



The Right Care

Children's rights in residential
care in Wales

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The Children's Commissioner for Wales

The Children's Commissioner for Wales wants to see Wales as a country where children and young people are respected, valued, listened to and supported to lead safe and happy lives. Her vision is for a Wales where all children and young people have an equal chance to be the best that they can be.

The Commissioner promotes the rights of children and young people under the United Nations Convention on the Rights of the Child (UNCRC).

There's a team of people who work with Sally Holland, the Children's Commissioner, to help her:

- **support children and young people to find out about children's rights**
- **listen to children and young people to find out what's important to them**
- **advise children, young people and those who care for them if they feel they've got nowhere else to go with their problems**
- **influence government and other organisations who say they're going to make a difference to children's lives, making sure they keep their promises to children and young people**
- **speak up for children and young people nationally on important issues – being the children's champion in Wales.**

The Children's Commissioner's work targets children's rights issues at 3 levels.

1. Underpinning policies and laws for children's rights– working to influence and change these so that they fulfil the Welsh Government's commitment to putting children's rights at the centre.

2. Effective implementation of these policies and laws throughout Wales and for all groups of children – monitoring how children's rights are fulfilled, promoting best practice and challenging those who do not respect rights.

3. Children and young people's experiences and outcomes – listening to children and young people and seeking real changes in their everyday quality of life and equal chances to fulfil their potential

Where required, the Commissioner uses the powers set out for her in legislation to hold Government and public bodies to account on how they deliver human rights to children and young people.

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INTRODUCTION by Sally Holland

Children's Commissioner for Wales

**“ I wanna stay until
hopefully the sun comes
out and gives me a nice life ”**

This was a comment made during an interview with Phoebe, aged 13¹. She has been in local authority care since she was 6 months old and has had more than 25 care placements, including foster care and residential placements. Her comment reminds us that many young people living in residential care have had difficult life experiences and need support and care in order to experience the quality of life that all children and young people in Wales deserve (in Phoebe's words a 'nice life'). The UNCRC proclaims the rights for all children to be cared for and protected. Importantly, it recognises that some groups of children require additional safeguards. Article 20 states that children who cannot be looked after by their family have a right to special care and must be looked after properly.

¹ Participants' exact words are used; the gender and ages are recorded but pseudonyms have been used to protect their anonymity.

Residential care settings, or children's homes, have suffered over the years from a perception of being a 'last resort' for young people in care, potentially dangerous and extremely expensive. More recently, in England, it has become known that some young people living in children's homes are targeted by abusers from organised gangs, furthering the perception of homes as risky environments. My own office was set up in 2001 after the Waterhouse Inquiry into abuse in children's homes revealed the lack of an independent champion to look after the rights and interests of looked after children across Wales.

What we hear far less often are accounts of the everyday experiences of young people living in residential care. This includes young people who regard their children's home as the place they want to be, with people who care for them. Many will be leading successful lives in their local communities, succeeding educationally, as volunteers and as members of community groups. Others may have more mixed experiences, face many challenges in their everyday lives and may wish they were living elsewhere.

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In this report I present a wide variety of experiences, including the views of 34 young people living in children's homes in Wales, plus those of carers and relevant professionals such as social services managers, police and health professionals. This report complements current research and analysis by the Care and Social Services Inspectorate Wales (CSSIW) and the Care Council for Wales who are examining information on children's care pathways and workforce needs and experiences².

² Elliott, M., Staples, E. and Scourfield, J. 2016. Residential Care in Wales: The characteristics of children and young people placed in residential settings. Cardiff. Care Council for Wales

I hope to show that children's homes have an important place in providing the right care for small numbers of young people in Wales. I also wish to highlight some real challenges that must be tackled. Firstly, some are reporting that they are not getting their full rights to receive information, be listened to and have their views taken into account when important decisions about their care are being made. This includes decisions about where they will live and contact arrangements with family. Secondly, there is the lack of preparation by local services when young people come to live in a home without proper planning, often from across the border in England. Thirdly, there is the issue of criminalisation of young people for behaviours that would be managed differently in a family home. Lastly there is the stark contrast between the level of care and protection offered to these young people up to the age of 18, and that available to them as young adults leaving their children's home.

By presenting their experiences I want to reinvigorate a national debate about the purpose of residential care placements and their place in the wider picture of local authority care. I make a small number of recommendations at the end of the report and look forward to discussing these with Welsh Government and those who commission, inspect and regulate children's homes in Wales.



Sally Holland

Children's Commissioner
for Wales

METHODOLOGY

The aims for the project were as follows:

1. Enabling children and young people living in residential care to share their experiences of the care they receive; and

2. Exploring the rights of children and young people in residential care and the perspectives of children and young people about how their rights are realised, including:

- **Participation:** how children and young people are involved in decision-making and the development of the service as a whole;
- **Protection:** how children and young people are kept safe whilst living in residential care; and
- **Provision:** adequacy of provision in residential care including planning for leaving care, access to education and health services, therapy and leisure and cultural activities.

Project phases

The project was split into 3 phases: scoping; fieldwork with young people; and professionals' input.

Phase 1

The initial scoping phase included meetings and conversations with relevant organisations including CSSIW, Heads of Local Authority Children and Family Services, Providers and Carers, Health and Education professionals and care experienced young people, in order to find out what they thought the most important issues were for them in relation to residential care. This information was then used to inform the design of the interview content to be used with the young people living in residential care.

The key areas that emerged in Phase 1 were as follows:

- **concern about victims of Child Sexual Exploitation and risk of further exposure whilst in residential care;**
- **availability of mental health services and support, and the links between health, social services and care providers; and**
- **out of county placements; including lack of planning in advance of the placement being made, and the impact on local services.**

Phase 2

The second phase of the project was the largest phase and involved interviews with 34 young people.

CSSIW provided a list of all registered children's homes in Wales as at August 2015. CCfW visited 11 children's homes, which is 10% of the total number in Wales. 34 young people were spoken to, which is around 13% of the residential care population in Wales. We spoke to 22 boys & 12 girls. This equates to 65%/35%, which reflects the overall residential care population in Wales as noted by Elliott's recent research³. The youngest person we met was Lincoln, aged 10 and the oldest was Andrew who was age 17 and 10 months. The largest age group represented was young people aged 15 (n=12).

A semi-structured interview of 19 questions was prepared, covering young people's background and entry into residential care, likes and dislikes about residential care, whether they felt safe and secure, whether they felt their rights were being upheld and what they thought would make a positive difference for them.

20 individual interviews were carried out and the remaining 14 young people took part in focus groups.

The following were excluded from the remit of this project:

- **Respite placements**
- **Placements in the secure estate**
- **Boarding school placements (education arrangements rather than social care placements).**

This review only included full time care settings offering placements 52 weeks of the year.

³ Elliott, M., Staples, E. and Scourfield, J. 2016. Residential Care in Wales: The characteristics of children and young people placed in residential settings. Cardiff. Care Council for Wales

Phase 3

The third phase of the project comprised of events in North and South Wales, to bring together professionals working in and with the residential care sector to discuss the outcomes of the fieldwork with young people, and to consider relevant issues alongside those findings.

Each event was run over half a day; there were 13 professionals at the event in Bangor and 16 in Swansea, making a total of 29 professionals. Representatives were from the Police, Health, Education, Advocacy Providers, Residential Care Providers and Local Authorities.

The issues that were identified for discussion at the evidence exchanges were as follows:

- 1. Relationships between Police, local authorities and providers.**
- 2. Safeguarding issues.**
- 3. Visiting and maintaining contact.**
- 4. Moving on from Residential Care.**

Discussions were audio recorded and the events brought additional rich information to the project.

A note on terminology: **Not 'LACKing' in anything!**

Some participants had strong feelings about how young people and the places they live are named. For example, 'home' was said to be preferred to 'unit'. Young people referred to units in their conversations with us as this is what they are called within their home, so this has become part of their vocabulary. Providers noted that they are registered as Children's Homes as opposed to 'Residential Care' Providers. In recent years there had been a tendency to avoid reference to children's homes, as it was synonymous with the older, large style homes and the well documented problems that had arisen there. In this report we use both terms residential care and children's homes, but avoid the word 'unit'. The clearest example of poor use of terminology however is "LAC". Young people do not like being referred to as "LAC" as they are not "lacking" in anything.

Findings

The project findings begin with an overview of young people's views about residential care.

The main body of the review findings is grouped into the three P's of the UNCRC: Participation, Provision and Protection.

Most of the content is centred on the young people's views and experiences, but we also include professionals' and carers' views from the evidence exchange where this provides an additional perspective.

The final section is about relationships – the most important building block of care of young people.

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Young people's overview of residential care

Many young people expressed positive views about living in residential care, when they were asked what it was like and how it compared to previous places they had lived.

Jonathan, 15, noted

"it's not home of course but they really do try to make it like that".

Ben, aged 17, told us

"it's been great to be honest... I was in a foster placement in [named place] and then I was kind of not very well behaved in there....and then I got moved to here and kind of settled myself down... made myself confident with where I am living and stuff".

Sonia, aged 16, compared her experiences between foster care and residential care, and felt her current home suited her best:

"I have had 10 placements, three of them were residential. I moved out of each one cos I kept going missing and they couldn't keep me safe. I don't like foster care, I don't like the same people over and over again, it gets annoying...I like the change over".

Several young people reflected this view, that the 'change over' between key workers' shift patterns took the pressure off them if they had been having a bad day the day before. Ruth, aged 16, also said that

"the best thing about living here is they will give you your space when you ask them".

A number of older young people had previously lived in hostels. Emily, aged 17, compared the experiences and said

"I like living here it is nice it's got that care for you as in the hostel they didn't have much care around you... The staff here are really helpful towards me and that".

Stella, aged 16, reflected that

"It is not as bad as everybody thinks it is, it's not a bit like Tracy Beaker".

Understandably some of the young people thought they shouldn't be in residential care. There were also some older young people who were looking forward to leaving residential care, having been there for several years, and felt ready for a bit more independence. Some were unsure about where they would go after leaving.

Marc, 15 said

"if an alternative could be found to foster care that would be better"

as he wanted to move on from residential care but felt he was not ready to live independently.

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It is often thought to be the case that young people end up in residential care when perhaps all other options have been tried and have not been successful. Although we did not question young people in detail about their background, some young people openly spoke of the number of places they had lived.

For **Phoebe**, 13, this was more than 25 since the age of 6 months, and for **Noah**, aged 15, this was 27 placements in the past two years, following the breakdown of his adoption. **Noah** provided quite a stark account of the circumstances that had brought him into residential care:

"I was two when I came into care... then I got adopted and then came back into care... about 2 years ago so I have had 27 placements within those two years... Like here I was worried about this place but I realise it would be a good place".

Many young people spoke positively about the different experiences they had had since being in residential care.

Jamie, who was now aged 13, told us he had been in his children's home since the age of 9. He said it was

"like my family cos I've been here ages".

"It's a lot better than being where I was before, more of a confidence boost"

Phoebe, 13.

The comparisons to being in foster care were varied. Several of the young people had not had a good experience in foster care so they said they preferred this care setting. They spoke of being heavily disciplined, not feeling cared for and not fully part of the family.

"I don't really know what foster care is properly like cos they didn't treat me like probably other foster carers treat their kids".

Carl, aged 17.

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Andrew aged 17 did feel that he had made some positive changes to his life since living in residential care for the past 4 years, but he found the living situation frustrating as the home

"takes a lot of little kids"

and there were always a lot of people in the communal areas which he found 'chaotic'. At another home, **David**, 16, was frustrated at having a staff member accompany him all of the time (this was the risk management model that was used in that home).

Participation

There was a wide range of experiences amongst the young people about the decision for them to come to a residential care placement, but most commonly they tended to feel that they had little choice in this decision. On the whole, within the children's homes themselves, young people had a fair amount of involvement in decisions about their everyday environment, but for some of them there was much less sense of control over external factors, such as contact with family and friends.

Preparation and expectations

There was a clear view from the young people that the opportunity to visit a home before moving in was a very positive one, when it had occurred. **Phoebe**, 13, spoke about knowing what her bedroom would look like and being able to explain to family and friends what the home was like.

In one group interview, the boys reflected that visiting was helpful on a personal level but also aided a smoother transition into the home for any new person, as they had already met the other young people they would be living with, and everyone had the chance to get to know a bit about each other.

Some of the young people we met had never heard of residential care and their expectations had ranged from college campuses that they had seen on films, to being more like prisons.

"I had no information before I came here, I wasn't allowed anything"

"I thought it would be like being in custody, but with an en-suite..."

"It's nothing like I expected, in a good way"

Jonathan, aged 15.

Placement Choice

Young people's experiences of the decision for them to enter care varied significantly. Whilst some young people were able to visit in advance on several occasions and plan for their arrival, for others there had been no choice.

There can be a perception that residential care is seen as a punishment, particularly if previous placements have broken down or if a young person is moved far away from their home area. This is understandable from a young person's perspective, particularly if they haven't been given information prior to moving. It was something that Karen reflected on when we met her.

After ten placement moves, **Sonia**, 16, felt let down that she had to change care homes based on finances:

"They said I was going to be there until I was 18 but because it was so expensive to school me and everything, cos school is onsite, they had to move me back down... they waited until I got my GCSES, I thought that was fair, but didn't like a decision about my future based on money given they had put me there in the first place"

It is worth considering that when young people are being told a placement is too expensive to maintain, this could make them feel guilty about being there even if it has been assessed as the right place for them and they are doing well there.

Karen, aged 15, felt the decisions about her placement were out of her control:

"I am not involved in decisions, they just make them and I have to do as I am told. I would like to move back into foster care... I am in residential care cos I have messed up so many placements".

Noah, 15, said he hasn't been involved in decisions prior to arriving in his placement.

"I have made some decisions since I have been here but before that no-one has ever told me what is happening in my life, what is going on... So it's quite a struggle for me".

There were a number of additional difficulties raised by professionals in relation to English children being placed in Wales. This includes notification to the receiving local authority that a placement is being made does not always happen, and advance visits or information is also unusual. This led to many difficulties in ensuring that local health, education and justice services could meet the needs of the young people involved. This issue was raised repeatedly with us as a concern by care staff and professionals from health and the police.

Language choices

One child, aged 11, was a first language Welsh speaker but was not currently speaking Welsh in their home. They had been moved to a residential home in England prior to this placement, so they no longer used Welsh for this reason. It emerged in discussions with professionals that this child had actually been prevented from speaking Welsh in a children's home in England when relatives came to visit, as it was deemed to be a safeguarding issue as the contact supervisor was unable to verify what was being said. It is not known whether efforts were made to find a Welsh speaking contact supervisor, but it was concerning to hear that language preferences had not been considered fully when placements were being made.

Day to day decision making

Young people felt more involved in the day to day decision making within their home even if they weren't involved in the wider care planning decisions. The majority of the homes operated house meetings on a semi-formal basis. Some told us that they held meetings every week regardless of how many young people were living there, some left it up to the young people to decide if they wanted a meeting. Linking meetings to shared meal times was thought to be useful to get everyone together.

Key workers also supported decision making, during meetings and on an individual level. **Ruth**, aged 16, said

"I work with my key worker to make decisions and the listening group".

The majority of the young people spoke about some positive changes being made to house rules as a result of house meetings; this included alterations to bedtimes or being able to watch a choice of films (particularly at weekends), wearing baseball caps indoors (other than at meal times), the operation of reward and pocket money schemes, adding to facilities including trampolines and DVD players, and contributing to the choice of activities. Several people also reflected how house meetings helped to clear the air if something had happened, or were a safe space to air a concern without it turning into an argument as it was done in a meaningful and constructive way.

Young people were less positive about house meetings when they felt they had been dismissed; they felt that there was no point in having meetings if they kept asking for the same things which were **'never going to happen'**. Young people were

happy to compromise and gave a number of examples of how this had happened. Two points that arose frequently were that young people were often told that something was too expensive or that a risk assessment would be too lengthy and complex, and young people did not always find these to be satisfactory reasons for having requests turned down.

Young people were also undertaking their own risk assessments of journeys, to enable them to visit friends; sometimes this took them all day but even then the processes and forms had prevented them from going to see friends. Young people accepted the need for risk assessments in general and recognised that they couldn't just do things impulsively or really dangerous activities;

"you have to give advance notice so they can do a risk assessment which is fair enough. Some things of course are just a no". Jonathan, 15.

Alarms or locks on bedroom doors were quite divisive issues, with no clear consensus or recommendation emerging. Some young people said they felt safe as a result of these measures and spoke of previous placements where belongings had gone missing from their rooms, or finding other young people in their rooms, which they did not like. Personal space and privacy was highly valued by young people, particularly those who are accompanied by a key worker all day, wherever they go. However others likened the alarms to being under surveillance or in secure accommodation and did not think that these were necessary or proportionate. This was a particular issue that drew comparison with foster care. In general foster care was described as less strict due to not having alarms on doors and fewer restrictions such as Wi-Fi use or set bed times.

In general young people did not have an issue with homes having rules and boundaries in place and for many these were welcome as they knew where they were with everything. Staggered bed times or curfews based on age were generally accepted by young people as well, but if rules were not thought to be applied fairly the young people clearly picked up on this.

Review meetings

Many young people had participated in their Looked After Child (LAC) review meetings. These are regular multi-agency meetings for children who are in local authority care, intended to consider whether their needs are being fully met and if not, to agree actions in order to improve their outcomes whilst in care. Some had positive experiences of these, although others did not. Some reflected that they were spoken to as adults in these meetings which on the whole they liked, but there were times where the language used was confusing and this was even described as "gibberish" by **James**, aged 15.

Ryan, aged 15, told us that his LAC reviews had been cancelled a few times, and even when they were due to go ahead nobody from social services had turned up. This was really disappointing as he had been expecting to discuss the extension of his family contact arrangements and this was being repeatedly delayed. **James**, aged 15, noted that something similar had also happened to him and that he was

"really, really gutted and it was annoying at the same time".

Chris, aged 13, had chosen not to attend his LAC review, but then he hadn't been told that his contact with his sisters had changed to monthly from fortnightly so he was expecting to see them the following week. He was used to contact being arranged "fairly last minute" as his sisters were in other residential placements but he found it difficult not knowing what was happening.

Summary of participation section

Article 12 of the UNCRC gives every child the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. It has been seen in this section that in relation to some important aspects of their lives, such as where to live and contact with families, young people often reported that they had difficulty getting their views heard. Article 12 was more commonly available for everyday decisions within the home.

Having an involvement in decision making processes was really valued, as well as decisions being made in a timely manner; this quote sums it up succinctly:

“these are little things for you but this is my life”. Andrew, 17.

Provision

Many Articles in the UNCRC relate to provision. This includes the right to special care if living away from home, and rights to shelter, adequate food, education, healthcare and play and leisure.

The homes visited during this review appeared to be well decorated and homely and young people on the whole had free access to facilities.

Home sizes have been decreasing dramatically in recent years, as well as a reduction in the overall number of residential care places provided. Some young people mentioned that in larger homes (more than 4 bed), the living arrangements are more "hectic" or "chaotic" and that this can lead to arguments. They reflected how important it is in larger homes to have a mix of young people that work well together.

Some key differences that young people noted about being in residential care were the opportunities and activities they could access, which were seen to be a real positive factor. Young people told us about go-karting, bowling and trips to London and theme parks, as well as regular cinema trips, days out and holidays. Young people are encouraged to take some ownership of this process including finding out about activities locally and how much they would cost.

Incentives to earn pocket money or reward money are also popular. Young people take part in cooking, online food shopping, cleaning and recycling rotas. Food shopping was popular as young people could choose their food and plan the week's menu. Some young people said that they enjoy doing chores as it stops them from getting bored, and alongside this young people are learning practical skills which will be invaluable to them when they move on from residential care.

A large number of young people we spoke to also take part in external activities in the community, including youth club, football, drama club, swimming and Girl Guides. Some staff spoke about getting things set up prior to arrival or as soon as possible after arrival, particularly where a young person had already been part of a club where they lived previously. Young people appear to look forward to these activities, not just because they enjoy their chosen activity, but as it also provides the opportunity to socialise with people from outside their home. This may be particularly important for those who attend an onsite school and spend all their days together with the same people.

Health

Every child has the right to the best possible health, under Article 24 of the UNCRC. It was reassuring therefore to find that overall access to health for the young people we interviewed appeared to be good. Young people were registered early on arrival with a GP and a dentist but also with opticians and orthodontists as required. Some reported that access to CAMHS was quicker than for the general population (up to around 6 weeks wait for appointments but almost immediate access for urgent cases). Fax referrals had been accepted from GPs in order to speed up the processes. There were no complaints from young people about needing to access a service and not being able to. In addition some young people had just returned from or were going out to health appointments around our visits. **Jonathan**, 15, spoke proudly of having had his eyes tested that day and having "fighter pilot" vision.

Nonetheless, professionals in our evidence exchanges spoke of the strain on mental and physical health services in some areas where there is a concentration of private children's homes and frequent arrivals of young people with many health needs from other health board areas and from England.

Education

Access to education was inconsistent for the young people we spoke to. At one visit during the morning, **Emma**, aged 14 was at home; there was an ongoing dispute between her former school and social services about the best education option for her; she was currently being offered a few hours tuition at a local community hall but she did not want to go there as it was cold and there were no other young people there

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so she was not able to socialise. As a consequence she was not accessing any education provision. Interviewers were told that Emma had not been formally excluded from her high school roll, but the school did not encourage her to attend as they were concerned about the impact of her behaviour on other young people. This is an issue that has been brought to the Commissioner's office on previous occasions and is not restricted to young people in residential care.

Megan, aged 13, was also not in school as it was not considered possible whilst arrangements for her care placement were being confirmed.

"I don't go to school at the minute... obviously everything is up in the air and everything, so I am not going to school".

Anthony, aged 15 lived at a home with an onsite school but he was receiving just 2 hours education a day as his tutor would then go off site to teach another pupil in the community. **Anthony** was unhappy with his education provision, because he couldn't choose the time it started. He had originally had 2 hours in the morning and then the rest of the day was his but the time had been changed to start at 13.30 and he reported wasting his mornings just waiting to go to school. Although 2 hours a day was more than **Anthony** had been attending in his local community before coming in to care, he was not engaged with his education provision despite it being onsite as it wasn't suiting his needs.

In contrast, for some young people having onsite education had increased the time they spent in school, as in mainstream education they would have been sent home if they were disruptive. **Sienna**, 15, said there was

"no option here"

whereas she said she never really went to school before.

Gemma, aged 14, said

"this household gave me like confidence so I go back to school now. I used to have arguments and fights at school... Soon I will be going to school full time, education is important".

Suzanne, aged 13, felt she had made real progress with her education since being in residential care with its own school, as she hadn't been attending school at her previous home.

"My maths was aged 5 and my reading was aged 2 and now my reading is aged 12 and my maths is aged 15. Like I am so glad that I had that choice like... There are no words to describe..."

She reflected that the

"teaching staff are really good, they are understanding if you can't spell, they will put it into sections and things like that".

All children have the right to access education under Article 28 of the UNCRC, and Article 29 provides that education should develop every child's personality, talents and abilities to the full. It was positive to note that even the smaller, on site

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schools, tried to offer a range of subjects so that young people could choose those that interested them, and where they had been studying a particular subject when they lived elsewhere, efforts were made to continue this, such as gaining access to musical instruments to practice or finding tutors to offer particular topics.

One of the onsite schools had an active school council and interviewers saw minutes and agendas on a noticeboard in the school. **Dylan**, aged 16, was also acting as a caretaker for the school so he would unlock the building and classrooms each day and help with general maintenance. **Dylan** spoke proudly of his role and responsibilities.

Some of the older young people were engaged in training programmes with third sector organisations. The young people spoke positively about these opportunities; alongside the training programme they tended to have a support worker who helped them access the course but also helped with wider matters such as benefit claims. However these training programmes were often only running once a week and when we asked the young people what else they did with their time, they said that a lot of their time was unoccupied.

Moving on

As nearly two-thirds of the young people we interviewed were aged 15 or younger, issues around planning to leave and making the transition from residential care were not always on their radar. Professionals' experiences however were that **"transition can be traumatic"** and that leaving care can be a **"travesty"** for a young person; this reflects the experience of care leavers

generally as reported to my office during the **Beth Nesa' I What Next?** consultation in 2015⁵.

Andrew, our oldest participant, was due to turn 18 in just two months and said he had seen his social worker the previous day **"for the first time in months"**. She was there to do a housing assessment for when he turned 18 but he didn't know what the plan would be. **Andrew** had been told he would not be able to stay where he was but he did not know what was being considered instead and this was making him feel nervous. He had previously had difficulty with substance misuse and had managed to stop using legal highs since living in this placement, with the help of his key worker. He was concerned about relapsing into using legal highs depending where he was to live and who would be around him.

A particular issue arising was that for young people who are placed **'out of county'** it can be increasingly difficult for them to maintain support links and settle back into their home community upon leaving residential care at 18. It was considered by professionals that **"everything is harder to do when there is an out of county placement"**. Nonetheless, 'home' is a common destination for those leaving residential care. Elliott's recent research in Wales found that 181 of a total of 402 (45%) of those leaving a children's home returned home to birth families. Professionals said that if a young person has consistently expressed their wish to

⁵ www.childcomwales.org.uk/wp-content/uploads/2016/04/Overview-English-FINAL_compressed.pdf

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return home on leaving care, the matter should be "grasped" earlier to enable that move to be done in a supported way. It was noted by professionals that there is some irony in the levels of protection sometimes being given to under 18s in relation to their birth family, only to have them return, with all safeguards removed, after the age of 18.

An issue that my office has already raised with the Welsh Government is around the "When I'm Ready" post 18 living arrangements⁶ not being applicable to young people in residential care, and this is something that the professionals strongly agreed with, as it is a fundamental inequality for the most vulnerable care leavers.

Some homes are able to offer training flats or step down provision to prepare for transition, and a few that we spoke to had been investigating how to develop a facility attached to their existing home. Such provision was seen as a positive and a safe way to help young people develop their skills. As noted in our fieldwork, young people were developing independent living skills through reward schemes in most homes and, compared to many of their peers in foster care, probably took more responsibility for such tasks. However, for young people living in residential care, used to 24/7 support and therapeutic approaches, moving out at 18 can feel like having the rug pulled out from underneath their feet. It is such a contrast to then having to manage your own money, transport and food. Professionals described it as the loss of a "safety net" as there is often very little continuing support.

Where supported housing options and move on projects such as the Di Gartref hostels and supported accommodation in Anglesey were offered, these were seen as very beneficial to young people, as they offer differing support levels depending on the young person's needs, wrap around services and aid re-integration into the local community. Professionals felt that young people who accessed these services were happier and less isolated. Supported living with 'on-call' support can provide continuity for young people and enables them to make mistakes in a safe environment.

The development of social skills and the ability to manage relationships appropriately was considered just as important as practical skills such as cooking or budgeting; "this is what gets you through". Young people may also need skills to 'manage' interactions with family members, where contact has previously been restricted and supervised. Some young people become anxious about this as they approach their 18th birthdays. Attending external clubs or education provision such as sixth form college was considered to be a positive addition.

An interesting perspective raised during one of the professional evidence exchanges was about the contrasting societal attitudes to care leavers and students. It is almost expected that students will not be able to fully look after themselves, eat healthily and be sensible with money at all times and this is seen as part of the 'university experience', but there is more of a stigma towards care leavers for the same reasons.

Professionals were also concerned about young people ending up in prison and some even viewing this as a positive option, as they would have a safe place to go and be provided with food, shelter, routine

⁶ Section 108 of the Social Services and Well-Being (Wales) Act 2014 allows young people to remain living with foster carers up to the age of 21, or 25 if they are in education or training. It is called "When I'm Ready" recognising that many young people are not ready to leave their foster carers at the age of 18.

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and education. Concern was also raised about girls leaving residential care due to pregnancy, as this can often result in their baby being taken into care and adopted. This is an issue that has been raised with my office previously, not just in relation to residential care but care leavers generally. These young people feel that they are up against additional barriers and that they have to "prove" that they can be good parents in order to keep their child at home with them.

Reciprocal arrangements between neighbouring authorities was also raised, as some young people will want to remain in the area where they are living in care, rather than returning to their home local authority within which they may have limited support networks, links and local knowledge. The Social Services and Well-being (Wales) Act 2014 was seen as a potential opportunity to get away from arguments over funding and provision between local authorities and service providers.

There have been a number of different approaches considered for offering continuing support to young people once they have left residential care (whether at 18 or at an earlier age). It was recognised that belonging and identity are important and a young person may be disadvantaged by not being able to maintain relationships once they have left. Examples given to maintain contact include young people being able to call in to their former children's home for a cup of tea and a catch up, coming to the home for Sunday lunch or being able to ring up for some advice. Some homes have also started 'closed' Facebook pages to maintain contact with former residents. One word that occurred during discussions was "dependency". Whilst everyone wants young people to develop their

independence, this is a process that can take time. One of the private providers noted that it may be preferable for young people to retain contact with their former home, as the workers will know them really well and **"at least any vulnerability or dependency will be picked up by us"**.

Early planning and preparation was a key theme throughout the discussions; it should not come as a surprise to agencies that a young person turns 18. A general reflection was that it is **"all about having a good plan, considered sensitively and executed in a timely way"**. However, the feeling among the professionals who took part in our evidence exchange events was that provision for young people leaving residential care was too often inadequate and that this is an urgent issue to tackle.

Summary of Provision Section

Day to day facilities in the homes we visited were generally very good, with young people expressing satisfaction about living conditions and opportunities for activities. Education was mixed, with some young people engaging well with education for the first time in years, while others appeared under occupied. Professionals were concerned about pressures on local services in some areas, especially when young people with high needs were placed from outside the local area with little pre-planning. Particular concerns were expressed about the lack of good housing and support options for those turning 18.

Protection

A common reason for children to become looked after by a local authority is because of abuse or neglect. Article 19 of the UNCRC states that children should be protected from all forms of violence and mistreatment and Article 34 gives the right to protection from sexual exploitation. Article 39 gives them the right to recover from abuse and neglect and be reintegrated into society. There is a growing view that children risk developing criminal records in residential care when they are charged with offences that would usually be dealt with informally in a family home⁷.

⁷ howardleague.org/wp-content/uploads/2016/02/Criminal-Care.pdf
www.prisonreformtrust.org.uk/Portals/0/Documents/In%20care%20out%20of%20trouble%20summary.pdf

Police

Police officers may become involved with local children's homes in three ways. Firstly we came across examples of police officers visiting homes proactively and building positive relationships with young people before any crisis may occur. Secondly, police are usually involved if young people go missing. Thirdly, police may be called to report a crime by a young person. While the first two were positive, there were reports of some instances of unnecessary criminalisation of young people.

All of the young people and staff that we spoke to reflected that the Police would be called if anyone went missing; not necessarily immediately as sometimes a search of the grounds by staff would be sufficient or driving up the road. Young people told us about going missing to test the boundaries but hiding nearby, or thinking better of it and coming back, but if someone was genuinely missing they agreed that it was appropriate to call the Police and understood that the homes had responsibilities to keep everyone safe. Young people were also grateful at times to the Police for returning them safely to their home.

Kyle, aged 13, told us he had gone missing with 3 other boys, they ran away and hid from staff. He said

"if you break supervision and staff can't see you, it is for our safety" (for the Police to be called).

He reflected that he had previously lived in another residential home and the Police were **"never"** called there. If people were damaging property then

"that's when the Police should be called because parents would call them then as well, so it's similar".

Young people living in rural locations also noted that they were unlikely to go missing as it was pitch black in the surrounding fields, and they did not know the area so had no idea where they would go, serving as a deterrent.

The conversations with young people highlighted differences in practice as to when Police are and should be involved. A few of the young people thought that it would require something serious in order for the Police to be called, aside from young people going missing.

"The police don't get involved when we do things, we get sanctions put in place and consequences just to help us learn from that. None of the girls here have been involved with the Police... We don't get the police involved unless it is serious"
Suzanne, 13.

I haven't seen the police called yet and it would have to be something fairly major for that to happen" Noah, 15.

Some young people said the staff would 'always' call the police, for example in relation to finding any drugs at the home regardless of the classification or amount, or if anything got broken in the home such as furniture or windows. **Stella**, aged 16, was critical of how often the police were called;

"They have been called cos of me smashing up stuff... I know they don't like calling the police on kids so why do it, do you know what I mean... I only trashed my room and cleared off for a couple of days".

In deciding whether or not to call the Police, care staff spoke about proportionality in relation to what had happened, how they would respond to a similar incident in their family home with their own children and taking time to cool off following an incident. One key worker reflected how he had initially wanted to involve the Police following a recent incident when a boy had assaulted him. He had spoken to the home manager who had suggested he reflect on this overnight, and by the next day he decided he no longer wanted to call the Police. This had actually helped the working relationship between them and resulted in a more stable living environment for everyone.

Some notably helpful approaches were to consider whether the police involvement was likely to have an impact given that any court date would be some time in the future and too 'remote' from the incident to be of value as a lesson, compared to the immediate impact of more restorative justice methods for the individual and for stability of life in the home generally, and considering the young person's future prospects such as convictions showing up on DBS checks.

Professionals at our events noted that if the Police are called, they have to act in some way and cannot just ignore a call. They felt that there may be a training issue, for staff to deal with things in a proportionate way rather than vilify a young person over a relatively minor incident. Professionals from a range of agencies, including registered managers, were asking **"how would a responsible parent act?"**. However there

was also recognition that some workers believe they must call the police due to 'policies' or 'government' and that 'covering their backs' is the most important thing. In addition to different categorisations of calls, English and Welsh Police forces, and other agencies, do not always use the same definitions in relation to Missing Persons, child sexual exploitation (CSE) or child sexual abuse (CSA). The All Wales protocols on Missing Persons and CSE were considered important by the professionals we spoke to, and the Police told us that they have sent extracts from these protocols to English local authorities who have children placed in Wales.

There were some key areas of good practice highlighted during the discussions:

a) Local Police Officers or PCSOs visiting regularly and maintaining good links with homes.

This means Police officers are seen as safe people and not a threat. In some areas the Police will visit a young person within the first month of being placed (this relies on good information sharing around the time of placement). Visiting young people when there is no problem arising was seen as helpful to Police officers, to challenge some perceptions that there is "nothing but trouble" in children's homes. It was thought to be important to have links with more than just a handful of officers or PCSOs however as you cannot guarantee who will be on shift when something happens.

b) Information sharing,

when this took place, was highly valued. In particular the multi-agency task force in North Wales was highlighted as a positive example. This enables staff from various agencies to have shared expectations of risk management and to act on issues before they reach crisis point.

c) Missing Persons co-ordinator

roles were viewed as crucial; a risk plan can be developed for each individual. Having a Single Point of Contact was also considered to work effectively.

d) Restorative Justice

was felt to be a positive factor in the homes where it is used. It works effectively in promoting a stable atmosphere in the home, reduces the need for the Police to be called and focuses on outcomes. This was something that young people had also reflected on during the fieldwork.

Safety

The majority of young people reflected that they felt safe where they were living.

"No-one knows really where I am, this helps me to feel safe" Carl, 17.

Emily, aged 17, felt that the rules in the house helped to keep her safe.

"You have to be in at 11 o'clock and if you are not you get reported missing... But they are sensible rules and the time is nice, that is a nice time to be in"

Young people spoke about checks being done before they could visit friends in their home; on the whole they accepted this as inevitable. For **Stella**, 16, she felt this was getting in the way of her seeing friends;

"it's a nightmare they check all your friends, all your contacts it's not right".

Ruth, aged 16, also said staff has been keen to check who she was mixing with and about the suitability of boyfriends, but didn't raise an issue about this

"Yes I know why they want to check on my boyfriend, it's to keep me safe".

A handful of the young people said that they didn't feel safe at all times; when this was discussed it appears that this was due to the behaviour of other residents within the home, rather than outside influences or concern about the wider community. Matching placements was considered to be really important to create a good balance and a happy living environment; the introduction of new residents was described by **Morgan**, aged 16, as **"very unsettling"** and others in his group interview agreed. Some of the young people also said there were times they felt unsafe briefly when an alarm would go off, or if it was dark in the corridor outside their room, but overall they felt safe.

A significant proportion of young people also reflected that they felt isolated, citing a number of reasons for this including location and rurality, being away from home and family, being in an unfamiliar area, and restrictions on freedom.

Substance misuse could be disruptive for all residents, if the Police were being called or if other young people were turning up at the home under the influence of substances. Where there was misuse issues identified, several staff members and young people spoke about 'legal highs' and cannabis as particular substances that were regularly being used.

Several of the young people reflected that being placed in residential care and having the support of a good key worker had aided them to end their substance misuse and risky or criminal behaviours.

"Since I've moved here I've given up drugs and like drinking and all of that stuff I did, it's changed me". Carl, 17.

Noah, aged 15, actually felt that the home was keeping young people **"too safe"** and although this had helped him come off drugs and alcohol, he didn't think it was preparing him for returning to live in the community.

"They think sheltering these kids is going to keep 'em safe but they will have a shock when they go to the big world and think 'this is not what I grew up in'".

One interesting but concerning point raised by professionals was about the ability of residential care providers to take a young person to alternative accommodation for up to 28 days without needing to apply for that accommodation to be regulated. Whilst it was universally seen as a positive that providers can take young people away on holiday (and many of the homes we spoke to were doing so), there was concern about **"27 day placements"** that could be in unsafe or unchecked locations and the risks that this posed for both staff and young people. Some caravans on the coast were said to be being used for the purposes of managing young people for a period of time, rather than just for holidays. I have alerted CSSIW to this concern.

Self-harm

Six of the young people spoke quite openly during interviews about their experiences of self-harm in residential care. **Sonia**, aged 16, said she had been self-harming since the age of 9.

"I do it on my arms and I punch walls... It's got worse since I got older... although I went through a stage of not doing it... and then I just started doing it again about 2 months ago".

Some reflected that they didn't feel the response from staff or medical professionals to incidents of self-harm was sufficient or supportive of making a change.

Carly, aged 15, said

"they think I am doing it for attention... They just call the police on me... All the police do is take me to hospital and they discharge me again, what is the point of going to hospital if they are not going to do anything". Later in her interview, **Carly** said **"I get angry and cut myself and the sort of staff are not there for me, they don't understand like how I am feeling".**

Karen, 15, described self-harming as a response to anger; she said

"I do it on my arm and have had two scares from it... The self-harming is alright now, it depends on if I am angry...if I am really angry then I would".

She said the team in the home try to help her

"sometimes... the only person who has really tried to help me is [name of key worker]".

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Some had had a more positive experience.

Carl had come from foster care and supported lodgings in an urban area, and had experienced problems with substance misuse also. He reflected on how being in residential care had helped him to change his behaviours and he was feeling a lot more positive due to this intervention.

"There is more of a positive attitude here, it's just like better because I don't want to cut myself anymore, I want to age and get a tattoo when I'm older to cover up my scars". Carl, 17.

There was also a reflection from **Ben**, aged 17, about the impact of seeing someone else self-harming in the home. He had tried to talk to another resident to say it was no good for her but she had continued to harm herself. **Ben** said

"she was slicing herself, her wrists, all up her arms... She was slicing her thighs. To be honest that was upsetting to see. At the time I was thinking like what have happened to her".

Noah reflected an **"inevitability"** about self-harming;

"I do self-harm... Everybody does it sometime".

Self-harm is an extremely personal and difficult topic for a young person to discuss; it is not clear from our conversations whether these were the only young people for whom self-harm was an issue, or whether these were the only ones able to talk about their experiences.

Professionals identified that there is a varied response to self-harming and managing self-harm risks. This reflects the young people's perceptions during the fieldwork. Whilst some young people had had positive experiences and been able to work through this, this was a concerning issue, and one that affected other residents in ways that may be under-recognised.

Child sexual exploitation

From early discussions as part of the review, the risk of child sexual exploitation (CSE) was considered to have a strong correlation with residential care, with young people in children's homes more vulnerable to involvement.

Awareness of CSE or vulnerability to members of the community in general was not something that came out in the conversations with young people. There could be a number of reasons for this, including young people not being aware of the full reasons around the risks they faced before coming in to care, not agreeing with the risk assessment or perhaps just not wanting to discuss this with another professional.

There is a specific duty under Article 34 of the UNCRD to protect children from all forms of sexual abuse and exploitation. It can be difficult to ensure compliance with duties when children are placed in Wales from English placing authorities (or vice versa) but the new National CSE Action Plan for Wales will enable data to be systematically gathered to provide accurate and consistent reporting of the prevalence of CSE across Wales. This is a welcome step and I will closely monitor these developments. Safe use of technology was considered by the professionals we spoke

to as something that young people should be educated about. This is something that is often reported to my office in relation to all young people, but will be particularly relevant to young people at risk of CSE and grooming. Access to online contact can be hard to monitor; some homes we visited restricted the Wi-Fi access to communal areas only and some young people were not permitted to have mobile phones. There was some recognition that it is unrealistic to think that young people will have no social media contact, as they may use someone else's phone if they have no access to their own phone or the internet. It is therefore important to help young people to build resilience and learn how to have safe relationships. Learning to evaluate and understand risk is part of development and decision making.

In North Wales it was frequently observed that local authorities from England, particularly the London area, think Wrexham is a 'rural area' and are seeking placements there to keep children away from urban life. There is also a perception that North Wales placements are used as a way to 'remove' young people from risky situations including CSE. Professionals agreed that this does not recognise the nature of the risk, including online contacts and groups of people with links across the country. It also disadvantages the young person who is removed from their home area in 'response' to the risk they are facing. This can be hard for the young person to understand,

particularly if they do not recognise the risk posed or do not want to accept the risk levels as assessed. In addition, placing individuals with similar high risk issues such as CSE together was also considered to heighten the risk factors.

The main recurring theme during discussions around safeguarding was lack of information sharing when an out of county placement is made. It was felt that all agencies are immediately 'on the back foot' if regulations are not followed, and the first contact they have with a young person will be when an incident has taken place. Varying footprints within Wales for agencies such as the Police, Health and Education also make information sharing more difficult but should not be prohibitive when the importance of this is clearly recognised.

Summary of Protection section

We identified some positive developments in terms of relationships between police officers and individual children's homes. Having a missing person's co-ordinator in the police was seen as a positive experience by residential care providers. We received reports from young people and professionals, including police, about inconsistencies between homes about when police are called and the type of incidents that lead to charges being brought. Most young people reported that they felt safe, although a few did not feel safe around some other young people in their home. Professionals reported that it was more difficult to keep young people safe if they arrived from a different area with little information being shared with local agencies about the protection they may need. A number of young people shared experiences of self-harming and they and staff reported that it is not always responded to in a consistent manner.

Relationships

Many young people in residential care will have had poor experiences of relationships with family, carers and professionals. Some will have had traumatic separations from primary carers and some will have been bereaved. Relationships with others are therefore crucial aspects of the care needed by young people. They may need to learn how to trust others, and how to manage boundaries with those who may have a negative impact on them.

Visiting and maintaining contact with family

Family contact is important to young people and professionals agreed that the ability to maintain meaningful family contact should be kept under review. Professionals reflected that parents may not have been able to meet the care needs of a young child, but perhaps could offer some sort of supportive role when a young person leaves care, aged 16 or over. Professionals reflected that where contact with parents has been limited and supervised, it may be difficult to maintain relationships without support once the young person turns 18. Professionals repeatedly spoke about involving family members while young people are in care, encouraging them to work proactively with services; this would give a greater focus on the longer term outcomes for a young person particularly if they are returning home at the age of 18.

Infrequent public transport in rural areas and distance from home can make it difficult for families to maintain contact. Skype and Facetime⁸ were also seen as positive ways to promote contact where appropriate; it can be reassuring for family members who are living far away and young people have been able to show their family their living environment even if they are unable to physically visit and see it for themselves. It was also noted by some professionals that family contact can be detrimental to the experience of living in care as it can undermine the placement and behaviour can deteriorate.

Sibling contact was considered to be important but often overlooked. It was considered that contact needs to be planned and meaningful rather than just for the sake of it.

Relationships with social workers and other professionals

There were varied experiences of relationships with social workers, with some young people reporting good relationships, while others appeared to barely know their social worker.

Most young people reflected that they saw their social worker at regular intervals and were usually able to contact them fairly easily. Some said that it took a long time to achieve change and **Noah** said that he didn't really talk to his social worker,

"she doesn't make the effort I would expect her to make".

William had just turned 16 when we met him and was waiting for a new social worker to be allocated. He was not sure whether this was because he was moving over to the 16+ team or whether it was just one of those things, perhaps due to staff moving on. He was also waiting on the outcome of a search for a foster placement, to move on from residential care, but this was taking some time and he didn't really know what was going to happen or when. He reflected:

"I've just take every day as it comes. I can't make plans easily as I have to wait for a match and I don't know when this will be".

William, 16.

⁸ Two forms of video communication, using a mobile phone or electronic tablet device.

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Marc, 15, was due to turn 16 in a few months' time and knew he would be transferring to a 16+ team, and felt like his current social worker had stopped engaging with him because of this. He reflected how **"brilliant"** she had been up until now, anything he asked for she would try to get, and she had been his social worker since he was aged 8.

Staff in local authority run homes told interviewers that they tended to know the social workers and support workers well, as the placements tended to be from their own or neighbouring local authorities. They were also able to contact social workers through internal email lists which they reflected was of benefit particularly when decisions needed to take place at fairly short notice.

Very few homes had information about MEIC or advocacy services⁹ on their noticeboard. Most homes had noticeboards with weekly rotas, details of college open days and local information. Whilst very few had details of advocacy services, when it was raised during interview the young people clearly knew how and when they could access an advocate. **Sienna** was the only person who told us she had an independent visitor¹⁰ (who was the same person as her advocate).

⁹ An advocate helps a young person to put their views forward in meetings or in relation to decisions made about their care plan. MEIC is a telephone service that can provide advice to young people and can signpost them to suitable services to help them, including advocacy services.

¹⁰ An independent visitor is someone appointed by, but not employed by, the local authority who 'looks after' a child who is experiencing difficulty in having or maintaining contact with their family when living away from their home area. This role is currently under review by Welsh Government.

¹¹ Independent Reviewing Officers chair regular meetings to look at the care plans for looked after children, and are required to challenge professionals if the plans are not progressing as expected or if outcomes for a particular child are not being met.

Young people were aware of their Independent Reviewing Officer (IRO)¹¹ and the role that this person should play. They spoke positively about their discussions with IROs, how they explained things and took issues forward on their behalf, even if they didn't always get what they wanted from reviews.

Professionals considered it important not to have professional meetings in the home, as **"the home is the home"**. Professionals also noted that the number of visitors to young people in care can seem excessive; **"Homes are not zoos"**.

Staff in children's homes

The majority of young people felt there was at least one person at the home that they could talk to if they had any worries or concerns. They reflected that continuity of approaches from different staff was helpful to this; some young people said that responses would differ depending on who you tell. **Suzanne**, aged 13, however said

"they all like care about you... you can trust the people here, if you want to tell 'em a secret you can rely on them".

Ben, aged 17, was very positive about the staff in his home and said

"they give you another opportunity to refresh the page you have already started from and do better things".

Lincoln, aged 10, also felt the staff were

"very caring to us"

and said he liked the home and the staff.

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"it's what's in their heart, some people do it for the money some people do it for the heart... [name of worker] cares about everyone in his own way" ... "he's like a Dad". Carl, 17.

Relationships with staff were important, particularly where family contact was not taking place. **Karen**, aged, 15, felt rejected by her family and doesn't see any of them. She was critical of some staff however for not focusing their attention properly on young people.

"If I say to a member of staff or whatever come and watch a film they just sit there on their phones not doing nothing with us... I don't think that is fair... I've said this to them and they say "it's my phone I can go on it."

Young people said they would ask other residents if they had questions, which avoided having to ask staff all the time. In addition, a number of older young people reflected how they would try to talk to others if they noticed they were upset or anxious, which was particularly the case in the larger homes.

Young people also valued key workers that shared information with them about their own experiences.

"you feel like they know what they are doing and how to deal with any situation so even if it is new to you and you think it is unique they know what to do or if not, who to ask. Knowing some of their life skills and experiences makes it easier to trust them and gives you a place to start from in building a relationship". Jonathan, 15.

Megan, aged 13, had a similar view;

"The staff here are used to people like us more than in other placements... Some people may not know like how to deal with you".

She was confident about the staff looking after her and said

"you get great assurance from everybody and know you are in the best hands you could be in like".

Continuity of staff was something that had a big impact on young people. At one group visit the head teacher of their onsite school had recently left and they were waiting for a replacement to be appointed. The young people were involved in the interview and assessment process for a new head teacher but felt that without a member of staff in post, it was unsettling. They would normally have rated school as 8 or 9 out of 10, but at present would only give it 5 out of 10 due to the disruption. **David**, aged 16, said

"it feels like they leave because of us. They say it is mainly a career choice but I have seen quite a few staff leave, which is unsettling".

A few young people felt that sometimes staff overreacted to minor things -

"they overreact to really little things, it is really frustrating... to things you say to your friends... They need to let some stuff go". William, 16.

"don't let your own problems and stress affect the kids". Andrew, 17.

They felt that this made things difficult to have a settled situation in their home and didn't think this reflected what would happen in family home setting.

On the other hand, **Gemma**, aged 14, described her key workers as **"very forgiving"**; she had recently sworn at one of them but realised she was in the wrong and apologised, and this had soon been forgotten. **Gemma** thought that staff should certainly have good listening skills.

The keyworker role

Key workers that care and show they care was a strong recurring theme for many of the young people. One young person in particular was very enthusiastic about the key worker system and thought that everyone should have a key worker, whether or not they were in care.

"if I'd had a key worker in the past it would have stopped me from moving on, it helps you explain your feelings" Phoebe, 13.

Young people liked having key workers who shared some of their likes and dislikes as this gave them things to talk about and made activities more enjoyable. One young person also spoke about taking time to allocate a particular key worker to ensure a good match; this was important for both the young person and the key worker to have their say.

Support from key workers came up as a regular theme throughout interviews, not just in relation to what would make a difference. Young people who had experienced difficulties, whether this was in education or with substance misuse or self-harm, said that key workers who stuck by them and didn't let them down, that encouraged them to make changes to their lives or that understood what they were going through, and pushed them to strive for better were a crucial factor in them making those changes. They felt that key workers were unique in this way compared to any other workers they knew of, as they had the time and opportunity to work through something together.

"[name of keyworker] deserves an award, he has stuck by me... when I was going through withdrawal he has been by my side and stuck by me when others didn't want to know". Andrew, 17.

Key workers are the people that know the young people the best, but there was frustration amongst those we spoke to that they are often not seen as an authority in strategy or multi agency meetings.

Summary of section on relationships

For the young people we spoke to, the staff in their children's homes were amongst the most important for them and there were many positive experiences to report about caring and understanding attitudes and positive relationships with keyworkers. For young people who have experienced much change, turnover of staff can be particularly unsettling. Relationships with family were sometimes difficult to maintain, especially when young people are living a long way from home and in rural areas. Many children return home from residential care so maintaining those relationships, and learning to manage difficult relationships is vital. Relationships with social workers and other professionals are mixed, with some positive experiences but also some frustration about not hearing from social workers about important decisions in a timely way. All young people we spoke to about advocacy knew about how to contact an advocate, which was a positive finding.

Conclusion

The conversations that have taken place during the course of this review have provided important information and opinions on the rights of young people living in residential care in Wales. Residential care can be, and is, a positive place for children and young people. It was pleasing to hear of some very positive aspects of residential care from young people and others. Several spoke of how their children's home was helping them settle down, engage with education or training and stay away from trouble. There were some very positive reports about the quality of everyday life and of good relationships with staff. Following many concerns over the years about access to independent advocacy, it was good to hear from young people that they were able to speak to an advocate if needed.

There were, however, a number of issues raised that can have severe implications for this vulnerable group of young people if not attended to as a priority. I summarise these next and make a recommendation on each. These recommendations are made exercising the Children's Commissioner for Wales' powers of review of functions under the Care Standards Act 2000.

Recommendation 1

Some young people report that they do not get enough information about decisions being made about their care and their future. They do not always know much about the children's home before coming to live there. This is a view shared by some care staff.

In line with Article 12 and 13 of the UNCRC and the principles of increased voice and control under the Social Services and Well-being (Wales) Act 2014, I recommend that social workers, their managers, independent reviewing officers and children's home staff actively involve young people in decisions about the care and support they receive, as well as in developing how the services operate. I also recommend that the Welsh Government or the WLGA draws together good practice guidance in order to promote this objective.

Recommendation 2

There are concerns that pre-planning is not taking place when children are placed in children's homes away from their local area and information about their needs is not being provided to agencies such as police and health care, including mental health care. This is reported to be a particular concern when young people come from some English local authority areas. The Part 6 Code of Practice under the Social Services and Well-being (Wales) Act 2014 sets out clear responsibility on the placing local authority to hold pre-planning meetings with the receiving local authority area including education and health representatives, and to notify the health board in the receiving area when a placement is made, as well as the LAC Education Co-Ordinator in the receiving area. It should be noted that the Act was not in force when the majority of the fieldwork was undertaken but I would remind all local authorities in Wales of their new duties under the Act. The development of an All Wales health notification pathway for out of area placements is a welcome step towards greater and earlier information sharing. The notification duties in Wales go further than those in the equivalent English Regulations so, based on the strong messages emerging from this report, I fully support recommendation 4.4 of Lord Laming's 'In Care, Out of Trouble' report, that the English statutory guidance must be amended to incorporate the requirements of the Part 6 Code of Practice to the Social Services and Well-Being (Wales) Act.

I have also expressed concern to the English Children's Commissioner about the well-being of children placed from England with little pre-planning for the support they need.

I recommend that CSSIW consider including in its inspection framework for children's homes an assessment of whether providers are accepting young people into their care before adequate support and notification of local agencies has taken place.

Recommendation 3

Some care homes appear to be more likely than others to involve the police when children damage property or are violent. Some have developed strong relationships with local police, and police are able to support decision-making and build proactive relationships with young people. I recommend that CSSIW, providers, commissioners and the Police consider how best to safeguard children and prevent unnecessary criminalisation, formulating an agreed approach through the development of regulations under the Regulation and Inspection of Social Care (Wales) Act 2016 and the revision of the Inspection Framework for children's homes in Wales. In particular, training on consistent approaches, monitoring involvement with the Police and following up persistent issues will be of relevance.

Recommendation 4

Many professionals expressed strong concerns about the housing and support options available for young people when they become 18. One young man of 17 and 10 months did not know where he would be living in two months' time. I recommend that the Welsh Government explores the extension of the When I'm Ready scheme to all children in care and not just those in foster care placements, to ensure equal access to ongoing support for everyone.

I also recommend that the Welsh Government considers the extension of support to all care leavers up to the age of 25. It is important to address the quality and range of options for accommodation for care leavers and other vulnerable young people between the ages of 16 and 25. In addition, local authorities should have consistent approaches to meeting the accommodation and support needs of care leavers.

We need a clear understanding about the contribution that Residential Care can make and what we hope to achieve for young people in Wales. Clarity of purpose for residential care is key. There needs to be a clear definition and understanding for local authorities, young people and their families of what is being offered, whether this is a safe home, therapeutic provision or education, and there must be excellent quality of care in every home.

I look forward to discussing this report with all those responsible for providing, commissioning and regulating children's homes and the Welsh Government. I have a vision that Wales will become a place where all children have an equal chance to be the best they can be. Young people in residential care have usually had a very unequal chance in life so far and we all need to work together to give them a more equal chance for a better future.



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