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Training and developing staff in children's homes

Research report

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Summary

The National Children's Bureau (NCB) Research Centre and TNS BMRB were commissioned by the Department for Education (DfE) in the autumn of 2013 to carry out a programme of research to better understand the qualifications, skills and training required to meet the needs of young people living in a children's home. This report presents the findings from case studies carried out in 20 children's homes between December 2013 and April 2014. They were selected from a census which generated a profile of children's homes across England. It is intended that the findings will feed into work being led by the DfE and the sector to revise the training and qualifications of staff in residential children's care.

The research is set against a backdrop of increasing concerns about the qualifications, specialist knowledge and skills of staff working in children's homes. A recent report produced by the Expert Group¹ on the quality of children's homes highlighted the main issues facing the children's workforce as being: insufficient levels of qualification and specialist knowledge and skills; inadequate career pathways and progression routes; a lack of reward and recognition in return for the exacting requirements of care staff; and a lack of identity or shared core professional standards.

Profiling the case study children's homes

- The 20 case study homes were supporting young people in a range of ways including: keeping them safe and secure; providing emotional support and therapy; working with their families and partner agencies; helping them establish routines and changing behaviour; providing and supporting their access to education; providing leisure activities for them and helping to prepare them for independence.

Recruiting and retaining staff

- Over half of all managers (54%) who took part in the census reported difficulties in recruiting staff with the appropriate level of skills and training. Managers in the case studies attributed their difficulties to attracting people with adequate experience, skills and insight and facing competition with other similarly low paid, entry level work, which required no previous qualifications. It was said that the alternative jobs at this level were likely to be less demanding and more compatible with juggling work and family commitments.
- Despite the perceived low status of work in children's residential care, managers were looking for staff with particular attributes, skills and experience which they felt were key to being a good residential care worker. These included their ability to care, a commitment and passion for the job, their emotional maturity, intelligence and

¹ DfE (2012) *Reform of Children's Residential Care, Report of the Expert Group on the Quality of children's homes, presented to DfE Ministers* – December 2012

resilience and core knowledge and practice skills that are required for working with young people in residential care.

- The census found that career pathways in and out of residential children's care were varied. Primarily, staff came from and left to work in other children's homes (29% and 44% respectively) or they worked with young people in other settings in their previous (14%) and subsequent (40%) employment.
- Few staff started work in the sector with relevant qualifications and experience. This often made the recruitment process quite protracted as managers had to assess an applicant's suitability for a job according to whether they had transferable skills and appropriate attributes to do the work.
- Rates of staff turnover were said to relate directly to how well a home was managed, the stresses of the job and the ease with which a person could juggle their work alongside their personal commitments. Career aspirations, especially for those seeking progression and promotion, also contributed to staff moving on.

Workforce development

- The census found that most children's homes (75%) had a budget for Continuous Professional Development (CPD) even if they were not clear about the amount that had been allocated. Nearly all children's homes had a formal appraisal system (98%) and CPD process (93%) in place for staff. A variety of training was available for staff: 83% of homes offered to release staff for external training, 79% brought in external trainers to the home and 80% provided internal training.
- Typically, there was an initial induction period of varying duration but often one to two weeks in which staff read through procedures and files and shadowed experienced staff.
- Usually, the probation period lasted six months. During this time, new recruits completed the Children's Workforce Development Council (CWDC) induction pack or equivalent, and undertook core training on safeguarding, health and safety, and behaviour management. They tended to receive considerable guidance, supervision and feedback from home managers and/ or other senior staff during this time.
- Alongside taught or online courses, staff learned from experienced colleagues, and particularly managers, who modelled best practice. Regular, one-to-one supervision was used for discussing performance and development. Team meetings, debriefs and group supervision provided further opportunities for learning and reflection.
- Core training, refreshed at regular intervals, typically covered (at least) the following areas: behaviour management (de-escalation and physical interventions); safeguarding or child protection; health and safety, fire safety, first aid and medication; food and hygiene; and equality and diversity.
- Additional training options included attachment theory, restorative justice, child exploitation and online protection (CEOP).
- Time spent in training or CPD varied according to the career stage or role of a member of staff. New recruits, managers and qualified social workers spent more time

in training than others, while relief or bank workers² appeared to have limited opportunities beyond basic or mandatory provision.

Views about training

- Induction was considered essential given the specialist and practical nature of work in a children's home; and shadowing was felt to be one of the most useful aspects of this process.
- Staff development was valued and appreciated by all those interviewed and training was considered an essential part of developing good residential workers. The nature of the work meant that a comprehensive and rolling programme of training was necessary to equip staff to meet the needs of the children and young people.
- Guidance, supervision and feedback from home managers, other senior staff and external specialists was also viewed as integral to induction and training of new staff, alongside formal courses, reading, checklists and workbooks.
- Training enabled staff to gain a deeper and broader understanding of the issues affecting young people and the theory behind their practice. As such, it helped hone and develop their skills and abilities to work with children and young people.

The Level 3 and Level 5 Diplomas

- Excluding registered managers, 92% of staff were reported in the census to have either achieved or to be working towards their Level 3 qualification. Similarly, nine in ten managers either held the Level 5 Diploma or equivalent Level 4 NVQ qualification, or were working towards it.
- It appeared from the case studies that residential care staff taking either the Level 3 or Level 5 Diplomas were funded to attend tutor sessions in work time.
- Views were quite divided about the Level 3 Diploma. It was valued for giving staff the opportunity to consider the wider context of their work and enabling them to learn about and reflect on their practice. Concerns revolved around the Diploma being overly generic in its content, with the assessment being based on written rather than practical work, and a lack of integration or practical application with residential care work. It was criticised for operating in parallel with other training and for not adequately reflecting the true nature and demands of the role of a residential children's care worker. As a consequence, it was not respected or valued as a qualification.
- There was much less discussion about the Level 5 Diploma, due in part to there being far fewer people with experience of it within the case study sample. Views appeared to be more positive, perhaps because it is targeted at managers who might be more likely to appreciate the value of training of this kind. It may also be that the Level 5 qualification was better orientated to helping managers with their role, and therefore seemed more applicable to their job.

² Bank staff refers to a pool of people an employer can call on as and when work becomes available. The employer is not obligated to provide work for these staff, nor are they obliged to accept it.

- Participants' suggestions for improving the Diplomas were concerned with: creating a more flexible qualification; alignment with training provided in the home; streamlining their focus; encouraging interactive delivery; and increasing consistency in standards and the approach to assessment.

Improving and developing the workforce

- Whilst this research has highlighted the importance of formal training and the acquisition of qualifications, experience and '*learning on the job*' were believed to be key to enabling staff to work in a children's home.
- Case study participants identified a number of key principles that should underpin the development of any kind of training and qualifications. They emphasised that:
 - Good training involves both the acquisition and application of knowledge, procedures and policy.
 - Individual homes should ideally develop a training strategy or pathway for staff working in their home that integrates all learning and development activities. This needs to be flexible and to cater for different levels, learning styles and needs.
 - Training is more likely to be of benefit and value if it is rooted in the work of a particular home and young people being cared for.
 - Training should be delivered by people who are knowledgeable about children's homes and can apply the learning to different contexts.
 - Wherever possible training should be delivered in person and be as interactive as is feasible.

Concluding messages

This research has demonstrated that in a reasonably good cross section of 20 children's homes with a good or outstanding Ofsted rating, there was a wide array of training and development being undertaken. To a large degree this appeared to be meeting the basic needs of staff working in these homes, even though there was a clear recognition of how the quality and coverage could be improved.

Whilst this research has highlighted the importance of formal training and the acquisition of qualifications, it was very evident that experience and '*learning on the job*' is believed to be key to developing and equipping staff with the requisite skills to work in a children's home. It appeared that the in-house training provision was judged as being more helpful than the Level 3 Diploma, principally because it seemed to be more directly relevant and applicable to the work being carried out in a children's home. As a consequence it was seen as helping to develop staff practice, in a way that the Level 3 Diploma typically was not.

Views varied about whether there was a need to do more to meet the needs of the workforce and improve the training that staff received within their home. Discussion about

the 'ideal' training programme generated a long list of topics. These covered theoretical and specialist knowledge about child development and disability; techniques for improving practice and ways of working with children and young people; as well as procedures for working in a children's home.

Equally, it was clear that any discussion about reforming the qualifications and training of staff needed to be set in the broader context of professionalising the workforce and raising the profile, status and pay of staff who work in children's residential care.

Finally, it was suggested that any future qualifications developed for the workforce should offer different access and training routes to cater for different learning preferences and abilities including: an apprenticeship, diploma, degree and access courses. This would enable people to engage with training and qualifications at different points in their lives and avoid narrowing the range of people pursuing a career in residential care for children.

1 Introduction

Reports of abuse and concerns about the quality, cost and outcomes for care leavers have driven the direction of policy during the past few decades. Following reports of children being exploited in groups and gangs³ and children being missing from care⁴ an expert working group⁵ was set up to drive up the quality of provision being delivered within children's homes. They concluded that the main issues with the workforce were: insufficient levels of qualification and specialist knowledge and skills; inadequate career pathways and progression routes; a lack of reward and recognition in return for the exacting requirements of care staff; and a lack of identity or shared core professional standards.

The National Children's Bureau (NCB) Research Centre and TNS BMRB were commissioned by the Department for Education (DfE) in the autumn of 2013 to carry out a programme of research to better understand the qualifications, skills and training requirements of staff working in children's homes. It is intended that the findings will feed into work being led by the DfE and the sector to review the training and qualifications of staff in residential children's care.

The research involved three strands of work which began with a census to generate a profile of children's homes across England. This report presents the findings from the second strand of work comprising case studies of 20 children's homes carried out between December 2013 and April 2014. The final strand will involve consulting stakeholders about the skills, knowledge and qualifications that the workforce needs to deliver the new quality standards which will form part of revised children's homes regulations.

1.1 Aims of the research

Building on the first strand of work, the primary aims of the case studies of 20 children's homes were to complement the census of children's homes by:

- Amplifying and extending learning about the range of and variation in services currently being delivered by children's homes across the sector; the children and young people they work with; and the nature of their needs and requirements.

³ [Accelerated report on the emerging findings of the OCC's Inquiry into Child Sexual Exploitation in Gangs and Groups, with a special focus on children in care](#)

⁴ [APPG's for Runaway and Missing Children and Adults and Looked after Children and Care Leavers - Report from Joint Inquirey into Children Who Go Missing From Care](#)

⁵ The Expert Group on Quality was set up by ministers at the DfE in July 2012 following the conclusion of the high profile Rochdale child sexual exploitation trial and reports from the Office of the Children's Commissioner (OCC) and the Joint All Party Parliamentary Group (APPG) Inquiry on, respectively, child sexual exploitation in gangs and groups and children who go missing from care.

- Exploring the challenges of delivering a high-quality service to children with different needs and requirements, and the role of qualifications and training within this.
- Tracing the career paths and progression routes of staff working in residential children's care and their experiences of induction, training and supervision.
- Exploring views about how to recruit, develop and retain an appropriately skilled and qualified workforce that will meet the needs of the children and young people living in a children's home.
- Identifying how best to improve and develop the workforce and advise DfE about their qualification and training requirements.

The findings will be used to inform the direction of the third strand of the research.

1.2 Overview of the design and conduct

This second strand of work involved carrying out case studies of 20 children's homes. The case studies were designed and led by the NCB Research Centre to explore the training, qualification and skills requirements of staff working across a range of different types of children's homes. They were therefore selected to ensure variation in terms of:

- **Different types of children's homes** (e.g. generalist and specialist care homes and therapeutic communities).
- **Different features of children's homes** (e.g. the services provided, the size of the home, the provider sector, staff to resident ratio, qualification levels of staff etc.).
- **Regional** (e.g. North West, South Midlands and South East) and **locality variations** (including both urban and rural contexts), also taking account of population density.

Day long visits were carried out in each of the 20 children's homes. During visits interviews were carried out with a range of staff involved in managing and working directly with children and young people including:

- Registered Managers.
- Senior/Team Leaders.
- Senior Residential Workers .
- Residential Workers.
- External specialists and other practitioners who work alongside the core team in children's homes.

As far as was feasible, the children and young people living in the children's home were included in the research.

The interview coverage varied according to the role, expertise and experience of the participant, but included:

- The aims and purpose, and the services provided by the children's home.

- The recruitment and management of staff.
- The career routes into residential care of staff.
- Staff qualifications, skills development and training.
- Young people's views about what makes a good children's home worker.

The interviews were based on topic guides which outlined the main topics that were to be addressed. Interviews with managers (see Appendix A) lasted between two to three hours, while interviews with staff and external practitioners/specialists ranged from about 30 to 75 minutes (see Appendix B).

Interviews with children and young people were tailored according to their needs and varied in length from about 10 to 30 minutes (Appendix C). Depending on the ease with which they could communicate with the interviewer and their levels of engagement, they were provided with a set of cards to help organise their thoughts about what makes a good children's care worker. These cards listed different attributes and personal qualities that a good worker might have. Young people were asked to select those which they felt were most important and, if possible, to explain their reasons.

A second visit was carried out with nine of the larger⁶ children's homes. This provided the opportunity to refine the learning from the first visit and explore in a group staff views about the ideal induction and training programme. This second visit also provided the opportunity to interview staff who were not available during the first visit. Where feasible, staff were observed as they interacted with young people so as to provide additional learning and context for the findings.

Across the 20 children's homes, a total of 88 staff were interviewed ranging from managers with a long history of working in the children's care sector to recently recruited residential care workers. A total of 14 children and young people were interviewed during the case study visits.

All interview and focus group participants were fully informed of the purpose of the research. Interviewees were made aware of the topics to be covered before their consent was sought to participate. Young people and staff were assured that their participation was voluntary and that neither their names nor those of the homes would be used when reporting the findings of the research. Young people were initially approached through staff before being asked directly if they wished to participate.

1.2.1 Sampling

With the exception of the pilot case study home, the 20 children's homes were recruited from among those who took part in the census and consented to further contact. They were purposfully selected to meet certain quotas which ensured the inclusion of a cross-

⁶ Homes were classified as one to two place homes, three to four place homes and five place plus homes.

section of different types of children's homes in the research. Table 1.1 shows the profile of the case study homes in more detail, alongside the quotas set for each category. A more detailed summary of the key features of each home can be seen in Table A.1 (see Appendix D).

This stratified approach ensured that, among the final sample, there were homes of different types (generalist and more specialist) and homes providing a good cross section of services. As shown in Table 1.1 below, more than half of the sample (13 of 20) provided some form of therapeutic support. A number of homes also provided clinical treatment, and a quarter offered education⁷.

Visiting homes from three of the larger residential providers meant that, as well as homes run by smaller organisations, the sample included the larger companies who employ a significant proportion of care home staff across England.

When interpreting the findings it should be borne in mind that those consenting to take part tended to manage better quality homes⁸; all 20 in the sample were assessed by Ofsted in their most recent assessment as being either 'good' (11) or 'outstanding' (9). Where appropriate, staff compared their experiences of working in other homes, including those considered 'inadequate'.

⁷ This should not be interpreted as suggesting that three-quarters of homes offered no support in relation to education. Rather, it reflects that, in the Stage 1 census, managers were asked to select 'education' only if their home was dually registered as a school.

⁸ Attempts were made to include homes rated as 'adequate' and 'inadequate' but they declined to take part. The available sample was limited to those who were willing to be contacted following the census and met the other primary sampling criteria and the Ofsted rating.

Table 1.1: Achieved sample characteristics by quotas

Sample criteria		Quota (homes)	Achieved (homes)
Type of home	'Generalist' care homes	8	8
	'Therapeutic community'	3	3
	Other 'specialist' care homes	9	9
Services provided/ approach	Providing education	5	5
	Delivering therapeutic support	9	13
	Providing clinical treatment	At least 8	8
	Social pedagogue approach	3	4
Size of home	One/two place homes	6 or 7	6
	Three/four place homes	6 or 7	7
	Five + place homes	6 or 7	7
Provider sector	Independent/private ('Big 5' providers)	At least 10 (At least 2)	13 (5)
	Local authority	5	5
	Voluntary	2	2
Qualifications and training	All staff qualifications meet National Minimum Standards (NMS)	At least 8	11
	Some have qualifications below NMS	At least 8	9
Key regions	North West	At least 4	4
	West Midlands	At least 4	5
	South East	At least 4	5
'Other' regions	East of England	At least 5 overall	3
	East Midlands		3
Population	Urban >10K - Less Sparse	No set targets	12
	Town and Fringe - Less Sparse		2
	Village - Less Sparse		5
	Village – Sparse		0
	Hamlet & Isolated Dwelling		1
Total		20	20

1.3 Analysis and reporting

The interviews and group discussions were recorded, transcribed and then analysed using 'Framework'. This approach involves producing a series of worksheets each of which address a particular theme from the research and allow for participants' views and experiences to be compared and contrasted in a comprehensive and systematic framework. This method provides an opportunity to compare and contrast participant views within a particular children's home and across different types of children's homes to see whether the size, provider sector or service provided may have a bearing on the skills, qualification and training requirements of staff. The emerging findings have been organised under the key aims and research questions that we set out to address.

The remainder of this report is divided into 5 further chapters:

- Chapter 2 sets the policy and research context for the research.
- Chapter 3 presents the key findings of the Strand 1 census of children's homes carried out by TNS BMRB.
- Chapter 4 summarises the range of provision available to young people across the 20 case study homes, and the current ways in which staff are recruited, trained and developed to deliver the relevant services and support.
- Chapter 5 reflects on research participants' views and experiences of the way they were recruited, developed and trained and the challenges associated with this.
- Chapter 6 considers the suggestions participants made for improving the development and training of residential care staff in order to equip them with the skills and confidence to work with the children and young people in their care.
- In the final chapter (Chapter 7) we draw together some of the key messages arising from the 20 case studies and consider some of the specific recommendations that were made to inform the training and qualifications work of the DfE and the sector.

The findings reported have been illustrated with the use of quotations and examples. These are used to provide evidence to substantiate the findings and are drawn from across the sample. The purposive nature of the qualitative sample design as well as the small sample size, however, means that the study cannot draw any numerical conclusions about the prevalence of these views. What qualitative research does do is to provide in-depth insight into the range of experiences, views and recommendations. Wider inference can be drawn on this basis rather than on the basis of prevalence.

In order to preserve participants' anonymity, case studies are referenced with a number in Appendix D but otherwise they have not been identified in the report. Quotations only provide details of the role of the individual.

2 Setting the context

Residential child care has changed significantly in recent decades. Reports of abuse and concerns about the quality, cost and outcomes for care leavers (see for example, National Children's Bureau (NCB), 2006⁹, Berridge *et al*, 2012¹⁰) have driven the direction of policy and perceptions of residential care during the past few decades. As a result there has been a steady decline in the use of children's homes since the 1970s. In 1978, 32% of looked-after children were living in a children's home, secure unit or hostel (Berridge *et al*, 2012¹¹) compared to only nine¹² per cent in March 2012 (Department for Education (DfE), 2013¹³). Currently, the vast majority of looked-after children live in foster care.

Children are placed in residential care for a variety of reasons but often due to abuse, neglect, challenging behaviour, family dysfunction, or disability (DfE, 2012)¹⁴. Typically these are children whose needs cannot be met effectively within foster care and who would benefit from the specialist or structured care a residential placement offers. They are therefore likely to be among the most vulnerable children in the country.

Young people who have spent time in care tend to go on to have poorer outcomes than their peers. Care leavers are more likely to have poor educational performance, more contact with the criminal justice system, poorer health and be more vulnerable to homelessness and unemployment (NCAS; DfE Care Leavers Strategy 2013; Centre for Social Justice, 2014)¹⁵. However, it is difficult to determine the extent to which these outcomes are as a result of the child's experiences prior to coming into care, rather than their experiences once in care.

2.1 Profile of residential care

Currently there are 2,057 children's homes in England registered with Ofsted (Ofsted, March 2014)¹⁶ and just under 5,000 children and young people living in them (DfE 2014).¹⁷ The 2,057 homes were made up of the following types: children's homes (1,953); secure children's homes (16); and residential special schools registered as children's homes (88). 66% of children's homes (Ofsted, March 2014)¹⁸ are run by private providers

⁹Clough *et al.*, (2006) *What Works in Residential Child Care: A review of research evidence and the practical considerations*, NCB

¹⁰Berridge *et al.*, (2012) *Living in Children's residential homes*, DfE

¹¹Berridge *et al.*, *ibid.*

¹² Of these approximately seven per cent of children live in a children's home

¹³DfE (2013) *Children's Homes Data Pack*, DfE September 2013

¹⁴DfE (2012), *ibid.*

¹⁵NCAS Key Statistics on Looked After Children and Care Leavers (DfE 2013); *Care Leaver Strategy - A cross-departmental strategy for young people leaving care*, DfE; CSJ (2014), *Survival of the Fittest – Improving Life Chances for Care Leavers*, CSJ

¹⁶ Ofsted Key findings Children's social care providers and places, 30 September 2013 to 31 March 2014

¹⁷DfE (2014), *Children's Homes Data Pack*, DfE September 2013 Updated June 2014.

¹⁸ Ofsted (2014), *ibid.*

(1,367 homes), 25% by a local authority (LA) (515 homes) and nine per cent by a voluntary organisation (175 homes). These homes vary considerably in terms of their size, purpose and organisation. Ofsted summarised the range as follows,

“Some homes provide general support for a range of different needs of young people, more specialist homes support young people with particularly complex needs, short-breaks homes provide overnight and day care for young people with severe learning difficulties and/or disabilities, and secure homes provide for young people who have committed offences or who need to be held in secure conditions for their own welfare. There are privately run homes, some of which are run as part of a larger group of homes, homes run by the voluntary and community sector and local authority maintained homes.”

(Ofsted, 2011, p7)¹⁹

Children’s homes fulfil a number of purposes and cater for a range of children’s needs, from older adolescents with challenging behaviour who may quickly return to their family, to young people at risk of child sexual exploitation, children and teenagers with complex mental health problems, and disabled children requiring respite provision.

Data from the DfE Children’s Homes Data Pack indicates that the number of young people living in a children’s home will be small - fewer than ten - as typically homes have five to six places. There are around 100 one place and around 230 two place children’s homes. Only four children’s homes have more than 20 places. Private and voluntary homes have an average of around four places, whereas LA homes tended to be slightly larger, with an average of around six places (DfE, 2013)²⁰.

More than 50% of homes are concentrated in three regions of the country (North West, West Midlands and South East), with 25% of all children’s homes in the North West. Forty seven per cent of children living in children’s homes live within their LA area and less than 20 miles from home, but 30% live outside their LA and more than 20 miles from home. This compares with 58% and 10% respectively for children in foster care (DfE, 2013)²¹.

While children’s homes cater for children of all ages, in practice most young people are aged over 12, with the average age between 14 and 15 years (DfE, 2013)²². Boys are also more likely than girls to be placed in a children’s home, even after allowing for the larger number of boys being looked after (as just under two thirds of the population are male). Many young people arrive in residential care having experienced a number of different placements (DfE estimate that 29% had six or more previous care placements).

¹⁹ Ofsted (2011), *Outstanding Children’s Homes*, Reference no: 100228, Ofsted

²⁰ DfE (2013), *ibid.*

²¹ DfE (2013), *ibid.*

²² DfE (2013) *Children’s Homes Data Pack*, DfE September 2013

Young people tend to stay in a children's home for relatively short periods of time as only 21% of placements last longer than a year (DfE, 2013)²³.

Provision of care in children's homes is expensive in comparison with alternative options for looked-after children. In 2011-12, LAs across England spent £3.08 billion in total on looked-after children, of which £1.05 billion was spent on residential care. DfE estimates suggest that the average amount spent on LA provision was £4,135 per resident per week (DfE, 2013)²⁴. In comparison, the cost of care in the non-statutory sector is estimated at £3,860 per child per week (DfE, 2013)²⁵. The average cost of foster care is much less - estimated at £694 per child per week - but it is important to note that children's homes have a higher proportion of older children who are likely to have more complex needs, which increases costs.

In order to help make sense of the variety of residential provision attempts have been made to classify them into broad types (Clough *et al.*, 2006)²⁶. The National Centre for Excellence in Child Care (NCERCC) Briefing, 2006²⁷ and work by Stanley *et al.* 2012 (unpublished)²⁸ classifies children's homes according to seven different types:

1. **Short-term children's homes** – providing time-limited care for a few days or weeks. A child may be placed because of unforeseen difficulties or a crisis or emergency, because they are waiting for a longer-term placement to become available, or because they are waiting for an assessment.
2. **Long-term children's homes** – providing care for a child for a substantial period of time, possibly until the child reaches adulthood.
3. **Children's homes for children with disabilities** – providing specialised long-term care that can offer care, education and health needs, often in one place.
4. **Therapeutic communities for children and young people** – providing a participative, group-based approach to treat issues such as mental illness, attachment disorder and drug addiction.
5. **Short-break children's homes** – providing respite care for children with a disability to allow carers and families to 'take a break'.
6. **Residential special schools** – for children with special educational needs (SEN), providing education and addressing children's disabilities and/or social, emotional, psychological and behavioural needs.
7. **Secure children's homes** – a specialist residential resource offering care, education, assessment and therapeutic work. These are the only children's homes allowed to lock doors to prevent children leaving or absconding.

²³DfE (2013), *ibid.*

²⁴DfE (2013), *ibid.*

²⁵DfE (2013), *ibid.*

²⁶ Clough *et al.*, (2006) *What Works in Residential Child Care: A review of research evidence and the practical considerations*, NCB

²⁷NCERCC Document on needs and types

²⁸Stanley, J., (2007) *The state of Residential Child Care 2007 – a reference and discussion document.*

This research focused on the first four types of children's home.

2.2 Developing the residential care workforce

The National Minimum Standards (NMS) required care staff to acquire a minimum Level 3 qualification and new staff (from April 2011) to attain the Level 3 Diploma in Children and Young People's Workforce, or work towards it within six months of starting work in a children's home. In 2013, revisions to the Children's Homes Regulations 2001 (as amended)²⁹ brought the qualification requirements into law and set a time limit of two years from starting work for completion of the Level 3 Diploma in Children and Young People's Workforce. The content of the Level 3 qualification is currently under review³⁰.

The NMS expected registered managers to have a social work or other qualification relevant to working with children of at least Level 4, along with a qualification in management of at least Level 4 or the NVQ Level 4 Leadership and Management for Care Services. Those starting after January 2011 were expected to attain the Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services. As with the Level 3, this requirement is law and managers should complete the Level 5 qualification within three years of starting their role. Proposals that new managers should obtain their required qualifications before taking on the role were rejected during a consultation process³¹ on the grounds that managers need to complete the relevant training and qualifications while in the role. The existing qualifications are competence based and can only be completed while in a role.

A recent report produced by the Expert Group³² on the quality of children's homes highlighted the main issues with the children's workforce as being:

- **Insufficient levels of qualification and specialist knowledge and skills** in a workforce that supports highly vulnerable children with increasingly challenging needs.
- **The lack of reward and recognition for the requirements of care staff** who are expected to have experience, a good understanding of child development and other specific knowledge, and sound professional judgment.
- **As well as being knowledgeable and professional, children's home staff also need 'softer' personal skills** in order to build relationships and trust with children

²⁹ [The Children's Homes and Looked after Children \(Miscellaneous Amendments\) \(England\) Regulations 2013](#)

³⁰ DfE proposed that the Level 3 should be less of a generic qualification and more specifically orientated to building skills for working in a children's home.

³¹ [Consultation on reforming children's homes care: consultation on changes to The Children's Homes Regulations 2001 \(as amended\) and The Care Standards Act 2000 \(Registration\) \(England\) Regulations 2010 - Government Response](#)

³² DfE (2012), *ibid.*

and young people, many of whom will have experienced trauma, and may have highly challenging needs.

- The importance of effective partnership working between **children's home staff and the other professionals involved with the children** (such as social workers and Independent Reviewing Officers, Child and Adolescent Mental Health Services (CAMHS), looked-after children nurses, education professionals, youth offending teams, police, voluntary sector workers etc). This wider, multi-agency working can have a significant impact on children's lives and wider cross-agency understanding of the role of residential care is important.
- There are **inadequate career pathways and progression routes**. Once an 'entry level' Level 3 qualification (equivalent to A-levels) has been attained, there are few consistent opportunities to progress, aside from eventually becoming a registered manager of a home. There is debate around whether there should be specialist roles or not. There are also few consistent offers of Continuing Professional Development (CPD).
- The **workforce is highly fragmented** with no strong identity or shared core professional standards, and no strong 'voice'. There is a lack of any organisation, or influential champion, representing the needs of the whole sector, or driving improvement in the workforce. Furthermore views are divided about whether the workforce needs to be further 'professionalised'.

The expert group set their vision for the children's homes workforce. Among their recommendations were:

- The need to ensure that the profession attracts high calibre individuals and is seen as a positive career choice. This, they argue, is necessary to ensure there are enough qualified and capable individuals to staff the full range of children's homes in the market, and to provide stability and continuity of care to children in those homes.
- Staff need to have the necessary knowledge and skills to meet the needs of all children and young people in children's homes.
- They also need to have the right qualities and understanding to build strong, trusting relationships with, and respect for, children and young people and to be able to make professional judgments and decisions that keep children safe.
- Regular training and support through CPD is required to ensure that they keep informed of new policies, research and developments, and can continuously improve their practice, reinforce and extend their core skills and keep up-to-date.
- Managers are critical to the effective running of children's homes and they need to be strong, capable leaders, who are able to run a home and manage their staff teams effectively and command the respect of other professionals who work alongside them.

In 2014 work began to revise the whole regulatory framework for children's homes. Three main changes to the current regulatory framework for children's homes are proposed:

- The introduction of Quality Standards, which set out in regulations the outcomes that children must be supported to achieve while living in children's homes.
- Replacement of the current National Minimum Standards (NMS) with a guide to the regulations that will explain and supplement the requirements stated in the regulations.
- Streamlining and modernisation of the current regulations on management and administrative processes (e.g. allowing the use of electronic records).

The Department plans to consult on these proposals during the Autumn of 2014 with a view to implementing them from 1 April 2015.

3 Summary of Strand 1 findings

The children's homes census carried out by TNS BMRB was the first of its kind and was carried out to capture a snapshot of the children's homes sector in 2013. It gathered information on the services that homes offered and the type of staff they employed. It also collected detailed information about their qualifications (including whether staff met the National Minimum Standards (NMS)), training and Continuing Professional Development (CPD) in the sector.

TNS BMRB undertook the census in two waves: the first between October and December 2013, with a supplementary wave in April and May 2014. Most questions were common across the two waves. The sample was provided by the DfE and comprised all homes in England (excluding secure homes and homes that were dually registered as schools). In total 841 homes took part in the census (the equivalent of 49% of all eligible children's homes in England).

Staffing levels and recruitment in the sector

The number of staff in each children's home varied between one and 95, with an average of 12. Extrapolating from this TNS BMRB estimated that there are just over 20,000 people working in children's homes across the country. LA homes had a slightly higher average number of staff than privately run homes (15 compared to 11), a reflection of them tending to be slightly larger in size. Otherwise there was a fairly good demographic cross section of staff working in children's homes.

Across all homes for which we had information on the number of registered places, the mean number of registered places was 4.4, with LA-run homes having a higher mean number of registered places (5.7) than privately-run homes (3.9). Occupancy rates, which were derived from the number of children managers said were currently resident in the home, were 82% across all homes. This broke down to 86% in LA-run homes and 79% in privately-run homes.

Over half of all managers (54%) said that they found it difficult to recruit staff with the appropriate level of skills and training for the advertised position. The primary reasons for this difficulty related to a lack of experience (91% of managers who said they found it difficult to recruit staff gave this response) and lack of qualifications (mentioned by 52% of managers who reported having difficulty recruiting).

Career pathways in and out of children's homes were varied. Primarily, staff came from and left to work in other children's homes (29% and 44% respectively) or worked with young people in their previous (14%) and subsequent (40%) employment.

Working hours and pay

Staff worked just over 37 hours a week on average. Staff with managerial responsibilities worked slightly longer on average (39 hours compared to 36 hours for staff without this

responsibility). Staff in privately-run homes worked 39 hours on average per week and staff in LA-run homes worked 34 hours.

Staff pay varied in the sector, with managers and supervisors, unsurprisingly, being paid more on average than staff without these responsibilities (£12.96 compared to £9.65 per hour). There were differences in pay between privately-run homes and LA-run homes. Non-managerial staff in LA-run homes were paid £12.04 per hour on average, against £8.52 in privately-run homes. Similarly, managerial staff in LA-run homes were paid £16.33 per hour on average compared with £11.38 per hour on average in privately-run homes. This difference is exacerbated by the longer hours that staff work on average in private homes compared to LA run homes (just under 39 hours on average contrasted with almost 34 in LA run homes).

Only one per cent of all staff were being paid at or close to the National Minimum Wage (NMW). The NMW is £6.31 and, for the purposes of the census, being paid at or close to the NMW was defined as being paid £6.50 an hour or less. Furthermore, 11% of all surveyed staff were being paid less than the Living Wage Rate (LWR). The LWR at the time of the survey was £7.65 outside of London and £8.80 in London. Regionally, there were areas where staff pay is low (for example, London where 27% of all staff in the region were paid below the LWR).

Compliance with the qualification regulations

The proportion of staff (excluding registered managers) holding or working towards a Level 3 qualification was 92%, with the majority holding the NVQ Level 3 in Caring for Children and Young People (CCYP). There were few differences in the demographic profile of staff holding a Level 3 qualification. Rather, holding the qualification is strongly associated with experience of working in children's homes. Those with 1 year or less experience working in the sector were significantly less likely to hold a Level 3 qualification (32%). Furthermore, a greater number of staff in LA-run homes held the Level 3 than in privately-run homes (89% compared with 77%).

The proportion of managers who held or were working towards the Level 5 qualification, or Level 4 equivalent, was 90%. This equates to just over three quarters of registered managers (76%) holding either the Level 5 qualification or the directly equivalent Level 4 qualification³³ and a further 14% who were currently working towards a Level 5. In contrast to the differences across sectors in relation to the level 3 qualification, there were no significant differences between managers who held the Level 5 qualification or Level 4 equivalent in LA-run homes and privately-run homes.

Supporting and training children's home staff

³³ NVQ Level 4 Leadership and Management for Care Services

Most children's homes (75%) had a budget for CPD. However, a large proportion of these homes did not know exactly how much budget had been allocated to their home (51%).

Nearly all children's homes had a formal appraisal system (98%) and CPD process (93%) in place for staff. There appeared to be little variation between LA and privately run homes. Around four in five homes offered to release staff for external training (83%), brought in external trainers to the home (79%) and offered internal training (80%).

4 Profiling the case study homes

This chapter summarises the range of services provided by the 20 case study homes and the way in which staff are recruited, trained and developed to deliver these. As such, it provides important context for discussion in subsequent chapters about the extent to which training and development enables the workforce to meet the needs of the children being cared for. Whilst it was intended to compare and contrast the requirements of specialist and generalist provision, the distinction between the two was less clear than originally anticipated as both types of provision catered for children with complex needs and challenging behaviour.

4.1 Case study homes and the services provided

As described in Chapter 1, the 20 case study homes were selected to ensure a cross section of different types of children's homes were included in the research. A more detailed summary of the key features of each home can be seen in Table A.1 (see Appendix D). In order to compare and contrast how homes varied in practice, managers were asked to provide an overview of the services they provided. We also explored the appropriateness of using labels for their homes and the extent to which they considered their home could be broadly categorised as either generalist or specialist. As we make clear in the section below there was considerable variation in the way staff understood these labels which raises questions about their value as classificatory tools.

4.1.1 Generalist and specialist labels

In so far as managers, and to a lesser extent staff, viewed their home as being either generalist or specialist, they appeared to base their judgement on three related factors:

- The complexity and severity of the young people's needs.
- The nature of the services they were able to deliver within the home.
- The ratio of staff to young people.

These criteria were not always applied consistently, and it was possible for homes working with similar young people, or in similar ways, to be identified by their managers as either specialist or generalist.

Overall, however, specialist homes were more likely to be perceived or described as looking after *'high end'* or *'high risk'* young people, who may have been in secure provision, or heading in that direction. Some managers/staff who worked in what they saw as a specialist home suggested that 'generalist' homes either could not meet the needs of *'high end'* young people or were wary of taking them on for fear of losing an 'outstanding' Ofsted rating if they absconded or failed to engage in education.

“We try not to end placements because of behavioural issues, because that’s what we specialise in. That’s what we’re good at doing.”

(Manager)

Reflecting the needs of these young people, homes which described themselves as specialist tended to have ready access to therapists, based within the home or parent company, who were able to work with the young people and advise the staff. They may also have care staff who were trained in particular therapeutic techniques, for example ‘Theraplay’³⁴.

However, there was not always a clear cut distinction between specialist and generalist provision, and interviewees sometimes struggled to categorise their homes in this way. As one manager pointed out, *‘The residential task itself is a specialist task’*. In both ‘specialist’ and ‘generalist’ homes, there were young people exhibiting high levels of distress, violence and aggression, with severe as well as mild disabilities, and with mental health disorders. There were also homes which viewed themselves as generalist, broadly speaking, yet saw aspects of their provision as specialist. This, for example, was the case for managers who considered that their intensive work with families or expertise in caring for children with specific conditions constituted specialist provision. One such (assistant) manager, of a home catering for those with severe autism and genetic conditions such as Fragile X syndrome, reflected that this specialist aspect of their provision developed by default.

“Sometimes what happens is niches develop and specialisms develop by default – not because they were necessarily set up to be specialist resources but because there was a lack of resource, and knowledge, and skill elsewhere.”

(Assistant manager)

The ‘specialist’ label was sometimes viewed as a marketing tool – less useful for local authority (LA) homes than private or voluntary sector homes seeking to stress their unique offer. As one LA manager pointed out, *‘We don’t have to market in that way’*.

Despite attempts by the Royal College of Psychiatrists and others to establish specific definitions and classifications for therapeutic communities³⁵, the meaning of the label also appeared open to question. Amongst the homes described as therapeutic communities in the Phase 1 census, there were staff who considered ‘therapeutic environment’ a better label. They felt that ‘community’ carried connotations of staff living alongside young people, rather than simply working with them. One manager who was more confident in using the term stressed that his home provided a consistent therapeutic approach from all staff towards individual young people. However, even in this case, they provided individually tailored forms of therapy for each child.

³⁴ Theraplay is an attachment-based form of therapy for children and families: [What is theraplay?](#)

³⁵ [What is the Community of Communities?](#)

Overall, therefore, neither the ‘specialist’ versus ‘generalist’ distinction, nor the label ‘therapeutic community’ appeared particularly useful as a means of describing or categorising residential care within the case study sample.

4.1.2 Services and support provided

Each case study home offered provision - or facilitated access to services - addressing the broad areas listed in Table 4.1. Although homes emphasised different areas, approaches or techniques, there was considerable overlap in terms of the core provision or ‘offer’ across homes, with variation in support designed to reflect the needs of specific children and young people.

Table 4.1: Areas of provision for young people in case study homes

• Keeping young people safe and secure	• Consistent carers and role models
• A home – or ‘homely’ setting	• Access to therapy
• Education	• Work with families
• Leisure and social activities	• Partnership work with other agencies
• Structure and routines	• Access to health services
• Behaviour modification	• Preparation for independence
• Emotional support	• Enabling voice and influence

When interviewees were asked to describe homes’ provision, **keeping children safe and secure** tended to be mentioned first. However, while it was vital that staff provide a safe place for young people to live and protect them, including addressing their violent or self-destructive behaviour, interviewees emphasised that ‘security’ related to emotional as well as physical safety.

“It’s to offer them a safe space where they can explore their own feelings, and their own development in a safe space where people aren’t going to reject them, because rejection is a big thing for our young people. So regardless of how crazily they behave, staff will come back and work with them, and have their best interests at heart.”

(Manager)

Supportive relationships with staff were seen as key to successful placements. As such, consistent, dedicated care from entire teams and specific staff, such as key workers, was presented as a core element of homes’ provision. Building relationships with young people underpinned staff efforts to help them reflect on their behaviour, to open up, and to cope with difficult feelings. While interviewees may have shied away from using the word ‘love’, ‘nurture’ and ‘care’ were often mentioned, along with (unconditional) support, warmth and commitment. They described acting as role models for those who lacked positive adult influences, and showing young people new and more constructive ways of relating to others. For example, one interviewee commented:

“The mums and dads haven’t always handled things the best way, and we need to be role models to these young people now, and show them the best ways to overcome problems and support them through that... They’ve maybe come from violent backgrounds and to just keep shouting at them is only going to remind them.”

(Specialist staff)

Staff emphasised that young people had often come from chaotic families and that a key challenge, particularly at the outset of a placement, was to support them to do basic things, such as get up, look after their personal hygiene and attend appointments.

Helping young people to establish routines required staff to be organised too.

“It’s about pre-planning – making sure you’re organised, not chaotic, and everything’s the way it should be, because it’s kids. You don’t want chaos in their lives. They have enough of that, without it being here.”

(Residential staff)

Behavioural changes were achieved through enforcement of rules and boundaries, working with the young people to set agreed goals, and empowering them to make positive choices (e.g. through a reward chart). More generally, staff described **giving young people a voice and influence**, which could also empower them, and help to engage them in planning their own care. It involved being good listeners, acting on feedback about life in the home, and providing advocacy for them in other situations.

“It’s about corporate parenting and working alongside the young person and getting them to take responsibility for their own placement plans, young people’s care plans. OK, what do you want to do this month? How do you want to improve? What goals do you want? So it’s about working alongside the young person and then looking at what additional services are needed.”

(Manager)

Different forms of therapy were also provided, according to individual needs. These included Cognitive Behavioural Therapy (CBT), art therapy, speech therapy, physiotherapy and play therapy. Staff also took advice from professional therapists, to inform their own work. This ensured continuity between the work of specialists and residential care staff; or, as one manager explained, it could involve providing therapeutic input ‘*at a lower level, so the child doesn’t even realise he’s having that therapy*’. This could be useful in the context that young people would often refuse to engage with Child and Adolescent Mental Health Services (CAMHS) or other formal mental health services.

All homes described some forms of **partnership work with other agencies** – coordinating their work with social services, the police, Youth Offending Teams (YOTs), CAMHS, GPs or schools. For instance, one manager monitored young people’s behaviour in response to changes in their medication and fed back to the GP in order to inform their treatment. Another described working with YOT staff to ensure court orders

were tailored to home life, such that there was a specific requirement for a young person to stop using drugs in the home. Equally, children's home staff worked hard to address offending behaviour and to avoid unnecessarily criminalising young people.

In terms of **education, homes provided two types of support**. Firstly, they supported 'mainstream' or external provision – including support a parent might provide, such as accompanying children and young people to and from school, or arranging alternative transport, computer access and help with homework, access to tutors, and attending parents' evenings or open days. They also offered alternatives to mainstream education: including home-based 'educational activities' for those most disengaged from school, and access to local specialist schools run by the companies which owned a number of homes. Staff not only accompanied young people to these schools, but sometimes acted as Learning Support Assistants throughout the day, providing further one-to-one support in class.

Homes also provided leisure activities, in line with young people's interests, both in the home and surrounding community. For example, they provided information, funds and transport to facilitate access to clubs and sports facilities, instruments and music lessons. Occasionally, 'extras' like special trips, activities or holidays – seen as a normal part of family life – were used as rewards to help manage behaviour.

“Bike riding, swimming, down to the beach – not overly expensive, but just normal stuff you'd do with your family.”

(Residential staff)

Homes worked with families in different ways. They routinely encouraged, enabled and supervised contact. They also supported young people and family members with reunification, or returning home from care. Staff described helping young people manage family relationships, including how to cope with parents who might have mental health problems or addiction. They also supported parents by facilitating positive family activities and encouraging healthy relationships, including by encouraging regular contact, and modelling constructive interaction and behaviour management techniques. Homes also offered respite or shared care and, sometimes, parenting classes or family therapy.

In terms of **promoting independence**, staff typically helped young people develop skills such as budgeting, cooking, cleaning and DIY. They might also offer semi-independent living in flats nearby. In cases where young people were severely disabled and would continue to need assistance with basic aspects of personal care, homes focused on supporting them to become as independent as possible.

“I suppose the guiding principle, if you like, is that in supporting young people to be as independent as possible of adult support. It means they can express choice and feelings and views and wishes more independently, so they're not totally reliant on us to do all of that for them.”

(Assistant manager)

4.2 Staff pathways into residential care

Staff routes into residential care were explored in order to understand more about the reasons why people enter the sector, and the qualifications, skills and experience they brought to their first roles, typically as basic grade carers.

4.2.1 Reasons for entering the sector

A wide range of motivations were reported for entering residential care. These included:

- Enjoying previous paid or unpaid work with young people, including vulnerable young people.
- Having a personal connection or insight into the needs of young people. For example, interviewees might have grown up with a disabled brother or sister, or alongside foster siblings. There were also people who had grown up in care, overcome a difficult childhood, or been in trouble as teenagers but managed to turn their life around. As a result, these staff had empathy for looked-after children. They hoped to *'give something back'*, having received support themselves in the past, and felt they could provide positive role models for the young people.
- Otherwise, staff reported being bored or unfulfilled in routine desk jobs or manual work and were keen to do something more stimulating and meaningful.

"I wanted to make a difference. Well, I did have bigger visions of changing people's lives, but I've come to realise that it might only be a small change you make... Just even to have an impact, or a slight change, is very rewarding for me."

(Deputy manager)

- Staff were also encouraged to consider the role by friends or family working in related areas, including social work, fostering, or residential care itself.

"She was giving off the vibe that it was a really important job... I could see that it was like a vocation for her."

(Residential staff)

- Finally, residential care work provided a stepping stone or useful experience for further careers like social work, psychology or teaching, typically for those who lacked experience of working directly with young people.

4.2.2 Qualifications and experience on entry to the sector

Staff reported having a range of different skills and qualifications when they first entered children's homes. These varied according to the length of time they had been working in the sector.

Interviewees variously recalled having had:

- No qualifications.
- GCSEs (or equivalent).
- A-Levels.
- Degrees – in social work or unrelated areas.
- Nursery nurse or teaching assistant qualifications.
- Vocational qualifications in adult social care.
- Relevant work experience or transferable skills.

Typically, staff felt that their transferable skills appeared to be more important than qualifications in securing their first job in a children's home. These skills revolved around their ability to relate to and work with children, having done so in other situations such as being a foster parent, classroom or nursery assistant or volunteering in a youth club, as a mentor or football coach. These experiences often involved working with challenging or vulnerable young people.

Other related experience that was mentioned involved dealing with people with difficult behaviour which was gained through work in customer service (e.g. pubs or clubs), caring roles, or in the armed forces. Staff also said they brought experience of managing and motivating teams, which was transferable not only to work with young people but also to supervising staff.

The experience of being a parent was also mentioned as an asset by those who were and were not parents. Whilst recognising that there is a difference between bringing up your own children and caring for looked-after children with complex needs, it was suggested that parents have valuable insights into managing behaviour. This was felt to have equipped them to provide a balance of care, discipline, guidance, supervision and privacy or 'space' for young people. In addition, men, including those who were fathers, felt that, despite having previously worked in very different roles, such as construction or firefighting, they were recruited because of the shortage of male staff and role models for young people.

Interviewees also felt they offered something extra with which to engage young people and contribute to a home. For example, they highlighted practical skills, such as DIY, gardening or cooking, or talents in music, art or sport.

Finally, the enthusiasm and relevant personal qualities that staff demonstrated at interview were also considered as being very important in gaining entry to the sector. These qualities are discussed in further detail in Chapter 5.

4.3 Induction and probation

Participants varied in the extent to which they could recall their experience of induction and probation across the case study homes. Many of the longer serving staff struggled to

recall much about the process but indicated that recently recruited staff were receiving a more thorough introduction to the work than they had themselves received.

Focusing on current arrangements, it was clear that the length of the induction and probation periods varied across homes, as did their content. Typically, the initial induction period, before staff were included on rotas, lasted for one or two weeks. Probation periods ranged from three to nine months across the sample, and could be extended. Each home had its own induction programme though, where they were part of a network of homes or a broader organisation, much of it could be determined centrally. Managers or other senior staff were responsible for signing off checklists to certify that the new recruit was aware of relevant material or had performed key procedures.

Common features of induction and probation programmes across all 20 homes included:

- Reading - prior to contact with young people new staff were usually expected to read key policies, procedures and home documentation, regulations such as the National Minimum Standards (NMS), and residents' files and care plans.
- Self-completion workbooks - invariably, staff had to complete some form of induction workbook: either the Children's Workforce Development Council (CWDC) induction pack, or a homes' own version of this, which covered similar material. While this might be introduced at the outset, it was usually completed over several months.
- Shadowing experienced staff - typically, they would also shadow others before they were included in rotas, for a period ranging from two shifts to two weeks.
- Intensive supervision from managers - as well as learning from more experienced peers and senior staff, new recruits also tended to receive extensive guidance, informal and formal supervision and feedback from home managers during induction and on shift, even where their designated line manager was another member of staff. Formal supervision meetings with line managers were more frequent for staff during their first few months in post – fortnightly or even weekly rather than monthly. Occasionally, other senior staff acted as mentors, offering a second point of contact and source of advice. Managers described ensuring they were in a strong position to assess the progress of new staff and whether or not they were capable of doing the job on a permanent basis.
- Some core training (see Section 4.4.2) was usually included in the induction or early probation period. In many cases, this involved DVDs or online courses, for example on safeguarding or health and safety. Often, staff also attended off-site courses during their first weeks at the home, with behaviour management or physical intervention training often mentioned as a priority and as something which had to be delivered face-to-face.

4.4 Developing and training staff

Building on induction and probation, a programme of ongoing staff training and development was evident across the case study homes.

4.4.1 Delivery of training and development

Taught courses, delivered in the home or off-site, played a key role in training and developing staff in case study homes. However, other methods were also important and used on an ongoing basis across the sample.

Staff described **learning 'on the job'** from experienced colleagues and managers. This, for example, was reported where managers were qualified to deliver particular training, such as physical restraint techniques. More generally, managers emphasised that they led by example, modelling interaction with young people, or liaison with external agencies (for example, communicating with social workers, or attending multi-agency meetings). Particularly with new staff, this was designed to ensure that they learned from best practice, and were aware that what worked for one person – on the basis of their personality, skills and relationships with young people – might not be the right way for others to approach an issue. Mentoring was mentioned not only for new recruits but also for aspiring managers, providing extra support for those taking on new responsibilities.

Line management in homes was either carried out by the home manager, or the responsibility was shared with deputies or with several other senior staff. This was partly, but not solely, a function of the size of the home and staff team. As a result, there were **opportunities to develop skills in some homes by taking on a supervisory role**. The number of staff assigned to key work a young person also varied across homes and managers had sometimes allocated two or even three staff to do this. This allowed them to have, for example, both a male and female worker, or to always have a key worker on shift; it also gave less experienced staff a chance to share responsibility and learn from senior colleagues.

Formal, **one-to-one supervision** was used for discussing performance and practice, and sometimes providing support with induction workbooks or Diplomas. It usually took place on a monthly basis, with extra meetings scheduled as needed, either for new recruits or for experienced staff following a serious incident or facing a particular challenge.

Staff meetings, led by home managers, were used to discuss young people's needs, behaviour and next steps for staff, along with new policies and learning from courses. The frequency of all-staff meetings varied from weekly to monthly, but homes with longer intervals between them tended to also have smaller team meetings and/or substantial end of shift debriefs. These also provided opportunities for managers or senior staff to pick up on any issues and, in effect, provide further group supervision. Staff might also have regular group or individual **consultations with external professionals** such as CAMHS staff or psychologists or therapists employed by the company.

Where staff attended **training courses**, these were sometimes run 'in-house', either in individual homes or at other central locations. Alternatively, external organisations were contracted to deliver specialist training – for example, in physical restraint. Local

authorities, local safeguarding children boards, charities and partner agencies such as the police also offered courses, sometimes free of charge.

In a number of cases, staff spent **time in different homes** run by the broader organisation. While to some extent this simply enabled flexibility of staffing across homes, it was also intended to broaden experience or allow staff to work with different managers on particular areas of practice. Staff based in one LA home were also given the chance to shadow colleagues in other areas, such as leaving care services, in order to increase their understanding of, and build relationships with, partner agencies.

Finally, homes' **communication books** (effectively, large diaries) and intranet sites were compulsory reading for all staff, keeping them up-to-date with changes to home policies, procedures or plans for young people. As noted in Section 4.3, core training was delivered to new recruits **online or using DVDs**, but staff were also encouraged to further their own development by accessing (free) information online or signing up to relevant bulletins.

4.4.2 Training content

Interviewees generally described two categories of training, mandatory or core training, required for any job in the sector, and further training which went beyond the basics to support what was seen as specialist provision or to cater for particular needs.

Core training, typically introduced during an induction and refreshed at regular intervals, often covered the following areas, though others were included in particular homes:

- Behaviour management.
- Safeguarding or child protection.
- Health and safety, and fire safety.
- First aid and medication.
- Food and hygiene.
- Equality and diversity..

Across case study homes, individual workers or teams reported receiving additional training in a broad range of areas – as indicated in Table 4.2. Among the topics most commonly mentioned were attachment theory, restorative justice and child exploitation and online protection (CEOP). Much of the training reflected the perceived needs of the young people or requirements of particular roles, with tailored courses covering key working, learning support, or management tasks.

Table 4.2: Training supplementing core topics in case study homes

Area	Example topics
Child psychology/ social work theory	Attachment, trauma/loss
Mental health/ wellbeing/ emotional health issues	Self-harm, mental health, resilience, self-esteem, substance misuse, gangs, bullying, domestic violence, divorce and separation
Medical conditions, disabilities or learning difficulties	ADHD, autism, asperger's, dyslexia, epilepsy, cognitive impairment, Mental Capacity Act
Sexual health/ sexualised behaviour	Sexual health, HIV & hepatitis, sexualised behaviour
Advanced child protection	Child sexual exploitation, child exploitation and online protection (CEOP)
Reporting and paperwork	Communication, recording, report-writing, evidencing outcomes and complaints
Additional responsibilities/ managerial roles	Key working, team/shift leader training, lone working, professionalism, supervision, inductions, leadership, (fast-track) management, diploma assessor, mentoring
Learning support/ coaching	Learning support assistant, social pedagogy, sports coach/ lifeguard training
Communication tools/ skills	Speech & language therapy, Makaton / PEC/ Widget
Therapeutic approaches	Solution-focused/ psycho-social approaches, 'Theraplay', social stories
Restorative justice	Youth offending, restorative justice approaches
Working with families	Parenting programmes including Positive Parenting, Families Forward, Strengthening Families, Understanding Parents' Mental Health

The key factor in determining whether, and which, additional training was provided were the perceived needs of children and young people. However, managers' judgements as well as broader organisational policies also played a part. Managers consistently said that if a young person placed in the home demonstrated behaviour or needs with which they were unfamiliar (for example, self-harm or a particular medical condition such as epilepsy) then they would source training on that area for key staff, or the entire team.

In homes with external managers, much of the training available was decided at company level. However, home managers also described assessing where additional training was needed, and their views about the value of particular training courses, qualifications or methods of delivery clearly mattered. Even where resources were tightly

constrained, they described making the effort to provide additional training or development opportunities.

Staff motivation and initiative could also influence what training was provided. Across case study homes, staff mentioned being encouraged to request additional training where they felt this could contribute to improved care for individual young people, or within the home as a whole. If home managers and, if relevant, external managers agreed, then suitable, affordable courses – or online resources – would be identified.

Resource constraints resulted in homes cutting back on training provision, or switching from face-to-face to online delivery. This could limit the scope for progression through advanced training. It also resulted in a LA being unable to offer free training to private and voluntary providers accommodating its looked-after children.

Clearly, changes to the NMS affect what staff are asked to do and when – particularly in relation to qualifications.

4.4.3 Time allocated to training and development

Staff were generally able to recall courses they had completed recently and distinguish those which were one-off from refreshers. However, it proved challenging, even for managers, to estimate the total time spent in training or continuous professional development (CPD). In part, this stemmed from the variety of ways in which training was delivered.

The lowest estimate provided by a manager was that, for the average care worker, about five days a year were spent in formal training. However, in this case the team consisted mainly of experienced staff, and the manager made regular use of team meetings to cascade learning from courses and share experience in other more informal ways.

Time spent in training clearly varied to some extent by career stage and/or role. New recruits, managers, trainers and qualified social workers (with registration requirements to fulfil) were said to spend more time in training or CPD than other staff. Also, while relief or bank workers³⁶ attended mandatory courses, they appeared to have more limited access to 'extra' or more 'developmental' training than permanent staff who were based exclusively or predominantly in one home.

Across all case study homes, staff were paid to attend mandatory training, or other agreed courses, in 'work time'. If they wanted to pursue something purely for their own development, rather than in response to the identified needs of resident young people, managers would typically be unable to justify covering the cost. While they might offer encouragement, staff would usually have to pay any fees themselves and attend courses

³⁶ Bank staff refers to a pool of people an employer can call on as and when work becomes available. The employer is not obligated to provide work for these staff, nor are they obliged to accept it.

in their own time. Where homes were part of larger organisations, there was more scope to fund staff to develop skills which could be used at head office or across different homes or facilities. This meant that staff could move to specialise in training, for example, or learning support. Likewise, there were examples of LAs funding a limited number of staff to take social work qualifications, with the proviso that they commit to working for the LA after completing the course.

4.4.4 Qualifications

Experience of the Level 3 or Level 5 Diploma appeared to be fairly limited. This was either because staff completed their training years ago or they were still at an early stage of progressing through their Diploma.

Nonetheless, it was clear that across all case study homes, new (permanent) staff without Level 3 qualifications were required to begin the Diploma within six months of taking up the post. Typically, they started the course at the end of the six month period, usually coinciding with successfully completing their probation. There was often flexibility, however, depending on the availability of places with the agreed provider.

The choice of modules appeared to be agreed between the organisation which owned the home and the learning provider, rather than individual learners or even home managers.

For the most part, those working on Diplomas attended face-to-face tutor sessions in groups, delivered off-site by local colleges or other training providers. In a few cases, however, the taught element was online. Accordingly, the degree of interaction with other learners varied, as did the support provided by Diploma tutors or assessors. Staff completing the course online had no group sessions, but had their coursework assessed at the home. Assessors were said to have provided a great deal of support for learners who struggled with the paperwork due to dyslexia, including (audio) recording their answers to questions, rather than having staff write them down.

How quickly staff attained the Level 3 Diploma appeared to vary, depending partly on the frequency of group tutor sessions (typically monthly), and partly on how quickly they completed modules and had them assessed. They reported being expected to complete the course within 12 to 18 months.

As a rule, permanent staff were paid to attend tutor sessions in work time, and they did not have to make a financial contribution to the cost. More exceptionally, staff had been asked to pay a '*deposit*' or face '*sanctions*' for non-completion. For example, in one case, the organisation had told learners that £500 would be taken off their pay, to be returned when they finished their Diploma. In another home, staff said they would have to repay the cost of the Diploma if they left the organisation before finishing the course. In contrast, bank or relief staff could be left to cover the full cost themselves if they wanted to attain the qualification.

For the most part, staff were expected to complete the bulk of the Diploma coursework in their own time, but were also encouraged to use quiet periods on shifts, and discuss any difficulties with their manager. In one exceptional case, staff described having a small number of ‘*study days*’ they could use.

Few interviewees were able to comment on the Level 5 Diploma as case study managers typically completed equivalent qualifications, such as the Registered Managers’ Award, years previously. They said that Ofsted made it clear that they were not required to complete the Level 5 Diploma. However, where managers and their deputies were working on the new Level 5 qualification, this was funded in the same way as the Level 3. Company policy appeared to vary on whether other staff – for example senior residential workers – could be funded to do the Level 5 Diploma or, indeed, whether managers who already had old Level 4 qualifications were expected to do so. Within the sample there were examples of LAs funding a limited number of staff to complete Level 5 Diplomas before they were in roles which required this.

4.5 Summary: Profiling the case study homes

- The sample included homes which described themselves as providing specialist care, and others as delivering more generalist care. Where the distinction was drawn, it was based on: the complexity and severity of the young people’s needs; the nature of services delivered; and the ratio of staff to young people. However, all homes catered for children with complex needs and challenging behaviour.
- Each home provided for young people in a range of areas. These included safety and security; emotional support; consistent carers and role models; therapy; work with families and partner agencies; structure and routines; behaviour modification; education; leisure activities; and preparation for independence.
- Reasons for entering residential care included: enjoying previous work with young people; encouragement from family or friends in similar roles; or motivation from personal experience to ‘*give something back*’. Otherwise staff applied to work in children’s homes hoping to progress to careers in social work or other professions.
- Few staff were qualified to work in the sector at the outset; they felt transferable skills and attributes led to them getting their job.
- The length and content of induction and probation periods varied across homes. Typically, there was an initial induction period before staff were included on rotas, in which they read through procedures and files, and shadowed experienced staff.
- Usually, probation lasted for six months. During this time, new recruits completed the CDWC induction pack or equivalent and undertook core training, for example on safeguarding, health and safety and behaviour management or physical interventions. They tended to receive a great deal of guidance, supervision and feedback from home managers and/or other senior staff.

- Alongside taught or online courses, other methods of training and developing staff were regularly employed. Staff learned from experienced colleagues and particularly managers, who modelled best practice. Regular, one-to-one, supervision was used for discussing performance and development. Team meetings, debriefs and group supervision, sometimes with input from external specialists, provided further opportunities for learning and reflection.
- Core training, refreshed at regular intervals, typically covered (at least) the following areas: behaviour management (de-escalation and physical interventions); safeguarding or child protection; health and safety; fire safety; first aid and medication; food and hygiene; and equality and diversity.
- Across case study homes, staff reported receiving additional training on various topics. Most commonly mentioned were attachment theory, restorative justice, and CEOP.
- Time spent in training or CPD varied according to career stage or role. New recruits, managers and qualified social workers spent more time in training than others, while relief or bank workers appeared to have limited opportunities, beyond basic or mandatory provision. Across all case study homes, staff were paid to attend mandatory training, or other agreed courses, in 'work time'.
- Across case study homes, new (permanent) staff without Level 3 qualifications were required to begin the Diploma within six months. The choice of modules was agreed between the organisation and learning provider. For the most part, staff attended face-to-face tutor sessions in groups but, in a few cases, the taught element was online. Accordingly, the degree of interaction with other learners varied, as did the support provided by tutors or assessors.
- As a rule, staff working on the Diploma were paid to attend tutor sessions in work time and made no financial contribution to the cost. Managers and Deputies were funded to complete the Level 5 Diploma where they lacked equivalent qualifications, but there was variation across homes in whether other senior staff were supported to do likewise.

5 Views about recruiting and developing staff

Research participants' views and experiences of the way they were recruited, developed and trained and the challenges associated with this are addressed in this chapter. As will be seen, induction and training were considered essential for the development and retention of staff. The specialist nature of the work meant that a comprehensive and rolling programme of training was necessary to equip staff to meet the needs of the children and young people in residential settings. Views, however, were quite divided about the Diplomas and particularly the Level 3 Diploma (fewer people in the sample were exposed to the Level 5 Diploma). It was clear that learning for and on the job was considered more important than the acquisition of formal qualifications. The chapter begins with reflections on the challenges of trying to recruit a suitably qualified and skilled workforce.

5.1 Recruitment challenges

As context to the discussion about staff development, managers were initially asked about the ease with which they could recruit staff with the right skills and attributes to meet the needs of young people. This precipitated reflections about recruitment and selection processes, and the challenge of assessing the suitability of an applicant for work in a children's home. A number of factors were said to contribute to recruitment issues.

Contextual employment market issues

The low pay and low qualification threshold for starting positions in the residential care sector made it harder to attract suitable candidates. This was further aggravated where homes were located in rural or remote locations. Starting salaries were said to be broadly equivalent to other entry level employment, such as supermarket work, which therefore competed for the same applicants. It was suggested that these other jobs presented competition for the same candidates as they did not require qualifications, were less demanding physically, mentally and emotionally; could potentially offer a better work-life balance; and might be located closer to home, thereby reducing travel time and costs. In contrast, residential work was felt to have a poor public image and status and the nature of the work was described as very demanding, tiring and difficult to combine with caring responsibilities. For those with young families, the availability and costs of childcare to match shifts was additionally felt to be prohibitive.

"24/7, 365 days a year is off-putting for some people."

(Manager)

Adequate supply of candidates to match the nature of the work

It was perceived by managers that the relatively low pay and position in the labour market belied the true nature and demands of residential work, and at times resulted in unsuitable applicants applying. One manager reported that over 100 people had applied for a recent post and that processing this level of totally inappropriate applications was a drain on resources. Staff felt strongly that this was more of a 'vocation', than 'just a job' and as such it required people with a range of personal and other qualities, including a considerable degree of 'passion' and commitment and ideally an insight into the role. Hence those applying merely for the pay, or for local convenience, or to comply with social security rules to avoid benefit sanctions, were unlikely to succeed, or usually would not survive long in post.

Diversity issues

Recruiting adequate numbers of staff from black and minority ethnic backgrounds was identified as a challenge. Interestingly, in the context of the children's workforce, which can tend to have a predominantly female profile, the initial census found the gender divide in residential homes to be roughly equal. The employment of male workers was commented on and valued by young people and staff interviewed in the case studies. For the young people, having a range of staff, in terms of age, gender and personality, was very important and could help make the home feel more like a family environment.

5.2 Views about the recruitment process

The lack of a standardised career path or qualification threshold, at least at the basic grades, resulted in companies or homes developing their own methods and criteria to assess which applicants would become good residential workers. The selection process was found to rely heavily on managers' and senior staff's ability to balance qualifications and experience, and judge character, transferable skills and potential.

Commonly, certain minimum qualifications and experience were specified. However, new recruits to this field tended to have few or low qualifications and it was felt that this requirement could prove too rigid. Examples were given of applicants considered to have the right characteristics, but who could not be employed because of the company's experience or qualifications' criteria, or CRB/DBS³⁷ requirements. It was very strongly felt that qualifications alone did not guarantee that someone would make a good residential children's worker.

"I'm sure all of us have worked with people who ... are highly qualified but are about as much use as a chocolate fireguard... you can have all the qualifications in the world,

³⁷ Criminal Records Bureau, replaced by Disclosure and Barring Service

you can have them coming out of your ears, but put them into...a human situation with children and they're absolutely, utterly, useless."

(Team leader)

Applicants' interest in children and young people, motivations, and aptitude to develop into the role were considered just as important as qualifications and experience. The complex backgrounds and needs of the young people were felt to require as much enthusiasm and empathy as a fixed list of skills.

Sifting for the necessary characteristics and motivations required a deep understanding of what was required in a person and excellent judgement. As application forms and one-off interviews were considered too limited for this, applicants could face a series of interviews with the manager, the staff group and the young people. Whilst larger companies often conducted their recruitment centrally, managers of the case study homes stressed their preference to conduct their own interviews, so as to allow more control over the selection process. However, none of these recruitment approaches were said to be totally failsafe in spotting people with unsuitable characteristics. In practice, much relied on the interviewer's, typically the manager's, instinct, experience and judgement.

Recruitment processes were quite time consuming, both in terms of the interview and the overall length of time from application to formal appointment. Individual interviews were said to sometimes take half a day, but were considered worth it, to limit attrition further down the line. The total length of the formal recruitment process ranged from three to six months and as such could be difficult to reconcile with meeting a home's immediate needs. Waiting for CRB/ DBS clearance contributed to this delay. Given the target pool of potential recruits, this time lag could result in applicants finding work elsewhere in the intervening period.

The post-interview period of induction and probation also formed an essential part of the selection process. In practice, working in the setting provided the real test of whether or not someone was suitable for the job. Therefore the total period of recruitment, from initial advertisement to final approval as a permanent member of staff, could realistically take a year or more.

Larger homes and LA homes sometimes circumvented problems by over-recruiting at any one time and deploying new staff across a number of homes. However this was not feasible for smaller homes. A common response was to employ additional applicants as bank or relief staff. Thus, beyond just providing temporary cover during emergencies, the bank system was also used to try out new people. If judged up to the mark, they would be offered the chance of a permanent post when the next vacancy arose. Indeed homes said they had to be '*sharp*' about offering jobs to good bank or agency staff, before they were '*snapped up*' by other homes. In effect therefore, the bank system was sometimes used as an extra, informal, probationary system.

“I don’t give them a permanent job to begin with..I take them on as bank. Then they have to prove to me that indeed they’re committed to the profession and indeed they can work with [the children]. If I’m happy with that, that’s when I put them on permanent. The reason is before we used to recruit people, they would come in... go through the interview process... give you all the answers that you want...and they tell you, yes, they’re committed to the profession. You train them... four months down the line they resign because they can’t face the challenges... So to ensure that they’re committed to what we do, I decided... I don’t take them on as permanent, I take them as bank and then they work their way up.”

(Manager)

5.3 Views on staff retention

A more stable workforce was generally felt to augment team development, enable homes to provide a stable environment for children and young people, as well as see a return from training investment.

5.3.1 Challenges retaining staff

The main challenges to retention were identified to be: how the home was run; recruiting the right people; the stresses of the work; and long-term career aspirations.

Possibly as a reflection of the homes we visited being outstanding or good, interviewees sometimes spoke about turnover being higher in other, generally private, homes that they previously worked in. They perceived that this was due to how these homes were run and staff not being sufficiently valued.

Not surprisingly, retention and recruitment were found to be interrelated. One major reason for turnover derived from employing people unsuited to the work or with serious misconceptions about what the job entailed, who left once the difficulties became apparent. Thus, identifying those most likely to stay during the recruitment process was one of the primary elements of ensuring retention.

“So I get to that point where I think, well, I would rather concentrate on people that want to stay, want to develop, want to be with me on a long-term basis...”

(Manager)

The stressful and demanding nature of the job also proved a critical factor in retention. A recurring theme was that the job was taxing and draining, physically, emotionally and mentally on a day-to-day level and that staff tended to leave due to ‘burnout’. The shift pattern and length of shifts, sometimes 48 hours, were also difficult to reconcile with family life or other caring responsibilities. Where staff had to travel long distances to get to work, the additional travel or childcare costs could contribute to them leaving.

Managing challenging behaviour, such as being shouted at, spat at and physically attacked and hurt, was reported to play a large part in people moving on. In turn, this also reflected back on the management and training and how well equipped the staff were in de-escalation techniques and physical intervention before being expected to work with young people.

“It’s either for you or it’s not...this job will catch you out. Whereas other jobs, like a warehouse job, like a shop assistant or anything like that, I think you can bob along...But in this job, it will come back to bite you ...If you’re not up for this, they’ll let you know... very quick.”

(Residential staff)

The limited prospects for progression, combined with the low pay and status, contributed to retention issues. Homes could not provide many opportunities for advancement, and small homes with a stable workforce even less. While occasionally staff were promoted if they passed their Level 3 Diploma, more commonly people had to wait until a more senior position became vacant or leave to find one elsewhere.

On the other hand, as mentioned in Chapter 3, a subsection of staff saw this work as a step in their career and more of a means to an end. Younger staff especially were said to be more likely to be ambitious and use children’s homes as work experience and a stepping stone to other careers, typically social work, teaching or psychology.

“Sometimes people who have graduated will come for experience prior to furthering their career, so that can make it more short term.”

(Manager)

5.4 Views on the induction process

Views about the induction process varied according to personal experiences, the home in question and the length of service. Despite the variation in content, approach and duration, the induction process was considered essential given the specialist, interactive, varied and practical nature of this work. This was emphasised across the case study homes and regardless of previous qualifications.

“I think you can’t just get the qualification. I think you can’t come into this job and just know what you’ve got to do, because there ain’t a text book out there what is going to tell you how to work with children, and for a start every young person’s different ...”

(Manager)

Generally, the discussion about induction focused on experiences within the home visited, with occasional comparisons with previous homes worked in. Although this was described as a job mainly learned ‘*in situ*’, being ‘*thrown into the deep end*’ without adequate induction or training was criticised as very poor practice. A few examples were

given of new recruits being expected to deal with a violent situation alone before being trained in de-escalation or safe physical intervention techniques. One of these staff members ended up injured as a result and was evidently upset recalling the experience.

“I didn’t feel very prepared... It felt a bit like being thrown in at the deep end because it’s just from not doing it to doing it.”

(Residential staff)

Meeting the recruitment and retention problems just described presented a serious challenge to providing a good induction, especially where staff were taken on in an emergency. The variability and unpredictability of the role across homes presents a further challenge in terms of preparing people for this work, other than on the job. Indeed, there was a view that you only found out if you were suited to this kind of work, and *vice versa*, from doing it. As one person put it, nothing can prepare you for a child throwing a cup of tea in your face, you can either deal with it or not.

Another challenge mentioned by interviewees was the risk of frightening new people off by bombarding them with too much detail early on. Hence it was felt better to deliver the induction in a staged process, prioritising what to cover and in what order. Other challenges to getting a graduated introduction to frontline work were found to be time and balancing the induction methods normally used. For example allowing enough time for both adequate reading and shadowing of other staff.

5.4.1 Time

Capacity issues were found to impact on induction length and depth, in that smaller homes may need to start staff working on frontline duties more quickly. However, it was felt that a minimum of a few months was required to enable a fair assessment of whether they had acquired the necessary understanding of the work and demonstrated the appropriate skills.

From the managers’ point of view, observing the response to the induction proved useful in itself and fed into the management’s judgement of whether or not a new recruit was suited to this work.

5.4.2 Reading

Reading the company’s and home’s policies suited those more comfortable with studying and learning in this way. Without any practical element, it was often described as being too dry and removed from practice and as a result did not always ‘*sink in*’. The dryness of the written material also applied to reading residents’ files. Whilst this was appreciated as an important part of understanding their circumstances and needs, it was direct personal contact that was felt to be the only way to fully prepare staff for a young person and their behaviour and symptoms.

In certain homes people were assessed, or were expected to discuss their reading with senior staff in supervision meetings, which was considered helpful. While it is hard to see alternative ways for staff to familiarise themselves with all this material, the efficacy of this approach depended on how comfortable they were with reading. Children's home staff often described themselves as being practically orientated and as a result found it a struggle to complete the reading required of them.

5.4.3 Shadowing

Shadowing was considered one of the most useful aspects of the induction process as it provided an opportunity to observe how experienced members of staff dealt with diverse issues, interacted with the young people and '*problem solved*'. It also supplemented the reading and helped staff put their 'training into practice'.

"[On my first shift] I didn't have the first clue what to do. You know you have everything in your head, but you don't know what to do...But... they told me everything I need to do, and what [the young person] likes and what he doesn't like... They helped me out big time really."

(Residential staff)

The importance of shadowing very experienced staff was highlighted as a way of minimising the potential risk of new recruits picking up '*bad*' habits from existing staff.

Views differed about the optimum shadowing period although staff were clear that it needed to be more than a few shifts. In one home, shadowing had been extended from three days to two weeks. Managers and staff felt that the longer time was necessary and highlighted the dangers of not investing adequate time initially to familiarise new recruits with the role.

"It's one of them jobs where you'll either take to it or not and I think if you're shown the right way from the start, you'll carry on. If you're not shown and there's more negatives than positives, you ain't going to be here. You're going to think, this ain't the job for me."

(Residential staff)

Allowing adequate shadowing time was considered even more crucial if the children or young people had any specialist needs.

The timing of the shadow shifts was also said to be important and should ideally be offered over a 24-hour period. This would enable new staff to see how the needs of children vary at different points during the day and night and how to handle their behaviour and support them.

5.5 Views on training provided

Staff development was valued and appreciated by all those interviewed. Training was considered an essential part of developing good residential workers, both individually and as a team, to support the child. The specialist nature of the work meant that a comprehensive and rolling programme of training was necessary to equip staff to meet the needs of the children and young people in residential settings.

“I think within the job there’s only so far experience can get you and... that’s when the training kicks in.”

(Residential staff)

Training was credited with giving staff a deeper and broader understanding of the issues affecting the residents and the theory behind their practice and helping to hone and develop their skills and abilities to work with children and young people.

There were generally positive endorsements of the training programme provided by homes, even where it had been scaled back. No-one complained about getting too much training and staff usually desired more. It should, however, be borne in mind that the case study homes all had good or outstanding Ofsted reports.

Reflections about formal training covered the induction programme, mandatory training, additional ‘ad hoc’ training and the acquisition of specific qualifications, notably NVQs and the Level 3 and Level 5 Diplomas, although there was much less said about the Level 5 Diploma. It appeared that the mandatory training programme on offer in homes was judged as being more helpful than other qualifications and training available to staff, principally because it seemed to be more relevant and applicable to their practice in the home.

Views about training varied, in part depending on the specific role of the individual and the extent of their experience working in the sector.

5.5.1 Content

As was seen in the previous chapter, case study homes all provided a core programme of training supplemented with additional options which were tailored to the needs of each home and the young people being cared for. Despite the resulting variation, members of staff who took part in the research were generally positive about the content of their in-house training programme. At best it was described by staff in one home as ‘*fantastic*’ because it was felt to be comprehensive, to meet staff needs and enabled them to work with the young people they were caring for. There was also a sufficient training budget to buy in specialist additional training when a need arose. Interestingly, this view was reinforced by a clinical psychologist who also worked in the home and reflected on how impressed she was with the breadth of coverage of the training options, which she felt was far superior to that offered by the NHS.

Where there were felt to be gaps in their training programme then requests were made for more training around issues they considered most relevant to the young people they were working with. Their list of additional topics were broadly grouped into four main areas:

- Psychological, developmental and behavioural issues relating to the children and young people in their care, for example attachment theory and what lay behind their current psychological state and behaviour.

“Like attachment training, not just ones you've really got to do. And that's helpful, because you can see why they're showing them kind of behaviours, and why you have to deal with it in that different way. Yeah, it definitely makes it easier, it makes you understand it more; it makes you have more patience, if you know why they're doing it - because you just think 'Why are you acting like that? Just sort your behaviour out' - but there's a reason why...”

(Residential staff)

- Understanding particular physical and mental health conditions and states, for example, but not only: epilepsy; learning disabilities, especially the autistic spectrum; attachment disorders and depression.
- Practical intervention skills such as de-escalation and behaviour management; safeguarding; dealing with self-harm; substance misuse; communication and counselling skills; relationship and anger management and internet safety.
- Specialist or ad hoc courses needed to help with a particular issue for a specific young person.

While the mandatory training programmes on the whole attracted least criticism, it was felt that courses or modules within these were often too generic and not specialist enough for residential work. For example, the mandatory training on medication or first aid was described as sometimes being too generalist and not sufficiently tailored to the needs of their children and young people.

Discussion about the amount of training also included the need to update key aspects of understanding or practice. Refresher courses were considered as vital as initial training to keep the knowledge and practice up to date and relevant. In other words, being taught how to follow de-escalation techniques once or twice was not enough, especially if there was not much opportunity to practice skills regularly and keep them fresh.

“... it's always good to be familiarised with that, because you might go six months without an incident, prior to the last three referrals we've had, we had two years maybe of, it's got to be no incidents, no complaints.... so then it's a bit of a wake-up call, we've got incidents now [all the time].”

(Deputy manager)

In the next chapter we present their collective views about the ideal coverage for a training programme.

5.5.2 Delivery

Interactive courses in a group with a tutor – and specifically an expert tutor – were clearly favoured above and beyond all other methods. Interviewees felt they learnt far more in these settings through the opportunity to ask questions and discuss with others how to apply the training in real life scenarios.

Whilst online courses were assessed as being more flexible and convenient to fit into quiet times at work, or when they were at home, they were felt to be unsuitable for much of the material and topics covered. Interviewees felt this medium made it harder to remember the material or relate it to the young people they were caring for.

“We’ve all identified that the key bit of training is safeguarding and child protection...and yet it’s the one course that’s now online. And it’s the one course that shouldn’t be online.”

(Residential staff)

Online courses were also criticised for the lack of opportunity for any kind of interaction as they were viewed as a *‘one way transaction’*.

The quality of the training was discussed in terms of the calibre of those delivering the training and the course content. Homes relied on various methods to help ensure quality, such as contract compliance with external companies, using specialists in the field and gathering formal feedback from their staff who attended training. A new recruit to a children’s home described what made great teaching for him:

“Well, just not frying your head I suppose...They kept it simple. Like, they didn’t bog us down with too many big words and everything. They tried to make it accessible for you, and obviously at the same time giving you the information you need. But, they told you everything you needed to know in a way that it’d be stuck in your brain.... Like, you wouldn’t forget...[And being entertaining] keeps you alert....when people are just talking and talking and changing the PowerPoint...you start to doze off a bit. But when they’re talking, and their personality comes through... [and] making us laugh. And... it’s great that they interact with you... because... they’re not treating you as students, they were treating you as co-workers. So it’s like, you don’t feel like you’re in school, you’re feel like you’re preparing yourself for the job.”

(Residential staff)

Where raised, it appeared that staff got more out of training delivered by specialists or practitioners in the field rather than people they called *‘professional trainers’*, who were felt to lack specialist knowledge and to be less able to adapt the content to the particular home context. It was said they encouraged staff to share their knowledge rather than

actually teaching them. There were also accounts of interviewees having '*switched off*' from their training as a result of '*death by PowerPoint*'.

The appropriate sequencing of training was also discussed in relation to which topics should precede others and when is the best time to start the Diploma or to take specialist training. It was also felt that there is a need to avoid '*bombarding*' new staff with too much, too early. This was a slightly more acute issue for smaller homes with fewer experienced staff to observe and learn from. Another very practical timing issue was how to provide training to a staff group together, while maintaining adequate staff cover for the home. A common solution was to limit training to times that children and young people were at school or college, or to draw in bank staff to work with the manager.

A final issue raised was how much training should be provided to bank or relief workers. If not offered by the home or by the agencies who contracted them, it was said to be difficult for bank workers to get training. It was suggested that this was anomalous given that, when on duty, they could be given similar responsibilities as permanent staff and have to deal with the same challenges.

5.6 Views about the Level 3 and Level 5 Diplomas

Discussion about the Diplomas was usually with those who were either currently working towards their Level 3 or Level 5 Diploma, had done so in the past, or were managing or assessing people in this position. Others we talked to completed relevant NVQ Level 3 or Level 4 qualifications in the past and therefore had very little awareness about the new Diploma qualifications and there was a tendency to conflate the Diplomas with NVQs and the mandatory training. Discussion was further limited by difficulties recalling much detail of individual units. That said, there was more discussion about the Level 3 Diploma than Level 5 Diploma, most likely as a result of more people being exposed to it.

Views were quite divided about the Level 3 Diploma and it received a substantial number of negative comments. Staff reflections encompassed its status and function, content, method, assessment, standardisation and scope for progression, and these are covered in detail in the following sections. It was clear that learning on the job and for the job was considered more important than acquiring formal qualifications, but in itself this might reflect the perceived low status of the Level 3 Diploma.

Conversely, the Diploma was appreciated for providing a qualification to workers who tended to have few, if any, previous qualifications. Learning and passing the Diploma boosted staff morale and confidence. The qualification was valued for giving people the opportunity to consider the wider context for their work, enabling them to reflect on their practice, become more observant and read and research issues, such as the legal framework for their job (e.g. the Children's Act 1989 and the National Minimum Standards (NMS)); something they felt that they would not have had time to do otherwise. It had

also provided additional insight about working with children and young people and the theory underpinning practice (e.g. attachment theory).

“It gives a purpose to your course. It's not just theoretical as there's a huge amount of practicality in it...The other thing that was good is that you had to link each module work piece to a ...national minimum standard - which is good for familiarising yourself with each section of the NMS.”

(Residential staff)

“The individual courses were all catered to what I do, like they made it easier for me to understand, especially the attachment one that was absolutely fantastic. It made me get it, like, oh I know why he's doing that now, whereas before I just saw the behaviour, and I didn't have a clue why he's doing that because I didn't have the attachment training.”

(Residential staff)

As national qualifications, care staff felt that the Diplomas helped certify their status, enabling them to progress and become eligible for better pay and promotion. Managers reported that the qualification helped professionalise the job and develop staff. Providing opportunities for training also helped to demonstrate that managers valued their staff and were committed to their development.

“It does further professionalise their job and it gives them a lot more credibility for what they do. And it also makes them considerably more employable in the care sector as well. So that's great because it is professionalising the actual role itself and I think that's quite important because people's perception of what care work is, is very, very different. People think it's an unskilled job where people look after old people... or wipe bottoms for a living and it really isn't the case at all. They're incredibly professional and very, very caring people and they should be recognised for that.”

(Manager)

On the whole, however, the Level 3 was more generally perceived as a baseline qualification at best, a platform from which to start, rather than an aspirational qualification. There was also a degree of uncertainty about its function to the extent that questions were raised as to whether it actually counted as 'training' or should instead be regarded as a form of benchmarking.

“I think there's a lot of misunderstanding about it, where people believe that it's training, it's development, it teaches you things. It doesn't, it's about you recording what you've done to demonstrate that you are working to a standard.”

“...rubberstamps your experience.”

(Residential staff)

Finally, a Level 3 qualification was not felt to convey enough status upon this profession or truly reflect the specialist requirements of this role.

5.6.1 Content of the Level 3

In terms of content, interviewees tended to consider the Level 3 as too basic, generalist and inadequate to equip people to work in residential homes. Staff and managers alike complained it was insufficient on its own to provide what staff needed to meet the diverse and complex needs of the children and young people in their care. In short, it reaffirmed what staff already knew and it was not sufficiently orientated to the role as a residential care worker.

“It is simply a rubber stamping exercise in the practice that you’re already undertaking. It’s not challenging. It’s not in enough depth. It’s not at the right level, it needs to be. To me it needs to challenge people a whole lot more, be more about a thought process about why you’re here, why you do things, why children might be here.”

(Manager)

“...it just seems to be regurgitating things I've done at work. I seem to be evidencing things I've already done... It's making me think about things, maybe in a more... written way - a lot of the work I do is auditory and speaking ...Some of the questions are so monotonous and repetitive... I'm only a few modules in and it just seems like a joke... Somebody could come in and watch me work for two days, instead of writing it over a year.”

(Residential staff)

Many of the taught modules were said to focus excessively on very young children and the needs of the early years' workforce. It was also felt that a number of the courses available on children and young people's development within the Level 3 Diploma were too generic and not specialist enough for residential work. This skewed the focus and limited the potential for useful discussion about how to apply the course content to the experience and behaviour of looked-after children and young people.

Another criticism was that the content was repetitive and longwinded in places, overlapped with what many new staff had already covered in their induction or mandatory training and took too long to complete. It was described by one residential care worker, who was also an assessor, as '*pages of waffle*'. In other words, the different strands of training existed in parallel and were inadequately linked with each other or integrated into work in the homes.

A final issue relating to content was that the Level 3 was not felt to be that accessible for people who are not particularly literate or academically inclined. The inclusion of Maths and ICT, for those doing the apprenticeship route, was called into question as it might put off very good care workers who struggled with formal education but were nevertheless great with the children and young people. The design was said to be quite daunting and

off-putting, as unlike the Children's Workforce Development Council (CWDC), it does not provide any examples illustrating how to respond.

"The CWDC... gives you examples and it gets you thinking, when you're reading it, you think, oh right yeah, now I see what they mean, sample questions, sample things that you could use, going through it, it's visually more stimulating than, the way the whole NVQ [referring to the Diploma] is set out is very unattractive, it's, there's just too much jargon going on..."

(Manager)

This dilemma was illustrated in the case of a care worker who left school 40 years previously. He was struggling to complete his Level 3 as he found the writing and paper work too demanding, the content too theory based and the language too complex and full of jargon. Also, family commitments limited the time available to complete Diploma work. Both he and his manager were seriously worried that, despite his suitability for the job, not being able to complete the Diploma would end his career in this sector.

Conversely, a deputy manager in one home reflected that he enjoyed taking the Level 3 Diploma and found it useful. He liked the way he could choose the options that related to his work and the needs of the young people. He felt the balance between theory and practice worked well and, in terms of the content, he said the most helpful parts of the Level 3 were: coverage of the rules and regulations; the modules on promoting the development of young people and safeguarding.

Rather more exceptionally, a member of staff in one home said that the Level 3 Diploma was well-integrated into their job, because they were required to provide witness statements/testimonies which led to them discussing the situation with their manager.

5.6.2 Content of the Level 5

Whilst there was much less discussion about the Level 5 Diploma, the views expressed appeared to be more positive. This Diploma was seen to be more specifically designed to help managers with their role. The content of the Level 5 was valued for providing a much broader level of knowledge than the Level 3 and more pertinent material from a manager's perspective. As might be expected, managers appreciated learning about management of sector-related topics such as safeguarding, but they also found it helpfully provided more depth and breadth about the issues around child development.

The Level 5 was felt to be much more challenging than the Level 3 Diploma. It was seen as not just one step up or away from Level 3 but much more advanced than that. Where managers were struggling to complete the Level 5 it appeared that they were put off by the amount of theory they needed to study (which they perceived to be about 70% of the content) and the extensive reading and writing requirements. Conversely, there were concerns about the overlap between the Level 5 Diploma and the Level 3 and the previous Level 4.

5.6.3 Delivery of Level 3 and Level 5

The variety of methods followed to study the Diplomas, such as online or attending courses, made any overarching conclusion difficult. Attending a college appeared to be the favoured option, as long as the course was delivered by a qualified and specialist trainer and provided opportunities for discussion and sharing views. Online delivery attracted most comments and criticism. There were indications that this related to age and computer literacy, but also to preferred learning styles, which by all accounts tended to be more practical. Studying alone provided no opportunities to learn from interaction or discussion, which were regarded as more beneficial in this arena. The reliance on extensive writing proved challenging for those with few previous educational qualifications, or low confidence in this area.

The format of the Level 3 Diploma was criticised for not stimulating learning or enabling people to apply what is covered to their practice in the home. It was often described as merely a 'tick box' exercise which did not teach anything new, but instead expected staff to record what they had already done, such as by copying log books and report pages and appending these to answer a question.

“So you could complete the ...Diploma Level 3 without actually learning anything new, just by recording what you've done in your day-to-day work.”

“All I'm doing is telling you what I know, that's it. You're not teaching me anything. I'm telling you what I know and then you sign it off.”

(Residential staff)

The extent to which different providers were able to offer any flexibility in the way people could complete their assignments was unclear from the research. However, in the exceptional circumstances where this occurred it had proved invaluable. One residential worker said that without this option he would not have been in a position to find the time to complete his Diploma.

The assessment of the Level 3 and the Level 5 attracted disquiet. The method of assessment, what was assessed and the variability and quality of assessments and assessors were all called into question. A number of interviewees also worked as assessors which provided another perspective. Online assessment and self-completion was criticised, especially in relation to validity and trustworthiness. It was said to be easy to take advantage of, for example by focusing on the best examples, getting someone else to complete a section for you, or even searching Google for a model answer.

“I'm not going to sit there and write an essay saying 'last night I was so bad, it ended up kicking off, two lads got arrested, I came in in a right bad mood.' I'd say: 'I did everything humanely possible and it still went wrong...I demonstrated empathy and resilience and understanding, point A, B C knowledge base 26 and 27'.”

(Manager)

Being observed working with children and young people, with the opportunity to discuss and reflect on practice with an experienced assessor, was repeatedly said to offer a better method to judge a worker's abilities than writing about it.

“And that’s why I’m sceptical about it, because this is a practical job. We are actively engaging and communicating with children all the time. So that’s our purpose, to be with them, not sat in the office writing reports. I appreciate there needs to be an awareness of laws and legislation, etc., but I think there needs to be more of an emphasis on the practical elements of working.”

(Manager)

“But how you do that, the manner in which you do that, the way you deliver that, the engagement you have with a young person that’s the quality, that’s the bit that we’re looking for. So is somebody doing it with warmth, are they doing it with compassion?”

(Residential staff)

Timing, especially with regard to when it would be best for new staff to start the Level 3 Diploma, emerged as an issue. As has already been mentioned, homes usually waited until new staff completed their probation period. However, this approach also creates a tension between having sufficiently trained and equipped staff, which we were told was fundamental, or allowing inexperienced staff to work for roughly six months with residents on the back of the induction training alone.

Another timing challenge was the reliance on staff to pursue most of the reading and writing elements of the Diploma in their own time. This was felt to be a considerable expectation for a low paid, tiring and demanding job.

5.7 Summary: Views about recruiting and developing staff

- The low qualifications threshold and low pay belied the demanding and specialist nature of this work and made it difficult to attract people with suitable experience, skills and insight. Other similarly low paid, entry level, work which required no previous qualifications commonly competed for the same candidates but were likely to be substantially easier and more compatible with having a home life and caring responsibilities. Residential work was said to require a specific skill set and an approach and a passion for the role not necessarily apparent in its entry level position.
- The recruitment process was lengthy, involved and time consuming, but this was considered essential to select the right people. In effect it included the probationary period as working directly with the children and young people was regarded as the true test of whether or not someone was suited to this work.

- Rates of staff turnover were said to relate directly to how well a home was managed, the stresses of the job and compatibility with a home life. Career aspirations, especially for young people seeking progression and promotion, also contributed somewhat to staff moving on.
- A formal induction process was regarded as essential given the specialist, varied and practical nature of this kind of work. The main challenge in designing a good induction was balancing the need to adequately prepare new staff without bombarding them and frightening them off. Shadowing was considered one of the most useful aspects of the induction process but needed to be well planned to provide variety and a representative range of situations and practice.
- Staff development was valued and appreciated by all those interviewed and training was considered an essential part of developing good residential workers. The specialist nature of the work meant that a comprehensive and rolling programme of training was considered necessary to equip staff to meet the needs of the children and young people.
- Training enabled staff to gain a deeper and broader understanding of the issues affecting the children and young people, the theory behind their practice and helped hone and develop their skills and abilities to do the job. Formal training was, however, felt to be only one aspect of staff development. Shadowing and learning from managers and other staff members were regarded as instructive as training courses.
- Reflections about formal training covered the induction programme, a mandatory training programme, additional 'ad hoc' training and the acquisition of specific qualifications, notably NVQs and the Level 3 and Level 5 Diplomas.
- The Level 3 Diploma was valued for providing a discrete qualification in itself, for giving people the opportunity to consider the wider context for their work and enabling them to reflect on their practice and become more informed. However, it received a substantial number of negative comments. Concerns about the Level 3 revolved around its overly generic content and not always being relevant to the needs of children and young people in residential settings.
- Criticisms were levelled at the amount, type, methods, content and quality of some of the training and the variable quality of trainers, assessment and assessors. More interactive group training was undoubtedly preferred over individual reading and writing modules.
- Basing the assessment on written rather than practical work attracted censure, as did its lack of practical application to residential care work. It was also felt that a Level 3 qualification was too low in status and did not reflect the true nature and demands of this work.

- There was much less discussion about the Level 5, which was in part due to there being far fewer people with experience of it within the sample. Views were generally more positive about the Level 5 than the Level 3 Diploma.

6 Improving and developing the workforce

The previous chapters have highlighted the way the 20 case study homes were training and developing their staff and the challenges resulting from this. In this penultimate chapter we consider the suggestions participants made for how to address these challenges and equip residential care staff with the skill and confidence to work with the children and young people in their care. Not surprisingly, their suggestions relate directly to the challenges they experienced and revolve around the design, delivery and application of learning from training and specifically the Diplomas. In order to set these suggestions in context, the chapter begins by reflecting on their conceptions of what makes a good residential children's care worker and the role and requirements for qualifications and training.

6.1 What makes a good residential care worker

When staff were asked to consider what makes a good children's home worker, they generated a long list of core skills, competencies, relevant knowledge and personal attributes that they would expect a person to have. These are presented in Table 6.1 later in this chapter and serve to illustrate the demanding requirements expected of residential care staff. They range from their ability to care, their commitment to the job, their emotional maturity, intelligence and resilience to core knowledge and practice skills that are required for working with young people in residential care.

“At the end of the day they have to be understanding and they have to be caring... they have to understand where the kids have come from, and... where they've got to... particularly in terms of how disability affects child development. So there is a bit about, not just like having that caring gene, and actually having a compassion gene that I think everybody in this line of work has to have, but it's also ... there's a theoretical understanding of why children might behave the way they do... They've got to be quick, sharp, they've got to be mentally agile, and physically agile sometimes in terms of the physical challenges that they get. They've got to... adapt to change, because... we change things all the time in terms of systems and structures, paperwork, approaches... management plans... And the brain space you've got to have [to work with].... kids here, all with incredibly complex residential action plans and risk assessments. Huge.. weighty tomes of documentation about how that individual should be managed ...and help them develop and grow... so they've got to have a reasonable intellect for a start. Good analytical skills, good communication skills.... they've got to operate professionally.”

(Manager)

Despite the variation in roles and experience of staff, there was considerable consistency in their lists of core and essential requirements of workers. There were, however, additional and more specific requirements for those working in homes providing more

specialist care as there was a need to understand the particular conditions of the children and young people in their care.

The importance of the more personal qualities and attributes was very evident from the lists generated by staff. These were felt to be intrinsic to residential care work – in particular the passion for and commitment to this kind of work.

“You’ve got to be made of stern stuff. You’ve got to be assertive. I think you’ve also got to be massively caring and you’ve got to be passionate about what you do... This is a job where we’re trying to put some very broken lives back together...there’s no silver bullet for fixing a lot of the behaviours that the children have got. So the staff have got to have a clear understanding of what they need to do in order to shut down those problems and look at trying to put a life back together.... You’ve got to be reliable. You’ve got to be completely dependable.... You’ve got to have the trust of the young people that you’re looking after... But above all you’ve actually got to really love what you’re doing.”

(Manager)

“I think they’ve got to have values that fit with kind of nurture, acceptance, non-judgement, however, be able to.. have the strength ... and the resilience of character to be able to depersonalise any abuse. And to...be able to set boundaries... It’s got to be a balance of really genuinely caring, and really genuinely knowing that sometimes the best thing for a young person is to do something they don’t want you to do.”

(Manager)

Where participants prioritised their list of requirements, they singled out more of the personal qualities alongside the ability to work with people in a team and to communicate effectively as being essential to care working.

“We thought that if you don’t have a passion for the role, if you’re not interested in what you’re doing, then you’re not going to be able to do any of the other things properly. It doesn’t matter if you’re organised. It doesn’t matter if you’re resilient. You’ve got to really want to be doing what you’re doing, and you’ve got to be able to link in emotionally to people very well.”

(Residential staff)

“[Teamwork] it’s integral. If you can’t function in the team.... then you can have all the other traits, but you’re not going to succeed in this role.”

(Residential staff)

Participants differentiated between the more personal qualities that people ‘just had’ – viewed as being part of an individual’s personality and make up – and skills which could be developed over time or learnt through experience. Views varied about the extent to which some of the more personal qualities could be developed or advanced in the job.

For example, it was said that it is not possible to train someone to be patient, virtuous and to have empathy as this is part of a person's 'character' or mind-set. Equally, it was reflected that qualities like emotional intelligence develop with age and life experience and may be less easily honed by training.

Interviewees acknowledged, however, that there are a set of skills and competencies that clearly can be developed through training and experience. They cover many different aspects of the role, ranging from:

- Parenting.
- The ability to keep accurate written records.
- To build trusting relationships and communicate effectively with young people, their families and other professionals.
- The ability to assess and manage risk.
- Understanding and appreciation of how to support and work with children with learning and physical disabilities and challenging behaviour.
- And a range of basic practical skills including IT, driving and cooking.

With the exception of the last two, most of these skills and competencies were to varying degrees already being developed through formal training programmes and through learning from experience.

Managers varied in the extent to which they expected prospective candidates to have these skills at the recruitment stage. Whilst participants alluded to these skills and qualities being core to all staff working in children's homes, it was equally recognised that there is a need for creating a balanced staff team. Inevitably, different people will have different strengths and weaknesses and it would be unrealistic to expect all staff to excel in all areas.

The opportunity to reflect this variation in the team was said by managers to be helpful in ensuring that they could create more of a family experience, providing young people with different sorts of relationships and different types of role models. This enabled them to be in a better position to respond to the diverse needs of the children and young people – not just in terms of culture and background but also personality, approach and experiences.

“We want the young people to have all sorts of relationships, and some might be like a big brother or one might be a paternal figure, so we need that diversity within our team.”

(Residential staff)

This was easier to achieve if homes employed both males and females of different ages on their staff team and could also match staff with different personality types with the requirements of young people.

It was suggested, for example, that some young people might work more effectively with a key worker who is young, active and *'fun to be around'*, in contrast with those young people who perhaps need a more *'steady'* person who will provide order and structure and ensure procedures are closely followed.

6.1.1 The views of young people

A total of 14 children and young people agreed to be interviewed during the case study visits. Depending on the ease with which they could communicate with the interviewer and their levels of engagement with the subject, they were provided with a set of cards³⁸ to help organise their thoughts about what makes a good children's care worker. Young people were asked to select those which they felt were most important and, if possible, to explain their reasons. The qualities they prioritised (see Table 6.1) largely reinforce findings from other recent research with children (The Office of the Children Rights Director, 2014)³⁹ which highlighted the importance of workers being fun to be with, caring and interested in them, understanding, approachable and easy to talk to but also firm and fair.

³⁸ These cards had a range of different attributes and qualities a good worker might have.

³⁹ Office of the Children's Rights Director (2014), *Changing Children's Homes Children's views on changes to children's homes, to care planning, and to supporting children who run away from care*, Ofsted.

Table 6.1: Skills, knowledge and attributes, described by respondents as being desirable in residential child care staff

Core Skills, competencies and knowledge	Core Personal attributes
<ul style="list-style-type: none"> • Written and verbal communication • Listening • Conflict and behaviour management • Working with others (people and team working) • Parenting • Knowledge of child development and attachment theory • Understanding of the requirements of primary care • Understanding of how to manage physical and mental health conditions • Understanding of safeguarding and assessing risk • Basic practical skills (e.g. driving and cooking) • IT, literacy and numeracy • Problem solving • Organisation, planning and time management • Leadership and management (for managers) 	<ul style="list-style-type: none"> • Caring, compassionate, empathetic and nurturing manner • Committed and passionate about the job • Emotionally intelligent, resilient and mature • Reflective and self-aware about themselves and their practice • Fun, lively and good sense of humour • Physically and mentally agile • Positive and enthusiastic • Creative • Calm, patient and easy going • Firm but fair • Flexible, non-judgemental, tolerant and open minded • Honest • Confident and assertive

Table 6.2: Core attributes of a ‘good worker’ as identified by young people who took part in the research

Core personal qualities	
<ul style="list-style-type: none"> • Friendly and nice – <i>‘like part of the family’</i> • Fun to be with and jokey • Active and sporty • Kind, caring and loving • Understanding and interested • In tune with young people • Good to be around 	<ul style="list-style-type: none"> • Approachable and available • Easy to talk to • Good listener • Patient, mellow and calm • Cheerful, positive and encouraging • Honest, genuine and respectful • Firm but fair • Hard working

In order to illustrate how and why these qualities are important to them, the following two boxes contain quotes from two young people about their favourite carers.

One young man described what he liked about his favourite carer

“He's just very nice; he's an up-to-date general person. He likes everyday things. And he's always fun to be around.... He can always make you laugh - forget about everything else and just have a good time at activities, like joking about... In a funny way, but in a safe, calm way....He's different from other members of staff as he's more active and more funny and engages with the young people rather than sitting on the computer.”

He feels close to the worker and can talk to him: *“He seems like a best friend. We seem quite close. Because I can always talk to him. And we just go out and have a little bit of fun.”*

It helps that he's known him a long time: *“Yeah, because you get to trust them a little bit more. I've known him three and a half years, and he's quality.”*

He agreed that he gives *“good advice”*.

He concluded by saying, *“Hard working, fun, enjoyable, good to be around. They're the only words to describe him.”*

One young woman described what she liked about her favourite carer

“At first I didn't really like anyone here. It takes me a really long time to trust people. I don't mean months. I mean years and years and years. It took me five years to trust my other foster carers. But at first I didn't like [my key worker]....and then after a while I started to like her.....Because I never really had anyone to hug or anyone that properly showed they cared, they only said, oh, yeah, we actually do care about you, [Her key worker] shows it....if she knows you're in a bad mood she will show it - 100% she will be there, no matter what....She would listen”.

She said a good worker, *“Has to understand how young people's heads work and they need to be cheerful and understanding [and it is] very important that they are calm....[they] need to be funny...Well, to work with children like us you have to have an idea on how our heads work, so if you had a worker that was always grumpy or something, it wouldn't work.”*

They also need someone who is easy to understand, who you can relate to and who can explain things simply.

6.2 The role and requirements of qualifications and training

Whilst this research has highlighted the importance of formal training and the acquisition of qualifications, it was experience and *'learning on the job'* that was believed to be key to enabling staff to work in a children's home.

"Qualifications are fantastic... but it's not the be all and end all....qualifications will give you knowledge.... learning things that you need to do to perform your job to the best of your abilities. ... the theory I think it's imperative, it's paramount, must be done, however, what makes you or breaks you is whether you can do the job, is your practical [ability to do the job]."

(Residential staff)

"I think that to sit a lot of people down in front of some professorial boffin with a PowerPoint presentation for six hours often doesn't hold a lot of value... I think that people who are getting stuck into it, learning it as they go from their own experience I think is invaluable."

(Manager)

"You can be talked at for eight hours, but you can't beat being on the floor and learning as you go, I think it's just so important."

(Residential staff)

As has already been illustrated earlier in the report (Chapters 3 and 4), this informal learning and reflection on an individual's practice happened in different ways, whether through shadowing, supervision or observation and, not surprisingly, managers and experienced/senior staff had a key role to play in supporting this.

"I'd say most of it is mentoring... You learn more in your first five hours on shift than you could learn in five days in induction training. You'll learn more on your first difficult weekend shift than you'll learn doing the whole... five days eight till three... you learn more from staff debriefs. You learn from experience, you learn from trying it and seeing if it works, what works for you... There isn't a course you can go on that can teach it."

(Residential staff)

"I think reflective practice is one of the most brilliant methods of actually teaching and giving you an experience."

(Deputy manager)

Nevertheless, job focused training was felt to be key to building a number of the skills identified in Section 5.1. It was also seen as a key way to cement knowledge or to provide the building blocks for learning on the job as it provided the theory and the understanding of why something might be happening, or why a young person reacted in

a particular way. As was seen in the previous chapter, the mandatory training on offer in homes was judged as being more helpful than the Level 3 Diploma, principally because it seemed to be more relevant and applicable to their practice in the home.

“I learn better doing than I do listening and hearing, so for me the work experience made everything that I’ve been taught make sense. I was like, oh right, OK, because I find it easier someone telling me something than me reading something, so I benefited a lot from work experience.”

“I find, when I look through all the training courses, they tell me these things and it’s all very well telling me, and I’m like oh right, yeah, OK that’s great, I understand, but it’s not until I put it into practice that I think, ah, that it finally, everything finally clicks, that’s why they’re doing that, especially like the challenging behaviour attachment course that I did, it made a lot more sense because I’d seen it.”

(Residential Staff)

6.2.1 Key principles

In order to apply the learning from their experience and views, case study participants were specifically asked to set out their requirements for improving the development and training for people working in a children’s home. In arriving at their recommendations, a number of broader principles emerged which appeared – either explicitly or implicitly – to underpin their suggestions. These are presented here as context for the subsequent sections in the chapter.

- **Good development and training is not just about the acquisition of knowledge, procedures and policy, but about how that knowledge can be applied and used to nurture the personal skills and attributes of a well-rounded worker.**

“You’ve got a framework of knowledge, but it’s about how you apply that knowledge, how you apply that, together with... the personal skills and attributes that we’re looking for to make this well rounded worker. So it’s... trying to develop an environment where there is continuous learning and there is continuous reflective practice.”

(Assistant manager)

- Each home needs **a training strategy or set of flexible training pathways for different staff roles and for people with differing levels of experience** – particularly new and established staff. It also needs to cater for agency, bank and relief staff. Ideally it would incorporate induction, mandatory and other training options within the pathway and consider the coverage of external qualifications. These pathways would need to be aligned with individual development plans and consider how to minimise the demands on staff time by incorporating as much training as feasible within shift time and removing any duplication across training options. Core elements of the training would need to be regularly reviewed and up-dated.

- **Training is more likely to be of benefit and value if it is rooted in the practice and needs of the young people staff are caring for.** The ideal training programme would include core elements of practice for working in any kind of children’s residential care, with the option to take additional ad hoc courses addressing the specialist needs of a particular home or the young people being cared for.
- The ideal training programme **needs to cater for different learning styles and preferences.** It should recognise that people learn in different ways and it needs to build some flexibility into the format and content to accommodate this. It also needs to be **pitched appropriately** so that it is neither too basic nor too complex.
- Training should ideally be **delivered by people who are either practitioners or specialists in the field**, or professional trainers who can apply and adapt the course content to the particular children’s home context and the needs of the children and young people that staff are caring for. Whoever develops the course and its content needs to consider how to ensure a course will be accessible, relevant and will benefit staff practice.
- Wherever possible, **training should be engaging and delivered in person and provide opportunities for participants to interact as a group**, so they can share and discuss the learning and apply it to their practice in the home. This could involve using more case studies and role play to help prepare people for a particular situation in the home. If this is not feasible, then it may be incumbent on managers and staff working in the home to find a way to create other opportunities for discussing and applying the learning from training, for example in team meetings and supervision.

“Training’s got to be engaging and it’s got to be... a very two way process. It’s got to be a situation where, if you’re going to training, that you have to be able to be able to challenge the views of the trainer and challenge their ideas and that creates debate and debate makes it a lot more interesting within the group. As a trainer it’s really important... to be able to manage that and everyone’s opinion has value and it’s important that whatever they bring to the party that everyone is able to learn from that and I think that’s what, in my view, makes effective training.”

(Manager)

6.2.2 Improving induction and training in the home

The previous chapter reported on how well the induction programme was equipping staff to feel confident and prepared for working in a children’s home. Overall, case study staff seemed broadly content with the range of activities included in their induction programme. For this reason, their recommendations for improving the induction process were more about extending an option or activity rather than radically changing the core elements.

The essential components of an induction programme reflect the activities that were largely available in all case study homes to a greater or lesser degree and were discussed in detail in Chapter 3. In summary they include:

- Meet the team.
- Shadow shifts in the very early stage of the induction.
- Learning on the job from working with experienced people.
- Completing the Children's Workforce Development Council (CWDC) pack.
- Familiarisation with policies and procedures and the National Minimum Standards (NMS).
- Reading the case files of young people so as to learn about their history and needs.
- Sessions with a mentor or supervisor/manager to discuss how to apply the learning from the induction.
- Mandatory training options.

The suggestions for expanding and improving the induction varied according to the approach that a home was already taking. Their suggestions included:

- Extending the length of their induction process to a month or six weeks.
- Reviewing and updating the content and framework of the CWDC booklet.
- Tailoring the induction content so it accommodates staff with different levels of experience and seniority.
- Core mandatory training units (if not already provided). Safeguarding was felt to be an absolute minimum and could be helpfully supplemented with food hygiene, first aid, medication and behaviour management, including non-confrontational behaviour management and restraint approaches (whether Team Teach or an equivalent approach).
- Views differed about whether staff also need to take courses on attachment theory and autism (where appropriate) so they can learn more about the needs and requirements of the young people they will be working with.
- The opportunity to apply the procedures and policies during shifts in order to see how they relate to their role.
- Extend shadowing opportunities – up to one or two weeks – in homes where this is not currently available. The shadow shifts should be followed up with shifts where new staff subsequently work alongside the staff they were shadowing.
- Introduce staff members to partner agencies and services, such as Child and Adolescent Mental Health Services (CAMHS), they will be working alongside to enable them to better understand the way they will work in partnership.
- Offer placements in a school or other settings where staff members can work with young people and familiarise themselves with other aspects of their lives.

There was, however, concern expressed about investing too much in the induction programme if there is a potential risk that staff may leave or prove unsuitable during the probationary period.

6.2.3 How best to train people

Views varied about whether there was a need to do more to meet the needs of the workforce and improve the training that staff received within their home. Where requests were made for additional training, these were concerned with: increasing their depth of knowledge; adding in specialist ad hoc courses that were needed to manage a particular issue that a young person has or to do with changing practice, for example, in relation to internet safety.

When asked to design a training programme, staff generated a long list of topics that they would ideally want to include. However, as was seen in Chapter 3, a number of these topics were already being addressed as part of the case study homes' training pathways. In order to provide a draft blueprint for a training programme, the full list of topics is presented in Table 6.3. These represent participants' suggestions for how to develop and equip them to be able to confidently meet the needs of the young people they care for. Depending on the focus of the home and the degree to which it sees itself as providing more specialist services and catering for young people with complex and special needs, there is a need to slightly tailor any training to reflect this.

Table 6.3: Participants' suggestions for the content of a future training programme

Theoretical and specialist knowledge	Improving practice and procedures
<ul style="list-style-type: none"> • Disability awareness • Understanding and working with young people who have physical and mental health issues and/or challenging behaviour (specific examples included autism, aspergers and ADHD with additional complex needs) • Child and teenage development (parenting styles, attachment theory, primary care, Maslow's Hierarchy of Needs, neuroscience etc.) • Counselling and therapeutic approaches (e.g. CBT) • Occupational therapy, speech and language therapy • Communication theory (e.g. non-verbal communication and signing courses - matching the approach being used by schools in the local area e.g. Makaton, Picture Exchange Communication or Signalong) • Addiction theory, substance misuse and legal highs • Eating disorders • Emotional intelligence • Building resilience • Safeguarding, child protection and sexual exploitation theory • National Minimum Standards • How Ofsted works • Social Pedagogy • Earlier intervention – understanding more about the behaviours that young people present with so staff can spot the signs before the behaviour actually occurs • The national curriculum and education programmes for young people • Education, training and post 16 transitions • Management training • Basic IT skills 	<ul style="list-style-type: none"> • Behaviour management and de-escalation techniques (Beginners and Advanced) • Reflective practice • Working therapeutically with children and young people (e.g. play training) • Parenting skills and training • Safeguarding, risk assessment and child protection practice (and online security) • Working with young people who have alcohol and substance misuse issues • Working with young people who self-harm • Working with young people who have been sexually abused • Working with parents/families • Building self-esteem and dealing with anger • Team, key working and effective communication • Partnership working with external agencies • Listening skills • Creating and building safe relationships • Equal opportunities • Managing stress and workloads <p>Procedures for working in the home</p> <ul style="list-style-type: none"> • Regulations, legal requirements and policies • Accessing local resources and services • Daily records and report writing • Medication • Health and safety • First Aid • Food hygiene • IT systems • Performance Development Review (PDR) • Line management and supervision • Mentoring

6.2.4 Improving the Diplomas

The discussion of how to improve the Diplomas was limited to those people who were sufficiently familiar with their content and had recent or current experience of either or both the Level 3 and Level 5 Diplomas. There was inevitably more discussion about the Level 3 than the Level 5 Diploma for the reasons articulated in the previous chapter. Even those participants who were familiar with the Diplomas often confused them with their predecessor NVQs and lacked knowledge about features of their design, coverage and assessment. For this reason, some of the recommendations staff made for their development may already be in place, although participants clearly lacked awareness about this. This does, however, suggest that there would be a role for raising awareness about any future developments in the qualifications that the children's workforce need to undertake.

Participants' suggestions were concerned with the design, coverage, delivery and assessment of the Level 3 and to a lesser extent the Level 5 Diplomas.

Suggestions for improving the design were concerned with **creating a more flexible qualification and the alignment of the Diplomas with training provided in the home**. One idea was for adopting more of an Open University approach so that the training could be spread over three years, each resulting in some kind of assessment and award, so people could choose how far they wanted to progress. It was suggested that learners could achieve an HE certificate at the end of the first year, a diploma at the end of the second year and a degree at the end of the third year.

Related to this idea were other suggestions for **creating qualifications of different levels and status**. For example, there was a request for a higher status, more academically challenging qualification - either a diploma or a degree - that specifically focused on looked-after children and comparisons were drawn with social work. There were, however, concerns expressed that this might result in staff who struggle with formal learning leaving the sector. There was also a suggestion for developing an intermediate qualification, based mainly on practice rather than on home management for those who wanted to progress their skills, knowledge and qualifications but not take the Level 5 Diploma. At the other end of the spectrum, there were requests to relax the timescale for people who may be struggling to cope with their Level 3 Diploma.

"It'd be a shame to see people leave because they can't complete their Diploma... I think it's inevitable that the care system's going to lose a lot of good people when they suffer slightly academically but may be fantastic with children... If people aren't finding it easy to complete it and they're struggling, then they need to allow them enough time to finish. They don't want to put timescales on it, there needs to be support networks in place."

(Residential staff)

In keeping with the portable nature of the Diplomas it was also suggested that staff have **more flexibility about the range of options they pursue** so there are a set number of core options that everyone takes and others which they can choose between.

The remaining suggestions for improving the design revolved around:

- **Aligning the structure and content of the Level 3 and Level 5 Diplomas with the in-house training and induction programmes** (stripping out duplication and repetition between the CWDC framework and the Level 3) provided by children's homes. However, beyond being clear about the need for this and the suggestion that in-house training might count towards a diploma, they were often vague about how this might operate in practice. A manager felt that there should be one qualification for people working in children's homes that would combine all the options plus mandatory training required for their children's home and the NMS. Whilst the suggestion clearly has merits, achieving this may be challenging whilst training and induction programmes are so variable.
- **The provision of reflective learning which could involve some kind of 'bridge' or delivery mechanism for applying and translating the learning** from the Diplomas to practice in the home. It was said that there should be an expectation that what people learn on their Level 3 is brought back into the home. So, when they are setting up the training it needs to be really focused on work-based learning and making sure that there is a way of translating it into work and practice.

"It needs to be really focussed on work-based learning. And making sure that ... bridge is made, that transaction into work practice is made."

(Manager)

One specific suggestion made was for developing an interactive website similar to that provided by the Open University to help students apply what they have learnt.

In an attempt to avoid the Diplomas being seen as irrelevant to practice in the home, the above manager had instigated a regular discussion slot in their team meetings to discuss a policy/procedure from the Level 3 Diploma. However, she emphasised that there is a need to more systematically incorporate a way of applying the learning from the qualification, rather than leaving it to individual managers to take the initiative.

"We've started to do, to try and inform our team meetings in that way. For example reviewing policies and procedures in terms of, I've got my guys that are on the Diploma, so I'll talk to them about what module they're doing, and we'll pick a policy and procedure, we'll then dissect that in the team meeting. And we'll talk about what our practice is, and how our day-to-day systems are set up to meet those, and how that's then informed by the bigger stuff, the legislation, and what they're learning on their Diploma...that's how we, I, try and support that learning."

In terms of the content of the Diploma, there were requests to **expand the coverage of a number of different training units** including: psychological development of children and young people, safeguarding, working with families and healthy parent-child relationships. It was suggested that it would be very helpful if the Level 3 showed how the theory underpinning their work applied to their practice in the home. This might evidence, for example, how issues with child development or attachment theory could result in actual behaviour that staff would see from young people in the home. Alternatively, there were requests for guidance on evidence-based interventions which staff could use to inform the way they worked with young people in the home. Equally, the idea was mooted for the Diploma to provide learning from practice in different settings, for example, how to work with children at schools in a children's home or with family members in the family home.

Conversely, other suggestions were concerned with **simplifying and streamlining the content so as to reduce the burden on staff taking the diploma** and make it easier for them to understand by reducing the theory, increasing the practice content and removing any jargon. Other ideas involved: scaling back on the written work; reducing the number of outcomes in the questions; reducing the time period for completing the qualification; providing more concrete examples; improving the layout and design and adopting a format more similar to the CWDC framework, where staff are given actual examples to help guide their written work. A member of staff, who was also an assessor for his home, said it would also help if there was more cross referencing and links between units.

The final set of recommendations related to **delivery and assessment**. Whilst a clear preference was expressed for face to face training and group interaction, there were suggestions for also using online networks and discussion forums. This, for example, might involve using: a Moodle⁴⁰ online course format; webinars or online seminars or asking people to log into an interactive whiteboard, where a tutor can deliver a lesson, present slides and encourage discussion. It was argued that doing this online would minimise the staff time required, make the logistics and organisation easier to achieve and, crucially, provide students with the interaction and peer discussion they most value.

“If I was going out once a week to a classroom, or to a place, a group, I would feel a lot more motivated and I think I'd get a lot more from it. If I was with lots of other managers, where we could share ideas, or we could brainstorm where it was interactive, proactive. I think, one, it would help me build my confidence, I'd be with a peer group, I'd network, I'd be getting a lot from it, we could be sharing ideas, it could develop and grow. Having a folder with case study one, case study two, case study three on equality and diversity, and a case study four, it's really hard to motivate

⁴⁰ Moodle (Modular Object-Oriented Dynamic Learning Environment) is a course management system used by educational institutions to provide a platform for e-learning, or learning over the Internet.

yourself to want to do it, because you just think, there's no stimulant in learning or developing and... it feels like a chore. Once you get into it, once you sit down and think, right, I'm going to do it, yes, you feel better, and you feel like, but it's like having a tick list and you're just wanting to tick the box and get it off."

(Manager)

Building in **some kind of residential component** was put forward as another way to create a group forum for staff taking the Diploma. The idea was that staff could go away for a weekend with other people they do not know who were also studying for their Diploma. It was suggested this could additionally teach participants about team building skills and develop practical skills and games for how to occupy children. It was also felt that such an experience might give staff a limited opportunity to empathise with what young people go through when they are brought into a new group living situation.

Not surprisingly, given the disquiet about the experiences of assessment, there were a number of suggestions for ensuring that there would be **more consistency in the assessor approach and standards and some preference was expressed for using internal assessors or assessors who were experienced practitioners or academics**. One suggestion was to have both an internal assessor and an external assessor who would provide external verification/validation to avoid internal assessors being accused of bias. There was also some discussion about employing alternative methods of assessment which might involve observation or recording oral responses which were felt to be really helpful for people who were short of time or who struggled with writing. In both cases, participants who made these suggestions were not aware that assessors can already verify using these methods.

6.3 Summary: Improving and developing the workforce

- The importance of a number of personal qualities, core skills and competencies were identified as being key to being a good residential care worker. These skills cover many different aspects of the role, including: parenting; the ability to keep accurate written records; building trusting relationships and communicating effectively with young people, their families and other professionals; the ability to assess and manage risk; understanding and appreciation of how to support and work with children with learning and physical disabilities and challenging behaviour and a range of basic practical skills, including IT, driving and cooking.
- Young people highlighted the importance of the more personal qualities a worker should have including being friendly and fun to be with, kind, caring and interested in them, understanding, approachable and easy to talk to but also, firm and fair.
- Whilst this research has highlighted the importance of formal training and the acquisition of qualifications, it is experience and 'learning on the job' that was believed to be key to enabling staff to work in a children's home. That said, job-

focused training was valued for helping to provide the theory that underpins staff practice. The mandatory training on offer in homes was judged as being more helpful than the Level 3 Diploma, principally because it seemed to be more relevant and applicable to their practice in the home.

- Case study participants identified a number of key principles that should underpin the development of any kind of training and qualifications. They emphasised that good training involves both the acquisition and application of knowledge. Individual homes should ideally develop a training strategy or pathway for staff working in their home that integrates all learning and development activities. It needs to be flexible and to cater for different learning styles and needs. Training is more likely to be of benefit and value if it is rooted in the work of a particular home and young people being cared for. Training should be delivered by people who are knowledgeable about children's homes and can apply the learning to different contexts. Wherever possible training should be delivered in person and be as interactive as is feasible.
- Recommendations for improving the induction process were concerned with extending current activities, such as shadowing, rather than radically overhauling the approach taken.
- Views varied about whether there was a need to do more to meet the needs of the workforce and improve the training that staff received within their home. A long list of training options were generated. These covered theoretical and specialist knowledge about child development and disability, techniques for improving their practice and ways of working with children and young people; they also included procedures for working in their children's home. A number of these topics were already being addressed as part of the case study homes' training pathways.
- The discussion of how to improve the Diplomas was limited to those people who were sufficiently familiar with their content and had recent or current experience of either or both the Level 3 and Level 5 Diplomas. There was inevitably more discussion about the Level 3 than the Level 5 Diploma. Participants' suggestions for improving the Diplomas were concerned with creating a more flexible qualification and alignment of the Diplomas with training provided in the home, either expanding or streamlining their focus, encouraging interactive training and more consistency in the assessor approach and standards.

7 Conclusions

This report has presented the findings from case studies carried out in 20 children's homes between December 2013 and April 2014. They were undertaken as part of research to better understand the qualifications, skills and training staff that need to meet the needs of young people in children's homes across the sector. It is intended that the findings will feed into the work being led by the Department for Education (DfE) and the sector to revise the training and qualifications of staff in residential children's care.

The research is set against a backdrop of increasing concerns about the qualifications, specialist knowledge and skills of staff working in children's homes. A recent report produced by the Expert Group⁴¹ on the quality of children's homes highlighted the main issues facing the children's workforce as being: insufficient levels of qualification and specialist knowledge and skills; inadequate career pathways and progression routes; a lack of reward and recognition in return for the exacting requirements of care staff; and a lack of identity or shared core professional standards.

7.1 Key messages from the research

The following key messages emerged from the research.

7.1.1 Understanding variation in residential provision

In order to understand how provision varied across different types of children's home, and the impact this might have on the requirements for the workforce, the 20 case study homes were selected to ensure variation in specialist and more generalist provision. The homes were also chosen according to their size, sector, location, staffing, services and recent Ofsted ratings.

In practice, however, there was not always a clear distinction between specialist and generalist provision as most of the case study homes catered for children with complex needs and challenging behaviour. As a result, there appeared to be considerable overlap in the range of services being provided, the training delivered and the expectations and needs of the staff working in the homes. In so far as staff viewed their home as being generalist or specialist, they appeared to base their judgement on: the complexity and severity of the young people's needs, the nature of the services they were able to deliver within the home and the ratio of staff to young people. On the basis of this evidence, there does not appear to be a need to tailor a qualification to different types of provision⁴². In any case, it is clear that staff move between different types of homes and

⁴¹ DfE (2012) *Reform of Children's Residential Care, Report of the Expert Group on the Quality of children's homes, presented to DfE Ministers, December 2012*

⁴² Residential special schools were excluded from this research.

the needs and requirements of homes vary as the young people and their needs change over time.

7.1.2 Recruiting and developing staff

The main challenge with recruitment appeared to be attracting and selecting the right people for the job. Much of the problem was attributed to competition with other similarly low paid, entry level work, requiring no previous qualifications. The alternatives at this level were likely to be substantially easier and more conducive to juggling work and family commitments. Equally, the combination of the specialist and demanding nature of the work and the low entry point made it difficult to attract people with adequate experience, skills and insight.

Despite the perceived low status of work in children's residential care, managers were looking for staff with particular attributes, skills and experience which they felt were key to being a good residential care worker. These included: their ability to care; a commitment and passion for the job; their emotional maturity, intelligence and resilience and core knowledge and practice skills that are required for working with young people in residential care.

Few staff started work in the sector with relevant qualifications. This often made the recruitment process quite protracted as managers had to assess an applicant's suitability for a job according to whether they had transferable skills and appropriate attributes to do the work.

Induction was considered essential given the specialist, interactive, varied and practical nature of this kind of work. Shadowing was considered one of the most useful aspects of the induction process. Guidance, supervision and feedback from home managers and/or other senior staff was integral to induction and training of new staff, alongside formal courses, reading, checklists and workbooks.

Staff development was valued and appreciated by all those interviewed and training was considered an essential part of developing good residential workers. The specialist nature of the work meant that a comprehensive and rolling programme of training was necessary to equip staff to meet the needs of the children and young people in residential settings.

Training enabled staff to gain a deeper and broader understanding of the issues affecting the residents, the theory behind their practice and helped hone and develop their skills and abilities to work with children and young people.

7.1.3 Views about the Level 3 and Level 5 Diplomas

The discussion of the Diplomas was limited to those people who were sufficiently familiar with their content and had recent experience of either or both the Level 3 and Level 5

Diplomas. Views were quite divided about the Level 3 Diploma. It was valued for giving people the opportunity to consider the wider context for their work and enabling them to reflect on their practice and become more informed. Concerns revolved around it being overly generic in its content, basing the assessment on written rather than practical work and a lack of practical application to residential care work. It appeared that the Level 3 Diploma existed in parallel with other training provided in the home and that there was inadequate linkage with each other or integration into work in the homes. It was also felt that a Level 3 qualification did not adequately reflect the true nature and demands of the role of a residential children's care worker. As a consequence it was not respected or valued as a qualification.

There was much less discussion about the Level 5, due in part to there being far fewer people with experience of it within the sample. Views appeared to be more positive, perhaps because it is targeted at managers who might be more likely to appreciate the value of training of this kind. It may also be because it appeared to be more specifically orientated to helping managers with their role, and so appeared to apply more to their job.

Participants' suggestions for improving the Diplomas were concerned with: creating a more flexible qualification; alignment with training provided in the home; streamlining their focus; encouraging interactive delivery; and increasing consistency in standards and the approach to assessment.

7.1.4 Reflections on the need for further qualifications and training

This research was not designed to state definitively whether there is a need for further qualifications and training within the sector or, if so, to specify what form this should take. However, it demonstrates that in a reasonably good cross section of 20 'good' and 'outstanding' children's homes, there is a wide array of training and development being undertaken. To a large degree this appears to be meeting the basic needs of staff working in these homes, even though there is a clear recognition of how the quality and coverage could be improved.

Whilst research has highlighted the importance of formal training and the acquisition of qualifications, it is very evident that experience and *'learning on the job'* is believed to be key to developing and equipping staff with the requisite skills to work in a children's home. Currently, it appeared that the in-house training provision was judged as being more helpful than the Level 3 Diploma, principally because it seemed to be more directly relevant and applicable to their work in the home. As a consequence they saw it as helping to develop their practice, in a way that the Level 3 Diploma typically was not doing.

Views varied about whether there was a need to do more to meet the needs of the workforce and improve the training that staff received within their home. Discussion about the 'ideal' training programme generated a long list of topics. These covered theoretical

and specialist knowledge about child development and disability, techniques for improving practice and ways of working with children and young people, as well as procedures for working in a children's home.

7.1.5 Guiding principles for the development of training and qualifications

The research has generated a number of guiding principles that might underpin the development of any future training and qualifications for staff working in children's homes.

- Good development and training is not just about the acquisition of knowledge, procedures and policy, but about how that knowledge can be applied, and used to nurture the personal skills and attributes of a well-rounded worker.
- There is a need for the sector to work with government to develop some kind of training programme or strategy that sets out flexible training pathways for staff working in children's homes. These pathways will need to reflect the different roles people have and their differing levels of experience. Consideration will also need to be given to the appropriate sequencing of any training, such that people are equipped to work in a skilled and confident way as early in their career as possible. The training programme also needs to cater for agency, bank and relief staff, who often have to pick up work at very short notice and may be working across different homes.
- If a new qualification is to be developed, it needs to be aligned with the wide array of training that is currently provided in children's homes. It is important to minimise any duplication of content between the core training activities and the qualification and to reduce the demands on staff time and resources.
- Training is more likely to be of value if it is rooted in the practice of staff and needs of the young people they are caring for. There is a role for a course or qualification providing more of the theory that helps to explain and underpin the work staff do in a children's home. However the value of this will only be realised if there is a bridge or mechanism for applying and translating the learning into practice.
- Due to the specialist nature of this kind of work, an external course or qualification needs to be tailored to working with looked-after children and residential children's care. It needs to include core elements of practice for working in any kind of children's residential care, with the option to take additional courses addressing specialist needs. Ideally it will provide a combination of theoretical and specialist knowledge as well as techniques, interventions and tools for developing procedures and practice.
- The coverage of a course or qualification needs to be reviewed and updated on a regular basis.
- The delivery of the course needs to cater for different learning styles and preferences by building in flexibility to the format and, where applicable, assessment. It needs to be engaging and it needs to build in some form of group interaction where participants can share and discuss their learning. This could be achieved through online networks if not in person.

- Training needs to be delivered by people who have knowledge about working in the sector and can apply and adapt the course content to the particular needs of different children's homes.

7.2 Recommendations for the DfE

In this final section we consider some of the specific recommendations that staff we interviewed made to inform the training and qualifications work of the DfE and the sector.

A key recommendation was that any discussion about qualifications and training needed to be seen as part of a wider programme of work to professionalise the workforce. The importance of raising the profile, status and pay of staff who work in children's residential care was repeatedly stressed. It is self-evident that staff in residential children's care are working with some of the most vulnerable members of society, yet their pay and status leaves them feeling very undervalued. There was, however, a caveat raised, namely that the professionalisation of the workforce should not be to the detriment of the less academic staff. There was a fear that if the bar is set too high then homes might lose really talented carers who cannot manage, or might be deterred by, more advanced qualifications.

Related to the need for professionalisation was the suggestion for setting up a professional body to represent the sector, and developing a qualification for the sector that is both well regarded and widely recognised.

In terms of the specifics, it was suggested that the qualification framework needs to be flexible so it can offer different access and training routes to cater for different learning preferences and abilities including: an apprenticeship, diploma, degree and access courses. This would enable people to engage with training and qualifications at different points in their life and avoid narrowing the range of people pursuing a career in a children's home. As part of this framework, it was suggested that managers should have a recognised external management qualification that is broader than the Level 5 Diploma and which would give them a more rounded understanding of management, taking a broader focus on people management and Human Resources more generally. As an attempt to help with progression (and retention) of staff, it was also suggested that there should be an alternative route and qualification for staff who do not want to pursue a managerial role.

In developing this framework, it was suggested that the DfE should do more to draw on the learning and views of registered managers, who will be able to consider the practical application of any kind of qualification and training. Staff also highlighted the need to take account of learning and evidence from Europe and America.

The final set of recommendations was concerned with the need for the DfE, or some other independent body, to provide guidance, support and to quality assure the content and delivery of any training. Their specific suggestions were for:

- Providing a forum or website to share information about training and learning opportunities and to provide background material, research and useful websites.
- Providing further guidance about the requirements of mandatory training (i.e. the induction and training options that all homes are required to provide as part of the NMS).
- Quality assuring the content and delivery of training and monitoring that course materials are kept up to date and take account of any new procedures, policies and developments.

Not surprisingly, there were specific requests for the quality of the training and assessment to be monitored carefully. It was suggested that a regulatory body might be set up to help deliver this service.

Appendices

Appendix A Topic guide for interviews with managers

Interviews with Managers

1. Introduction

- Aims of the research
- This stage involves carrying out 20 case studies of children's homes
- Consent for digital recording
- Reassure about confidentiality
- Emphasise voluntary participation
- Check interview length (90 minutes with manager providing the overview)
- Any questions/concerns

2. Participant Background

- Briefly describe role(s) and responsibilities as registered manager
- Length of time working in the home
- Reasons for wanting to be a manager of a children's home
- Reasons for wanting to work in the residential children's home sector
- Brief overview of how came to work in children's homes
- Experience of working in other homes
- What formal qualifications did they need for this job
- What other relevant training/qualifications

3. Overview of their children's home and the young people who live there

Focus of home

- Aims, purpose and vision for their home
- Which children and young people are they set up to work with?
 - Check age, gender nature of their needs.
- Size of home: how many places/residents have they got?
- Where do their placements and referrals tend to come from?

Profile of children/ young people

- How many children are currently resident?
- How would they describe the needs of the young people who are currently living in the home?
- How long do children tend to stay in their home?
- How has the profile of children varied over the last 3 - 5 years? Reasons for this?

Services delivered

- Can they provide an overview of ALL the services they provide within their home that are delivered by home staff (i.e. not including external services that are bought in)?
- (If feasible) What does a typical day/week involve / look like for a young person?
Probe: how this might vary for other types of young people?
- (if not already mentioned) How are young people helped by staff with
 - **General education needs**; help getting to school; help with homework, projects and studying; help choosing study or qualification options and career guidance; attending parents evenings etc.
 - **Other learning and development needs** (e.g. speech or language development, learning disabilities)
 - **Emotional and behavioural needs** – general emotional support; relationship support, building resilience, help with attachment difficulties, group living / everyday living
 - **Physical and mental health needs**; registering and attendance at doctors/dentist, general health advice (including sexual health); diet and exercise, physical disability or sensory impairments
 - **Access to/engagement with Youth Justice**; attendance at court, involvement with the youth offending service/teams

Specialist services

- **What if any specialist services** are they providing; **who provides them** (e.g. home staff/agency staff/external staff contracted in to provide the service); **which young people are they for?**
 - Who defines their service as specialist?
 - What makes it a 'specialist service'?
- (if not already mentioned) What if any type of specialist clinical or therapeutic services are provided? e.g.:
 - Appointments with a psychiatrist/counsellor
 - Behavioural interventions planned out by a clinical psychologist;
 - Art, music or drama therapy
 - Family therapy to support the child to return to foster care/birth family or kinship carer(s)
 - Support for young people leaving/preparing to leave care
 - Support for children at risk of sexual abuse/sexual exploitation
 - Support to prevent re-offending
 - Coaching or mentoring,
- Are these specialist services available for all young people or as directed by the care and placement plan?
- How far do staff in the home have the knowledge and skills to provide these services?
 - [And if they do have them] Reasons why use externally qualified independent professionals (where they do this)
- What skills and qualifications or professional status do they have that equips them to provide this provision?

Ability to work with others

External partnership working

- Who coordinates and liaises with all the people working with the child (i.e. who is it that acts as a lead professional) ?
- What skills, knowledge and abilities do staff need to carry out this co-ordination and liaison role?
- What are the key challenges and facilitators to working effectively in partnership (e.g. Ofsted, LAs, Health, quality of the communication, information sharing etc.)?

Team working

- What different skills do they (i.e. as a manager) need within a team in order to build a team that complements each other?
- How as a manager do they ensure the right balance of skills within their staff team?

4. Management and staffing

- How many people work in their home (refer back to survey responses)?
- (Use survey responses as a basis) Can they talk through their team structure; roles and responsibility of each team member; whether FT/PT;
 - Length of time working in the home
 - Nature of their status; whether temporary/agency or permanent staff
- What is the staff to resident ratio?
- How are workers assigned to working with young people; size of case load (if appropriate)
 - Do they ever let children or staff decide on who they work with?
- How much time do the home staff typically spend key-working with each young person each day/ week; what does this depend on?
- How much time do the home staff typically spend relaxing or doing activities of the young person's choice with each young person each day/ week?
 - What does this depend on?
- How are staff managed?
- What (if any) difference does it make to the way they manage staff if it is a week day or week end?
- How is supervision carried out in their home; who provides this; how often and when does it happen?
 - Whether they provide access to additional clinical supervision or to specialist consultations e.g. with mental health professionals

- How long do staff typically remain in employment with their home; how does this vary for different levels (e.g. managers, care staff/practitioners, administrative)?
- How much of an issue is staff retention in their home?
- What are the main reasons why staff leave the home?

5. Recruiting, training and supporting staff

Recruitment

- What makes a good residential care worker?
- What skills and attributes and qualities are they looking for in their staff?
- What if any core skills or characteristics facilitate better engagement with the children?
 - To what extent can you train and develop these skills and characteristics?
- How important are their people skills, their empathy, their reflective practice, warmth etc.?
- How do they assess this in the recruitment process (i.e. can they assess this through an interview or do they need to adopt other processes)?
How easy has it been to recruit staff that have the right skills and attributes they are looking for to meet the needs of young people Probe: what are the challenges and barriers to recruiting good staff?

Qualifications and experience of staff

- What qualifications do staff need to deliver the service?
 - Probe: importance of vocational diplomas vs other qualifications
 - [Where appropriate] Why do they need any other qualifications (i.e. other than L3 and L5)?
- Check/confirm qualifications, experience and any specialist skills that staff have (build on the survey responses)
- Which staff, for whom it is relevant, have a minimum Level 3 qualification/or are they working towards the Level 3 Children & Young Peoples Workforce Diploma or working towards the Diploma (within 6 months of confirmation of employment)? Reasons why/why not.
- How do they assess whether the qualifications of external staff are adequate for the services they deliver to young people?
- How well qualified are the staff in their home to meet the needs of children and young people?

Staff development and training

- Can they describe the process for inducting staff?
- How do they continue to develop their staff to meet the needs of the young people in the home?
- How do they ensure that staff keep informed of new policies for LAC/working in residential care?
- How do they ensure that staff can improve their practice, reinforce and extend their core skills?

- What training/ongoing learning do they provide for all staff (e.g. do they have a training policy, what formal training provided internally or externally or on the job)?
 - Which staff (e.g. managers and care staff/practitioners)?
- How is training provided/delivered (internal vs. external)?
 - What (if any) role do they have in training staff (co-ordinator of education/supervisor /coach) ?
- Approximately how much time do staff (managers, care staff/practitioners) spend every year in training/CPD?

Probe: Is this work time/ their own time?
- How is it funded (is there an allowance per staff member)?
- What are the challenges and difficulties with providing high-quality training and support for staff ?
- Who oversees and quality assures the training provided?
- How far do they think the training, skills and supervision of staff in their home is sufficient to enable them to deliver the intended services?
- What other opportunities are there for staff progression/career development (e.g. can staff be promoted, receive more money, earn other rewards within the home or do they have to leave to progress)?
- What encourages/hinders staff progression?
 - How to overcome any barriers to progression.

6. Reflections on their Children's Home

- How well do they think their home is meeting young people's needs?
 - How are they measuring this?
- Have you got a way to measure the impact of your staff's approach on the outcomes for young people?
 - [If they don't do this] How could this be done?
- What feedback do they seek from young people; from staff (e.g. children's social workers and from the LAs that commission the home's services)?
- What are the challenges for your workforce in meeting young people's needs
 - How can they overcome these challenges?
- How (if at all) would they want to develop their service?
- What skills and training do they think staff need to enable them to meet the needs of their young people?
- Views about whether the qualifications set out in the NMS are adequate to meet young people's needs within their home.
- What additional skills and qualifications are required for homes providing 'specialist' services?

- What (if anything) would they want to change to the qualifications, experience and skills of staff in their home in order to deliver a higher quality service?
- If they were to hire new staff to work in their home what skills/attributes, qualifications and experience would be high, medium and low priority?
- What advice would they give to the DfE about revising and improving the training and qualifications of staff working in children's homes?

7. Closing

- Anything that neglected to cover that they would like to add.
- Reiterate confidentiality assurance.
- Thank you.

Appendix B Topic guide for interviews with staff

Interviews with Staff

1. Introduction

- Aims of the research
- This stage involves carrying out 20 case studies of children's homes
- Consent for digital recording
- Reassure about confidentiality
- Emphasise voluntary participation
- Check interview length – 45 - 60 minutes
- Any questions/concerns

2. Participant Background (Briefly)

- How long have they been working in in the children's residential care sector?
- How did they come to start working in the children's residential care sector?
- What was their first job in residential care?
- Trace their experience of working in other children's homes prior to their current job.
Probe: job title; their role; activities undertaken; length of time in role.

3. Views about their current job

- Briefly describe their current role and responsibilities (and job title).
- Length of time working in the home (whether internal/external staff).
- How they came to work in this home.
- How many children are they currently working with; are they key working children?
Probe: the age, gender and needs of children.

- What do they like/dislike about their current job?
- Can they describe a typical day in the home?
- What services/activities do they provide for children and young people?
- How do these services/activities vary during evenings, weekends and holidays?
- How closely do they work with other staff in the home/external professionals?

- What skills and qualifications were they required to have for this job?
- What if any other skills and qualifications did they have (Briefly)?
- How prepared and suitably qualified did they feel for taking on this job; and meeting the needs of children and young people in this home?
Probe: what enabled them to feel prepared/or not?

- What if any challenges have they encountered working with young people; reasons for them?
 - How have they addressed these challenges?
 - What else would have helped them to deal with this?
 - To what extent would training have helped in this situation?

4. Views about management, supervision and training

Management and supervision

- How are they managed? Views about this.
- Can they describe the way 'supervision' is carried out in their home (i.e. a one-to-one with a manager to talk through issues relating to their practice etc.); How often does this happen and when does it happen?
- What if any other types of supervision are they able to access (e.g. clinical supervision or team supervision) or to specialist consultations e.g. with mental health professionals?
- How do they manage personal vs professional demands on their time on long shifts?
- What are the **expectations about engaging with young people**; what if young people don't want to engage?
- How willing are they to act independently/test home practice and the boundaries of their role in circumstances where they think something is not right for the child/young person?

Development and training

- How were they inducted? Views about this.
- How easy is it to develop and build their skills within their job?
- How do they recognise gaps in their knowledge; who helps them identify these?
- How do they ensure that they **keep informed of new policies** for LAC/working in residential care?
- How **do they ensure that they can improve their practice**, reinforce and extend their core skills?
- What training/ongoing learning is available for them (e.g. formal courses/on the job)?
- Approximately **how much time** do they spend every year in training and developing their skills/engaging in Continuing Professional Development (CPD)?
- Talk through all the formal and on the job training they have had in this job (in the last 2 years) – starting with current training (e.g. formal training - are they working towards Level 3 or Level 5 Children and Young People's Workforce Diploma)?
 - How was the training set up and provided for them?
 - (For current training) When will it finish?
 - Who pays for it?
 - Where do they access it?
 - When does it happen (during work time or their own time)?
- What parts of the Level 3/5 qualifications have been useful to their work in the home?
 - What parts have not been useful?

- How could the Level 3/5 qualification have been revised to be more useful?
- How far do they think the **training of staff in their home is sufficient** to enable them to deliver the intended services?

5. Views about partnership working in the home (Only explore if time)

- How would they describe the way staff work together in the home?
- How well do they work in partnership?
 - How supportive and collaborative are they?
 - What are the main challenges of working with other staff (e.g. communication issues, information sharing, use of common tools, duplication, conflicting interests, lack of respect (issues of qualifications/credentials)?)
- How well do staff from the home and different agencies work together to provide the children with the care they need?

6. Reflections

- How well do they think they are meeting young people's needs?
 - How do they know this – can they give examples?
- How easy is it to deliver a high-quality service to children with different needs?
- What are the challenges in meeting young people's needs?
 - How can they overcome these challenges?
- If they were the manager of this home what if anything would they change here?
- What do they see as the most important skills, qualifications and experience needed to meet the needs of young people's?
- What advice would they give to DfE about revising and improving the training and qualifications of staff working in children's homes?

7. Views about the future and closing

- Where do they see themselves in two to five years' time?
- What opportunities are there for promotion and career development in their job?
 - How much support and encouragement is there for career development?
- What hinders promotion and career development?
- Resources aside - what additional courses or qualifications would they take to ensure they are able to support their young people? Why?
 - When is this likely to happen?
- Anything that neglected to cover that they would like to add?
- Reiterate confidentiality assurance.
- Thank you.

Appendix C Topic guide for interviews with young people

Interviews with young people

1. Introduction

- Aims of the research
- Consent for digital recording
- Reassure about confidentiality
- Emphasise voluntary participation
- Any questions

2. Brief introduction

- How long have they lived in this children's home/ when did they move here?
- Which members of staff do they spend most of their time with?
- What sorts of things do they do with them?

3. Views on staff

ASK ALL CHILDREN

- Can they think of their favourite carer in any place they were looked after?
- What was so good about them?
- Why were they your favourite?
- What did they do to make them feel this way?
- How did they behave?
- What makes them stand out from other staff?

OPTION A: If time allows – short questions

- What are the things that staff do in the home that they like; why do they like them?
- What are the things that staff do in the home that are not so keen on/they don't like ; why don't they like them?
- How important is the amount of time staff has for them/ spending time with them/ talking/helping them/being with them/doing activities with the/helping them with their homework?
 - How do they feel if they say they are too busy/ need to do something in the office?
- How important is it to have someone who is really interested in them?
 - How can staff show that they are interested in them?
- How important is it that they are warm, friendly and can chat to them; why do these things matter?
- How important is it that they are easy to talk to about your feelings?
 - Why does this matter?

OPTION B: If time allows – do the exercise

[WHERE YP ARE COMFORTABLE WITH READING OTHERWISE DO THIS VERBALLY WITH THEM]

- What do they think makes a good worker in a home?
Give them the word cards to sort into words that describe what makes a good worker – explore these words with them
- Which of these words would they use to describe a ‘good worker’?
- What are their top five words they would use?
 - Happy,
 - Friendly
 - Fun
 - Funny
 - Faithful
 - Firm
 - Fair
 - Energetic
 - Easy to talk to
 - Understanding
 - Clever
 - Calm
 - Honest
 - Genuine
 - Good with all the young people
 - Caring
 - Kind
 - Practical
 - Realistic
- Why do they think the things that they have chosen are important?
- How do staff show these things to them?

OPTION C: Workforce related questions.

Only use if time AND if young person is really engaged and interested

Thinking about staff in this home or in other homes you have lived in that help and support you in the home:

- What kind of things do they feel staff should know about/ be able to do **before** they first work in a children’s home?
E.g. does it matter whether they’ve worked with children or young people like them before?
- If they were the manager of this home (USE NAME OF PERSON) what **kinds of things would you** make sure the staff learned and knew how to do e.g that they know how to manage behaviour or anger or first aid or how to keep children safe (use examples of the sorts of things that young people have said in other research)?

4. Closing

- That’s all my questions, is there anything I’ve missed or anything that they would like to add about staff working in this home and what makes a good worker?
- Thank you.
- Check whether they have any questions about the research and give them a copy of a consent form with a contact telephone number on it.
- Reminder about confidentiality

Appendix D Case study profiles

Table A.1 Case study features (Case studies 1 – 10)

Case study	1	2	3	4	5	6	7	8	9	10
Region	South East	North West	West Midlands	South East	South East	East of England	North West	North West	East of England	North West
Sector	LA	Independent	Independent	Independent	LA	Voluntary	Independent	Independent	Independent	Voluntary
Rural/ urban	Urban	Urban	Urban	Urban	Urban	Town & fringe	Urban	Urban	Urban	Urban
Places	5 or more	5 or more	1 or 2	3 or 4	3 or 4	5 or more	5 or more	1 or 2	3 or 4	3 or 4
Age range	12-18	11-18	10-18	11-18	6-14	12-17	11-17	10-18	11-18	8-17
Ofsted rating	Outstanding	Good	Good	Good	Good	Outstanding	Outstanding	Good	Outstanding	Good
Services / approaches (based on census data, supplemented with examples from interviews)	Art, music or drama therapy, Partnership work with schools, YOTs and CAMHS, Visits from LAC nurse, Leaving care support (Inc. semi-independent flats) Work with families	Education, Clinical treatment (on-site psychologists), Social Pedagogy, Leaving care support, Partnership work with YOTs, police and Sex Offender Management Unit	Education (company-run schools), Clinical treatment, Social pedagogy, Leaving care support, Visits from LAC nurse, Access to (external) advocacy, mentoring and drug & alcohol projects	Education (off-site company school) or home-based if excluded) Leaving care support, Play therapy, Art therapy	Short stays /respite care, Outreach and reunification work with families, Clinical treatment, Speech / Language therapy, Occupational therapy. Education (for excluded children)	Educational activities for those not attending school, Social pedagogy, Leaving care support, Partnership work with CAMHS and families	Special school if required, Social pedagogy, Leaving care support, In-house psychologist, Visits from Educational Psychologist, LAC nurse and sexual health nurse.	Education (off-site company school), Clinical treatment, Art, music or drama therapy, Family therapy, Social pedagogy, Leaving care support	Education (on-site school), Art and music therapy, Occupational therapy, Family therapy, Social pedagogy, Leaving care support, Partnership work with police and CAMHS	Education (company school), Clinical treatment, Leaving care support, Family therapy, Social pedagogy, Play therapy, Access to external specialists (e.g. speech therapists)
Staff numbers	13	17	7	11	18	13	18	8	11	10
Staff meet NMS (using census data)	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes

Table A.1 Case study features (Case studies 11 – 20)

Case study	11	12	13	14	15	16	17	18	19	20
Region	South East	West Midlands	West Midlands	East Midlands	West Midlands	East Midlands	East Midlands	South East	East of England	West Midlands
Sector	Independent	Independent	Independent	LA	Independent	Independent	Independent	LA	LA	Independent
Rural/ urban	Hamlet	Urban	Urban	Village	Village	Urban	Village	Town & fringe	Village	Village
Places	1 or 2	5 or more	1 or 2	5 or more	3 or 4	3 or 4	1 or 2	5 or more	1 or 2	3 or 4
Age range	8-17	8-18	12-18	8-18	11-17	8-17	10-18	12-18	8-17	11-17
Ofsted rating	Outstanding	Outstanding	Good	Outstanding	Good	Good	Outstanding	Good	Outstanding	Good
Services/ approaches (based on census data, supplemented with examples from interviews)	Short stays, Education (on-site), Leaving care support, Access to external counselling or therapy as required, through CAMHS or private provision	Leaving care support, Partnership work with YOT, Anger management	Education (company schools) Clinical treatment, Speech & language therapy, Leaving care support, Work with families (Inc. parenting classes)	Short breaks and shared care with families, Personal care, Promoting independence and choice for children with disabilities	Short stays, Leaving care support, Partnership work with schools (led by Education-coordinator)	Education (on-site school), Personal care, Leaving care support, Partnership work with educational psychologist, speech therapist and physiotherapist	Education (off-site school), Short stay service, Family therapy, Leaving care support, Care staff acting as Learning Support Assistants Visits from LAC nurse,	Leaving care support, Reunification work with families, Partnership work with YOTs/ police, Externally sourced speech and Language therapy.	Short stay, Clinical treatment, Leaving care support, Work with parents, Educational activities for excluded pupils, Partnership work with CAMHS	Clinical treatment, Speech & language therapy, Family Therapy, Social pedagogy, Leaving care support
Staff numbers	7	12	10	40	13	19	8	18	10	9
Staff meet NMS (based on census data)	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No



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