



National Centre for Excellence in Residential Child Care

A NCERCC response to the Care Review

We have read 50-60 responses. Guess others have too. It strikes us that whatever anyone wants to find in it can be found.

Currently for us it achieves neither of Raymond Williams 'to make hope possible rather than despair convincing'

There are some that accept the review unreservedly.

Others engage critically, some with more critique than others.

The Care Review itself has gaps and spaces (one person described the Care review as 'A care system with all the messy bits taken out').

The responses are made from the writers' own experience and standpoint, often their professional or organisational interest/territory is apparent, not everything is addressed, and more gaps and spaces occur.

1. General

With regard to Residential Child Care the Care Review is not radical and needs to show the reasoning of its recommendations.

- Facing the reality it would have been reasonable to have written a radical document
- There is too much that is not explained, showing the reasoning is important. There is an old RCC saying, 'Show don't tell.'

There is both a greater liberalisation and localisation as well as a greater control and centralisation. It is not deregulating but reregulating. Here's how.

The review recommends the creation of 3 new national bodies and a National Children's Social Care Framework which will "set the objectives, goals and values and guide underpinning practice for all those delivering children's social care, accompanied by a balanced scorecard to measure success".

The three proposed bodies are:

- National Reform Board – "to oversee implementation of the review's recommendations and monitor system feedback"

- National Practice Group – “to take oversight of setting direction on questions of practice in children’s social care, including the voices of practice, evidence and lived experience”
- National Data and Technology Taskforce – “to coordinate local authority and national action to achieve progress on use of data and technology”

It is apolitical and ahistorical in its portrayal of children and their care.

The current context of the Care Review is vital, and missing. Knowing how we got here matters.

It does not address deprivation and disadvantage, how scarcity and rationing are constructed.

2. Matters Arising

The family focus actively cancels the needs of some children and some forms of care, notably Residential Child Care.

There are some children at some time in their lives who for some reasons may benefit from not living in a family. They may need relief or recovery, safety or specialism, reparation before reunification. Residential Child Care offers a restorative space.

Reading the Care Review is being reminded of the Curtis Committee of 1946 and of the 1948 Act with all the whirling rhetoric, encapsulated in the heated disagreement between Bowlby and Winnicott with the form summarised as ‘better a bad family than Residential Child Care’, whereas the latter was for keeping all options open.

It is a sobering thought that next year 2023 will be 75th year we will have been discussing this issue.

Relationships foreshadows further changes of professional language?

This word is ill defined by the Care Review. One of many aspects with a change of language. What does this foreshadow? NCERCC is thinking on this subject.

There is now an existential threat to 1/3rd of Residential Child Care

Ofsted ‘research’ is quoted as finding 1/3rd of children in children’s homes had fostering on their care plan. ([Why do children go into children’s homes? - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/why-do-children-go-into-childrens-homes) Putting aside the small scale, possible unrepresentativeness, and definite incompleteness, according to Ofsted, of this ‘research,’ (see later comments) there may be for example, 1/3rd of children in fostering for whom Residential Child Care is required but for whom there are no fostering places available. Add to this the numbers in unregulated or what is now assigned as ‘semi-independent.’

It reads as though the Care Review has not taken these into account. The financial savings appear to be made on the basis of the loss of 1/3rd of Residential Child Care.

The worries over a substantial percentage of current children's homes capacity has been heightened by the remarks made by Isabelle Trowler, the Government's Chief Social Worker made on BBC R4 World at One 23 05 22 ([World at One - 23/05/2022 - BBC Sounds](#))

- 33.39 "What the review is saying is that there is too many children trapped in residential care at very high cost and money could be used so much more effectively if we bring it out of that part of the system"
- 34.26 "there are some incredibly complex children that will need very very niche children's home settings and private sector might be able to do that"

We have been the way of closing children's homes before. The places where the experiment has been tried all had unique circumstances not found elsewhere. To summarise, it did not work as planned, a great deal of complication followed. After a few years homes had to be opened but the knowledge and expertise have left the organisation. 'Closing children's homes' by Cliffe and Berridge is required reading in its entirety, no selective reading or extracts will suffice.

There is a lengthy list of unanswered questions

Which homes will close? Will the closures be planned? What knowledge and experience will be lost? How do we recognise that the residential sector has to be of a size to support specialisms? Doesn't having a smaller sector mean even less availability?

How can there be a move to close children's homes when demand is rising?

Research into rightsizing residential child care is essential.

The Care Review makes research into the 'Rightsizing of Residential Child Care' essential.

Rightsizing will come through

- collating all the diverse needs of all the children who are living in the Residential Child Care and who need to
- collating the diverse provision that is Residential Child Care (all the types of children's homes, residential special schools, Tier 4, etc), and its close associates such as intensive foster care, and the growing number of unregulated crisis or semi-independent settings.

Ofsted research above notes that the 'children in care are very diverse'. Ofsted emphasise the 'crucial part that children's needs play in the discussion about sufficiency, and that their needs can be multifaceted'. They plan to publish more

They observe 'our collective knowledge is poor. Although the DfE's national collection of data on children in care captures some information, this is at a very high level and only captures one element of need. To understand sufficiency properly, we must better understand the extent of the needs of children in care, and better

understand the dynamics experienced by the children, their carers, LA senior managers, social workers, commissioners and independent reviewing officers. **In order to do this, it is necessary to carry out a proper national audit of the needs of children in care. (NCERCC added bold).**

NCERCC stands ready to share its knowledge, expertise and methodology in this endeavour. Through linking internationally NCERCC has a rich resource regarding the many models of care to be found in RCC, and which need applying in a bespoke manner to meet local need. **NCERCC's insight is that it is not 'what works' but 'what works for whom'.** This comes from sector knowledge and experience being applied specific situations.

For a long while NCERCC has advocated a granular needs analysis be undertaken by all local authorities. On this basis we can plan how much of what is needed and where. It is on this basis that we can plan rather than procure. It is on this basis that specificity replaces speculative placements made through current descriptive sufficiency thinking and data.

NCERCC makes these observations from experience. NCERCC is working with local authorities analysing needs and planning future provision. It looks different that it does today.

Workforce

There is to be yet more research into the Residential Child Care workforce.

The most important aspect is absent from the Care Review, there needs to be a whole children's workforce strategy. The Children's Workforce Development Council was closed 10 years ago. It is time for it to be reopened. If the research was conducted by such an organisation then it would have a greater degree of credibility and there would be trust in the findings. Research by a chosen group or by the WWinCSC given its publications regarding Residential Child Care would introduce questions as to the sound basis for policy and practice development.

Having recently reappraised the level and content of the current qualifications NCERCC sees the need for a thorough curriculum that can be delivered for the RCC workforce, and is already involved using its international links in developing and delivering this work. It is an exciting development that has potential for knowledge transfer.

Registered Managers are to register with Social Work England.

Residential Child Care is not social work. Again, there is a long debate to learn from. In Europe and other places the distinction between social work and social care is appreciated as creating a dialogue, and of distinct roles and tasks in the life of a child.

The subsuming of Residential Child Care into social work is a retrograde step.

It is being assumed that this step is being taken to make it easier for social workers, none of whom now have a residential placement in their professional training and qualification, to become Registered Managers. This supplanting of social work into

Residential Child Care is an act of colonisation, it wipes away the rich tradition of Residential Child Care knowledge, theory, and practice.

Residential Child Care as a profession with its own identity

The Care Review is not ambitious.

- **Where is the ambition to build on the experience of such countries as Denmark, Germany and the Netherlands and their requirement of a graduate workforce alongside the vocational?**
- **Where is the ambition for undergraduate courses to be developed?**
- **Where is the recommendation for publicity campaigns?**
- **Where is the call for state-provided bursaries so that, within ten years, residential child care is able to recruit staff of high quality, the majority of whom already hold a relevant qualification?**
- **Where is the ambition for a training capacity existing in each region acting as national training college delivering evidenced based workforce development and support?**

Recruit 700 new registered managers and institute a leadership programme.

Given that there are up to 20% of homes that do not have a Registered Manager, there is a shortfall, the facts are that this 700 would only bring the total to the number actually required.

It does not address the reasons why those within the sector do not put themselves forwards to become Registered Managers.

The footnote to this proposal is to an evaluation of a Firstline management training. Firstly, before embarking it is important that the evaluation is understood as to what it is exactly saying. Secondly, this begins to look like importing non-RCC knowledgeable and experienced people into the sector. Residential management requires the ability to state what is going on and what is to be done about it, this comes through experience. If there is transferable knowledge it needs experience.

There is a good reason for the level of knowledge (level 5) and management residential experience (5 years) being part of the current qualification requirements.

Allowances for kinship and foster care

There is not a word on the low pay of Residential Child Care workers. No ideas, No action. Not acceptable.

A national pay scale and the same terms and conditions is needed.

Regional Care Cooperatives

Not a single person in a local authority as a commissioner, or provider in any ownership, thinks this is an innovative idea with any merit whatsoever.

The only way of making any sense of this proposal is that it is an accommodation to an undeclared interest group.

Josh MacAllister has said it works in Scotland. Not according to Scottish colleagues.

It is said it said to be similar to regional work in adoption. There are more dissimilarities to the degree it is not similar at all.

All providers of all ownerships would need to register with the Regional Care Coop. All placements will come through the RCCoop. This will bring an end to spot purchase. Presumably this is seen as the source of profits.

The reason for the spot purchase proliferation has to be understood. The origin was that the providers saw as onerous the terms and conditions involved in LA framework contracts to the degree that their viability was in danger. The situation now is different. There were more smaller providers then and less Big Care private equity money.

The spot purchase legality, though it is known to all, of it operating alongside tenders, frameworks, and contracts, was not addressed by the CMA or in the Care Review.

All providers will need to register all homes. Only the RCCoop will make placements.

Questions, questions, questions. Answers needed.

Could it be that a LA, without any homes, could request a placement and it be in a home owned by another LA with its own homes?

All providers will need to register and pay a fee? The windfall tax is inadequate basis a funding mechanism. In itself the anti-profit argument does not see this as a long-term solution.

If caps on profits are included then what is the likely effect? The risk and scenario will have been assessed? In Wales we are seeing the effects of the intention of the removal of profit is the removal of placements/homes in an unplanned way.

The pressure is then on to LAs to open homes rapidly. There is no legislation that allows a LA to take over the running of a private owned home. The prospect could be of LAs buying privately owned homes? How does formula funding of LAs match what will be the inevitable expansion of LA homes – will it be ringfenced, needs-led, context-led? Answers to these questions matter for the future

Would the Registered Manager have the right of refusal of an admission as in current legislation?

This is an essential safeguard. The matching of need to provision, the matching of needs of the group and individual, are paramount.

RCCoops look likely to reinforce compliance.

RCC lifeblood is creativity. Currently the market is constricting creativity as providers open more of the same. How will that be different?

How will current datasets lead to the creation of homes for high level complex needs? Higher level complexity in need or provision is entirely unrecognised in the Care Review. This can only be because it foresees a world without these needs being present. The advice of Winnicott (see above) is loud in our ears

TUPEing thousands of staff is a big job? Or not?

Presumably LA commissioners would remain in post, but have a different remit?

Where will the new workforce for RCCoop come from? What experience will they have?

Who would want to be the CEO of the RCCoop?

The Board of the RCCoop is representatives of the LAs. Isn't that the same as for regional frameworks now?

Some are suggesting the RCCoops are a case of the Emperor's New Clothes.

How does it work?

Current private providers structures will not be coterminous with the RCCoop boundaries. Unless the RCCoop has access to each company's data base and accounts (open accounting has been the subject of heated disagreement over years), and Ofsted inspection data, it won't have all the information (business intelligence) it needs to make the best placement/commissioning decision.

Greater use to be made of boarding schools

Should they not be on the RCCoop?

What's new? There has always been use of boarding schools for the small group of Children Looked After for whom it is appropriate. The needs of children in care are rarely those of the current population of pupils in boarding schools.

Did you know?

We have read that Josh MacAllister has been arguing for outsourcing commissioning ever since he wrote for Progress as a Labour Prospective Parliamentary Candidate in 2012 'It would be possible to transfer all of the statutory and planning roles from local authorities to school commissioners'.

Regulation 44s and IROs

It is said the removal of these roles and tasks is because the review was told they were ineffective.

So, act to make them effective!

The Regulation 44s were put into operation post-Rochdale after much insistence by the then MP Anne Coffey.

Removal of the roles is also removal of the safeguarding of their triangulation with Ofsted. (How Ofsted will create their key lines of inspection without the monthly

Regulation 44s will be interesting to see). Triangulation is a key aspect of safeguarding. It has not been written about for some years. It has become another lost word of the social work/care vocabulary. It is not a 'soft' word, though unspoken its presence has been powerful. You remove it at peril.

If the 'watchers' are no longer watching, then who watches the remaining 'watchers'? Who keep Ofsted and social workers/team managers transparent and accountable?

New Care Standards

One size fits all is the new future? This was explicitly decided against at the time of writing the National Minimum Standards and Quality Standards. There was a reason why there was a pyramid of intensity. The argument was against minimum.

The ambition at the time of writing the Quality Standards was for all sectors to have their own Quality Standards.

Residential Child Care has had a 'raising of the bar' several times over the 20 years of standards and it has been all to the good, each time the sector has responded.

The loss of the benefits seems senseless.

Was there no one involved with the Care Review who held the history and reasoning of what things are the way they are? Evidence was given so someone must have read it. So how did we get here? There are some influential people still in post who may finally achieve what they have been seeking throughout all of these positive developments. Their argument was of flexibility through interpretation (the membership of the Reform Board will be crucial see appendices to the Care Review).

A new National Social Care Framework

Based on WWinCSC evidence the future does not look promising for Residential Child Care.

How does the NCF lead to new models of RCC?

What if the only way for the regeneration of RCC will come outside of regulated care?

Is this the intention of the nudge of the Care Review?

David Wills, a pioneer of RCC, worked outside of established expectations in the Hawkspur experiment and Q Camps. NCERCC has re-evaluated the books recording these.

3. In conclusion

It does not counter the last resort use of Residential Child Care.

It does not introduce meaningful assessment to ensure the right placement first time.

It does not address right place at the right time for the right child.

It does not remedy the serial and hierarchical use of RCC.

It does not address the attribution made by and contribution of others in the outcomes from RCC. In the Case for Change there was recognition that the outcomes from RCC were affected by factors 'upstream.' Why is this absent in the final report?

It does not make clear that the role and task of RCC is determined by the system in which operates. You get positive RCC in positive children's services.

It does not make clear that what happens in RCC is a correlation of factors before and outside of RCC that it has to try to address. Magic and miracles are not addressed nor is the 'impossible task' of a child arriving after many years when placement earlier would have had better outcomes.

4. Read the Care Review?

Reflect on what you have read after looking at this info graphic

[50-cognitive-biases-2.png \(1177x3788\) \(visualcapitalist.com\)](#)