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Original Research Article

Understanding the impact of regulatory reforms in children's residential care: Findings from an evidence review

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Abstract:

Children's residential care in the United Kingdom is regulated by separate agencies in the four home nations to which responsibility for this area of public policy is devolved. The development of these regulatory systems has followed a long sequence of inquiries and scandals that have exposed serious failings in the provision of care to some children and young people. This article reports the findings of an evidence review considering the impact of regulatory reforms as part of a wider research project comparing the development of different systems of regulation across England and Wales. We identify four key themes from this review that should be addressed in the design of regulatory systems and explored through further research. These include: (1) balancing the enforcement of minimum standards against support for service improvement; (2) improving worker autonomy and relationship building with children and young people; (3) addressing unresolved debates regarding minimum qualification and ongoing training requirements; and (4) a stronger focus on organisational cultures and leadership within children's residential homes and care home groups.



Introduction

The regulation of children's residential care across the UK has been shaped by several decades of inquiries and scandals that have exposed series failings in the provision of care to some children and young people. These include inquiries that have investigated the abuse and neglect of children and young people by residential childcare staff (Corby et al, 2001; Sen et al, 2008). But more recent inquiries have also served to highlight the dangers faced in the wider community and repeated missed opportunities to protect children and young people from criminal and sexual abuse (Berlelowitz, 2013; Casey, 2015; Jay, 2022). Regulatory reforms have aimed to improve the safety and well-being of children and young people in care through the development of minimum performance standards for children's homes, qualification and training requirements for workers, and processes to 'weed out' adults judged to be unsuitable to work in the sector.

However, children's residential care remains in a perilous state and concerns about care quality are arguably more pronounced than ever. The association of children's residential care with scandal has contributed to difficulties in the recruitment and retention of suitably qualified and committed staff (Colton & Roberts, 2007) and the use of children's homes by local authorities as a 'last resort' (Hart et al, 2015). The challenge of improving care quality has also become increasingly complex following the fragmentation of the children's residential care sector involving a remarkable increase in the proportion of private sector run homes. The pursuit of profit by some providers has been highlighted as a factor driving up placement costs and the financial burden faced by LAs without improvements in care quality (Competition and Markets Authority, 2022; Sen et al, 2024). Moreover, notwithstanding the reputation of children's homes as a last resort, demand for places has increased over recent years as the complexity of care needs and the size of local authority care populations have increased (Samuel, 2023). A lack of capacity in the sector has even resulted in some young people being placed in unregistered homes where care quality is not overseen by regulatory agencies (Care Inspectorate Wales, 2019; Ofsted 2024a). In this perilous context, this article considers the impact of recent waves of regulatory reform on children's residential care, identifying key areas where regulatory systems may need to be reviewed and where further research may be needed.

Background

Children's residential care in the United Kingdom (UK) is regulated by separate agencies mandated by national governments in the four nations of England, Scotland, Wales, and Northern Ireland. Each country has an agency responsible for the inspection of children's homes. In England, children's home managers



must be approved and registered with the same inspectorate. However, in Wales, Scotland and Northern Ireland all children's residential care workers, not just managers, must register with a separate workforce regulator (Table 1). These regulators set and enforce professional standards for practice and conduct. The purpose of this is to protect the public and to ensure that only individuals who are competent and qualified can work in children's residential care, and other social care roles where registration is required. These workforce regulators also oversee 'fitness to practise' procedures under which individuals judged unsuitable to work in the sector can be removed from the register.

Country	Inspectorate	Workforce regulator
England	Office for Standards in Education and Children's Services (Ofsted)	Ofsted – home managers only
Wales	Care Inspectorate Wales	Social Care Wales
Scotland	The Care Inspectorate	Scottish Social Services Council
Northern Ireland	Regulation and Quality Improvement Authority	Northern Ireland Social Care Council

Table 1: Inspectorate and Workforce regulators

The suitability of current regulatory arrangements in England has become the subject of debate over recent years. Both the recent *Independent Review of Children's Social Care* (MacAlister, 2022) and the final report of Professor Jay's (2022) *Independent Inquiry into Child Sexual Abuse* recommended the introduction of a compulsory system of registration for children's residential care workers, as in place elsewhere in the UK, in response to failings they uncovered. Responding to this debate, this evidence review contributes to a wider research project comparing the development of the separate regulatory systems across the England and Wales and their application to the children's residential care workforce. As a first stage in this research project, the aim of this review was to identify key themes from previous research on the impact of regulatory reforms in children's residential care, including on the workforce, to inform key research questions.

Children's residential care in England

- At the end of March 2023 in England 83,830 children were looked after (a rate of 71 per 10,000 aged 0-17yrs) and 17% were living in children's homes, secure units or semi-independent placements (DfE, 2023).



- There were 3,119 registered children's homes (including secure homes, residential special schools, and short-breaks homes) at the end of March 2023 (Ofsted 2023).
- A recent estimate suggests that the workforce in England comprised approximately 39,300 residential care workers (Kantar Public, 2024).

Under existing arrangements in England, children's homes must be registered with Ofsted. Ofsted monitors compliance with the Children's Homes (England) Regulations 2015 and as part of this process Ofsted inspects all homes usually at least once a year (Ofsted, 2024b). All homes in England must also have a registered manager approved by Ofsted. Managers must hold or be working towards a Level 5 National Vocational Qualification (NVQ) or equivalent. All other workers are required to hold or be working towards a Level 3 NVQ. Ofsted inspectors investigate the recruitment and vetting of staff in English homes, as well as any induction and training they receive. However, staff are not required to be registered in the same way as managers.

Children's residential care in Wales

- At the end of March 2023, in Wales 7,210 children were looked after (a rate of 116 per 10,000 aged 0-17yrs) and 10% were living in children's homes, secure units or hostels (Coram BAAF, 2023).
- There were 277 registered children's homes in Wales at the end of March 2023 (Care Inspectorate Wales, 2023).
- In September 2023 there were 2,879 registered children's residential care workers in Wales (Social Care Wales, 2023).

All children's homes must be registered with, and are inspected by, the Care Inspectorate Wales to ensure compliance with the Children's Homes (Wales) Regulations 2002. Qualification requirements for managers and other staff match those in England. However, all children's residential care workers in Wales, not just managers, must register with Social Care Wales. Completion of the All Wales Induction Framework (AWIF) is a mandatory part of the initial registration process which must be completed within six months of starting work. Workers are required to commit to continuous professional development and must re-register every three years.

Methods

The research team and advisory group comprised of experienced researchers in children's social care agreed that a non-systematic evidence review, incorporating peer-reviewed and 'grey' (non-peer-reviewed) literature, would be appropriate given the narrow focus of this research project. Moreover, an earlier



rapid evidence review that pursued a much broader set of questions relating to the regulation of the children's residential care workforce (Munton et al, 2021) identified several grey studies of potential relevance to our research. However, the Munton et al review only considered studies published since 2013 and was unable to follow up an initial database search for peer-reviewed studies through 'reference chaining' because of time constraints.

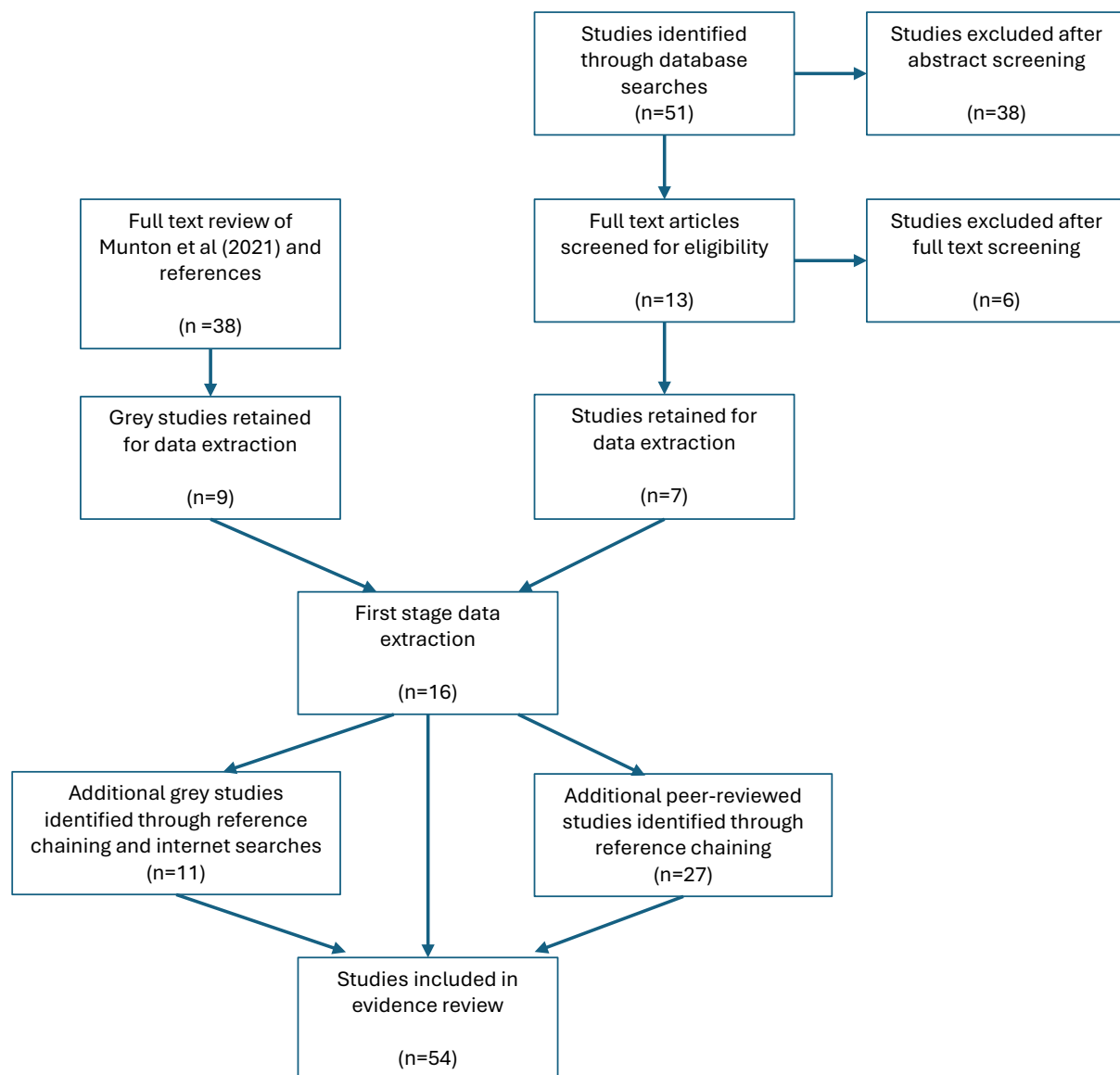
We began our literature research by asking the Clinical Support Librarian at King's College London to carry out a database search in September 2022 applying the terms 'child(ren's) residential home', 'child(ren's) residential unit', 'children's home', and 'staff registration', 'staff regulation' and 'residential social worker'. Databases searched included Ovid MEDLINE, Embase, APA PsycInfo, Scopus, CINAHL and Web of Science. The inclusion criteria for the review incorporated international academic research published in English in peer reviewed journals. We searched further back than the Munton et al review (2021) to consider articles published since 2000 as this marked the introduction of the Care Standards Act 2000 (then covering England and Wales) and the publication of the landmark Waterhouse Report (DoH, 2000) on the findings of an inquiry into the widespread sexual abuse of children in care in the Welsh counties of Gwynedd and Clwyd.

The database search returned 51 separate articles and the titles and abstracts of each were reviewed separately by two members of the research team to assess their relevance. Thirteen of these studies were retained for full text screening after which seven were retained for data extraction. A further nine grey studies were identified for data extraction after reviewing Munton et al's (2021) rapid review. Grey studies included a mixture of non-peer reviewed research, inquiries and evidence reviews. Studies were retained if they reported evidence relating to the impact of regulatory activities. Data were extracted using an Excel template capturing the country (or countries) where the research was carried out, the research questions, research methods, and key findings.

Beginning with these 16 studies a process of 'reference chaining' and internet searches for recently published grey reports helped us to identify a further 27 peer-reviewed and 11 grey studies. In total, data were extracted from 54 studies (34 peer-reviewed and 20 grey) by Carl Purcell. Although the 54 studies were all published since 2000 the findings of a series of studies commissioned by England's Department of Health (DoH, 1998) in the 1990s are incorporated as they are considered in several literature reviews published since 2000. The key findings data extracted were analysed following a thematic approach (Braun & Clarke, 2019). This began with an initial coding of the data by Carl Purcell which was then reviewed by two members of the research team to group codes under key themes. The subheadings reported in the findings section of this article follow the four key themes we identified.



Figure 1: Study selection flow chart



Overview of the evidential material

The list of studies identified and which we draw upon in this evidence review are listed in the appendix to this article. These include 20 'grey' studies carried-out in the UK – including research and inquiry reports published by or on behalf of central government, the Local Government Association (LGA), large children's charities, and the Independent Children's Homes Association (ICHA). A further 15 peer-reviewed UK studies, and 19 international studies were also used – these include journal articles and academic books, or book chapters. The main sources of evidence presented in these studies are summarised in the table 2.

Main evidence sources	Count
Evidence review	15
Staff surveys	11
Small scale qualitative/ mixed methods (<50 interview participants)	18
Large scale qualitative/ mixed methods (>50 interview participants)	4
Census/ large survey of providers	1
Expert panel, inquiry or independent review	5
Total	54

Table 2: Main evidence sources

We present the key findings from our data extraction under four key areas that we identified through our thematic analysis. We take care in separating the findings from non-UK studies because of variations in national (or regional) policies, workforce requirements and professional practices relating to the use of children's residential care (Berridge et al, 2011; Clough et al, 2006).

Findings

Balancing enforcement and support for improvement

The need to balance regulatory activities to ensure compliance with regulations against those that could support the development of children's residential care was a key theme to emerge from our analysis of several grey studies from the UK. Following the enactment of the Children's Homes Regulations (England) 2015, the DfE commissioned a small-scale study by Gibb et al (2016) involving interviews with 21 home managers and 'other stakeholders' to explore experiences of implementing the new regulations. Whilst acknowledging that it



was too early to assess the impact of these regulations, Gibb et al (2016) reported generally positive reactions to them. Another small study commissioned by the DfE on the training needs of the children's residential care workforce involving interviews with 20 stakeholders (representing a mix of local authority commissioning managers, commercial and local authority providers, umbrella organisations and training providers), also carried out just after the introduction of the new regulations, reported similarly positive acceptance (Kantar Public, 2018).

However, the way in which the implementation of standards is monitored and enforced is a subject for greater debate. The DfE commissioned studies (Gibb et al, 2016; Kantar Public, 2018) highlighted concerns about the workload implications of having to provide evidence showing how standards are being met. Martin Narey's (2016) review of residential care in England for the DfE also stressed that the risk of receiving a poor Ofsted inspection judgement meant that children's homes allocated significant resources to compliance activities. But more fundamental concerns were expressed by stakeholders in the Gibb et al (2016) and Kantar Public (2018) studies regarding the ability of Ofsted inspectors to effectively measure the quality of practice in children's homes rather than just compliance with mandated standards and bureaucratic procedures. Similar concerns regarding the implementation of regulations were expressed by sector experts giving testimony to an earlier House of Commons Education Committee (2014) inquiry and in research reports on children's residential care published by the National Society for the Prevention of Cruelty to Children (NSPCC) (Biehal et al, 2014; Brodie, 2014).

Narey (2016) called for more dialogue between inspectors and homes in England to balance enforcement and support. Research commissioned by the Local Government Association (LGA) to explore the barriers and facilitators to local authorities' developing in-house children's home provision called for Ofsted to engage constructively with potential providers as part of the setting-up process and before significant investment in properties and staff are made (Newgate Research, 2021). Another area which may need to be considered by regulatory agencies is the relationship between local authorities and private providers. In a survey carried out on behalf of the Independent Children's Home Association, completed by 119 members (mostly small private sector providers in England), respondents called for closer collaboration to improve referral streams and the matching of children and young people to appropriate placements (Revolution Consulting, 2023).

The challenge of balancing enforcement and support within regulatory systems is also a theme within a small number of the international peer-reviewed studies we considered. Gharabaghi (2009) reported frustration amongst public and private sector children's home providers (n = 20) regarding regulators' focus on



compliance rather than care quality in Ontario, Canada. The difficulties of developing performance standards from regulation and in measuring the quality of care is also surfaced in Pålsson's (2018) study of the licensing process of children's residential care in Sweden. He analysed 132 applications for licenses to operate children's residential homes and interviewed eight inspectors working for the Inspectorate of Social Care and Health responsible for reviewing applications. The conclusion reached was that the licensing process served as a rather crude mechanism only suited to weeding out manifestly unsuitable applicants. Similarly, Boel-Studt & Tobia (2016) conclude their evidence review by recommending that states in the USA should move beyond Residential Group Care (RGC) licensing requirements and consider the development of core practice standards.

Worker autonomy

The peer-reviewed academic research in the UK offers a more critical perspective on regulatory reforms based on the argument that care is 'messy and ambiguous' and that bureaucratic restrictions stifle professional autonomy and workers' urge to care (Smith, 2009). Horwath (2000) described 'childcare with gloves on' after interviewing 45 workers at three children's homes in England. The phrase captures how staff exercised caution and strict adherence to the rules because they were fearful of allegations being made against them. Cameron et al (2011) carried out an evaluation of a pilot programme under which 48 workers from outside of the UK (mostly from Germany) trained as 'social pedagogues' came to work in 18 English children's homes. Social pedagogy is a broader form of training, typically at degree level, more common in continental Europe that incorporates an emphasis on the physical and emotional development of children and young people and their engagement in wider society. They reported that these social pedagogues identified hierarchical and bureaucratic obstacles to the more reflective form of practice found in their home countries.

Research carried out in Scotland also highlights the negative impacts of limits to worker autonomy. Heron & Chakrabarti (2002) report the findings of a series of interviews with 30 workers in 7 children's homes in Scotland (109 interviews were carried-out over a 9-month period). Staff reported wanting greater freedom to pursue meaningful goals for children and young people rather than completing administrative tasks. Staff from five local authorities interviewed for Milligan & Stevens (2006) study on the impact of health and safety regulations complained that they could not be spontaneous and take children out for a walk or a swim without filling in paperwork. Similarly, young people (n=27) who participated in Moore et al's (2018) Australian study perceived workers' administrative responsibilities as an obstacle to relationship building, but valued staff who found time to 'hang out' with them.



Findings from Steckley's (2011) study involving interviews with 37 young people and 41 workers in Scotland echo Horwath's (2000), highlighting a reluctance amongst staff to show affection towards young people through touch in case this led to accusations of inappropriate behaviour. Reviewing the findings of the *Kerelaw Inquiry* into abuse at a residential school and secure unit in Scotland, Davidson (2010: 406) states that 'a controlling and silencing culture of Kerelaw was found to be a fundamental cause underlying a complexity of factors'. Whilst recognising the impact of specific organisational cultures, Davidson (2010) argues that the professional autonomy of workers across the sector in Scotland is an essential area for improvement. Finally, drawing on survey responses from 61 Scottish workers McPheat and Butler (2014: 248) also discuss restrictions to worker autonomy in the context of a 'culture of blame' and advocate for a shift towards a 'learning system' that promotes the exercise of professional judgment.

Qualifications and training

Recent reports in England commissioned by the DfE (Kantar Public, 2024) and published by the Welsh regulator (Social Care Wales, 2024) suggest that concerns about the recruitment, retention and training of children's residential care workers remain paramount. However, minimum qualification and training requirements for workers continue to be debated. Currently, in England new workers must hold or commit to work towards a Level 3 National Vocational Qualification (NVQ) in Residential Childcare (or equivalent) within two years of joining the work force. Workers in Wales must meet the same requirement but within three years. However, a census carried out between March and May 2023 involving 837 homes in England showed that 13 per cent of staff were not at least working towards the required level 3 qualification (Kantar Public 2024). The registered managers of children's homes in England and Wales are required to hold or work towards achieving a level 5 qualification in Leadership (or equivalent) within 3 years of taking up their position. The same census found that only 2 per cent of managers in England did not meet this requirement (Kantar Public, 2024). However, the MacAlister (2022) inquiry reported that 10 per cent of homes in England did not have a registered manager and recommended that another 700 managers be trained over a five-year period.

Notwithstanding difficulties in meeting the minimum qualification requirement, some studies suggest this may be too low. A report by Ofsted (2011) based on surveys completed by staff working in 12 'outstanding' children's homes highlighted commitments made to the CPD of workers beyond the Level 3 minimum. An expert panel reporting to the DfE (2012) over the following year also recommended the consideration of a higher-level minimum requirement for workers in England. The Care Inquiry (2013) commissioned by eight of the major children's charities the following year reached the same conclusion. Earlier research by Petrie et al (2006) involving 25 homes in England found that only 10



per cent of workers held a higher education qualification. This compared to 51 per cent in 19 German homes and 91 per cent in 12 Danish homes involved in study. Moreover, whilst Narey (2016) disagreed with the DfE (2012) panel's recommendation regarding the minimum qualification requirement for workers, he did conclude that a Level 5 qualification for managers was insufficient and that a social work degree should be required. On the other hand, reviews by Bullock and Sherry (2009) and Hart et al (2015) also highlight concerns regarding the suitability of a social work degree and the potential benefits of a broader degree programme as preparation for residential care work, as is common in many European countries.

On the other hand, after interviewing 21 home managers and other stakeholders for their small DfE commissioned study, Gibb et al (2016) warn that the introduction of higher mandatory qualification requirements for workers, including managers, could deter talented but less academic staff from joining or staying in the sector. Furthermore, Ofsted (2011) pointed out that managers leading 'outstanding' children's homes looked beyond formal qualifications aiming to recruit staff who were the 'right fit' for the ethos of the home and best suited to meeting the needs of the children and young people living there. Research by White et al (2015) for the DfE in England, involving interviews with 88 staff in 20 'good' or 'outstanding homes', reported divided views on the value of the Level 3 NVQ and highlighted the importance of more practical localised training to suit different learning styles and connected to the work of individual homes. The latter point is reiterated by Munton et al (2021) in their literature review for the DfE considering existing qualification and training requirements in England. In research reports published by the UK's NSPCC the need for specialised training to deal with behaviour and aggression (Barter, 2014; Biehal et al, 2014) and identifying and responding to risks of criminal and sexual exploitation (CSE) (Brodie, 2014) are highlighted. Winstanley and Hales (2008) also highlight concerns amongst English residential care workers they surveyed (n = 87) about dealing with aggression and threatening behaviour.

Courtney's (2009) review of the international evidence and Boel-Studt and Tobia's (2016) review of research in the USA suggest that concerns about the recruitment, retention and training of children's residential care workers extend well beyond the UK. A more recent small survey of workers in Jordan (Bani Ismail et al, 2018: n = 30) and an interview-based study in Norway (Steinkopf, 2021: n = 15) also discuss the need for ongoing training and support for staff. In the USA Smith (2017) carried out a 13-month ethnographic study engaging with 78 workers, mostly educated at degree level, at a large residential treatment centre. She describes the importance of 'informal apprenticeships' pointing out that most workers did not feel adequately prepared by initial professional training. International studies also report concerns relating to the professional status of residential childcare work. Workers (n = 43) who



participated in Garcia Quiroga and Hamilton-Giachristis' (2017) study in Chile felt that they did not feel valued by other welfare professionals because of their limited training. Similarly, Heron and Chakrabarti's (2002) study involving residential care workers in Scotland (n = 30) highlighted feelings of low status compared to social workers. Forkby and Hojer's (2011) Swedish study suggested that social workers in this country did indeed hold negative views about children's residential care work. Social workers participating in focus groups (n = 29) talked about 'the difficulty of knowing what you'll get' when considering placing children and young people in residential care.

Organisational culture and leadership

Thinking about the importance of localised training and support to the development of the workforce leads us to consider differences in the culture and leadership of children's homes more widely. Clough et al (2006) reviewed a body of UK research, including studies carried out on behalf of the DoH (1998) during the 1990s. These studies showed that local conditions played an important role in effective practice and responding to the specific needs of the children and young people being cared for. Moreover, successive inquiries and investigations into abuse in children's homes in the UK have highlighted the pernicious impact of negative organisational cultures (Corby et al, 2001; Davidson, 2010; House of Common Education Committee, 2014; Sen et al, 2008).

More generally, UK studies have highlighted how insufficient training and support from home managers can contribute to workers' disillusionment. Specific areas of support needed can include dealing with distress, challenging behaviour and aggression, and the more emotional aspects of working with children and young people who have often experienced significant trauma (Biehal et al, 2014, Colton & Roberts, 2007; Heron & Chakrabarti, 2002; Winstanley & Hales, 2008). Burbidge et al's (2020) study, involving observations in four English children's homes and interviews with 12 workers, identified tensions around long hours and work rotas as problematic.

However, it is also important to recognise that some workers have reported feeling well supported and that they find their role rewarding. Mainey and Crimmens (2006) reported high levels of job satisfaction and morale following a survey of 1,197 workers across the UK. Heron and Chakrabarti (2002) reported that workers in Scotland valued consistent feedback and supervision from managers and the support of colleagues, especially when dealing with violence or aggression. Hart et al's (2015) literature review suggests that residential care work is more rewarding when workers can form closer relationships with children and young people and replicate a family environment. Interviews with 16 young adults who had spent time in eight different English children's homes also suggested the importance of relationships with staff (Gallagher & Green, 2012).



A large English study carried out in 2001 involving 60 homes highlighted the importance of the manager role in creating the working conditions for staff to form caring relationships with children and young people and move beyond compliance with externally set performance standards (Hicks et al, 2009). Effective managers provide individualised support to staff and children but also manage group dynamics to create a collaborative culture. Echoing these findings, Ofsted (2011) reported that managers in 'outstanding' homes make themselves available to everyone in the home and do not shut themselves away in an office. But the Hicks et al (2009) research also emphasised the importance of external factors that can influence the effectiveness of managers including: the status of the post, the clarity of the role, the ability to spend time in the home, and the degree of autonomy and external management support. The importance of the last of these was also highlighted by Whipp et al's (2005) study of the external management of children's homes that involved 12 LAs. They found that investment in non-operational posts (e.g. commissioning and contract management) was vital to manage bureaucratic pressures on social workers and children's home managers.

The evidence from international studies also highlights a contrast between the motivations of people joining the children's residential care workforce and the organisational environments they work in. After interviewing 25 workers in a large Residential Treatment Centre (RTC) Moses (2000) reported that wanting to do 'socially meaningful work' was a key motivation. On the other hand, Seti's (2008) review of research in the USA highlighted administrative pressures, lack of support from colleagues and managers, and confusion over roles and responsibilities as factors contributing to high worker turnover. Freundlich et al (2007) report fears relating to violence and aggression following interviews with workers and other stakeholders (n = 87) linked to large RTC in New York. More generally, Decker et al (2022) report feelings of exhaustion and lack of accomplishment as factors contributing to burnout following a survey of workers (n = 63) in a rural RTC in the USA. Nyerges et al's (2023) more recent survey of workers (n = 197) in a southeastern US RTC also links job satisfaction and burnout to organisational factors including leadership, peer support and feeling safe at work.

Silva and Gaspar's (2014) review of evidence relating to children's homes in Portugal and Steinlin et al's (2017) survey (n = 319) of workers in Switzerland reveal concerns about dealing with behaviour and aggression, as found in the UK and US studies. A survey of 147 workers from 24 homes in Israel identified 'compassion fatigue' as a potential consequence of the demands of children's residential care work (Zerach, 2013). Workers who participated in focus group discussions (n=43) as part of Garcia Quiroga and Hamiltion-Giachristis' Portuguese (2017) study spoke of difficulties balancing work and their own family lives. Capacity, staff turnover, use of agency staff and leadership



instability were identified as negative features of children's residential care work in Steinkopf's (2021) small study in Norway involving interviews with 15 staff in 1 home. This study also showed that staff valued a culture of openness enabling them to feel comfortable discussing strengths and weaknesses of the home.

Discussion

The aim of this evidence review was to identify key themes from previous studies to inform further research comparing the development of regulatory systems across England and Wales. Although there have been few studies directly concerned with the impact of regulation, findings reported in the wider grey and peer reviewed literature on children's residential care highlight important issues that need to be considered.

An overarching question to explore through further research should relate to the overall purpose of regulatory systems and the nature of relationships between regulatory agencies, children's homes and workers. Evidence taken mostly from grey studies carried out in England suggests broad support for the implementation of regulatory standards (Gibb et al, 2016; Kantar Public, 2018). However, there are concerns regarding the resources needed to demonstrate compliance and the bluntness of methods used by regulatory agencies to try and measure the quality of care provided to children and young people (Gibb et al, 2016; Kantar Public, 2018, Narey, 2016). Some stakeholders have called for closer partnership working across regulators, local authorities and providers to develop provision and methods to assess the quality of practice in children's homes (Narey, 2016; Newgate Research, 2021; Revolution Consulting, 2023). Findings from a small body of international studies also suggest a need to develop more nuanced approaches to the evaluation of children's homes (Boel-Studt & Tobia, 2016; Gharabaghi, 2009; Pålsson, 2018). However, it remains unclear how the approaches taken across England and Wales may differ in this regard and what specific activities might be most effective in promoting partnership working across regulatory agencies and children's homes to support improvement.

Furthermore, any investigation and comparison of regulatory systems and activities must consider the perspective of those working directly with children and young people on a day-to-day basis. Several studies highlight how the proliferation of rules and procedures linked to the implementation of regulatory standards can affect worker autonomy and stifle relationship building with children and young people (Davidson, 2010; Horwath, 2000; Heron & Chakrabarti, 2002; Milligan & Stevens, 2006; Moore et al, 2018; Steckley, 2011). Workers participating in these studies spoke of feeling pushed to focus on evidencing compliance and there is also evidence that workers can be fearful of accusations being made against them. These factors can combine to promote



compliance cultures within homes and inhibit relationship building with children and young people. There is a need to examine how regulatory systems can be reshaped to promote cultures in children's homes that encourage innovation and learning rather than compliance and blame avoidance (McPheat & Butler, 2014).

A more specific area to investigate is qualification and training requirements. We found evidence of some concern regarding the minimum NVQ Level 3 requirement currently in place in England and Wales. Moreover, there was evidence from England that this requirement was not always being met (Kantar Pubic, 2024). Some research participants thought the requirement was too low and provided poor preparation for work in children's homes, particularly in comparison to other European countries where minimum training requirements were much higher (Bullock & Sherry, 2008; DfE, 2012; Care Inquiry, 2013; Hart et al, 2015). On the other hand, there is also evidence that those recruiting new workers also looked for practical experience, looking beyond formal qualifications (Gibb et al, 2016; Ofsted, 2011; White et al, 2015). Several studies also highlighted the importance of ongoing training including in specialist areas relating to the specific needs of children and young people being cared for (Barter, 2014; Biehal et al, 2014; Brodie, 2014; Winstanley & Hales, 2018). In this area particular insights might be gained through comparing the experiences of recently recruited workers in England and Wales. In both countries staff must hold or commit to working towards the NVQ Level 3 requirement, but in Wales staff must also complete the AWIF as part of the process of becoming a registered children's residential care worker. Moreover, they must meet ongoing training and professional development goals as part of their re-registration process. In England, induction and ongoing training are left to employers. This could help us to better understand what support new workers are receiving and how prepared they feel for their new roles.

Finally, it will be important to consider the role of organisational cultures and leadership in supporting the development of the workforce and care quality in any future research. Evidence from UK research studies mostly carried out in the 2000s, but also some more recent inquiries, highlight the role of negative organisational cultures in failures to care for children and young people and feelings of disempowerment and disillusionment amongst workers (Clough et al, 2006; Davidson, 2010; House of Commons Education Committee, 2014). However, there is also some evidence from UK and international studies to show that workers can find their role rewarding when they are able to form close relationships with children and young people in their care and feel supported by managers and colleagues in their home or wider organisation (Gallagher & Green, 2012; Hart et al, 2015; Hicks et al, 2009; Whipp et al, 2005). A stronger focus on organisational culture and leadership within regulatory systems could help workers to develop and help reduce the need to enact fitness to practise procedures for the 'weeding out' of unsuitable workers.



Conclusion

This article has considered evidence relating to the impact of regulatory reforms on children's residential care to inform a wider research project comparing the development of regulatory systems in England and Wales. We found limited research internationally that has directly addressed this topic and have therefore relied primarily on secondary findings reported in wider research on residential care, including from grey UK studies, although mostly those based on research in England. However, we have identified four key themes that we argue could be considered in the design of regulatory systems and further research in this area. These include: (1) balancing the enforcement of minimum standards against support for service improvement; (2) improving worker autonomy and relationship building with children and young people; (3) addressing unresolved debates regarding minimum qualification and ongoing training requirements; and (4) a stronger focus on organisational cultures and leadership within children's residential homes and care home groups.

Limitations

We acknowledge the potential limitations of a non-systematic evidence review involving reliance on studies that have not been assessed for quality through a peer reviewing process. We also recognise that most of the studies we draw upon were identified through 'reference chaining' and internet searches rather than through a systematic search of academic databases. Whilst we have taken care to build upon the previous rapid review of the academic and grey literature completed by Munton et al (2021) on behalf of the DfE in England, we cannot guarantee that some UK and international studies have not been missed. Moreover, the predominance of grey studies conducted in England rather than within Wales or other UK home nations could reflect limitations in our search strategy and that of Munton et al (2021).

It is also important to note that we found very limited research that had pursued research questions directly related to the impact of regulation on children's homes or the workforce. As such we have extracted data from studies that may be considered as peripheral to the key findings reported by the authors and must therefore be treated with caution. Furthermore, evidence taken from international studies must also be treated with caution as it relates to the regulation of children's residential care in countries where legislative, policy and workforce contexts may differ markedly to those in England and Wales.

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Ethics

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Appendix – Studies included in evidence review

UK grey studies	UK peer-reviewed studies	International peer-reviewed studies
Barter (2014)	Bullock and McSherry (2009)	Bani Ismail et al (2018)
Biehal et al (2014)	Burbidge et al (2020)	Boel-Studt & Tobia (2016)
Brodie (2014)	Cameron et al (2011)	Courtney et al (2009)
Care Inquiry (2013)	Colton and Roberts (2006)	Decker et al (2002)
Clough et al (2006)	Davidson (2010)	Forkby & Hojer (2011)
DfE (2012)	Gallagher and Green (2012)	Freundlich et al (2007)



Gibb et al (2016)	Heron and Chakrabarti (2002)	Garcia Quiroga and Hamilton-Giachristis (2017)
Hart et al (2015)	Hicks et al (2009)	Gharabaghi (2009)
House of Commons Education Committee (2014)	Horwath (2000)	Moore et al (2018)
Kantar Public (2018)	McPheat and Butler (2014)	Moses (2000)
Kantar Public (2024)	Milligan and Stevens (2006)	Nyerges et al (2023)
MacAlister (2022)	Smith (2009)	Pålsson (2018)
Mainey and Crimmens (2006)	Steckley (2011)	Petrie et al (2006)
Munton et al (2021)	Whipp et al (2005)	Seti (2008)
Narey (2016)	Winstanley and Hales (2008)	Silva et al (2014)
Newgate Research (2021)		Smith (2017)
Ofsted (2011)		Steinkopf (2021)
Revolution Consulting (2023)		Steinlin et al (2017)
Social Care Wales (2024)		Zerach (2013)
White et al (2015)		Freundlich et al (2007)

