



*National Centre for Excellence in Residential Child Care*

## **NCERCC input to DfE consultation: Supported Accommodation January 2023**

### **General observations**

- 1. It is incomprehensible that these standards have been afforded a critical review by experts not directly involved with the making of placements. This should have been a prerequisite prior to this consultation.**

There are few such independent experts, these will retain their reflective professional space even as they interact with providers and local authorities when commissioned. They will be defined by their ability to voice an evidenced critical perspective. Those experts working for local authorities/providers or their organisations may be said to be 'captured' by the perspective of their employer. The academic expert group do not include those with sector knowledge and experience.

These standards would have benefitted from being intensively scrutinised from a dispassionate perspective. The major concerns that exist would have been flagged and hopefully rectified prior to presentation in the public arena.

The task should not have been left to a consultative process that most regard as a 'rubber stamping'. There is considerable evidence from recent previous consultations that those views opposing government proposals are diminished, mitigated or excluded by various administrative measures. Many no longer respond to consultations as they do not assess that there is any outcome that takes note of submissions.

The period preceding the drafting of the standards was partisan and acrimonious. There were public debates and discussion about basic issues including what constitutes a definition of care. Was, is, there intransigence? Quite possibly so and this was reflected by those embedded in determined positions 'for' and 'against'; far from 'working together' the sector or those vocal enough to be heard were entrenched in silos.

- 2. The standards show that ideology, pragmatism and price<sup>1</sup> have been allowed to take precedence ahead of issues such as child-centredness, evidence, and theory and practice developed over decades. The policy context is understood as having been politicised by these proposed standards. The policy regarding care has been carefully constructed over decades outside of political perspectives. The standards are a first**

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<sup>1</sup> These standards are proposed in the context of the directions given to the lead reviewer of the Care Review, to reduce spending on social care of children's placements.

**practical measure in the dismantling<sup>2</sup> of the structures that have provided ever improving, if not yet perfect, safeguarding for children, each has been enacted often following reviews into child tragedies. The standards may be seen as a first step in the process of the ‘lessons learned’ being dispensed with a return to a ‘structurelessness’.**

A suppression management policy position has been created by means of incorporating and reinterpreting. This may be seen as an example in the manner in which the children’s rights challenge to the standards articulating a retention of care as a right to 18 is incorporated and reinterpreted. It is positioned as progressive but is in reality a purposely regressive perspective in its application in the current context. The children’s rights position is reimagined in a veiled yet obvious attempt to suggest that it could be supportive of the standards.

There are multiple examples of incorporation, reinterpretation, diminishment or mitigation of the soundness of other views. Here are some examples from [Draft for consultation - Guide to supported accommodation regulations including Quality Standards \(education.gov.uk\)](#)

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*While we are clear that ‘care’, insofar as it describes a service, is delivered in children’s homes and ‘support’ is delivered in supported accommodation, those delivering supported accommodation should care about young people and create a caring environment. Even though the service provided in supported accommodation is called ‘support’, this provision remains an important part of the children’s social care system. As such, supported accommodation is part of the continuum of care and support for looked-after children and care leavers as they grow up, become more independent and prepare for adulthood.*

(The problem with the criteria is that they are inconsistent. As all parents know some days their older, teenage children need support whilst on others there can be no doubt that they need care. Should the child in supported accommodation need care will a placement change be necessary or will the fact that supported accommodation cannot provide care be ignored? How should inspectors view such caring provision for children seeking to meet their needs as ‘outstanding’ or ‘non-compliant’?)

*A rigid distinction between ‘care’ and ‘support’ would fail to capture the nuance of the varying needs and transitions that are a normal part of a child growing up. When local authorities and providers engage in matching a young person with the right provision, they must consider the young person’s specific needs and level of autonomy so that young people live in a place that delivers a service that safeguards and empowers them as well as facilitates their growth and development.*

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<sup>2</sup> An unexplored implication is that both Staying Put and Close would end as the children are placed into the new (cheaper) supported accommodation. These groups more readily conform to the extracts cited in this response.

*Where a young person has complex needs and/or requires a greater level of ongoing care and supervision, we do not expect that supported accommodation would be appropriate. However, supported accommodation settings should be flexible enough to accommodate temporary increases in support for young people who would otherwise manage well in this type of provision, enabling placement stability where appropriate.*

The quotes make clear that the definition of care tries to tread a fine line but its partisanship is all too apparent.

**3. Whilst the definition of needs appropriate for placement in such settings is defined it does not originate in a needs audit and analysis of their use. The standards do not address current practice.**

In current practice it is frequently the most complex of cases that are placed into this sector, often those who are 'hard to place' and for whom there are no regulated places available and 'other arrangements' are sought and used. The proposals neither 'free up' current placements nor create new ones that will meet the 'most appropriate placements' and matching requirements.

An implication that needs to be resolved before any thinking of commencement is where all the inevitably displaced residents of children's homes. There is no answer provided here.

It is not the needs that have altered but the position currently taken by policy makers.

Needs are now able to identified as high-level, complex, co-morbidity, primary and secondary needs intermingling and interchangeable eg a child may have intermittent mental capacity, or needs may be cyclical, or triggered, the child having their equilibrium maintained and sustained by an attentive environment managing psychological, emotional and material impingements that would create a critical period affecting global functioning. There are numerous examples of such children being placed into semi/supported accommodation. It is surprising if the evidence base for such practice has not been provided prior to the development of the standards. Or is it the case that the evidence base was, in some way discovered but ignored as it failed to fit the ideology?

It is significant that 7 members of the Care Review Evidence Group have publicly reflected on the recent use of evidence in a linked piece of reform. [Some members of the Care Review Evidence Group reflect on the risks of reforming in haste and repenting at leisure. — \(ox.ac.uk\)](#). "The first thing that should be clarified is that the Review is not a systematic review of all research evidence that might be relevant, it is a framework for policy and practice reform. Though informed by evidence, the recommendations are not all tightly linked to research evidence of intervention effectiveness – as might be the case when producing, say, NICE Guidelines... Taking time to interrogate the wider evidence base not reflected in the Review, to consider unintended consequences and manage interdependencies, would be time well spent. As with so many important decisions, one might approach in haste and repent at leisure".

4. **Scrutiny of entry is at most scant and dependent on personal professional stance rather than through a required assessment that can be utilised by social work, providers, IROs and Ofsted.**

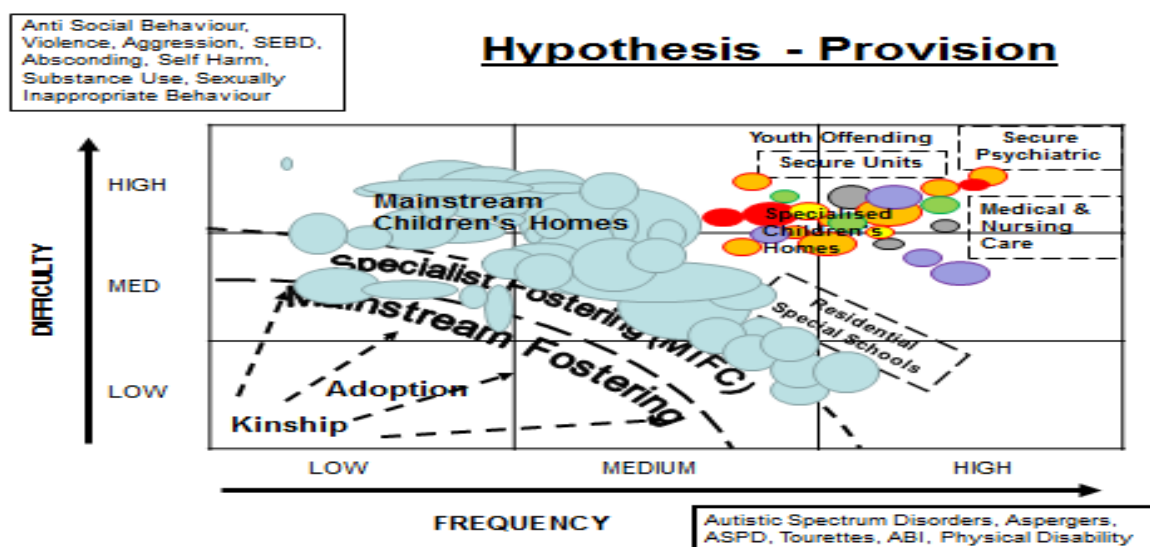
Subsequent to entry there is potential for a reduced scrutiny of some of our most vulnerable children. Ofsted will only inspected at provider level and every 3 years. This is similar to that for fostering. Ofsted provide very little placements scrutiny of fostering; we know very little about such care. Whereas in the inspection of residential care each point of service delivery is properly scrutinised in fostering it is the Agency and perhaps a small sample of carers. This is a notable difference between National Minimum and Quality Standards. There is no argument offered in these proposals as to the reason for accepting the lower rather than the higher level of ambition of provision and scrutiny through inspection.

We will know very little about placement level of these supported settings, and crucial factors such as staff turnover and the impact that this has on relationships – a key factor and one cited by innumerable care leavers as the single most important thing in them coming through care successfully or at least with limited collateral damage.

In the pursuit of flexibility comes a removal of scrutiny. We know from the reasons for the legislation and regulations we have now in residential care, that tragedy follows from a lack of close observation. How will such settings be seen to be Inadequate? How many Notices of Closure are foreseen?

What is happening?

Needs that are more correctly placed towards the medium-high level of provision are being made possible in the low-medium. How can this be in the interests of children? No doubt the statistics on the number children being in a 'suitable' placement will rise but at what cost to those children and society as a whole in the short, medium and long term?



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*allow room for provider flexibility and innovation to tailor support according to the specific needs of the young people they accommodate*

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*for some young people aged 16 or 17, living in supported accommodation can be the best option to meet their needs, with the aim of supporting young people to develop their independence ahead of leaving the care system as they approach adulthood... This type of provision is not automatically the right choice for young people aged 16 and 17. Where young people of this age have needs that would best be met in a children's home or foster care placement, that is where they should be placed... We expect local authorities to continue to consider the individual needs of each child when placing young people in supported accommodation, ensuring every placement is the most appropriate setting to meet the young person's needs and keep them safe...*

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*Supported accommodation for looked-after children and care leavers caters for older children aged 16 and 17 who have relatively high or increasing levels of independence, who are ready to gain further skills to prepare for adult living, and who do not need the degree of care or type of environment provided in a children's home or foster care. For young people who are ready for it, high quality supported accommodation that provides a nurturing and protective environment can be a place where they can thrive and prepare for greater independence*

This last extract exactly describes some of the children currently being placed into semi/supported settings.

Many of the children are at an dependent stage emotionally and psychologically and require highly planned resource intensive provision.

Nowhere is emotional and psychological readiness addressed.

Nowhere in the standards or guide are the following defined

- *high quality supported accommodation*
- *nurturing and protective environment*

**5. There is noticeable discrepancy between the standard and the accompanying guide.**

**6. There is no flexibility provided by these standards, an ambition declared in the proposals, that is not possible under the existing regulations for children's homes. The children's homes regulations should be applied as these provide greater welfare and safeguarding for children.**

**7. FUNDAMENTAL FLAW - this is major concern - the principles are a profound misunderstanding and misapplication of the concept and practice of Resilience.**

The principles misapply the idea and concept to the individual child. Resilience is approached as an individual state or trait. This is a misdirection.

Resilience is contextual. It is assimilated by individuals from their surrounding emotional and material environment.

As the following table identifies support can never be Resilience.

<b>I HAVE</b>	<b>I AM</b>	<b>I CAN</b>
Trusting and loving relationships with others: parents, siblings, teachers, friends.	Loveable: the child possesses, or is helped to develop, qualities that appeal to others.	Communicate: the child is able to express feelings, thoughts, and listen to those of others.
Structure at home: clear rules and routines, comprehensible and fair sanctions when breached, praise when followed.	Loving: the child is able to express affection to others and is sensitive to their distress.	Solve problems: the child can apply themselves to problems, involve others where necessary, and be persistent.
Role models: parents, other adults, peers, siblings, who model good behaviour and morality.	Proud of myself: the child feels they have the capacity for achievement and resists discouragement.	Manage my feelings: the child knows and understands emotions, recognises the feeling of others, and controls impulsive behaviour.
Encouragement to be independent: people who offer praise for growing autonomy.	Responsible: the child accepts and is given responsibilities They believe that their actions can make a difference.	Understand my temperament: the child has insight into their personality and that of others.
Access to health, education and social care: consistent direct or indirect protection for physical and emotional health.	Hopeful and trustful: the child has faith in institutions and people, is optimistic for the future and is able to express their faith within a moral structure.	Seek out trusting relationships: the child has the ability to find people "peers or adults "in whom they can confide and develop mutual trust.

## Leadership and Management

**THIS NEEDS REVISITING AND REWRITING.** Something should not be 'made to' work that does not work.

There is noticeable discrepancy between the standard and the accompanying guide. The children's homes standards make it clear the guide is included in the standards, not for information only as here.

It is a dilution of the expectations in the L&M for children's homes Quality Standards.

**LEVEL 5 IS ESSENTIAL NOT A RECOMMENDATION, NOT INSISTING MAKE THESE STANDARDS A SAFEGUARDING MATTER.** This standard along with other laxity in workforce and other standards makes it probable that there should be a referral to safeguarding of some admissions of children with unmet complex needs

**PRIOR EXPERIENCE OF RESIDENTIAL CHILD CARE IS ESSENTIAL.**

Experience in other settings does not bring the same experience. It is not transferable. It is likely to be found that there will be an inadequacy in assessment and meeting needs appropriately. As a result it is highly likely there will be increased intake in to urgent and emergency provision of regulated care settings. Far from reducing it is likely to increase the need and use of such rapid response settings of which we already have too few.

**EXTERNAL MANAGEMENT OF THE SETTING IS ABSENT.** Where is the RI and R44 role? **EXTERNAL MANAGER AND OVERSIGHT ROLES ARE ESSENTIAL.**

Staff require L3 as for children's homes. The content of the training is suitable if it is done thoroughly. There are no protections as to the quality of the training. On-line and one-week courses are inadequate. Training needs to be accredited.

**STAFFING FOR SUCH LESS INTENSIVE SETTINGS NEEDS TO BE MORE EXPERIENCED AND QUALIFIED THAN FOR OTHERS.** This should have been made clear by the expert and authoring group, it is major failing. This is because they will be acting without close working with others and often out of scrutiny and support. They need to be able to draw upon deep prior acquired knowledge and experience. **NOT TO INSIST ON THIS IS TO PLACE THE CHILDREN AND STAFF IN UNSAFE SITUATION – INDEED PLACED AT RISK BY THE VERY AGENCIES CHARGED WITH PROTECTING CHILDREN FROM THE RISK OF SIGNIFICANT HARM.**

The statement of purpose is a crucial document and it is a dilution of that in the children's homes standards. It should be the equal.

The SoP will be scrutinised at registration but the provider level inspection will not inspect that the level of practice is as described.

## Protection

**Such is the detail in this section it is clear that what is being described is a children's home. As such the Quality Standards for children's home and inspection must be applied.**

**With this insight it can only be concluded that this standard is inherently unsafe.**

There is a lack of required detail as to criteria for 'feel safe and their needs are met'  
Further there is no external scrutiny

By their laxity the standards do not ensure children

- (i) are protected from harm
- (ii) are enabled to keep themselves safe.
- (iii) have their individual needs met

There is nothing directing implementation of child protection/safeguarding practice.

Beyond initial and induction training there is nothing regarding the skills to identify and act upon signs that a child is at risk of abuse, neglect, exploitation or any other harm, and act to reduce such risk. Yet these homes will cater for children of an age that we know are targeted by a range of offenders involved in trafficking of one sort or another.

Because the level of oversight required by both the home and external agencies is lower this risk of young people being drawn into exploitative relationships increases.

Because the level of care and support is reduced to minimum levels by the time the exploitation is discovered it will often be too late.

In all of the sections especially

- Managing risk,
- A safeguarding culture and ethos
- Supervision (NB this section is very worrying in outlining the understanding of the capacity and functioning of children currently being placed into such settings, of a dependent stage emotionally and psychologically and require highly planned resource intensive provision
- Safe accommodation

**IT IS ESSENTIAL THAT THE WORD 'SHOULD' THROUGHOUT IS REPLACED BY 'MUST'.**

### **Accommodation**

**Such is the detail in this section it is clear that what is being described is a children's home. As such the Quality Standards for children's home and inspection must be applied.**



This insight, and that the needs of the children being placed are higher than anticipated, makes the inclusion of the following untenable '*suitable for the purposes of supported accommodation*'.

## **Support**

This standard is based on an inappropriate understanding of the current use of such settings.

Support is inappropriate. Care is the appropriate response.

(see [Defining Care, today, for children's services – NCERCC](#) and others)

### **The definition of needs is inappropriate for placement in such settings. The definition does not originate in a needs audit and analysis.**

In currently existing practice complex cases are placed into this sector, often those who are 'hard to place' and for whom there are no regulated places available and 'other arrangements' are sought and used.

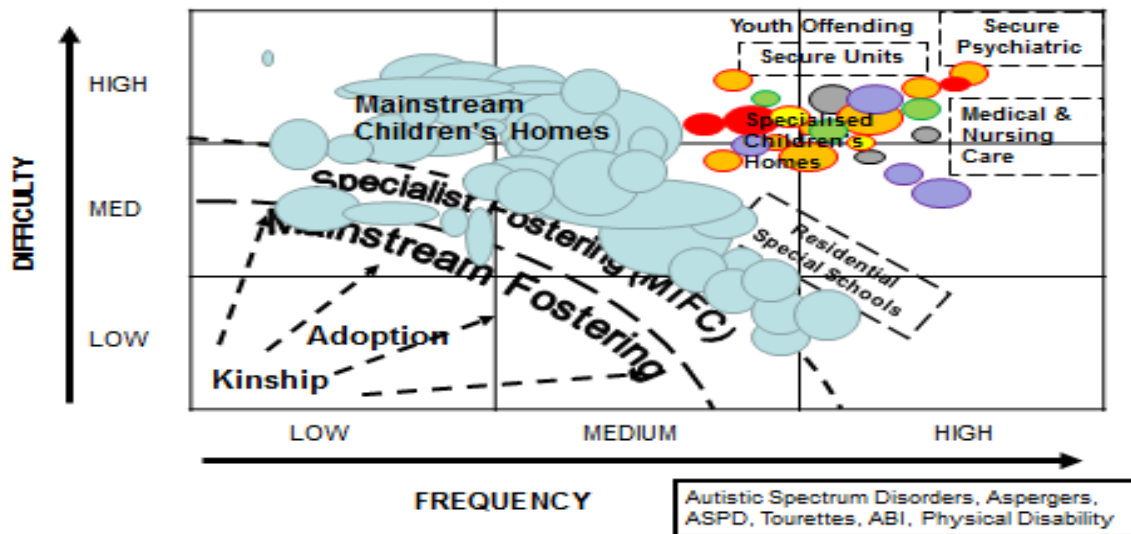
Needs are now easily identifiable as high-level, complex, co-morbidity, primary and secondary needs intermingling and interchangeable e.g., a child may have intermittent mental capacity, or needs may be cyclical, or triggered, the child having their equilibrium maintained and sustained by an attentive environment managing psychological, emotional and material impingements that would create a critical period affecting global functioning. There are numerous examples of such children being placed into semi/supported accommodation. It is surprising if the evidence base for such practice has not been provided prior to the development of the standards. Or is it the case that it has been provided and yet ignored as not fitting with the chosen narrative?

What is happening?

Needs that are more correctly placed towards the medium-high are being made possible in the low-medium.

Anti Social Behaviour, Violence, Aggression, SEBD, Absconding, Self Harm, Substance Use, Sexually Inappropriate Behaviour

## Hypothesis - Provision



Such is the detail in this section it is clear that what is being described is a children's home. As such the Quality Standards for children's home and inspection must be applied.

### Review of quality of support

Such is the detail in this section it is clear that what is being described is a children's home. As such the Quality Standards for children's home and inspection must be applied.

As this is Regulation 45 of the Children's Homes Regulations such settings would be more appropriately registered as children's homes.

This also brings the Regulation 44 requirements into focus despite the fact that these function are noticeably absent in these standards. It is well known and accepted that the Inspectorate rightly draw heavily on the reports of the Independent Visitor preparing Regulation 44 oversight. If this is an entitlement for children in children's homes how cannot the same entitlement be afforded to children in 'para children's homes'?

**Q6a: Do you agree that this is the right approach to regulating mobile and non-permanent settings?**

There is sparse detail offered in respect of such settings – certainly insufficient to offer an informed opinion. As and when the same volume of detail is offered about such homes we will be pleased to comment.

**Q7a: To what extent do you agree that this is the right approach to staff recruitment, checks, induction, staff fitness requirements, training and supervision and disciplinary proceedings? (Fully agree / Partly agree / Do not agree / Do not know)**

Do not agree. If, and it is the case, that due diligence and rigor is required in the recruitment of staff for children's homes then it is indefensible to place children in homes where this is not mirrored.

**Q8a: To what extent do you think that the proposed approach to the service's protection policies is the right one to ensure the welfare of young people in supported accommodation? (Fully agree / Partly agree / Do not agree / Do not know)**

Do not agree. As with the previous question it is simply incomprehensible that different standards can justifiably be implemented in different settings working with either very similar or identical groups of children. As we know staff recruitment is part of the range of safeguarding policies and therefore a lower criteria for selection and vetting of staff immediately introduces a lower standard of ensuring the welfare of children. The diminution of standards between the Children's Homes Regulations and Quality Standards and the proposed regulations by definition impacts negatively on the safeguards offered to the children who do and will live in supported accommodation.

Q8b: Please provide details to explain your answer

Inadequate – as these will wholly or mainly be the same children as requiring a children's homes place these protections need to be the same as children's homes

**Q9a: To what extent do you think that the proposed approach to restraint is right one to ensure the welfare of young people in supported accommodation? (Fully agree / Partly agree / Do not agree / Do not know) Q9b: Please provide details to explain your answer.**

Do not agree. As with the previous question it is simply incomprehensible that different standards can justifiably be implemented in different settings working with either very similar or identical groups of children. As we know practices of physical intervention is part of the range of safeguarding policies and therefore a different approach to restraint – and all of the good practice in diversion/diffusion etc. – cannot be justified and immediately introduces a lower standard of ensuring the welfare of children. The diminution of standards between the Children's Homes Regulations and Quality Standards and the proposed regulations by definition impacts negatively on proposed approaches to restraint practiced on the children who do and will live in supported accommodation.

**Q10a: Do you agree that the proposed practices around producing, storing and maintaining records are proportionate and will ensure young people are kept safe and their needs are met? (Yes / No / Not Sure) Q10b: Please provide details to explain your answer**

No they are Inadequate – as these will wholly or mainly be the same children as requiring a children’s homes place these protections need to be the same as children’s homes

**Q11a: Do you agree that the proposed practices around complaints and representations are proportionate and will ensure young people are kept safe and their needs are met? (Yes / No / Not Sure) Q11b: Please provide details to explain your answer**

No they are Inadequate - as these will wholly or mainly be the same children as requiring a children’s homes place these protections need to be the same as children’s homes

**Q12a: Do you agree that the proposed practices around notifications are proportionate and will ensure young people are kept safe and their needs are met? (Yes / No / Not Sure) Q12b: Please provide details to explain your answer**

No they are Inadequate - as these will wholly or mainly be the same children as requiring a children’s homes place these protections need to be the same as children’s homes

**Q13a: Do you agree that the proposed business continuity requirements are proportionate and will ensure young people are kept safe and their needs met? (Yes / No / Not Sure) Q13b: Please provide details to explain your answer**

No response

**Q14a: To what extent do you agree that the proposed roles and responsibilities of the ‘registered provider’ and ‘registered service manager’ will ensure a proportionate level of oversight in supported accommodation? (Fully agree / Partly agree / Do not agree / Do not know)**

Do not agree. They are Inadequate - as these will wholly or mainly be the same children as requiring a children’s homes place these protections need to be the same as children’s homes

**Q15a Do you agree with the proposal to limit the number of registered service managers in each supported accommodation undertaking to one? (Yes / No / Not Sure) Q15b: Please provide details to explain your answer**

No

Not service manager – inappropriately understands the needs of the children and setting and as result is disrespectful to the children and role and responsibility whilst also being a safeguarding matter.

A lone service manager will be facing an impossible task, often leading either to a lack of attentiveness to need and thus failure to perform leadership and

management, or exhaustion, or professional despair leading to exiting the setting and sector.

Each home should have a RM. The research literature for the RM role is extensive. A literature review would be worth investing in before continuing with these standards. The evidence is against lone service managers.

**Q16a: Do you agree that the proposals around the fitness and capacity of the registered provider and/or registered service manager are the right ones? (Yes / No / Not Sure) Q16b: Please provide details to explain your answer**

No

Inadequate - as these will wholly or mainly be the same children as requiring a children's homes place these protections need to be the same as children's homes

**17a: Do you agree these categories for supported accommodation are the right ones? (Yes / No / Not Sure) Q17b: Please provide details to explain your answer**

No

As these substitute for already existing regulated provision – which should not be undermined but used and these proposed standards discontinued.

**Q18a: Do you agree with the proposal for providers to notify Ofsted of new settings and with the use of conditions to restrict providers from using new settings without having informed Ofsted? (Yes / No / Not Sure) Q18b: Please provide details to explain your answer**

Yes

They should be registered as children's homes.

**Q19a: Do you agree that the proposed Ofsted enforcement powers, offense provisions and tribunal appeal provisions are appropriate and proportionate for this type of provision? (Yes / No / Not Sure) Q19b: Please provide details to explain your answer**

Yes.

These regulations are loose and set a very low bar compared to the Children's Homes Regulations and Quality Standards that have been created, improved upon and largely successful in upholding the quality of providers entering the sector according to the outcomes of inspection published by Ofsted. Evidentially, the Children's Homes Regulations and Quality Standards and their inspection act as an appropriate guardian for the children and sector.

From this experience it can be stated unequivocally that a very robust set of enforcement powers must be in place. For the avoidance of doubt there must be strong powers of enforcement.

**Q20a: Do you agree that this is the right approach to ensure provider adherence to the Quality Standards and the regulations across the service? (Yes / No / Not Sure) Q20b: Please provide details to explain your answer**

Not sure

Such are the standards Ofsted will be overwhelmed

**Q21a: To what extent do you agree with the proposed new registration, variation and annual fees for providers of supported accommodation? (Fully agree / Partly agree / Do not agree / Do not know) Q21b: How would the new fees affect you as a provider? (No effect / Minor effect / Neutral / Moderate effect / Major effect) Q21c: Please provide details to explain your answer**

Do not agree

Should not be registered as Supported Accommodation. It is effective and efficient to use the arrangements for children's homes.

**Q22a: Do you agree that this is the right approach to ensure that providers can register before it becomes an offence to operate supported accommodation undertaking without being registered and that inspections can be carried out in the first year? (Yes / No / Not Sure) Q22b: Please provide details to explain your answer**

No

This would allow inadequate oversight for too long

**Q23: What do you believe any potential unintended consequences of these reforms will be? We will use this input to inform our work with the sector**

In view of the drift in policy direction is wider than just these proposals it is pertinent to include the following as also applicable to this consultation.

[Some members of the Care Review Evidence Group reflect on the risks of reforming in haste and repenting at leisure. — \(ox.ac.uk\)](#)

*Without attention to the wider interdependencies, this risks fragmenting the system further, and could lead to some recommendations being progressed with limited effect (or worse, negative consequences). What is required is not temporary support or piecemeal funding of boutique initiatives, but long-term investment. Government must act as a whole system itself if it desires system change for children and families; this requires government departments to share ownership of complex and intersecting social issues and ensure the wider infrastructure which supports family life does not further decline.*

Potential unintended consequences are many and various.

In no particular order of severity – as all are significant – the listing is not exhaustive

*We know that these reforms bring big changes for providers and local authorities. That is why we will invest over £120million over the next two years to support local*

*authorities to manage the impact of these changes. We will also invest up to £1.3million over the next two years work with the sector: raising in raising sector awareness of the reforms and supporting providers to implement the national standards, register with Ofsted and prepare for inspection. In addition, we are supporting local authorities to meet their sufficiency duties, by investing £259million to expand the number of places in children's homes and secure children's homes.*

- It is not sufficiency that is required but specificity and this will be observed in the results of a needs audit/analysis and placements planning accordingly. Part of the problem with sufficiency is that, for a variety of reasons, we routinely fail to make 'the right placement at the right time'. Consequently, children have multiple placements and frequently their unmet needs become more acute with each placement breakdown making matching more challenging. Hence we have a high number of children moving round the system and often the country. By aspiring to find each child coming into care the correctly (assessed) placement we would reduce both 'churn' and distress whilst facilitating children returning home or to relatively 'simple' foster placements maintaining placement availability in the specialist or even more generic children's home with the nations resource. These proposals, by providing a diversion of attention and funding, obstruct still further the achievement of this humanitarian ambition.
- The expansion of the local authority children's homes sector is slow and slowing. The homes being proposed seem 'more of the same', mainstream, rather than the specialist intensive care needed. Distinguishing treatment and therapeutic is an important task for investment. Specialist care is becoming less available as large providers absorb others and speciality is lost, there are numerous examples. As a result the specialist workforce is being lost and so is the knowledge and skills. The reduction in content and availability through on-line or apprenticeship of the L3 and L5 further depletes the richness required in the workforce. One national taught training curriculum is necessary with the outcome that any worker could work in any setting.
- These standards are approached as a singularity. The effects will be systemic and significant. Destabilisation will be widespread affecting the resilience of placements. Structures are important to the operation of children's services and these settings and standards by being inadequate (assessment, thresholds for entry, knowledge and skills, etc) have grave potential for introducing chaotic, dysregulated, challenging children for whom ever increasing complex care or imprisonment is the likely outcome.
- The introduction of a new setting and standards is seen as being deliberately designed to be disruptive of the current provision. It is a behavioural insight derived project with the intended outcome of fragmentation<sup>3</sup>. The amount of

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<sup>3</sup> [Some members of the Care Review Evidence Group reflect on the risks of reforming in haste and repenting at leisure. — \(ox.ac.uk\)](https://www.ox.ac.uk) "Policy reform, like good social work, requires more than passion for change. It requires critical thinking, skill, judicious use of evidence, and is something can only be 'done with' and 'not done to' those it is seeking to influence". Citing required reading Metz, A., et al. (2022) 'Building trusting relationships to support implementation: A proposed theoretical model' *Frontiers in Health Services*. Vol 2. <https://www.frontiersin.org/articles/10.3389/frhs.2022.894599>

variation will be at setting level yet inspection will only be a service level. This matches to an agenda of localisation of interpretation through laxity of understanding of the task by inexperienced providers and service managers, more usually derived through experience but not seen as necessary in these standards. Inappropriate exception and exemption may be applied

- The funding outlined in the consultation arises from an unsatisfactory understanding. It proposes temporary funding to mitigate perceived short-lived obstacles before smooth operation. This is a profound misunderstanding arising from the standards having been devised by those with vested interests, government and providers, and does not address the permanent damage that will ensue.
- Attractiveness to inexperienced investors and workers made possible by the laxity of requirements.
- There is potential for a reduced number of children's homes through closure as established provider's transfer.
- Increased recruitment challenge/crisis for residential child care – low pay and the challenge of the task makes the 'pool' limited and these settings will introduce more competition for a limited and decreasing number of people.
- Increase in needs being placed into regulated settings. It is already being seen that there is a double effect from early intervention; EI masks the deeper needs at a younger age allowing deep rooted needs to be unmet until teenage years when they are differently perceived, trauma and panic may be seen as infant tantrum but later is seen as 'challenging behaviour'; EI does not allow the true need to be understood and met and allows it to increase in complexity.
- There will be an increase in the need for intensive care. The behavioural insight ambition will be reversed.
- The need for urgent access placements will escalate further as children 'ricochet' from settled placements, the move made on the basis of chronological age, to settings that do not offer the secure emotional base required. The child will not experience resilient environment and so will not absorb an identity (I am) as resilient and will have exploration of the external world impeded.
- Ending Staying Put and Close – there will be no evidence or expenditure case for them continuing. These have, despite the apparent limitations<sup>4</sup> – which is not for this response – been rightly heralded as a step forward in accepting the responsibility of the Corporate Parent. The narrative around the proposed changes makes no reference to these schemes which appears to suggest their demise.

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<sup>4</sup> Notably the omission of children leaving residential care – see the work of the Every Child Leaving Care Matters campaign – and the underfunding of foster carers to care for children placed with them until they are 21.