

# Home Truths

## The State of Independent Residential Child Care 2014

## Foreword

This is a report no-one should ever have had to contemplate making, never mind deliver.

No other report has ever contained such a level of concern for the present and future of Residential Child Care.

The views are not those of commentators or other observers but are of those caring for the most vulnerable young people in England.

With an extensive iterative process, readers can be sure that what they are reading is an accurate representation of the sector today. It has fidelity to their knowledge and experience.

A referenced report was possible with a weight of discussion. The comments received required no such embellishment.

The words of respondents convey the messages in a way that needs no further explanation.

# **This is a powerful record of Residential Child Care. Now this minute.**

It records what has been done and is being done to the sector.

It charts potential futures.

This report is not for the sector but for politicians, professionals, officials, corporate parents, media.

The sector has been working hard for you to hear the message.

The words of the report are well chosen.

The title of the report is well chosen – **here are Home Truths.**

# The Independent Children's Homes Association (ICHA) is the voice of independent providers of Residential Child Care.

As a society we need a strong self-reliant sector. Most local authorities and voluntary organisations no longer provide children's homes. Few show any signs of a return. This report highlights many of the reasons.

The ICHA is a not for profit membership organisation championing the delivery of effective residential child care services for children.

Members receive weekly Bulletins which provide essential information concerning residential child care. All our members are also included in the well-regarded ICHA Commissioners Handbook, a key resource for local authorities seeking placements.

Membership is climbing rapidly and is open to all independent providers.

# **The ICHA is the key proactive innovator, think tank and action taker for the development of the sector.**

It has funded a research review on distance as a factor in placement

It funded a research review into stability, continuity and 'felt security'.

It commissioned research into the work of Ofsted and has commissioned a year on follow-up study.

It has published practice guidance on Regulation 33 external monitoring of homes and initiated the Regulation 33 Network.

Its members have developed a Regulation 34 internal monitoring format.

It has taken the initiative and collaborated to produce a practice document to support providers undertaking the Location Assessment, so providers may meet the regulator expectation of work being started on this matter.

It has adopted the South East Protocol for the decriminalisation of Looked After Children and is now seeking other agencies collaboration to make this a national protocol.

It is supporting the development of competency based recruitment of staff, again in advance of Government.

It is planning a major conference in the Autumn of 2014 on Outcomes.

## The ICHA sample for this survey.

These are the results of a survey of members of the Independent Children's Homes Association conducted in May – June 2014.

The ICHA membership includes solo, small, medium and large providers. The organisation represents over half of Independent sector provision. Over 75% of all English children's homes are Independent.

The ICHA membership provides a representative sample group for researchers.

There will, of course, be some differences of experience, as Residential Child Care is composed of a wide range of different providers offering a range of different provision with different focus and in geographically and culturally and socially diverse regions of the country.

# Methodology

**The report has been developed using an open iterative process;**

- Questions were sent to members by email
- Emerging findings were presented and responses gathered at a General Meeting
- These were also emailed to the membership for reflection and response
- Responses were incorporated to a final draft document
- Further responses were incorporated
- The final document was agreed by the committee.

**The process enabled members to input their knowledge and experience directly.**

## The following questions were asked.

**What do you consider the opportunities of the independent Residential Child Care sector?**

How could it be made stronger?

**What do you consider the weaknesses of the independent Residential Child Care sector?**

What might be the result of those not been addressed?

How could these be addressed and with what outcome?

**What do you consider the opportunities of the independent Residential Child Care sector?**

What might be the result of those not been taken forwards?

How could these be taken forwards and with what outcome?

**What do you consider the threats to the independent Residential Child Care sector?**

What might be the result of those not been addressed?

How could these be addressed and with what outcome?

## Key to comments.

The comments have had little editing, mostly none.

The comments all represent themes repeated by respondents.

### **Key**

Where there are:-

Bullet points – these record themes.

Italics – these record quotes.

Red highlight – these are themes that it is critical readers appreciate as prompts for their action.

## Introduction

*Residential Child Care is a necessary and needed resource for a significant proportion of vulnerable children in our society.*

*As providers and practitioners we are highly committed to our homes, often seeing them as far more than a job, rather a “vocation”.*

*It is, in the main, led by experienced, knowledgeable and committed professionals, motivated by the common aim of improving children’s experiences and lives.*

*It is highly regulated - all practice has to be justified, outcomes monitored and clearly evidenced.*

*Specialist independent Residential Child Care allows for the holistic needs of young people to be met seamlessly, ensuring consistency, maintaining boundaries and transparent working practices.*

# Strengths

Experience and skill in the very complex and difficult task of meeting the needs of the most vulnerable and challenging group of young people in the UK.

Effective therapeutic models.

Effective management of very high risk.

To advocate, on behalf of these young people, within communities and legislative and professional frameworks that might otherwise misunderstand the needs of this group of young people.

Small, medium and large providers all with different ethos, culture and service.

Versatility, diversity and flexibility - services adapt to meet needs of young people who are unable to manage in a family-based setting.

# Refreshing views of Residential Child Care. A positive option for young people.

*Family-based care can struggle to meet the needs of some young people, whose needs and behaviour can be so demanding and constant that they are overwhelming for a family.*

*Residential care offers a team of carers who gain strength and resilience from each other and who, because they have non-working time, can be refreshed and less likely to be physically and emotionally drained by the ongoing demands of caring for young people with high levels of complex needs.*

*Residential options can allow a space for insight into previous experiences that can emanate from family frustrations which a repetition of family based placements does not allow.*

# How could it be made stronger?

## Government actions needed:

*It could be made stronger by greater central investment into training, research and development, underpinned by governmental support to develop the sector rather than constant criticism, suspicion and publicity.*

*Embrace the use of residential child care as a positive long-term option, rather than a temporary fire-fighting option. This would allow young people to develop a safe base which would enable progress in all areas of development.*

Residential settings are valuable in many diverse ways

*Short Breaks to support families/carers to defuse problems. These are children's homes too.*

We are reminded by a Children's Rights Director publication

*There is no such thing as a typical children's home.*

# How could it be made stronger?

## DfE actions needed:

Stop changing the National Minimum Standards and legislation every year and allow us to have some consistency for a while. Too many changes.

Terminate the experiment of prescriptive regulation and requirements for massive bureaucratic evidencing...Introduce a positive developmental model of inspection, with a peer-review element.

Ending adversarial inspection, working in partnership with regulator with clear parameters, allowing the organisations to evolve, improve and grow by collaborating and sharpening processes and procedures within the homes.

Consider if the DfE now offers the best focus for the social care of children and young people. A better focus might be to take a whole lifetime view for the continuing care for young people through to adulthood. Maybe it should be with the Department of Health. Or better a new 'Ministry for Children and Young People – the Ministry for all our futures'.

# How could it be made stronger?

## Local Authorities actions:

Young people and providers need the ability to hold Local Authorities to account when they do not provide the services which a child requires and are their responsibility but affects Residential Child Care i.e. Pathway Plan, Transition Plan, Placement Plan, six weekly social work visits.

Develop 'social entrepreneurship' exploring joint public-private project. Develop new mutual working relationships marrying internal not-for-profit activities and private provision. Put the focus on maximising the 'social capital' of activities alongside the economic. Facilitate projects that genuinely utilise the service-users voices and views in service development

Independent Reviewing Officers independence needs further review and action.

Social workers and Managers taking back the duties and responsibilities that have been quietly but systematically transferred on to the Residential Child Care sector over the past 15 years, to reduce the perception of cost of running Children's Services departments.

# How could it be made stronger?

## ICHA actions:

More assertive outreaching and networking with multi-agency stakeholders, i.e. joined-up working with local authorities, Police, CAMHS etc. and sharing these activities with as wide an audience as possible (seminars, conferences, publications). Roles of professionals made clear, i.e. Police, Social Workers, Residential Child Care, Health.

Inter-organisational quality standard-setting and peer reviews.

Continuing ICHA's excellent work in these areas, developing a strong brand identity through PR activities, including professional publications, research, multi-media.

# How could it be made stronger?

## Workforce actions:

Developing a cohesive program of education and training for the sector, competency-based, nationally recognised and accredited. Equivalent NVQ, degree, MSc programs could be developed in time.

*A qualification similar to the professional teachers qualification, that is fit for purpose.*

As a first step, given the workforce is diverse and approximately 25,000 people, when staffing is 'lean' and time away from the task is hard won, we think that there is a case for new uses of technology to be explored:-

- 'Blended learning'
- 'Open Lectures'
- Free to access downloadable materials

## Weaknesses

*Residential Child Care is undervalued by some. There is still a gross lack of understanding of the task that is not being remedied. The evidence is now out there. There can be no excuses for the perpetuation of misinformation. These past two years have been a remarkable, prolonged and unprecedented scrutiny into the practice of residential child care settings. After such testing, what knowledge remains is valuable. There is no benefit to be had from backward looking partial interpretations when we are now getting a stream of data, current evidence about current activity, that provides us with a firm foundation for a future*

*Far too often we are attacked by others, especially those who have no idea of the work we do.*

## Weaknesses

*Children's services, and Residential Child Care in particular, is an emotive area. To support long term sustainable change national and local government should challenge not contribute to the sensationalised and inaccurate media reporting. We are aware this equally applies to teaching, vulnerable adult care and care of the elderly.*

*The Minister for Children has a responsibility to educate society out of a fundamental social ignorance and avoidance of the reality that our most vulnerable and needy children require the most recognition and investment.*

**The sector is under-funded and therefore struggling to fulfil its true potential.**

# The need for the National Centre for Excellence in Residential Child Care.

*Residential Child Care needs a professional body and professional qualification and registration of the staff.*

Residential Child Care needs a body that has a salaried core team of professionals covering politics, research, business, finance, social care, strategy, media etc.

First stage

**Children's Homes Association of Registered Managers**

**Proposed 1st July 2014 by NCERCC** (National Centre for Excellence for Residential Child Care)

## The need for research.

More quantitative evidence is needed and should be invested in by Government, as it does for other selected placement choices.

*Uniquely ICHA is promoting service-led applied research and analysis offering practical practice leadership delivering grass roots innovation for Residential Child Care.*

# **Ofsted contributes to weakness through the lack of clarity.**

Lack of clarity of Ofsted framework leading to individualised interpretation and opinion by inspectors.

The right to be safeguarded and ensuring that the young person's right to liberty is protected needs urgent clarification.

Increasingly providers need to challenge, complain, take legal action incurring overheads at a time of reducing fees or homes close.

## **LAs contributions to weaknesses.**

Cost over care considerations in placement decisions.

Increase in complexity of referrals but imprecise social work assessments and commissioning, results in inappropriate referrals.

Local Authorities frequently have no clear planning for a young person.

Very difficult to get multi-agency working partnerships.

## Overcoming weaknesses in recruitment.

Recruitment process – DBS is still slow and very hard for small business to recruit in a short period of time. On average it takes 3 months from advertisement to start date.

*We need to explore new ways – I don't know what, but let's find ways that work.*

*Registered Manager required to be in place within 28 days – near on impossible unless you have a succession plan in place. Once again very difficult for small organisations who do not have as much flexibility with staff.*

We need to explore new ways of doing things, maybe a longer notice period for managers? Maybe a national college that can get the right people in the right place at the right time?

## Results of weaknesses.

*If we don't find some way to protect ourselves, we will close. We can build in some financial protection by building up reserves to help us through the difficult times, but these can only last so long.*

*Constant change and upheaval and demands being placed on the sector, preventing or seriously hindering us getting things embedded and developed – just when we feel we understand what is being asked of us, it gets changed again.*

*The sector and those working in it become demoralised and disaffected and leave – those who might have considered a career in the sector are put off – ultimately, experienced leadership becomes harder to secure and the sector goes in to free fall....*

# **The sector has to take all of the responsibility without any of the authority for what happens to it.**

*We are held accountable for Children's Services failings, to meet their basic duties for children.*

*We are required to demonstrate above and beyond our commitment to children by challenging children's services when they fail. Why are they not held to account in the same way?*

*It would appear Residential Child Care has to be beyond perfect.*

*Our experience and knowledge of a child may be overridden by Local Authority personnel who come twice a year. A simple process of appeal should be introduced.*

***Some needs will not have any provision as impossible to provide in toxic environment of regulatory attrition.***

***Organisations who want to maintain outstanding ratings may refuse to have placed more challenging yet risky young people as a result.***

***Those already very difficult to place young people will end up being placed inappropriately, in secure accommodation, or not at all.***

***The future looks bleak if this continues.***

# Consequences

**Fragmented and patchy services**

**Over payment for increasingly scarce resource**

Disappearing providers - resulting in a lack of choice

Poor matching - homes not meet needs

Poor outcomes - negative evaluation of sector

***Collapse of parts of sector.***

***Children's lives in chaos.***

***Children not having access to services they need.***

## Overcoming weaknesses.

### ICHA actions:

*Membership of ICHA essential!*

*To be effective as a sector a strong leadership and co-ordinating body for practitioners is required which has become the role of our association. Joining together is a strength and we need to make a noise at every level, local, Central Government, the press, LAs, commissioners Ofsted. We have come a long way but there are limits to what a self-funding association can deliver*

Without funding by increasing member fees or by other means, it will be difficult to secure an outcome that ensures higher quality residential child care in England.

## Overcoming weaknesses.

### DfE actions:

*Review and revise the Children's Act 1989, into The Social Care of Children Act 2015, to collate all the subsequent legislation in to one understandable and rational and logical document, that clearly states how the UK wants its children to be looked after....and let this have time to be initiated, embedded, researched, monitored, and evaluated before rushing to change it all again (i.e. 10 years minimum).*

*Note Children's legislation seems to be reviewed every 25 years.*

## Overcoming weaknesses.

### Local Authorities actions:

- End in-houseism! It is not a level field. Right placement – First time!
- A common good practice platform across all Local Authorities.
- Standardised systems, including common language, forms, benchmarking for needs/behaviours that give an accurate indication of the needs of the young person.
- Placement decision and support – Form B (annual monitoring visit) back and Social Work visits as commissioning/partnership.

House-ism is using in-house settings Local Authority fostering and children's homes first often resulting in a sequential use of various types of placements until the right specialist one is found.

## Overcoming weaknesses.

### Ofsted actions:

*Ofsted to help rather than hinder – they should want to offer support to increase standards.*

The return of the regulator's improvement advice-giving function.

Ofsted = 2 ratings? Met/Not Met.

*Ofsted need to be able to re-inspect Adequate homes in 6 – 8 weeks like they do for Inadequate homes.*

Note: Ofsted statistic - 91% of previously judged inadequate improved and 50% previously graded adequate improved and 9% declined.

## Overcoming weaknesses.

### Workforce actions:

- Increase the standard of qualifications required for the role to make it a professional environment, as other European countries have done.
- We need people that matter to be aware that there will be an increase in costs by increasing the standard of qualification/training.
- Return of residential placement as part of all social work degrees.

# Opportunities

- *The opportunities are vast but require innovation, clear strategic direction, commitment, creativity and of course courage to see them through.*
- *Residential Child Care is not, should not and will never be a warehousing process for children but a therapeutic environment in which children are assisted in addressing the consequences of their previous poor (experiences).*
- *Our advocacy for the sector has the possibility of changing not only how Residential Child Care is seen but also the culture of discussion about Children's Services. We must adhere to the Nolan principles for public life – honesty, integrity, selflessness, objectivity, leadership, accountability and openness – and we must expect others when discussing our sector to do so too. We agree with the Committee for ethics in public life that 'impartiality and objectivity increases predictability, which improves economic efficiency. (2014 report)' We must continue to speak with knowledge, evidence and experience, prepared to say when the sector needs to do things different, seeking a shared responsibility. One common shared future - not claim and counter-claim.*

## Legislation and regulation that is fit for purpose.

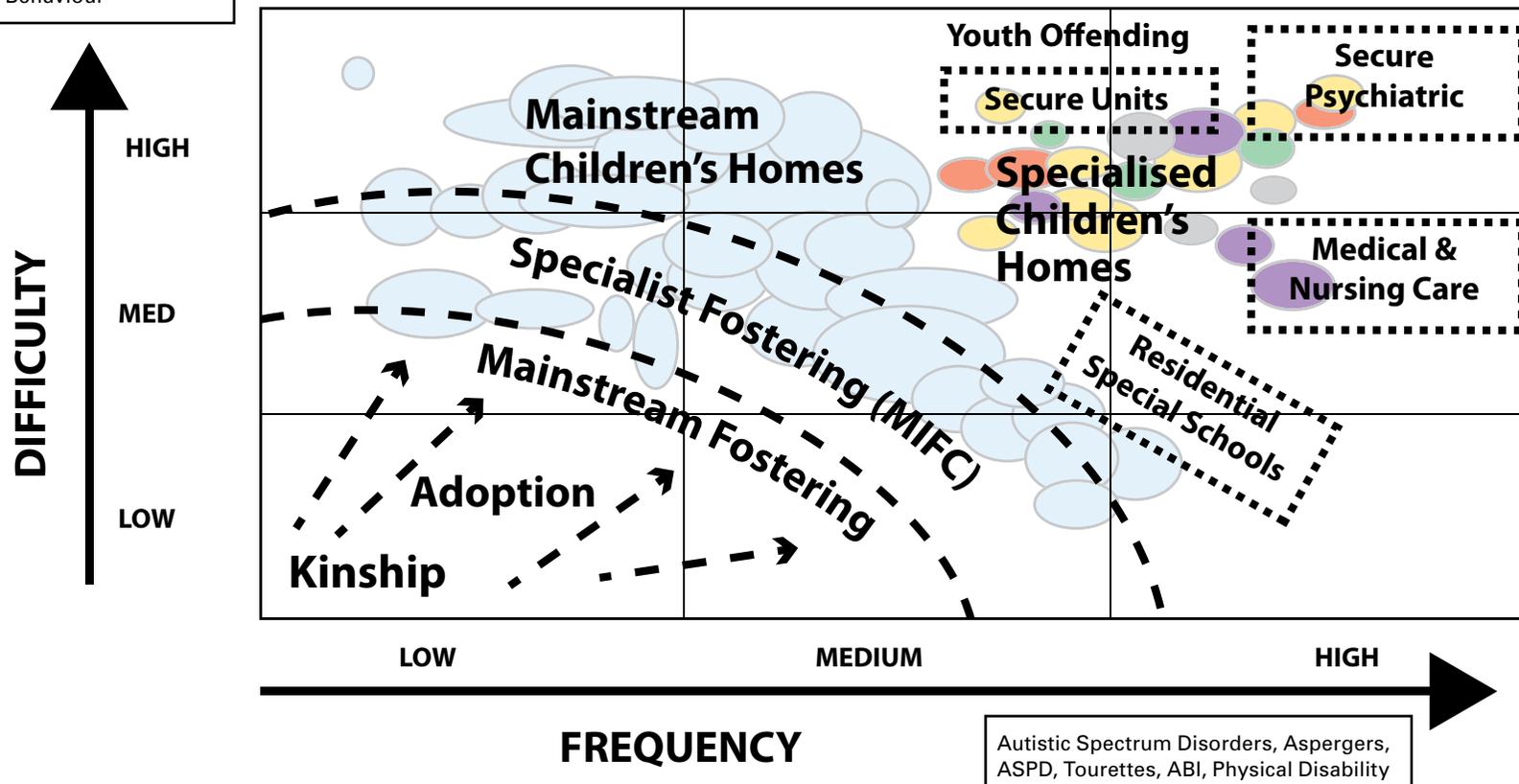
....that ensures RCC is not the last resort - as early intervention and long-term upbringing. The new thinking needed = ***'right child in the right place - first time!'***

*If we don't move to this position and continue to be a "sticking plaster" on gaping wounds, then those lives (and thousands of pounds) are lost.*

# Supporting others to understand the complexity of need. Residential Child Care meets extraordinary needs with extraordinary responses.

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

## Hypothesis - Provision



***Move from training that is designed to make others feel more comfortable rather than providing the type of understanding needed by those working with children.***

- *Accept that the current vocational framework for residential child care training has been ineffective at delivering and retaining the professional workforce required and implement necessary radical change introducing three tiers of professional qualifications:*
- *Tier 1 basic good child care practice – e.g. attachment.*
- *Tier 2 working with more complex needs e.g. trauma, abuse, neglect.*
- *Tier 3 understanding mental health aspects of working with children needing specialist, e.g. therapeutic/treatment provision.*

## Diversity of provision.

- *One size cannot fit all and they come in all shapes and sizes!*
- *Stop clumping it together as one homogenous and uniform entity...it quite simply isn't!*

# Re-establish the National Centre for Excellence in Residential Child Care.

- For oversight and co-ordination for and of the sector.
- Unrivalled dissemination of the knowledge base.

## Various

Independent sector to take over the running of Ofsted evaluated Inadequate Local Authority homes.

Phase out Local Authority run Homes.

*The Registered Manager should be in a position to be able to identify the key agencies in an area that should be supporting individual Looked After Children and be able to ensure these groups or organisations are supporting them properly and regularly.*

To show the press, politicians and local community that the homes and the staff provide an invaluable resource. Provide some good news stories!

Challenging Ofsted to inspect rationally and consistently.

# What might be the result of those not being taken forwards?

*The Government, public and many in Local Authority social work seem happy to criticise, often unfairly, and there is a possibility that the number of providers will continue to diminish.*

*More top-down persecutory approach being imposed on the sector until it can no longer function.*

*Continuing to try to force a square peg in a round hole and wondering why it doesn't fit! Then blaming the sector for being square instead of round!*

- Regression of care to defensible practice.
- Loss of experienced staff in all areas.
- The variety and choice of placements will not be there in the future.

*There appear to me to be two possibly related outcomes:-*

- 1. An ever shrinking number of providers, as prices are driven down by Local Authority's seeking to drive prices down to unsustainable levels – regardless of the quality of the provision.*
- 2. The emergence of a market dominated by one or two large providers, who have the economic strength to resist the above and who may then choose to capitalise on their market domination by pushing prices very high.*

**Diminution**  
**Contraction**  
**Demise**  
**Death**  
**Isolation**  
**Ostracisation**  
***Irrevocable damage***

Local Authorities running only homes for young people with lesser level of needs, as cheaply as possible, leaving the private sector to have concentrations of the most complex needs cases. The independent providers then get criticised by Ofsted and others in comparison to the Local Authority, who appear to have less problems.

# How can opportunities be taken forwards and with what outcome?

## ICHA actions:

### **ICHA membership = Chartered practice or co-production**

- The establishment of an ICHA Charter with strict code of conduct to which providers need to adhere, in order to lay the foundation for a level playing field between providers for the ultimate benefit for looked after children.
- Establish a quality standard for membership and to be prepared that this will cost money to establish and monitor. On that basis ICHA could represent only providers who have achieved an internally assessed 'kite mark'. Failure to consider something like this may well mean that some unscrupulous providers, who are prepared to sacrifice standards for price, will continue to operate, re-affirm the negative impressions of children's home and still be members of ICHA, which will damage its credibility and integrity.

# Learning and improvement as focus by Government.

*More talking and listening and less forcing and demanding.*

# Recognise that the majority of English Residential Child Care is provided by small companies.

*Make our finances open to public scrutiny, entirely transparent and encourage Local Authorities to reciprocate.*

Collaboration with others - Relational contracting / partnering with Local Authorities and Clinical Commissioning Groups - needs analysis, aggregation, planning - knowing why, what provision is needed, where, how and when - *placements that are in the right place providing the right service.*

Note: DfE Children's Homes data pack June 2014 45% of providers own one home and 19% own two homes.

# Threats

*(We need) some sensible dialogue with Government and Local Authority's regarding the future sustainability of the sector...*

- *Like many providers of Residential Child Care, we are trying to achieve quality outcomes for young people in what we feel is an unprecedented culture of anti-residential feeling from Government and media.*
- *Sound bites regarding distance placements, divisive statistics regarding residential care and more recently, the misrepresentation of our financial situations, are all adding to an unsustainable future.*
- *On the ground, commissioning teams appear more in tune with the real economics facing providers and are supporting wherever they can, however at higher managerial levels in Local Authority such sentiments are not echoed, in their place is cynicism and a growing demand for reporting and recording, which is further adding to providers feelings of drowning.*
- *The likely outcomes of such a culture is the unsustainable financial and human costs to our sector.*

# Too many decisions are made by Local Authorities with a monetary focus rather than the focus on the quality of the provider, the care and the possible outcomes.

The continued provision of Local Authorities providing inaccurate documentation to promote placement acceptance.

*Local Authority grouping acting like cartel's, utilising figures provided to undermine other providers, manipulating and driving down costs. How can it be reasonable for such groups to determine what level of profitability is appropriate in meeting the current and future needs of our businesses?*

Misunderstanding of distance as a factor in placement, driving not local as best - but only.

*Sometimes local is not best. Government research shows it.*

Premature ending of placements inappropriately and abruptly in disregard of Care Planning legislation.

## **Premature ending of placements inappropriately and abruptly in disregard of Care Planning.**

The expectation and belief by many local authorities that a severely damaged young person, who has suffered years of neglect, loss and trauma is “cured” after a very short period. Often because the Residential Child Care organisation has been able to manage behaviours effectively, a push to move young people into less costly, mainstream services occurs. This is without the internal work needed by the young person being achieved... the previous negative presenting behaviours re-emerge.

# Not knowing distance is a psychological, not solely geographical, factor.

We do not yet know the proportion of local placements needed. It isn't 100%.

Actual geographical location is not the key factor, but rather the matching of a child with a placement.

- the meaning of the placement for the child – young people are able to include many new people into their lives and sometimes distance can help with 'felt security' – psychological and physical safety and security, insight into history and predicament.
- it can be an important factor in making other aspects of care happen partnership working to meet any concern re Social Work and Independent Reviewing Officer contact, school, CAMHS, family contact, friends – these are not insurmountable, and don't necessarily lessen if more local.

Note: NCERCC for ICHA research review

## Location

# **We must ensure specialism, safety and choice and these cannot always be available locally.**

No direct correlation between the location of children's homes and level of deprivation.

Placements made away from home are often made to secure specialist provision for children with complex disabilities or severe mental health issues, or to establish some geographical distance to break patterns of risky behaviour (child sexual exploitation, offending behaviour, gangs and guns).

Munro, E.R., McDermid, S., Hollingworth, K. and Cameron, C. (2013).

Children's homes: understanding the market and the use of out of authority placements. Research Brief. London: Childhood Wellbeing Research Centre.

Note: DfE Children's Homes data pack June 2014

Over the past year providers have been patiently explaining the need for sufficient, diverse and sustainable homes locally, sub-regionally, regionally and nationally.

## Potential effects of continuing cost over care considerations.

- Outsourcing of Local Authority Residential Child Care by tender won by large model/programme based companies.
- Larger companies buying smaller providers with a focus on aggregation of 'market share'.
- Local Authorities having to find continued cost savings and trying to get the cheapest not the best care for young people with disregard of Children Act 'most appropriate' placement.

## The 'duty of care' is lost.

***Placing authorities have a duty to ensure the wellbeing of their young people and carers and that where they are placed is able to financially be sustainable.***

***It appears that neither is given sufficient consideration.***

*The effect of this snowballs into staff being dissatisfied, high staff turnovers, increase in sickness and inconsistency which all impacts negatively on the young person who suffer further, as a result of poor practice or unsafe situations.*

# Opinion-based individual inspector interpretation continuing to undermine the sector with inequitable judgements on homes.

*Ofsted keep moving the goal posts, where will standards go next, will the 'good' rating over time become eroded and be classed as merely just OK?*

*Stability is the cornerstone of effective parenting, continuous top-down change delivers continuous instability and lower standards.*

## Results of the threats.

- *There is no 'what might be the result', it is already happening.*
- *The quality and outcomes standard of providers appear no longer to be the determining factor for the placement of our most vulnerable and needy looked after children. Providers with sufficient 'where with all' and the ability to challenge Local Authorities on decision making, are in fact an asset the Local Authority should be supporting, not withdrawing from.*

## Is it?

***Once Local Authority's have achieved a sector of few but large providers, against all diversity that real needs and child care theory tells us is necessary, they will have a one size fits all approach, the few remaining companies will raise fees, choice will be reduced choice.***

***Local Authorities will regret financially pushing the other Residential Child Care companies out of existence.***

## Or is it?

***Markets contract and expand subject to viability, sustainability and profitability, so small specialist players would be likely to re-emerge.***

## How could these be addressed and with what outcome?

*Collating opinion, experiences, practical guidance and advice.  
The bringing together of providers genuinely looking to promote residential child care into a unified voice.*

*Small Residential Child Care companies need to be encouraged to remain open.*

## Conclusion

# One common shared future for Residential Child Care.

**Supporting others to understand the complexity of need. Residential Child Care meets extraordinary needs with extraordinary responses. We must ensure specialism, safety and choice.**

Government-Researchers-Regulators-Local Authorities-Commissioners.

The sector has been working hard for you to hear the message.

The words of the report are well chosen.

The title of the report is well chosen – **here are Home Truths.**