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Northern Ireland children's homes staffing survey report

January 2025





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We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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Executive summary

In October 2023, the Office for Social Services (OSS) in the Department of Health (DoH) commissioned two surveys to support the work of the Children's Social Care Services Reform Programme Board. The purpose of these surveys was to increase understanding of children's social care practitioners, including who employs practitioners and the services they deliver. The first survey related to social care practitioners within the broader remit of children's social care. The second survey related to the workforce, in particular, social care practitioners within children's residential homes.

The second survey was distributed across the children's residential sector in Northern Ireland, with responses from statutory, community, voluntary, private and independent organisations. There was good engagement with the survey, both in terms of the number of responses received, and in the richness of information the sector provided.

The responses were analysed and this report works through each of the thematic areas in turn, setting out:

- the rationale for the survey question
- what was included in the survey question
- SCIE's analysis and commentary based on what respondents reported.

This information has been summarised into a set of top level findings and SCIE's conclusions which are detailed in the final section of this report.

While each thematic element of the report can be considered individually, this report establishes broader patterns which unite each of the thematic elements.

Overall, this report will support the Children's Social Care Services Reform Programme Board to take forward some of their areas of focus:

- Who works in children's homes and what are the expectations of them in terms of training, qualifications, Northern Ireland Social Care Council (NISCC) registration, and Access NI checks?
- What tasks and activities are being delivered in children's homes by social care practitioners and by social workers?
- What are the key objectives in offering support via residential children's homes?
- How should outcomes be improved for children and young people via the support of residential children's homes?
- What is the required skills mix for those working in children's social care, that reflects the needs and identities of the children and young people in residential children's homes?
- How should the training, roles and activities of the workforce be changed to support the strategic ambitions for residential children's homes?

Figure 1:
Social care practitioners in children's homes in numbers



¹ Regulation and Quality Improvement Authority (RQIA) define a statement of purpose as "a legislative document which should be produced in a succinct format reflecting the arrangements in place for the operation of the facility or organisation. It should be kept under regular review and will be used as a benchmark to ascertain the services provided".

Top level findings

- Respondents reported 276 WTE vacancies in residential children's homes in Northern Ireland. The main challenge with regards to recruitment and retention relate to social workers and social care practitioners. Respondents reported between 0-23 social worker vacancies and between 5-50 social care practitioner vacancies across residential children's homes. Social care practitioner vacancies are currently mitigated through the use of agency and bank staff.
- The residential children's homes sector is currently successfully retaining certain roles including managers, deputy managers and 'other workers' (e.g. administrative staff, or specialist personnel such as nurses), in children's residential homes with between 0-4 vacancies reported for these roles.
- 100% of respondents employed social care practitioners. Of the 422 WTEs that were employed, the most frequent job title was Residential Social Care Worker, with 75% of respondents employing some of their social care practitioners within their residential children's homes with this title.
- The titles given to social care practitioner roles in use across residential children's homes indicate further specialism within roles, for example, learning disability specialism.
- Employers require a mixture of qualifications and experience from their social care practitioners. Responses varied from requiring no qualifications for social care practitioners within residential children's homes, to requiring a degree. The most frequent requirement is a Level 3 National Vocational Qualification (NVQ).
- Employers recognise many different qualifications as suitable and equivalent for their social care practitioners, including degrees in social work, youth and community work, psychology, or education.
- Registration with NISCC is mandatory for children's homes workers, and this is being adhered to.
- Children's homes draw on a range of professionals with specialist areas of knowledge - 15 different professionals were listed as contributing to care within residential children's homes. Responses show that access to these professionals is variable across homes and geographical areas.
- There is a variation in the training that staff are expected to complete. The most frequent training expectation is safeguarding training, with 95% of responding organisations requiring all practitioners to complete this.
- While the responses showed training that was diverse and varied, the training did not cover all areas of children's home practice. Notable absences included training related to the presenting risks and needs for the children resident in children's homes, for example reunification, child exploitation, de-escalation.
- There is some delineation in relation to the tasks between social workers and social care practitioners. For example, only social workers were reported as providing advocacy, managing admission and discharge, or managing medications. While only

social care practitioners were responsible for personal care, transport and supervision of children.

- The tasks described by respondents emphasised situational activities, for example personal care, but made no mention of activities contributing towards the long-term outcomes for the children resident in children's homes, for example reunification with birth family, reduction of harms associated with child exploitation, or readiness for adult life. Descriptions of social care job tasks, as reported in the survey, focused on operational activities but did not reflect the broader needs of children or the desired outcomes that children's homes should be achieving.

SCIE's conclusions

- The main challenge in staffing levels relates to social workers and social care practitioners within children's residential homes, as these have the highest vacancy rates. Given the reliance of residential children's care on these roles, this is a significant issue, so there needs to be immediate focus on recruitment and retention of them. Reducing levels of vacancies would increase quality of care for the children resident in these homes.
- Additionally, when considering the skills required by homes to deliver good quality care, expanding the range of roles and developing a broader skills mix approach would assist in reducing the reliance upon role types that are harder to recruit, as their skills could be secured through other roles, e.g. through recognition of the need for therapeutic support staff.
- The skills mix of children's residential homes should also include skills in supporting the strategic outcomes of children's homes and in supporting the profile of children who reside in these homes, for example skills held by professionals with expertise in contextual safeguarding, professionals with substance misuse expertise, or professionals with family reunification expertise.
- While pragmatic reliance upon agency and bank staff is being used to manage vacancies in children's residential homes in some areas, a plan to reduce the reliance on agency staff would fit with the ban on agency social workers.
- A standardised approach to job titles might make it easier for both employees and employers to understand the experience of different social care practitioners. If a decision is made to opt for standardisation of job titles, then adopting the title Residential Social Care Worker would require less change overall, as this is the job title currently in most frequent use.
- The approach to managing the social care practitioner workforce across the children's social care sector will need to reflect that in children's homes they are operating as a specialist group within the wider set of children's social care practitioners. There will be benefit from sub-specialisms of children's home social care practitioners, e.g. children with disabilities, and substance misuse.
- It is worth considering that individuals will move roles within children's social care. For example, a person may move from a children's home to another children's social care setting. Having a standardised social care practitioner job title would assist people and employers to understand an individual's current role and competencies, enabling easier

movement between different social care practitioner roles, across all of children's social care. Building flexibility and wider job choices for social care practitioners should assist in retaining people within children's social care.

- At a regional level, having a standardised qualification for children's social care practitioners will assist progression towards a consistent approach to valuing and recognising them.
- The most frequent current requirement for qualifications for social care practitioners within residential children's homes is NVQ Level 3. If a single, standard qualification requirement is to be implemented, then using this would require change to the fewest number of providers, so may be easiest to implement.
- Agreement and clarity is needed on the different factors that come together to achieve high-quality residential care for children. To achieve high-quality outcomes, these need to include consideration of children's needs, the demands on residential children's care, the regulatory framework, and the type of home best suited to the child or young person.
- The adoption of the Care in Practice Framework is an important step in developing a standard qualification and experience framework which would benefit both employers and employees.
- Given the increasing diversity of different professionals involved in delivering care within residential children's homes, some will need to be registered with other regulators and professional bodies. There should be clear expectations for professionals to maintain their relevant registration, and for homes to assure themselves that they have the requisite registrations. DoH will need to consider the implications of needing to work with different professional registration bodies, as well as NISCC.
- Given the different therapeutic and support services in different homes, DoH will want to consider if there should be consistent access to services available to a child irrespective of where they happen to reside.
- A standard model for training that builds on the Care in Practice Framework for social care practitioners and the Professional in Practice Framework for social workers (NISCC, 2024) could be developed to ensure that training is consistently being linked to the strategic objectives of the sector.
- Training that matches the risks and needs of the children entering into children's homes was not reported by the respondents. A policy of matching training against children's needs at a regional and local level would support secure positive outcomes for children, for example training on self-harm, mental health first aid, and de-escalation.
- Therefore, a mapping exercise to understand what the presenting needs and risk profile of children are regionally, and whether there is a corresponding level of capability in the homes, would identify any regional training demands that would advise the most effective targeting of training capacity.
- In addition, training to reflect the identities and communities of the children and young people was not evident in the responses yet it is central to meeting children's holistic needs (Care Quality Commission, 2024; Department for Education, 2023). Reviewing

the characteristics of the children will assist in developing the best-suited training portfolio. This training could focus on anti-discriminatory practice, anti-racist practice, and emotional wellbeing, and would need to evolve as the cohort make-up evolves, requiring ongoing review of the identities of the children in residential children's homes.

- Access NI checks should be made on the basis of contact with children and the requirement to safeguard them in the homes, rather than on the basis of job title of the practitioner. Therefore, a requirement to standardise Access NI checks for all staff in residential homes who have contact with children would improve safeguarding practice.
- Social care practitioner tasks, roles and activities should be designed to focus on the key strategic objectives of children's residential homes, for example restorative practice and relational support to promote the chance of future family reunification, or harm reduction and extra-familial harm training to support outcomes in adult life.
- It is important that a range of specialist support is available for children within residential children's homes, and that those who are involved with the child's life are confident and able to work in ways which are therapeutic and child-centred (Whittaker, 2016).
- Employers should explicitly set out the values, skills, and behaviours of child-centred practice in job descriptions, performance appraisals etc. and ensure appropriate reference to the NISCC Standards of Conduct and Practice (NISCC, 2024).
- Given the current concerns about drugs and alcohol misuse and mental ill-health prevalence, efforts towards targeting training and support in these areas would improve the alignment between the workforce, the homes, the children, and the vision of the strategy (Jones, 2023).

This report is the result of a partnership convened by the OSS in the DoH. This partnership included the Social Care Institute for Excellence (SCIE) who administered the survey and the reports. Other sector organisations contributed to designing the survey, including statutory and voluntary sector organisations. SCIE would like to extend sincere thanks to all of those who contributed to the survey and the reports.

Context

Purpose of the survey and report

Children's homes are an essential component of the children's social care provision and landscape, providing support for some of the most vulnerable children in our society. Children's residential homes are operated by a range of providers, including statutory agencies, community, voluntary, private and independent organisations.

"Residential children's homes hold a special place in children's social care as this is where we assume full responsibility for the care of children and young people. Working in residential children's homes is a privilege because of this special opportunity to provide care and support. Some of Northern Ireland's most vulnerable young people are reliant on this care to promote their wellbeing, value them as individuals and help them on their way towards happy and fulfilling lives. This is why we must do our utmost to understand how we can provide homes that give these children and young people the best experiences. The people that work in these settings are hugely important and we must support them the best we can."

Aine Morrison, Chief Social Worker

The OSS in the DoH Northern Ireland, commissioned a survey and report about residential children's homes, to better understand the different staff working within children's homes, their qualifications, training, and registration with NISCC. The OSS also sought to understand more about the models of care used in children's homes, the different tasks that various staff undertake in children's homes, and also the use of waking night staff.

Information gathered by this survey and presented in this report will be shared with regional steering groups, led by DoH, and contribute to policy developments. This should support a programme of change and improvement across the regional picture of children's residential homes.

The wider context for children's social care in Northern Ireland

The agenda for change for children's social care in Northern Ireland is ambitious and comes within a complicated context of pressures for children's social care, including post-COVID-19 recovery, economic pressures, cost of living challenges, increased demand and resource constraints.

It is essential that the children's social care sector recognises the value of the input of those with lived experience in challenging practice and championing positive change. Co-production is a key mechanism for change to be incorporated into organisations and systems; the voice of children, young people and their families has been incorporated into many of the sources of information included in this survey, and in the change programme across Northern Ireland. Recognition of these contributions will be essential for selecting the most impactful, transformative, and sustainable changes for the children's social care system.

The work has been informed by several reports and policy documents that have been produced during a busy period of change in children's social care in Northern Ireland. These

include:

- Professor Ray Jones's report, 'A review of children's social care' (Jones, 2023). Its recommendations were subsequently the subject of a public consultation, the outcomes of which have also been published. This report resulted in a consultation by the DoH.
- 'Reimagining children's social care services in Northern Ireland' (Reimagining Children's Collective, 2023), a document produced by a collective of community and voluntary service organisations to provide additional information and commentary to 'A review of children's social care' (Jones, 2023). It calls for five key priorities, including stabilising service provision and tackling the workforce crisis. (Reimagining Children's Collective, 2023)
- 'Social care matters' (NISCC, 2023), a report outlining the challenges and opportunities for the social care workforce in Northern Ireland. First published in 2017, it was the 2023 version used as context for this report.
- 'Quality 2020 annual progress report, April 2022 – March 2023' (NISCC, 2023), the 10th report produced by NISCC to complement the Quality 2020 Strategy. It details progress against the five strategic targets identified and an action plan based on learning over the years.
- 'Working together for children in residential' (Children's Homes Workstream, 2023), a draft skills mix paper provided by the OSS to demonstrate work being undertaken that connects to SCIE's work.
- Northern Ireland Care in Practice Framework (draft) (NISCC, 2024), a framework produced to help registered social care practitioners, intending to support professional development with continuous professional learning and qualification.
- Presentations to Workstream 3 Residential Care (Workshop, April 2024), shared with SCIE to provide additional context and information, but not published by the authors.

It is important to note that not all of the context for change within children's social care comes from a 'top down' approach, there is much change imagined, instigated and implemented from the sector itself and the social care workforce is a motivated group who are continuously driving forward change for children, young people and their families.

Equally, change is not limited to the contribution of the statutory sector, there is a wealth of innovation and improvement that arises out of the energy, expertise, and efforts of the community, voluntary, private and independent sectors that participate in children's social care.

What was the ambition for this survey?

The ambition was to collate information about the children's residential homes workforce, and in particular the social care practitioner and social worker workforce, and then to use the insight to support broader workforce strategies.

This survey included a set of questions relating to the children's residential homes; the responses to these questions enabled SCIE to gather insights relating to:

- social workers and social care practitioners in residential children's homes.

- job titles used within residential children's homes.
- qualification requirements in residential children's homes.
- NISCC registration requirements in children's homes.
- different roles undertaken by staff within children's homes.
- vacancy rates within residential children's homes.
- training requirements for staff within residential children's homes.
- Access NI requirements within residential children's homes.
- status of children's residential homes.
- models of care employed within residential children's homes.
- presence of working night staff within residential children's homes.

Our approach

Residential children's homes are a crucial part of the services and supports offered by the children's social care system. The children's social care sector is, in turn, closely linked to the health, education, early years, justice and adult social care systems. While each of these systems interact and contribute to the outcomes and welfare of children, young people and their families, this survey had a restricted scope to consider the residential children's homes sector only.

This survey was sent as part of a wider children's social care workforce survey. It was sent to 23 organisations, identified by the OSS and key stakeholders. These included the five Health and Social Care Trusts (HSCTs), 14 community and voluntary organisations and four independent and private children's homes providers.²

Nine responses relating to the residential children's homes surveys were received from five HSCTs, two community and voluntary organisations and two private and independent organisations.

Twelve organisations from the community, voluntary, private and independent organisations that completed the first part of the survey did not complete the survey relating to children's homes, as they did not provide residential children's homes. Two organisations did not respond. We therefore had four responses from the community, voluntary, private and independent organisations.

Some HSCTs and community and voluntary respondents provided multiple managers to report the data, while others had one person report for the organisation.

² One of the 14 community and voluntary organisations identified themselves as a private organisation in the survey.

Theme 1 – social care practitioners and social workers in children's homes

Rationale for the survey questions

The intention was to ascertain the current staffing levels for children's homes across the region, specifically focusing on social care practitioners and social workers.

What was included in the survey questions

The survey asked respondents to identify how many social work qualified staff and how many social care practitioners they employed within their home on 31 January 2024.

SCIE's analysis and commentary

The data below sets out the totals of residential children's homes staff employed by each organisation based on the responses provided. All data is reported as WTEs and set out as provided in the returns. All returns from non-HSCT responses were aggregated due to the low number of staff in their returns. The total number of social work (SW) qualified staff includes all managers and deputies. Where responses allowed, they have been separated out by numbers for managers and deputies.

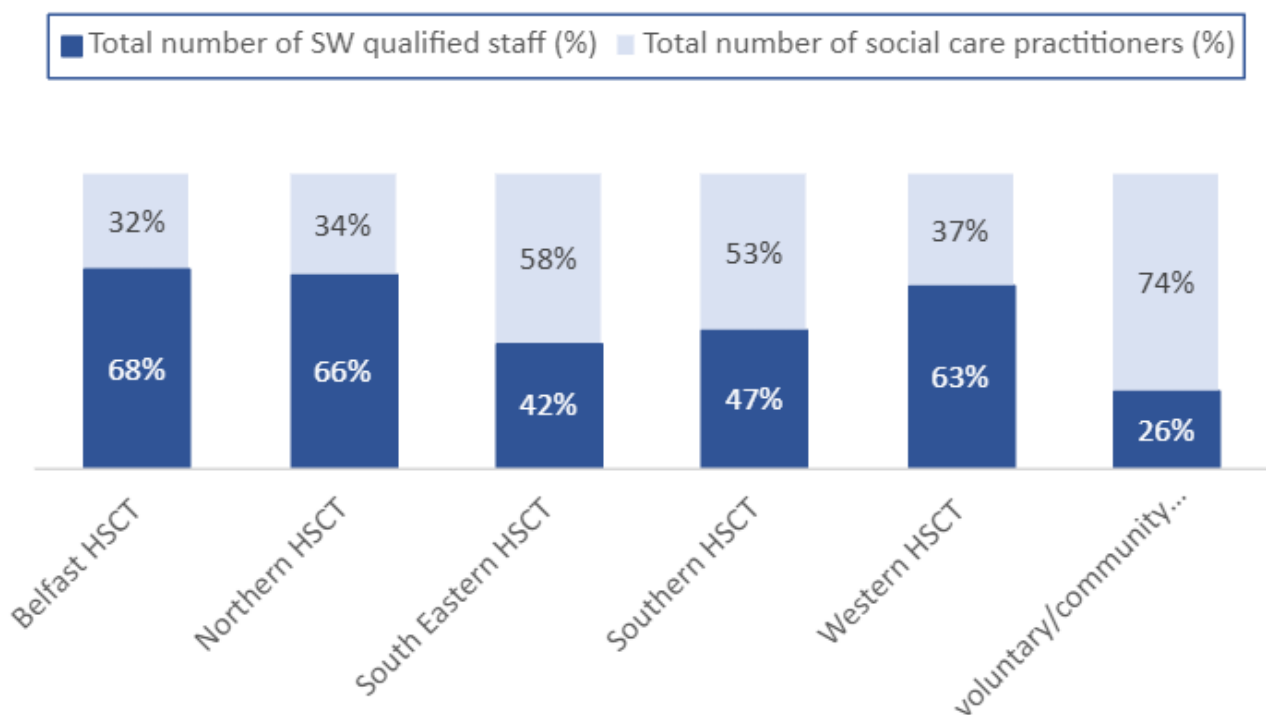
Table 1: Numbers of different types of staff roles employed in children's homes

	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT	Voluntary/ community/ independent/ private	Total
Children's homes	9	5	7	6	6	5	38
SW qualified staff in children's homes	119	83	115	47	81	11	456
Managers (SW)	10	not broken down by role	17	7	17	5	56
Deputy team managers (SW)	17	not broken down by role	14	8	8	2	49
SW qualified staff excluding managers	92	not broken down by role	84	32	56	4	268
Social care practitioners	57	43	115	65	48	31	359
Administrative	5	not provided	9	4	6	2	26
Ancillary	0	not provided	28	8	21	5	62
Total	181	126	267	124	156	49	903

South Eastern HSCT employs the largest number of staff in their residential children's homes (267 WTE), followed by Belfast (181), while the staff numbers for the four community, voluntary, private and independent providers were the lowest. As there is no data on the type of home and the capacity, it is important not to assume that one organisation is well resourced while another is not. Part of the variation in staffing may be related to the type of home, for example, a home for disabled children may well need more social care staff to provide the care, rather than social workers.

The numbers of social workers and social care practitioners is presented below in comparison to each other (chart 1). The responses show that there is variation in the ratio of social workers and social care practitioners across residential children's care in Northern Ireland. Three of the five HSCTs employ more social workers than social care practitioners, with Belfast having the highest ratio of social workers to social care practitioners (3:1). The community, voluntary, private and independent organisations have a substantially higher ratio of social care practitioners to social workers (37:13). The numbers for the HSCTs are varied, as per the data in Chart 1.

Chart 1: Percentages of social work and social care staff employed in children's homes



As part of the workforce review, a policy paper on skills mix in residential children's homes was commissioned in June 2023 (Department of Health, 2023). This sets out the complexities and challenges in trying to develop a workforce which has the skills, values and behaviours to enable children and young people to flourish. The paper notes:

"[T]here is no one model that provides the perfect equation to define the flawless skill mix, rather it's the organisation's needs based upon the client needs that should drive decisions around skill mix and ratio of staffing. ... As residential care is a multifaceted environment with many moving parts; young people, staff, staffing models and supports, the approach to

supporting this system needs to be agile (Children's Homes Workstream, 2023).

The data on the workforce in other parts of the UK is not comparable with Northern Ireland due to differing local definitions and different elements that are included, restricting the ability to making meaningful comparisons across the UK. The data for Northern Ireland shows a staff of 753 WTE. Social Care Wales reported 4,411 roles in 2022 (but these are not reported as WTE) across 154 settings (Social Care Wales, 2022). The Scottish Social Services Council reported for the same year 6,850 (WTE) across the workforce (Scottish Social Services Council, 2023).

Further work could be undertaken to understand the detail of this variation and link this information to developing a staffing model that satisfies the demands of local circumstance and regional consistency.

Theme 2 – vacancy rates

Rationale for the survey questions

The intention was to understand the extent to which children's homes are operating with vacancies and across which type of professional roles these vacancies occur.

What was included in the survey questions

The survey asked respondents to provide information on the vacancies they have for managers, deputy managers, social workers, social care practitioners and other job titles. Respondents were asked what types of roles they included in the 'other' categories. The definition applied to 'vacancy' did not distinguish between those posts which are vacant and those only temporarily vacant related to sickness absence.

SCIE's analysis and commentary

Vacancies pose a number of difficulties for all employers, as it takes time and resources to recruit, service quality can be disrupted, and safe staffing levels can be threatened. Within children's residential homes, vacancies can pose a particularly acute difficulty because children's wellbeing and their outcomes are best promoted via sustained and reliable relationships with home staff.

Vacancy rates have been a feature in quality assurance and monitoring activity, and have been linked to notifications around failure to comply.

The survey findings on vacancy rates is presented in the table below. Table 2 shows that overall, there were 276 WTE vacancies. All respondents reported that they had no management vacancies. One HSCT further noted they had two positions which were filled through an expression of interest, so they did not note them as vacancies but drew SCIE's attention to the arrangement for recruiting to posts. With regards to deputy manager vacancies, only two vacancies were reported. There were 63 vacancies for social workers and 131 vacancies for social care practitioners. In terms of numbers of WTEs, Belfast HSCT and South Eastern HSCT had the most vacancies as of 31 January 2024.

The absence of vacancies in management positions is very encouraging. Further enquiry to understand why recruitment and retention is successful for these roles would be instructive.

The main challenge with regards to recruitment and retention relate to social workers and social care practitioners. Further categories of staff, e.g. managers, deputy managers and

ancillary staff, showed lower rates of vacancies. This is of significance when considering the skills mix required within the homes.

Respondents clarified that within the 'other' category of roles, vacancies reported within residential children's homes included learning disability nurses, waking night staff, cooks and cleaners. The lower level of vacancies in the other staff roles is similarly indicative that there is less of a difficulty in managing staffing in this area.

Table 2: Vacancy rates (numbers of WTEs) for staff in children's homes³

Organisation	Managers	Deputy managers	Social workers	Social care practitioners	Other	Total
Belfast HSCT	0	0	21	37	1	59
Northern HSCT	0	0	4	5	0	9
South Eastern HSCT	0	1	23	51	71	146
Southern HSCT	0	0	4	9	2	15
Western HSCT	0	0	11	18	4	33
Community/ voluntary/ private/ independent	0	1	0	11	2	14
Total	0	2	63	131	80	276

It should be noted that for social care practitioners, some respondents also commented that the vacancies were currently being filled via agency staff. The issue of social care vacancies is currently mitigated, by some respondents, through the use of agency/bank staff. If this was tracked over time, patterns might emerge that might indicate actions for the OSS.

Percentage of vacancies

While high numbers of vacancies give a useful overview of the scale of the gap that needs to be addressed, having a higher percentage of vacancies, may have more significant impact on safety. The data on vacancies as a percentage of the children's home workforce within that organisation is shown in table 3. This shows that South Eastern HSCT and Belfast HSCT have high vacancy rates for social workers and social care practitioners. In table 3 all responses from community, voluntary, private and independent organisations are combined due to the lower numbers in their responses.

³ Percentages shown are based on vacancies against total staff employed within children's homes by that organisation.

Table 3: Vacancy rates (percentages) for staff in children's homes

Organisation	WTE vacancy rates for social workers (including deputy managers) (%)	WTE vacancy rates for social care practitioners (%)
Belfast HSCT	21 WTE (17%)	37 WTE (66%)
Northern HSCT	4 WTE (5%)	5 WTE (12%)
South Eastern HSCT	24 WTE (28%)	51 WTE (44%)
Southern HSCT	4 WTE (9%)	8 WTE (19%)
Western HSCT	11 WTE (13%)	18 WTE (37%)
Community/voluntary/private/independent	1 WTE (9%)	11 WTE (36%)

For social workers the rates of vacancy varied between 5 and 28%. For social care practitioners the rates of vacancy varied between 12 and 66%. The latter figure is particularly significant as social care roles in this HSCT are more likely to be vacant than filled.

Table 3 shows that vacancy rates are greater for social care practitioners than social workers. Looking at WTEs, a small number of vacancies where there are only a small number of total roles leads to higher percentages. The lowest percentage social worker vacancy was 5% while the lowest rate of social care practitioner was 12%. The highest rate of social worker vacancy was 28% and the highest rate of social care practitioners was 66%.

It is important to note that percentages should be read with caution when the sample sizes are small.

The picture of vacancies was varied across social care practitioner posts. With regards to the youth and community worker posts, for those who responded, only one noted vacancies and they reported 64 WTE youth and community worker vacancies (this may be an error in their response, but it was not within the scope of this work to independently verify the responses). Youth and community workers made up a minority of roles within the cohort of social care practitioners.

The 'other' job title category had low levels of vacancies, with the majority of responses noting 0 vacancies. The responses where there were vacancies included one occupational therapy vacancy, one-and-a-half housekeeping vacancies and three domestic vacancies. Two waking night vacancies were noted, and one learning disability nurse vacancy was recorded.

It is not possible to make meaningful comparison between organisations or about the consequences of these vacancies. However, it is clear that vacancy rates are highest for social care practitioners, and social workers. Overall, it is the social care practitioner roles where there is a consistently higher level of vacancies.

UK and Republic of Ireland context

A 2024 census⁴ into the workforce in children's homes in England suggests that there is a substantially high difficulty in recruiting staff, for both managerial and non-managerial staff

⁴ [Children's homes workforce census: Stage 1 findings \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/123456/Childrens_homes_workforce_census_Stage_1_findings.pdf).

grades. This report also noted that managers have observed a worsening of the situation (Public, 2023).

As a comparison, 61% of the surveyed homes in the census reported a vacancy. This census used the category of care staff as opposed to managerial. 75% of those homes reported having no vacancies for managerial positions, and 39% had no vacancies for care staff (Public, 2023). When comparing the England census with responses to this survey, on the surface it indicates that fulfilment of managerial roles is higher in Northern Ireland than in England, while care staff vacancy rates are higher in Northern Ireland than in England. However, this finding needs to be treated with caution as the two reports are not counting the same staff in each group.

The children's social care market study (Commission and Markets Authority, 2022) noted that difficulties in recruitment and retention had been significant barriers to improvement across the children's homes market. Specifically, the report noted that recruitment and retention were an issue resulting in under-capacity in residential children's homes. The report recommended an annual state of the sector report, including content on workforce to provide clear data on issues and recommendations to mitigate these problems. The Commission and Markets Authority (CMA) report also noted that the most difficult recruitment problem related to registered managers, but this does not match the findings of this survey in Northern Ireland.

Taking an economic analysis, this report considered the market impacts, notably the presence of privately run children's homes in Wales. It noted that salaries had not risen in keeping with profit across the sector. The CMA report noted that 1% of staff were being paid below the national minimum wage and a further 11% were paid less than the living wage rate. The report also commented that the: "[L]argest private providers of placements are making materially higher profits and charging materially higher prices, than we would expect if this market were functioning effective[ly]" (Commission and Markets Authority, 2022).

Scotland published a report in 2022 about staff vacancies in care services (Care Inspectorate, 2023). This report noted that 57% of children's homes were reporting vacancies. Across the care sector, there had been a substantial rise in vacancies. The report suggested that the rate of vacancies was stable between 2017 and 2020, and had risen since then. The report did not indicate how these vacancies were distributed across job roles within children's residential homes.

The latest data from Social Care Wales (Social Care Wales, 2022) reported a 6% vacancy rate (total of 4,411 vacancies).

The CMA report (Commission and Markets Authority, 2022) suggests that a number of factors influence recruitment and retention difficulties, not only rates of pay. So, further research into the reasons for the social care practitioner and social worker vacancy rates might indicate actions to support the workforce strategy.

Theme 3 – job titles

Rationale for the survey questions

There was a recognition that when devising strategy it is important that this reflects the nature of roles in children's residential homes. It is therefore important to understand what roles the sector views as being social care practitioner roles, in children's residential homes,

to avoid an unrealistic and narrow or limited view of the roles of social care practitioners.

What was included in the survey questions

The children's home survey asked respondents who operate children's residential homes what the different job titles are for social care practitioners within their homes. Respondents were asked whether they employ staff using the job titles:

- Residential Social Worker
- Residential Social Care Worker
- Youth and Community Worker.

Respondents were also given the option of 'other' social care practitioner and asked to indicate what other job titles they use to employ staff within children's homes.

SCIE's analysis and commentary

Table 4 shows the responses provided with regards to job titles used within residential children's homes.

Table 4: Job titles used for social care staff in children's homes

Job title	HSCTs	Community/voluntary/private/independent
Residential Social Worker	1	1
Residential Social Care Worker	5	2
Youth and Community Worker	2	0
Other	9	3

Two respondents reported that they employed practitioners using the job title Residential Social Worker, despite these practitioners not holding a social work qualification. One respondent was a community, voluntary, private and independent provider, and one respondent was from HSCTs.⁵

Residential Social Care Worker was reported as being used as a job title for social care practitioners by all of the HSCT respondents and two community, voluntary, private and independent organisations.

A number of other job titles for social care practitioners were reported. These responses showed that 15 different job titles were being used by employers for their social care

⁵ Social worker is a protected title and so the respondents were using it inappropriately. This is an issue that will be followed-up by DoH.

practitioners:

- Residential Support Worker - specific to children's disability homes
- Learning Disability Nurse - specific to children's disability homes
- Support and Engagement Worker
- Night Time Residential Child Support Worker
- Night Supervisor
- Residential Child Support Worker
- Senior Residential Support Worker
- Residential Childcare Worker
- Team Manager
- Residential Project Worker 1
- Residential Project Worker 2
- Residential Support Worker
- Senior Care Worker
- Team Leads
- Residential Care Workers

There is variation across the job titles of social care practitioners in children's homes, although there is greater consistency between HSCTs with the use of the job title Residential Social Care Worker.

The responding providers of children's residential homes reported that they were most likely to employ social care practitioners within children's homes under the job title of Residential Social Care Worker. One respondent from the private and independent sector used the job title Residential Social Care Practitioner but no responses from the community and voluntary sector used this job title. This was the highest frequency job title reported.

The next highest frequency job titles reported were Residential Support Worker and Waking Night Duty, these were used by three respondents.

One HSCT and one independent organisation stated that they employed people using the job title Residential Social Worker and two responded that they employed people using the job title Youth Worker.

The remainder of the job titles used variables clustered around residential, support, engagement and children. Additional elements were frequently added into the job titles including levels, e.g. Senior, Band 4 or Supervisor.

The data from this survey suggests that the greatest consistency is around the job title of Residential Social Care Worker. So, if a decision is made to opt for standardisation, then

using this job title will require less change.

It is worth considering that individuals will move roles within children's social care, for example, from a children's home to another children's social care setting. Having a standardised social care practitioner job title would assist people and employers to understand an individual's current role and competencies, enabling easier movement between different social care practitioner roles, across all of children's social care. Building flexibility and wider job choices for social care practitioners across children's social care should assist in retaining people within children's social care.

Specialist roles

A minority of the job titles were relating to specific roles, e.g. Team Manager and Disability Nurse. Some of the responses appeared to relate to specifics of their organisation, for example Residential Project Worker 1 and Residential Project Worker 2.

There have been additions to these job titles that might have continued value, e.g. Senior, Night or Day. Human resource practice suggests that it is helpful and attractive to job candidates if specific information is included in a role, so there might be a continuing practical benefit for including this terminology in job adverts, if not specifically in the job title.

As with the wider children's social care survey, we have suggested that there may be a value in having additions in relation to sub-specialisms of children's home social care practitioners, e.g. children with disabilities, substance misuse.

The approach to managing the social care practitioner workforce across the children's social care sector will need to reflect that children's homes practitioners are operating as a specialist group within the wider set of children's social care practitioners.

UK and Republic of Ireland context

In England, Scotland and Wales, there is variation in job title prevalence similar to this survey: Night, Supervisor, Senior, etc. Frequent job titles used include Residential Support Worker, which is cited by the National Careers Services (National Careers Service, 2024), and Residential Childcare Worker. The latter is not a job title frequently identified in Northern Ireland.

In the Republic of Ireland the terminology social care worker is supported by the Health Information and Quality Authority (HIQA) (HIQA, 2024) and The Child and Family Agency (TUSLA) (TUSLA, 2024).

Theme 4 – qualifications

Rationale for the survey question

While many roles within health and social care have legal definitions and protections, social care practitioner roles are not included under current legislation. As a result, it is not a legally recognised job title and does not require a specific qualification. It was therefore beneficial to understand what qualifications employers are requiring for these roles in residential children's homes. The survey also wanted to understand whether there is consistency across job titles in the qualifications required, or a variance.

What was included in the survey

Respondents were asked to complete information about the qualification requirements for social workers, social care practitioners, youth and community workers and any other job roles where the employee works in a children's homes.

The questions did not seek to identify if staff have a higher level of qualification than is currently requested at the point of recruitment.

SCIE's analysis and commentary

The respondents provided information about the different qualification requirements they require for social workers, social care practitioners, and youth and community workers in residential children's homes.

For social workers, six out of seven organisations stated that they required a degree-level social work qualification.⁶ One respondent reinforced their response stating, "[a]s social worker is a protected title, all residential social workers are qualified in social work". As noted above, two responses indicated that they were using the job title without requiring a social work qualification.⁷

For social care practitioner roles, respondents required the following qualifications:

- Level 3 NVQ (11 occurrences)
- Degree (4 occurrences)
- 5 GCSEs (4 occurrences)
- HNC/HND (4 occurrences)
- Level II NVQ (2 occurrences)
- 2 A-Levels (1 occurrence)
- Diploma (1 occurrence)
- None (1 occurrence)
- Not applicable (1 occurrence).

There was variation across the qualifications required for residential social care workers with responses ranging from no required qualifications to a relevant degree with relevant experience. The most frequent response was a Level 3 NVQ.

There is no one version of qualification that is emerging as the sector standard for children's residential social care practitioners. However, if there is an ambition to standardise across the sector then a Level 3 NVQ is the most frequent qualification expectation of employers., therefore agreeing this as the standard would require change to the fewest number of providers, and may be easiest to implement.

⁶ Social worker is a protected title and so the respondents were using it inappropriately. This is an issue that will be followed-up by DoH.

⁷ Social worker is a protected title and so the respondents were using it inappropriately. This is an issue that will be followed up by DoH.

Employers reported that rather than focusing solely on qualifications, they require a mixture of qualifications and experience as set out in table 5. This mirrors the findings in the children's social care workforce report. The table shows that broadly speaking the roles that require higher levels of qualification require less experience.

Table 5: Qualifications and experience required for roles from HSCT responses

Job band	Belfast		Northern		South Eastern		Southern		Western	
Q = qualification E = experience in years	Q	E	Q	E	Q	E	Q	E	Q	E
Band 4	4 GCSEs	3	4 GCSEs	3	4 GCSEs	3			4 GCSEs	3
	NVQ Level 2	2	NVQ Level 2	2	NVQ Level 2	2			NVQ Level 2	2
	NVQ Level 3	1	NVQ Level 3	1	NVQ Level 3	1	NVQ Level 3	2	NVQ Level 3	1
Band 5	NVQ Level 3	2*	NVQ Level 3	3	NVQ Level 3	1	NVQ Level 3	2	NVQ Level 3	1
			HNC/D	2						
			Degree**	1			Degree**	1		

* Varies depending on post.

** Relevant degree.

As per the broader children's social care workforce survey, some organisations had detailed requirements regarding experience, one organisation had gone as far as to detail the type of experience (duration, hours, and type) that constituted experience.

There were a minority of employers that had distinct requirements including:

- Some required social care practitioners to hold specific qualifications, for example relating to specific health and disability conditions.
- One asked for higher level qualifications (Level 5 NVQ) for their Team Manager position.

Qualifications required for 'other' social care job titles

Twelve responses described the qualifications they required for the 'other' social care job titles. They identified with some variation: from GCSEs to a degree, with respondents again linking qualification and experience. The most frequent qualification requirement is again the Level 3 NVQ required by seven respondents. Most respondents accepted broad health and care-related Level 3 NVQ qualifications, although one respondent commented that they require waking night staff to hold the Level 3 NVQ Caring for Children and Young People

qualification.

Qualifications to reflect specialism

The question of specialism is an interesting feature to emerge from this work. Children's homes are viewed as a specialist service within children's care, and the children who live within these settings require specialist care.

There was some interesting commentary regarding the youth and community qualification requirement:

- One respondent noted that they employ workers with the youth and community qualification but have been maintaining the job title Residential Social Care Worker for consistency purposes. They stated that they felt youth and community work qualifications were a relevant qualification option for residential social care posts.
- A second respondent noted that they consider youth and community work qualifications as relevant for residential social care worker posts as they bring in a different and valuable skill set to the homes.

It appears that the sector is organically creating the skills mix that employers feel is needed within homes, and recognising qualifications based on this skills mix. Further research would be helpful to understand the use of youth and community professional skills in children's residential homes.

Children's social care residential practitioners are a specialist or distinct group of workers. Within this group of children's social care residential practitioners, it is useful to consider a further sub-set of workers who have sub-specialisms in areas, for example, children with health or disability needs. This pathway is suggested as a method to provide greater capacity to meet the distinct needs of the children supported in residential children's homes and in children's homes providing further specialist support. This pathway also provides a level of lateral progression and career satisfaction for the workers in these specialist settings.

It is important that staff reflect the communities, identities and presenting needs of the children and young people resident within the homes (Department for Education, 2023). These are not static and so over time the staffing matrix will need to flex and change accordingly.

Context of qualification development within Northern Ireland

NISCC have developed the Care in Practice Framework (NISCC, 2024), due to be launched in line with the DoH social care workforce strategy later this year. This sets out flexible and agile qualifications and continuous learning pathways that will support the development of the social care workforce.

The Care in Practice Framework applies across the whole of the social care workforce working in both adult and children's services. From September 2024 the Level 2 Certificate, Safe and Effective Practice, will be available and NISCC will be advising the sector that it is best practice to ensure all new social care staff complete this certificate. It is understood that this is with a view to mandatory completion in the future.

Work will commence in January 2025 on a new Level 3 Diploma in Health and Social Care that will have separate pathways for children's social care practitioners and adult social care practitioners, with shared units for core knowledge and skills. OSS have advised work will begin in 2025 to review and revise the Level 4 Certificate in Principles of Leadership and Management in Adult Care, the Level 4 Diploma in Adult Care and the Level 5 Diploma in

Leadership and Management in Health and Social Care (NI). This work should include consideration of separate children and adult pathways and qualifications.

UK and Republic of Ireland context

In England, the National Careers Service suggests multiple qualification routes for residential support workers, including Level 2 qualifications in Health and Social Care, Level 3 qualifications in Health and Social Care or Youth Work. Interestingly, they also propose a Level 3 qualification in Residential Childcare (National Careers Service, 2024).

Social Care Wales stipulates that workers seeking to register as residential childcare workers must obtain a Level 2 qualification in Health and Social Care – Core, plus an additional Level 3 qualification in Health and Social Care – Practice (Children and Young People).

The system in operation in Scotland requires practice qualification⁸ and certified knowledge equivalent to SQF Level 7 (Scottish Social Services Council, 2024). Scotland (Scottish Social Services Council, SSSC) has followed a method of establishing qualifications for children's residential homes, with the stated intent of them being able to interact on an equal or peer footing with other professionals (Scottish Social Services Council, 2015).

The Republic of Ireland requires registration with the Social Care Workers' Register and an accredited degree in social care (CORU, 2024).

While a Level 3 NVQ qualification is already required by many employers in relation to their staff working in children's homes in Northern Ireland, it is not a uniform requirement, and any move to agree and implement a standard level of qualification will take time and effort.

Theme 5 – professional registration status

Rationale for the survey question

The intention was to understand if social care practitioners are registered or not with a professional body and to gain a sense of the expectations that employers have about registration. The Health and Personal Social Services Act (Northern Ireland) 2001 requires social care workers (as defined in the Act) working in children's homes to be registered with NISCC.

What was included in the survey question

Respondents were asked to indicate which social care roles within the children's homes would require registration with NISCC.

SCIE's analysis and commentary

Employers reported that they considered that all social care practitioner roles needed to be registered with NISCC, demonstrating a consistency in the understanding of the expectations arising from the legislation that requires social care workers (as defined in the

⁸ Conversations with SSSC revealed that this definition of practice qualification is an internal one and does not relate to any external definition but is informed by the National Occupational Standards (NOS) framework. They are using the distinction of a practice qualification as opposed to a managerial or academic qualification. They are designing and specifying courses on a case-by-case basis.

Act) working in children's homes to be registered with NISCC.

While there may be agreement of the expectations, it cannot be assumed that there is 100% compliance with the legislative requirements. It is worth noting that respondents identified 770 WTEs of social care practitioners and social workers in children's homes. The most recent NISCC data on residential childcare workers identifies 685 registrants. This might suggest that some workers in residential children's homes are not registered with NISCC. However, conversely it may be explained by lags in processing applications for registration, or vacancy and turnover rates - but these have not been investigated in this report.

The position in Northern Ireland is comparable to Wales and Scotland, where residential social care staff are required to be registered, but this is not the case in England.

Reflecting on the findings about the skills mix and qualifications required as set out in Theme 4, it should be noted that it is possible that staff may need to be registered with multiple professional bodies. If there is a move to a greater skills mix, especially with the employing of contracted staff such as therapists and educationalists, then employers will need to be clear about expectations of registration with a relevant body such as the Health and Care Professionals Council (HCPC) or General Teaching Council for Northern Ireland.

Given the increasing diversity of different professionals involved in delivering care within residential children's homes, there will be professionals contributing to residential children's care who will need to be registered with other regulators and professional bodies. There should be clear expectations for professionals to maintain their relevant registration, and for homes to assure themselves that their professionals have the requisite registrations. DoH will need to consider the implications of needing to work with different professional registration bodies as well as NISCC.

Theme 6 – wider professional roles working in residential children's homes

Rationale for the survey question

There is recognition that it is not just social care practitioners and social workers that need to be employed in children's residential homes, with other roles benefiting children in these homes. It was therefore helpful to gain a better understanding of the different workers available in children's residential homes and the access that children and young people and staff have to professionals such as psychologists and educationalists.

What was included in the survey question

The survey into children's homes asked what other roles were linked with the homes that provide therapies and other supports, with a list of potential roles suggested and the opportunity to include others not listed.

SCIE's analysis and commentary

Every organisation had at least one other therapy and support role either employed in, or working with, children's homes. The highest frequency role was Occupational Therapist (six organisations) followed by Psychologist and Speech and Language Therapists both being listed by five organisations. The data gathered on other professional roles within children's

residential homes is displayed in the table below.

Table 6: Other roles involved in children's homes

Role	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT	Community/voluntary/private/independent
Psychologist	✓		✓	✓	✓	✓
Speech and Language (Therapist)		✓	✓	✓	✓	✓
Occupational Therapist	✓		✓	✓	✓	✓ ✓
LAC Nurse	✓		✓	✓	✓	
Learning Support (Worker)	✓					✓
Teacher					✓	✓
Physiotherapist					✓	✓
RESET	✓		✓			
Substance Misuse (Worker)			✓		✓	

The range of roles, (e.g. nurse, education and other specialist staff) that are available to homes, varies across the regions. One HSCT clearly stands out with only reporting a Speech and Language Practitioner and their Learning Disability Community Nurses.

One HSCT made reference to a Family Therapist and Therapeutic Practitioner being available. Only two HSCTs had educational roles associated with the homes and these were teachers and education/learning support. Further work could be undertaken to understand the presence of teachers and other educational staff within children's residential homes.

Three roles were listed in the survey which no respondents reported as having: Community Nurse, Art Therapist and Counsellor.

One HSCT listed some additional roles, not expressly listed in the survey, which are helpful to list given the needs/risk of children in the care system:

- Senior Therapeutic Practitioner
- Family Therapist
- Child Sexual Exploitation Practitioner (CSE)
- Looked After Child Principal Practitioner
- Learning Disability Nurses.

A further HSCT added an additional role of Listed Community Nurses (Learning Disability).

The voluntary sector providers stood out in having access to all the roles listed in the survey options. The survey was intended to identify the roles connected with homes, but it was not

intended to identify whether the resource allocation for each role is appropriate.

Context for inclusion of a broad professional skills mix in residential children's homes

The Northern Ireland Framework for Integrated Therapeutic Care (NIFITC) (Department of Health, 2024) sets the clear direction for children's homes and expectations about how care should be delivered.

'Working together for children in residential care' (Department for Health, 2023) makes a number of comments about the staffing mix and refers to: "the importance of rhythms, routines and rituals is key to the ebb and flow of community living and learning and supporting a young person's sense of safety and security. The wider skills mix will complement the role of the residential social worker by ensuring support, structure, repetition, and consistent expectations are maintained for all young people."

It also notes the need to understand trauma and attachment and how it interplays with young people's inner working models, their view of the wider world, and the subsequent effects on their ability to form and sustain relationships.

The paper also suggested "[t]here is early evidence of the positive outcomes delivered through the deployment of Allied Health Professionals Specifically Speech and Language Therapy and Occupational Therapy" (Department of Health, 2023).

Understanding the levels of needs, both present and emerging, is an important element in developing the workforce strategy.

There may be learning to be gained from the social pedagogy pilots⁹ undertaken by Coram and funded by the Department for Education in England, which while inconclusive in terms of impact, raised a number of lessons in relation to the implementation of workforce changes. These include clarity about role and expectations of staff alongside "the exceptional effort required of both the professionals directly involved and the system within which they operate" in order to implement the changes.

There has been a commitment in Northern Ireland since the 1990s to improve the quality of care in homes through the move to a fully qualified workforce. The research (commissioned by DoH (Department of Health, 2023)) suggests there is no one model, rather it requires organisations to have the flexibility and agility to adapt. Children's homes need to be able to draw on a range of professionals with specialist areas of knowledge. The data suggests this access is variable and, therefore, there is a need to consider how a consistent service can be provided to a child irrespective of where they happen to reside. NIFITC is being implemented and the lessons emerging from its evaluation will be important in taking forward the aims of the strategy.

There is an opportunity to consolidate a picture of the skills mix for residential children's homes that will include contributions from social workers, social care practitioners, and the range of other professionals. Linking this mix of workers and their professional skills to the aims of the homes and the needs of the children is essential for realising the outcomes required.

⁹ Soc Ped Final Report (publishing.service.gov.uk).

Theme 7 – training

Rationale for the survey questions

The intention was to understand any ongoing training requirements for social care practitioners and social workers to consider how they can be supported. This included identifying whether distinctions are being made between social workers and social care staff. The intent was also to understand whether there is a sector wide additional training demand that is associated with NISCC registration.

What was included in the survey questions

The survey asked respondents three questions in this section, it asked what mandatory training was required for social care practitioners and social work staff, and asked respondents to set out any additional training required for NISCC registered staff.

SCIE's analysis and commentary

The responses show that the requirements for social care practitioner training and social worker training are not identical but have similarities.

For both social care practitioners and social workers, 18 responses required safeguarding training and 17 required manual handling training. Trauma informed training was also required for a significant proportion of social workers (17) and social care practitioners (16). The greatest variation in training requirements was in relation to health and safety training, with 17 respondents requiring this for social care practitioners compared to 13 requiring this for social workers. This is shown in table 4 below.

Table 4 shows what mandatory training courses respondents require for both social care practitioners and social workers.

Table 7: Mandatory training required for social care and social work staff in children's homes

Training course	Mandatory training for social care staff	Mandatory training for social work staff
Trauma informed practice	✓	✓
Safeguarding	✓	✓
Health and safety	✓	✓
Manual handling	✓	✓
GDPR (general data protection regulations)	✓	✓
Substance misuse	✓	✓
MAPA (management of actual or potential aggression)	✓	✓
TCI (therapeutic crisis intervention)	✓	✓

While there is consensus about some training requirements, there is no single training area that has been identified by all respondents – including safeguarding. It may be beneficial to undertake further work to understand why this is the case. Training in substance misuse is

also required by a minority of respondents. Considering that this is a high-level risk feature for the cohort of young people in children's residential homes in Northern Ireland, and has been commented on in various reports (Jones, 2023), consideration should be given to how training and awareness is developed around substance misuse.

Table 8: Types of training required for social care practitioners and social workers working in residential children's homes

	Social care practitioners		Social workers	
Training areas	Responses	Respondents requiring training	Responses	Respondents requiring training
Safeguarding	18	95%	18	95%
Manual handling	17	89%	17	89%
Health and safety	17	89%	13	68%
Trauma informed	16	84%	17	89%
TCI (therapeutic crisis intervention)	13	68%	11	57%
GDPR	11	57%	9	47%
MAPPAs (multi-agency public protection arrangements)	5	28%	4	22%
Substance misuse	2	11%	2	11%
Other	13	68%	10	52%

The list of additional training is quite extensive but there is little evidence of a distinction between social care practitioner and social worker needs.

The list of other training provided to staff working in social care (both practitioners and social workers) included:

- Infection prevention and control

- Administration/safe management of medication
- Emergency first aid and three-day first aid
- Anaphylaxis/Epi pen
- HIV awareness
- Epilepsy awareness, child specific epilepsy seizure management
- Fire safety
- Moving and transferring
- Food hygiene
- IT.

In addition, the following training was provided to social workers only:

- DoLS L1-4
- Supervision training.

Additional training for NISCC registered staff

Respondents were divided on whether they required additional training for NISCC registered staff. Eleven respondents stated that they did not require additional training, while seven respondents stated that they did require additional training.

The list of additional training included the following:

- AYE and PIP for qualified social work staff
- Human rights
- Medicine management
- Infection control
- First aid
- Joint protocol
- Epilepsy
- Dyspraxia.

UK and Republic of Ireland context

In England the Regulations (Department for Education, 2024) give a duty to the registered person for each children's home to require training, and this is linked to the requirement to deliver the home's statement of purpose. Maintaining a record of training for staff and management is also a requirement. This is echoed in the Children's Homes Regulations in

Wales (2002) (Welsh Government, 2024).

The Childrens Homes (Amended) Regulations (Northern Ireland) 2012 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Standards for Children's Homes, 2023 require:

"The registered person shall ensure that all persons employed by him –

(a) receive appropriate training, supervision and appraisal; and

(b) are enabled to obtain further qualifications in respect of the work they perform"

(Department of Health, 2024).

The Welsh Care Inspectorate's Minimum Standards for Childrens Homes¹⁰ also sets out in an appendix details of training that staff are expected to have received.

In 2009, the Scottish Government published a response to a review into children's homes and dedicated a chapter of their response and a number of ambitions and actions with regards to the workforce; qualifications, learning and continuing professional development (CELCIS, 2024). This document recommended a continuous learning framework to ensure progress towards a national programme of enhanced learning for the workforce.

In Ireland, where social care workers have professional status and are newly registered, there is still no clear pathway of in-service training. A paper written for Social Care Ireland in 2022, suggested that social care was still being viewed by the practitioners as a stepping stone towards qualification and progression in other professions, e.g. social work (Power & Dashdondog, 2022).

Some respondents recognised that the RQIA standards applied in the determination of training. There is some consistency but also discrepancies around safeguarding training that might indicate a need for improved communications of existing standards.

Training requirements and the context of residential children's homes in Northern Ireland

A lot of the additional training required by the survey respondents is linked to the specialisms of the establishments, e.g. dysphagia training. Therefore, there does not seem to be a strong argument for making this type of training standard, but instead suggests that specialist, additional training should be linked to the statement of purpose of the home and the individual residents within the home.

The data shows that where there is a specialism for the home, training is linked to that specialism, but respondents did not indicate that training is linked to the children's presentation, e.g. mental health, substance misuse, cultural competence. To meet the needs of children, there should be a programme of training established across Northern Ireland to support these needs to be addressed.

A future exercise with the workforce and providers to understand optimal training profiles would be useful, in considering whether elements such as mental health, suicide, self-harm, first aid, de-escalation and the requirements of NIFITC would improve the quality of care within the home. This could help form the basis of a training approach for residential children's homes, including training requirements that are better linked to the purpose and specialism of the homes, and also the characteristics and identities of the children resident

¹⁰ [131009nmschildhomesen.pdf \(careinspectorate.wales\)](#).

within the homes.

The function of children's homes is to provide care and support for the child in the here and now, while supporting them to develop their skills and reach their future potential. Training relating to preparing for readiness for adult life did not emerge from the training returns. Equally, it did not emerge from the data that training priorities were focussed on reducing risks, promoting independence, moving towards family-based housing settings or reunification with families. As this is absent from the data it is not possible to comment on whether this work is being undertaken or not, however, given the demand pressures on children's homes and the system priority for readiness for adult life, lack of training in this area is a notable absence.

Northern Ireland has, as part of a wider UK programme, accommodated a number of unaccompanied asylum-seeking children. One hundred children were identified within the data, which equates to 2.5% of the looked after children (LAC) population (2022-2023).¹¹ This highlights the importance of recognising the changing needs of the child population in Northern Ireland in order to deliver culturally attuned and child-centred children's social care. This increased diversity in faith, religion, nationality, and other characteristics is important to accommodate within children's homes and training for staff within residential children's homes. Training on child-centred care, recognising individuals' faith, religion, nationality, and other identity characteristics would support the children's residential homes to meet the needs of its changing population. At present respondents did not identify that they were providing this training.

A mapping exercise to understand what the presenting needs and risk profile of children in residential children's homes is regionally, and whether there is a corresponding level of capability in the children's homes, would demonstrate whether there are regional demands for training that would indicate best use and effective targeting of training capacity.

Theme 8 – Access NI

Rationale for the survey question

Access NI processes applications from people who require a criminal record check for employment purposes in the region. There are three levels of check available: basic, standard and enhanced (with/without a barred list check). The intent was to understand current practice with regards to Access NI checks and shape the prospects for the future strategy.

What was included in the survey question

Respondents were asked which roles within their children's homes require an enhanced Access NI check, a standard Access NI check and a basic Access NI check. Respondents were asked to list all roles where the enhanced, standard and basic Access NI checks were required.

SCIE's analysis and commentary

Nine organisations completed this part of the survey (five HSCTs and four community, voluntary, private and independent sector providers). However, not all respondents

¹¹ [Children in Care in Northern Ireland 2022/23 \(health-ni.gov.uk\)](https://health-ni.gov.uk/children-in-care).

answered for every job role listed, as they may not have employed people in all job roles.

The table indicates which roles currently are required by the agency to have an Access NI check.

Nine out of nine respondents required team managers to have an Access NI check. Seven out of seven respondents required deputy team managers to have Access NI checks. Eight out of nine respondents required residential social care workers to have an Access NI check, one voluntary organisation replied that they do not employ social care practitioners using this job title. The only other role to share a discrepancy was with regards to psychologists, where three out of four respondents who employ psychologists require Access NI checks. The community, voluntary, private and independent organisation that did not require the Access NI check did not indicate that they do not employ psychologists. It has been assumed all returns are correct and there has been no independent verification of the data that individuals submitted.

Table 9: Access NI checks by job role

Job Role	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT	Community/ voluntary/ private/ independent	Total
Team Manager		✓	✓	✓	✓	✓✓✓✓	9/9
Deputy Team Manager	✓	✓	✓	✓	✓	✓✓	7/7
Residential Social Care Worker	✓	✓	✓	✓	✓	✓✓✓ n/a	8/9
Youth Worker	n/a	n/a	✓	n/a	✓	n/a	2/2
Psychologist	✓	n/a	n/a	✓	✓	¹²	3/4
Counsellor	n/a	n/a	✓	n/a	n/a	n/a	1/1
Speech and Language Worker	n/a	n/a	✓	✓where is the find b	✓	n/a	3/3
Teacher	n/a	n/a	n/a	n/a	✓	n/a	1/1
LAC Nurse	✓	n/a	✓	✓	✓	n/a	4 /4
Physiotherapist	n/a	n/a	n/a	n/a	✓		1/1
Occupational Therapist	n/a	n/a	✓	✓	✓	✓	4/4
Community Nursing	n/a	✓	n/a	n/a	n/a	n/a	1/1
Administrators	✓	n/a	✓	✓	✓	✓✓	6/6
Catering staff	✓	n/a	✓	✓	✓	✓	5/5

'N/a' has been inserted where the organisation said that it does not employ someone to provide that service or support to a children's home.

As shown in table 8 below, the sector practice is use of the enhanced Access NI check more than the standard or basic check. For administrative staff, some employers tend to expect an enhanced Access NI check, while others do not require an enhanced Access NI check,

¹² Respondent requests Access NI for those staff delivering direct work with children.

anecdotally this may be because administrative staff are based centrally and do not work out of the home. This suggests that it seems sensible that checks should be made on the basis of the contact with children and the requirement to safeguard the children in the homes, rather than on the basis of professional job title, so there may be an opportunity to standardise practice with regards to Access NI checks across children's homes.

The majority did not require the basic Access NI check with one response requesting the basic Access NI check for their administrative staff, this may be because there is no need to duplicate a basic check when an enhanced check is required. Where an organisation has noted that it requires standard and enhanced Access NI checks for the same role, this has been identified under the enhanced Access NI check in table 10.

Table 10: Access NI checks for ancillary and enabling staff working for children's homes

	Enhanced Access NI check		Basic Access NI check	
	Community/voluntary/ private/independent	HSCTs	Community/voluntary/ private /independent	HSCTs
Administrative	2	4	0	1
Catering	1	4	0	0
Gardening	-	-	-	-
Other	2	3	0	0

In England and Wales, all persons who work or volunteer in a regulated setting are required to have an enhanced DBS check. In Scotland, there is a specific scheme, Protecting Vulnerable Groups, which applies for all those working in regulated settings with children. This scheme sits alongside the basic, standard and enhanced checks system. In the Republic of Ireland, it is mandatory that people working children or vulnerable adults are vetted by the Gardai.

Theme 9 – social care functions

Rationale for the survey question

It was felt helpful to understand the range of activities that different social care staff are undertaking within children's residential homes. The intention was to gain a better understanding of the division of tasks between social workers and social care practitioners within children's homes-and those tasks that are being provided by externally commissioned professionals.

What was included in the survey question

The survey into children's homes asked three questions about tasks and roles:

- What tasks do social care practitioners undertake?
- What tasks would ONLY social workers undertake within a children's home?
- What tasks are provided by externally commissioned professionals?

SCIE's analysis and commentary

There were nine responses received from providers of children's residential homes.

Table 9 shows that there are nine distinct asks that only social workers deliver, with a clear lead on assessment, care planning and involvement in court proceedings. They were expected to supervise other staff and students and lead on report writing. It is worth noting that advocating on behalf of the child/young person did not appear in the social care practitioner remit and was only a social worker task.

There were eight distinct asks that only social care practitioners deliver, clearly being expected to undertake practical tasks around care, supervision, and transportation. For example, they were expected to contribute to the assessments, meetings and reviews, and work with other organisations.

There are 12 tasks that are delivered by both social workers and social care practitioners. Some of this overlap will be due to tasks being undertaken by senior social care practitioners.

Table 11: Tasks undertaken by social care practitioners and social workers

The cells in blue indicate which tasks are only undertaken by social workers and the cells in pink indicate tasks only undertaken by social care practitioners.

Tasks provided by staff	Social care practitioners only	Social workers only
Work with other services/organisations	7	2
Support/supervise children	6	
Record	6	6
Contribute to case conferences/reviews	5	
Transport/community activity	5	
Personal care (where appropriate)	4	
Direct work	4	4
Health and safety	4	1

Maintaining CPD	4	4
Contribute to assessment	3	
Household/domestic chores	3	
Work with parents	2	1
Key worker	2	4
Contribute to reports	2	
Lead shifts	1	3
Waking nights	1	
Case responsibility	1	2
Safeguarding/risk management	1	2
Report writing	1	3
Supervision of staff/students/volunteers	1	4
Advocacy		2
Medication management		3
Complete assessment		4
Admission and discharge		3
Assessment and care planning		4
Lead/attend Cchild protection case conferences		4
Chair meetings		1
Attendance at court		3
Contribute to RQIA		3

Respondents identified which tasks were provided by externally commissioned professionals. There is likely to be some overlap in the responses provided to the question with other staff roles within the home. Table 12 sets out the number of respondents that state they commission externally, and compares this with the number of respondents that state they have in-house provision.

A key area to note is the variation in the therapies that homes were able to access. While art therapy is generally available, others like play, music or equine therapy were less available. There was also limited access to support for drug and alcohol misuse. Professor Ray Jones commented in his review: "A characteristic of many of the Ofsted best rated children's services is that they have brought together into their frontline teams the input of a wide range of skilled workers to provide coordinated and coherent help, including mental health, drug and alcohol, and domestic violence workers" (Jones, 2023). DoH may want to review the provision of support in relation to drug and alcohol misuse across residential children's homes. Similarly, while psychological support is available, given the increase in presentation of mental health and emotional wellbeing, continuing to ensure that support is provided within the home and reinforced by all the workers will be essential.

Given the general evidence on low educational outcomes for looked after children, one might expect there to be a consistent offer on learning across the region. However, this was not apparent in the data responses. In addition, the following activities were not identified by respondents, although this may be because they were felt to be implicit within role expectations:

- building relationships with the children in the homes
- working alongside a child and their family to strengthen family relationships
- ascertaining a child's wishes and feelings
- enabling children and young people to express their views and use their voice
- role modelling expected behaviours.

There may be a value in making these skills and behaviours explicit in the role and expectation of social care practitioners, given their centrality in making change for children.

It is worth noting that some services in children's residential homes are provided by external organisations, these are shown in table 12. Services run by other services, but within their organisation or HSCT, such as speech and language, or therapeutic assessments, are not shown in Table 12.

Table 12: Services provided by external staff or organisations

Type of service	Total number of organisations reporting services provided by external staff/organisations
Occupational therapy	6
Art therapy	5
Speech and language	4
Sensory support	2
Equine therapy	2
Music therapy	2
Psychologist	2
Drug and alcohol	2
Community nursing	1
Donkey therapy	1
Play therapy	1
Intensive support team	1
Private tutoring	1

The UK and Republic of Ireland context

In England the regulations set out some quality standards stating what the registered person should do and what tasks and roles are central to children's residential social care. Allied to that is the expectation that a child's wishes and feelings should be ascertained and that they are given appropriate advocacy support (7.2a).¹³ Determining roles at the level of the responsible individual helps to clarify the expectations of other roles within homes.

The Welsh regulations cover similar territory (Children's Homes Regulations in Wales (2002)) although structured differently (Welsh Government, 2024). The National Minimum

¹³ [The Children's Homes \(England\) Regulations 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2015/1024/contents/part-7/chapter-2/section-2a).

Standards for Children's Homes¹⁴ set out in detail what is expected from staff.

In 2009, the Scottish Government published a response to a review into children's homes and dedicated a chapter of their response and a number of ambitions and actions with regards to the workforce: qualifications, learning and continuing professional development (CELCIS, 2024). A statement from the review is worth noting:

"Because residential workers on a day-to-day basis carry out the tasks and responsibilities expected of a good parent... They must also be outward-facing and able to help young people develop networks and contacts. These residential childcare tasks sit alongside workers' active and complex case work with children, young people and their families" (CELCIS,¹⁵ 2009).

Making explicit the skills and behaviour of child-centred practice is one that should be central to future developments.

In the Republic of Ireland guidelines produced by HIQA sets out the responsibilities for social workers for children in residential centres, but it allies these responsibilities to the principle of partnership working. The guidelines emphasise that the "partnership approach is essential in ensuring the child receives the best possible standard of care" (Children Acts Advisory Board, 2009).

The survey shows that there is a range of professional support available to children. There is some clarity about the difference in what a social care practitioner and a social worker is expected to undertake. The challenge is, if homes are to be truly child-centred. It is important that a range of specialist support is available, but more important is that all those who are involved with the child's life are confident and able to work in ways which are therapeutic and child-centred.

There will be instances, where the strongest relationship a child has may be with a social care practitioner. In these instances, how might staff be supported to undertake work with a child?

Theme 10 – status of homes

Rationale for the survey question

The survey was seeking to understand the pattern of changes of status across children's residential homes. Changing status is a formal action, for example when a home needs to accommodate older children, that is required of children's homes to ensure that their statement of purpose is up-to-date. RQIA standards require that there is "an observable link between the Statement of Purpose and the daily operation of the home" (Department of Health, Social Services and Public Safety, 2014). The intention was to understand more about the demand pressures that lead to changes in statements of purpose, for example the ages of children, and the complexity of children's needs.

What was included in the survey question

Respondents were asked about the number of homes they operated, the age ranges for children in the homes, and the number of changes to their statement of purpose in the last 12 months. In addition, we asked for the reasons why any changes to statement of purpose

¹⁴ [131009nmschildhomesen.pdf \(careinspectorate.wales.gov.uk\)](https://www.careinspectorate.wales.gov.uk/131009nmschildhomesen.pdf).

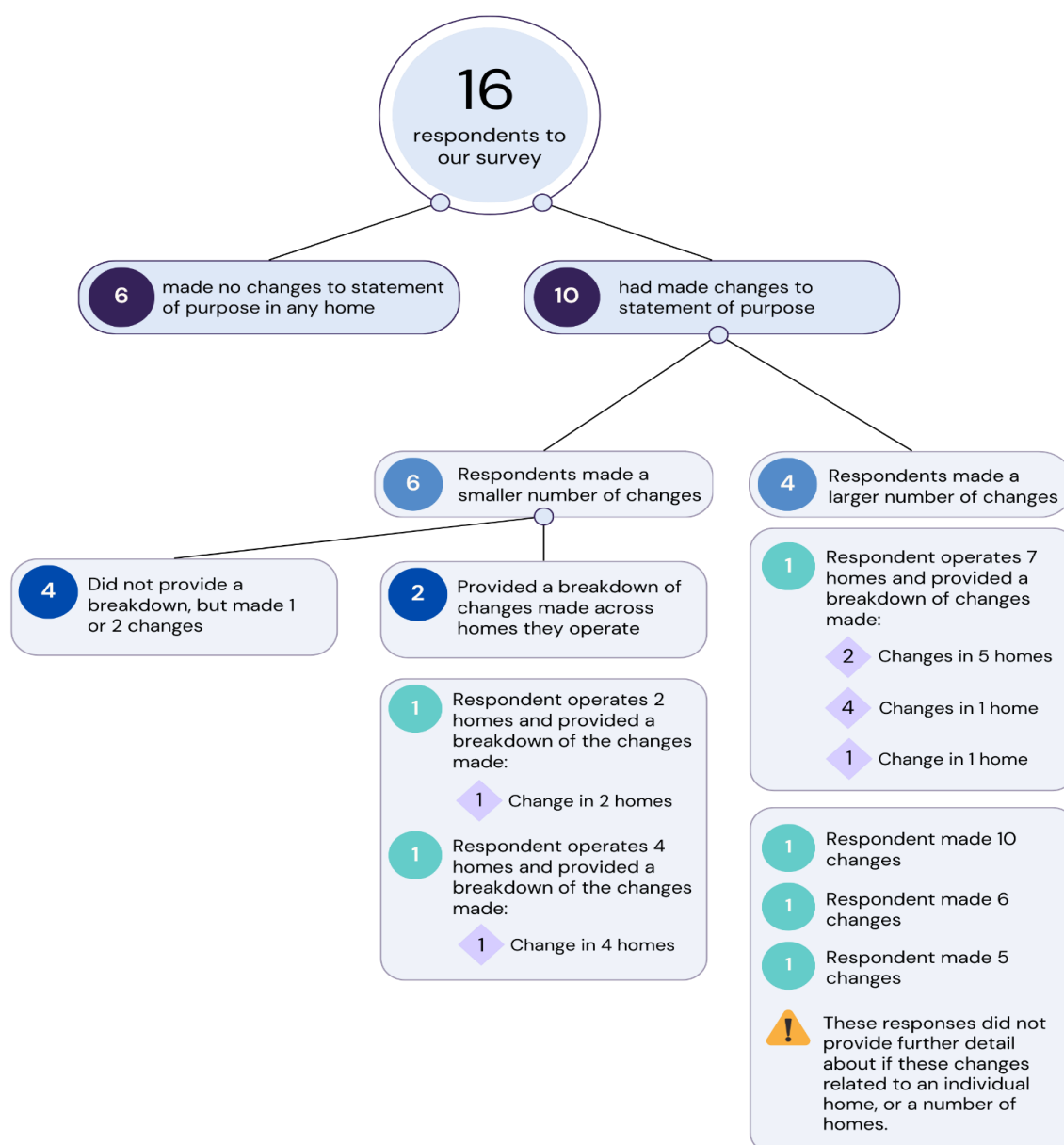
¹⁵ [NRCCI Workforce Report \(celcis.org\)](https://www.celcis.org.uk/workforce-report).

had been requested.

SCIE's analysis and commentary

Figure 2 below shows the responses received in relation to changing the statement of purpose of children's residential homes that the respondents operated. It shows most respondents made changes to the statement of purpose.

Figure 2: Changes in statement of purpose in children's residential homes



The table below shows the reasons for change, when given by the respondents. The first three responses were options available in the survey with the last five responses being free text submissions from respondents.

Table 13: Reasons provided by respondents for changing the statement of purpose of residential children's homes

Reason for change to statement of purpose	Frequency of occurrence
Presenting needs of the children within the home	8
Age of the children within the home	6
Length of stay	4
To increase capacity of the home	4
To support an 18+ person	1
Taking on statutory responsibilities¹⁶	1
To add a property	1

It appears that homes are changing their statement of purpose to respond to specific needs within a home (e.g. to accommodate a young person who turned 18 and did not have an adult placement) but also to sector needs (e.g. to “accommodate statutory responsibilities”).

The scope of the survey was limited to changes made in the last 12 months, so comparisons cannot be made with previous years. It is therefore not possible to show if homes are increasingly making changes to their statement of purpose. The scope of the work did not involve gathering an understanding of the resource required to undertake these changes to the statement of purpose.

UK and Republic of Ireland context

In England the nationally published data pertaining to children's homes is presented by Ofsted in the 'Main findings' (Ofsted, 2024). This document compiles much of the data pertaining to children's homes but does not show changes of statement of purpose. Similarly, this data is not present in the Welsh Government publication on children's homes (Welsh Government, 2024).

Due to differences in reporting approaches, it is not possible to compare the data in Northern Ireland and the rest of the UK regarding changes in statement of purpose.

In the Republic of Ireland, HIQA published the 'National standards for children's residential centres' (HIQA, 2018), this requires that all residential centres have a statement of purpose and that it should be used to define the model of care within the home, and when

¹⁶ The respondent did not provide additional detail as to what the statutory responsibilities were.

considering admissions. However, there were no publicly available statistics describing how many changes to these statements of purpose had been made.

SCIE's conclusions

It does appear that there is a pattern of changes to accommodate sector and individual need.

It appears that continuing to track the rates and reasons for changes of purpose will assist in market-shaping activities and a strategic vision for children's home availability.

Theme 11 – models of care

Rationale for the survey question

A model of care is the stated method by which care is provided within a residential children's home. This model might include many different features and components, but frequently models of care include overt reference to theory, a staffing model, a plan for the environment of the home, the approach to personalisation, the education offer and the connection to family (Cordis Bright, 2018). The survey attempted to understand if there were clear models of care applied in order to support a consistent and therapeutic approach to daily living.

What was included in the survey question

Respondents were asked what, if any, models of care were used within their homes.

SCIE's analysis and commentary

There were 17 responses, and all respondents stated they were using a model of care. As expected, given the previous recommendation in 2018 of a single therapeutic model, all of the HSCTs stated that they were using the Northern Ireland Framework for Integrated Therapeutic Care (NIFITC).

The policy intent may have been for one consistent approach, but there is a plurality of approaches, with eight different models of care being used. This may be appropriate in terms of being child-centred and reflecting the range of children's home types provided. Other models of care that were most likely to be mentioned were positive behaviour (4) and trauma informed (4).

Table 14: Models of care as identified by respondents

Model of care	Belfast HSCT	Northern HSCT	South Eastern HSCT	Southern HSCT	Western HSCT	Community/ voluntary/ private/ independent
CALM ¹⁷						✓
Therapeutic crisis intervention		✓	✓		✓	
Trauma informed care		✓	✓		✓	✓
Attachment theory						✓
Northern Ireland Framework for Integrated Therapeutic Care	✓	✓	✓	✓	✓	
Positive behaviour support and safety intervention		✓	✓	✓	✓	
Sanctuary (attachment and trauma informed)			✓			
MAPA (management of actual or potential aggression)			✓			

Northern Ireland is the only place which has a focus on one model of care. In other jurisdictions it is up to the provider to decide which model is the best fit for the type of care they wish to offer.

The NIFITC is not yet fully implemented and there is a need to evaluate its impact in terms of supporting and enabling children and young people. However, any evaluation should also

¹⁷ Details of the CALM approach were not supplied in the response.

consider why, and how, the other models of care are being used and evaluating their impact.

One of the challenges in implementing any model of care is ensuring the model is sustainable. The model of care also needs to be adaptable enough that it can fit with the other elements of a staffing and service provision model, therefore, SCIE recommends that the skills mix conversation is linked to the model of care when decisions are being made. Linking an adaptable model of care to a robust programme of evaluation will ensure that DoH can continue to hone and refine the provision of children's homes as further evidence becomes available.

Theme 12 – waking night staff

Rationale for the survey question

Waking night staff are a group of staff who are tasked with supervising children's homes overnight. These staff will be responsible for the wellbeing of the children and the home during this period. They are often supported by staff who are on call. On-call staff are often a mix of 'sleeping night' staff or off-site duty managers.

There is a current debate about the need for waking night staff in residential children's homes. This question was posed to assist in resolving the debate around the necessity for specific waking night staff in a staffing model for children's homes.

What was included in the survey question

The survey asked respondents to confirm whether their children's homes employ waking night staff.

SCIE's analysis and commentary

Nine organisations responded and 100% of these respondents confirmed that they employ waking night staff or have rotating shifts to cover nights.

While there might be debate around the need for waking night staff at a strategic or policy level, all of the homes are employing this staffing model or managing nights via a rotating shift pattern. The data suggests the debate is not present at an operational level.

It is widely accepted across the literature of children's homes that culture is of critical importance, both during the day and during the night. Waking night staff can contribute to a culture of presence and care to the children in homes.

There is an additional argument from a child development perspective, the presence of waking night staff within the home might fit better with the connection needs of adolescents who often have irregular sleeping and waking patterns.¹⁸

Additionally, the risks associated with reasons why children in Northern Ireland, and across the UK, are referred to children's home provisions means that the night can be a period of risk and high activity. This seems to link the needs for waking night staff with the needs of the children living within the homes.

If a decision is taken to regulate the use of waking night staff, it would be simple to implement because it would codify a situation already in place. The argument against adding a regulation is that this is unnecessary because the sector is already arriving at this practice

¹⁸ [Sleep's role in the development and resolution of adolescent depression | Nature Reviews Psychology.](#)

without the need for regulation.

In 2021, the Low Pay Commission responded to a Supreme Court decision on waking night staff and the national minimum wage (Low Pay Commission, 2021). This governs the cost of waking night provision, not its prevalence.

The statutory guidance on children's homes for England requires suitable sleeping accommodation for night staff but is silent on waking night staff (Department for Education, 2015). However, English local authority policies and recruitment data suggest that many homes and areas are frequently hiring waking night staff. Some policies suggests that there is a mix of staff where their permanent role is waking night, with all other staff covering day, sleeping night and waking night shifts.

Conclusions

The OSS in the DoH is determined to recognise the value of all of those who contribute to residential children's social care provision across Northern Ireland.

Children's social care is focusing efforts on continuously improving children's home provisions as this is a central responsibility of social care and an opportunity to support some of the most vulnerable children in the region.

There is a broader programme of improvement work and it is intended that this survey sits alongside the safe care and skills mix efforts that the sector is pursuing. The survey identifies a range of factors that impact on children's homes. While this survey asked questions about a range of matters, there was a particular focus on social care practitioners within children's homes.

The data in this survey shows that social care practitioners are a substantial professional group that support children in children's homes across the region and this warrants strategic consideration.

Top level findings

- Respondents reported 276 WTE vacancies in residential children's homes in Northern Ireland. The main challenge with regards to recruitment and retention relate to social workers and social care practitioners. Respondents reported between 0-23 social worker vacancies and between 5-50 social care practitioner vacancies across residential children's homes. Social care practitioner vacancies are currently mitigated through the use of agency and bank staff.
- The residential children's homes sector is currently successfully retaining certain roles including managers, deputy managers and 'other workers' (e.g. administrative staff, or specialist personnel such as nurses), in children's residential homes with between 0-4 vacancies reported for these roles.
- 100% of respondents employed social care practitioners. Of the 422 WTEs that were employed, they most frequent job title was Residential Social Care Worker, with 75% of respondents employing some of their social care practitioners within their residential children's homes with this title.
- The titles given to social care practitioner roles in use across residential children's homes indicate further specialism within roles, for example learning disability specialism.
- Employers require a mixture of qualifications and experience from their social care practitioners. Respondents varied from requiring no qualifications for the social care practitioners within residential children's homes, to requiring a degree. The most frequent requirement is a Level 3 NVQ.
- Employers recognise many different qualifications for their social care practitioners, including degrees in social work, youth and community work, psychology, or education. Employers accept an equivalence in the qualifications from different disciplines, for

example youth and community work is considered relevant for a social care practitioner role.

- Registration with NISCC is mandatory for children's homes workers, and this is being adhered to.
- Children's homes draw on a range of professionals with specialist areas of knowledge, 15 different professionals were listed as contributing to care within residential children's homes. Responses show that access to these professionals is variable across homes and geographical areas.
- There is a variation in the training that staff are expected to complete. The most frequent training expectation is safeguarding training, with 95% of responding organisations requiring all practitioners to complete this.
- While the responses showed training that was diverse and varied, the training did not cover all areas of children's home practice. Notable absences included training related to the presenting risks and needs of the children resident in children's homes, for example reunification, child exploitation, and de-escalation.
- There is some delineation in relation to the tasks between social workers and social care workers. For example, only social workers were reported as providing advocacy, managing admission and discharge, or managing medications. While only social care practitioners were responsible for personal care, supervision and transports.
- The tasks described by respondents emphasised situational activities, for example personal care, but made no mention of activities contributing towards the long-term outcomes for the children resident in children's homes, for example reunification with birth family, reduction of harms associated with child exploitation, or readiness for adult life. Descriptions of social care job tasks, as reported in the survey, focussed on operational activities but did not reflect the broader needs of children or the desired outcomes that children's homes should be achieving.

SCIE's conclusions

- The main challenge in staffing levels relates to the recruitment and retention of social workers and social care practitioners within children's residential homes. Given the reliance of residential children's care on social workers and social care workers this is a significant issue. This specific recruitment difficulty is also important when considering the skills mix required by homes to deliver good quality care. Developing a broader skills mix across children's homes would assist in reducing the reliance upon role types that are harder to recruit, as these skills could be secured through other roles. Reducing levels of vacancies would increase quality of care for the children resident in these homes.

Immediate recruitment and retention efforts should be focused on social workers and social care practitioners as these are currently the highest vacancy groups in residential children's homes. There is also an opportunity to expand the range of roles and broaden the pattern of recruitment by focusing on the total skills mix available for residential children's homes, e.g. recognising the need for therapeutic support staff.

While pragmatic reliance upon agency and bank staff is being used to manage vacancies in children's residential homes in some areas, a plan to reduce the reliance on agency staff would fit with the ban on agency social workers.

- The skills mix of children's residential homes should also include skills in supporting the strategic outcomes of children's homes and in supporting the profile of children who reside in these homes, for example skills held by professionals with expertise in contextual safeguarding, professionals with substance misuse expertise, or professionals with family reunification expertise
- A standardised approach to job titles might make it easier for both employees and employers to understand the experience of different social care practitioners. If a decision is made to opt for standardisation of job titles for social care practitioners in residential children's homes, then adopting the job title Residential Social Care Worker will require less change as this is the job title currently in most frequent use.
- The approach to managing the social care practitioner workforce across the children's social care sector will need to reflect that children's homes practitioners are operating as a specialist group within the wider set of children's social care practitioners. There will be benefit from sub-specialisms of children's home social care practitioners, e.g. children with disabilities, substance misuse.
- It is worth considering that individuals will move roles within children's social care. For example, a person may move from a children's homes to another children's social care setting. Having a standardised social care practitioner job title would assist people and employers to understand an individual's current role and competencies, enabling easier movement between different social care practitioner roles, across all of children's social care. Building flexibility and wider job choices for social care practitioners across children's social care should assist in retaining people within children's social care.
- At a regional level, having a standardised qualification for children's social care practitioners will assist the progression of strategy towards having a consistent approach to valuing, and recognising the social care practitioner workforce.
- The most frequent current requirement for qualifications for social care practitioners within residential children's homes is NVQ Level 3. If a single, standard qualification requirement is to be implemented, then using this would require change to the fewest number of providers, so may be easiest to implement.
- Agreement and clarity is needed about the different factors needed to achieve high-quality outcomes for children, including children's needs, the demands on residential children's care, the regulatory framework, and the type of home.
- The adoption of the Care in Practice Framework is an important step in developing a standard qualification and experience framework which would benefit both employers and employees.
- Given the increasing diversity of different professionals involved in delivering care within residential children's homes, there will be professionals contributing to residential children's care who will need to be registered with other regulators and professional bodies. There should be clear expectations for professionals to maintain their relevant registrations, and for homes to assure themselves that professionals have the requisite

registrations. DoH will need to consider the implications of needing to work with different professional registration bodies as well as NISCC.

- Given the different therapeutic and support services in different homes, DoH will want to consider if there should be consistent access to services available to a child irrespective of where they happen to reside.
- A standard model for training that builds on the Care in Practice Framework for social care practitioners and the Professional in Practice Framework for social workers (NISCC, 2024) could be developed to ensure that training is consistently being linked to the strategic objectives of the sector.
- Training that matches the risks and needs of the children entering into children's homes was not reported by the respondents. A policy of matching training against children's needs at a regional and local level would support secure, positive outcomes for children, for example training on self-harm, mental health first aid, and de-escalation.
- In addition, training to reflect the identities and communities of children and young people was not evident in the returns and is central to meeting children's holistic needs (Care Quality Commission, 2024; Department for Education, 2023). Reviewing the characteristics of the children provided with residential support will assist in developing the most well-suited training portfolio. This training could focus on anti-discriminatory practice, anti-racist practice, and emotional wellbeing. This training will need to evolve as the cohort make-up evolves, so consistent review of the identities of the children within the residential children's homes cohort will be required.
- A mapping exercise to understand what the presenting needs and risk profiles of children in residential children's homes is regionally, and whether there is a corresponding level of capability in the children's homes, would demonstrate whether there are regional demands for training that would indicate best use and effective targeting of training capacity.
- Access NI checks should be made on the basis of contact with children and the requirement to safeguard children in the homes, rather than on the basis of the job title of the practitioner. Therefore, a requirement to standardise Access NI checks for all staff in residential homes that have contact with children would improve safeguarding practice.
- Social care practitioner tasks, roles and activities should be designed to focus on key strategic objectives of children's residential homes, for example restorative practice and relational support, to support the chance of future family reunification, or harm reduction and extra-familial harm training to support outcomes in adult life.
- It is important that a range of specialist support is available for children within residential children's homes, and that those who are involved with the child's life are confident and able to work in ways which are therapeutic and child-centred (Whittaker, 2016).
- Employers should explicitly set out the values, skills, and behaviours of child-centred practice in job descriptions, performance appraisals, etc. and ensure appropriate reference to the NISCC Standards of Conduct and Practice (NISCC, 2024).

- Given the current concerns about drugs and alcohol misuse and mental ill-health prevalence, efforts towards targeting training and support in these areas would improve the alignment between the workforce, homes, children, and vision of the strategy (Jones, 2023).

This report is the result of a partnership convened by the OSS in the DoH. This partnership included SCIE who administered the survey and the reports. Other sector organisations contributed to designing the survey, including statutory and voluntary sector organisations. We would like to extend sincere thanks to all of those who contributed to the survey and the reports.

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