' needs very successfully. A particularly effective feature of this aspect of schools' work is the partnership between teaching, residential and therapeutic staff. In many schools, this well-co-ordinated joint working promotes a highly consistent approach to helping pupils manage their complex needs and improve their attitudes to learning. Over time, this approach helps significantly to build pupils' confidence, engagement and perception of themselves as successful learners.

Many of these schools place a strong and suitable emphasis on equipping pupils with the skills and knowledge they need to make healthy lifestyle choices in adult life, both through the planned curriculum and specialist therapeutic interventions. They provide worthwhile advice and guidance on careers and independent living, which supports most pupils to make a successful transition to further education or training, employment, and supported or independent living when they leave school.

In one of the schools inspected and in a minority of the schools visited, aspects of the provision for care, support and guidance require improvement. In particular, baseline assessments of pupils' skills are not robust enough, and arrangements for staff to track and monitor pupils' progress across the curriculum are not robust enough, and arrangements for staff to track and monitor pupils' progress across the curriculum are underdeveloped. In a few schools, teachers do not plan well enough for pupils' personal and social education.

As a result, pupils are not prepared well enough for the responsibilities and challenges of life in the community when they leave school.

LEADERSHIP AND MANAGEMENT

Leadership and management are good in two of the schools inspected and are a strong feature in around half of the schools visited as part of the monitoring process during this period. In these schools, leaders provide strong and purposeful leadership which focuses well on improving provision and outcomes for pupils. They communicate a clear vision for the school that promotes effective teamwork between education, residential and specialist staff teams. As a result, they create a positive and nurturing ethos that supports pupils' needs effectively. In these schools, leaders have a clear understanding of the school's strengths and areas for development and have suitable processes to track and monitor individual pupils' progress and well-being. Leaders are outward facing and engage appropriately with other providers to identify good practice that strengthens their work and benefits their pupils.

In two of the schools inspected, and in around half of schools visited as part of the monitoring process, important aspects of leadership and management require improvement. In particular, self-evaluation and improvement planning activities are not rigorous enough. In these schools, the information leaders collect on pupils' progress does not focus clearly on the standards of pupils' skills and is not used well enough to identify whole school areas for development. Priorities for improvement do not specify clearly enough precise actions to be taken, or identify clearly the resources or time to effect change successfully.

In a minority of schools visited as part of the monitoring process, there is no permanent headteacher and the long-term arrangements for the senior leadership of the school are uncertain. This creates uncertainty about the future direction of the school and does not help the school plan confidently for improvement.