

Why Salisbury, Wiltshire:

Wiltshire published its Placement Sufficiency and Market Development Strategy 2022 -2026 that includes a strategic priority to “more family-based placements” so that local children are “guaranteed local placement choice in Wiltshire” the application for planning supports this objective. At time of publishing (end of March 2022) Wiltshire had 427 children who are looked after. Of this 146 were living more than 20 miles from home.

The Home:

The Home will be registered with Ofsted and as part of this process it will have a full statement of purpose that details the home and the staff team, and how they will care for, support and develop our children and young people. We are proposing a residential children’s home of no more than 3 children and/or young people, with primary needs being a learning disability or autism.

There are no proposed changes or alterations to the existing floor plans or layout either internally to the property or externally. The property will look the same as it does now, just like a ‘normal’ family home which is how we want the children to feel about it.

The Children:

The area is perfect for children as it has good health, community and educational facilities and we expect this to be a valuable and much needed facility for up to three children. Too many children are still housed too far from where they live and in inappropriate accommodation as identified in the Local Authorities sufficiency strategy, this Home will help children in need of residential care in the area. The children are likely to be aged 8 years plus.

Staffing

The staffing ratio would be as needed, potentially 1:1 per child although this of course would be based upon the children’s needs. There will be a Registered Home Manager Monday to Friday (and on call), and up to 5 care workers working on a rota basis (They would not all be on site at the same time). There will also be a Deputy Home Manager. All staff will be qualified and have experience of working with children with disabilities/LD and or other needs.

The Home will provide local employment opportunities for c.6 full time posts for people with the right qualifications. We will also be able to provide additional training and apprenticeships to local people interested in developing their careers in children’s care and support. In our last staff survey (March 2025) 78% of our team responded, positively 91% reported feeling proud to tell others they worked for Agincare, and 94% said they receive the training they need to do their job.

Vehicles/parking

The Home will have a vehicle for the children who reside there, and staff members may have their own vehicles to access the property. There is ample parking on the property for this and any visitors with no need for off-site/local road parking. The location is supported with public transport including bus, train and park and ride.

The Company

The Company that will be responsible for this Home is Agincare Children’s Services Ltd, a not-for-profit company led by an experienced Operations Director with many years of working in children’s services.

Agincare Children’s Services founding member is Agincare Holdings, a family-owned group of companies that have provided care and support to people 18+ in the community and in care homes since 1986. Agincare Children’s Services have full access to the experienced support functions of Agincare, which has a long, well established track record for providing safe, high-quality care with many Local Authorities and NHS partners. In its last ‘customer’ survey in July 2024, 98% of those who responded said *‘The care team is polite and behave respectfully’* and 97% said *‘I feel safe with the care team’*

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Supporting information:

- Children in care (CIC) in Wiltshire has increased the past 7 years.
- Wiltshire council operate 1 children's home with 7 beds, this provides respite and short term care.
- In addition, there are currently 17 independent residential children's homes in Wiltshire that can accommodate 66 children and young people.
- One third of Wiltshire children (146) are placed out of area (20 miles plus). This is mainly due to the availability at the time of the placement in Wiltshire, or the ability of the provider to meet the specific needs of the child or young person.
- *Primary focus: Guarantee additional residential provision in Wiltshire for Wiltshire children, the action being developing more residential children's home capacity*
- *This growth in capacity in Wiltshire would reduce the need to send children outside of Wiltshire and away from their family, friends and school.*

Frequently Asked Questions:

The proposed Home will be registered with Ofsted and subject to a full programme of inspections. This process ensures that children's homes operate to the highest standards, not only in terms of the care and safety provided, but also in the quality of the environment in which children and young people live.

The property itself has been thoughtfully chosen. It is a beautiful home in a quiet, peaceful location, well suited to giving children and young people the sense of security and stability that every child deserves. We believe that surroundings play a big role in wellbeing – and it will feel like a real home, where children can be nurtured, supported, and encouraged to grow into their potential.

- 1. How many children would be accommodated and what is the age range?** The home will accommodate up to three children, aged between 8 and 18 years. If a younger child (e.g. aged 8) is placed, care will be taken to ensure that any additional children admitted are of a compatible age. Older teenagers would not normally be placed alongside much younger children, unless they are siblings who are assessed as being able to live together safely.
- 2. What is the ratio of staff to children that is required i.e. delivery model?** Staffing ratios will be tailored to the needs of the children placed. The home can provide one-to-one support where required, but would not accept three children all requiring one-to-one care simultaneously. This ensures a safe balance and prevents the home from being overloaded with adults at one time. Staff work on a shift-based rota, typically covering up to 40 hours per week. This reduces the number of handovers and supports consistency for the children.
- 3. What is the likely level of need of the children accommodated i.e. is there a focus on complex needs? Will the home have a particular specialism?** The home will be registered for children with Learning Difficulties (LD) and Emotional and Behavioural Difficulties (EBD). These areas of need can sometimes present similarly, and the home will accept children without formal diagnosis if appropriate. Children will only be placed together where compatible and where the home and area are compatible. The home would not accommodate three children with highly complex needs at the same time.
- 4. What is the likely shift pattern of staff i.e. how many staff (management and care staff) would likely be at the premises at any one time and when would shift changes occur?** The Registered Manager works full-time, Monday to Friday, generally 9am–5pm, though with flexibility depending on the needs

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of the children and the home. The staffing team will include a Deputy Manager and approximately six support workers, though not all will be on duty at the same time. Shift patterns are to be finalised, but examples may include “two days on / three days off,” (with staff sleeping in) which is commonplace and effective in children’s residential care. During school hours, the home will typically be staffed by the Manager and one support worker. From around 3pm, additional staff will begin shifts to support children after school. Some shifts may run 8am–8pm or 8am–10pm, depending on requirements. Where a child requires one-to-one support, their key worker may work a later shift (e.g. 3pm–10pm). Staffing levels will be kept appropriate and proportionate to ensure a homely atmosphere.

5. **What support officers would be likely to visit the property?** Social workers will be the main professionals visiting the home as and when needed.
6. **How would visits be scheduled and would staff/support-workers meetings take place at the property?** Visits from social workers and other professionals will usually be pre-arranged to minimise disruption. Staff handovers and team meetings will also take place within the home, ensuring continuity of care and effective communication.
7. **If residents are unable to participate in full-time mainstream education, what educational support would be offered on-site and what education staff are needed onsite?** If a child is not in full-time mainstream education, the home will work with the local authority and education providers to arrange alternative provision. This may include home tutoring, online learning, or part-time specialist provision. Education will be tailored to the individual’s needs, in line with their Personal Education Plan (PEP). The home itself will not employ dedicated teaching staff but will provide facilities and supervision to support learning on-site when required and in line with the child’s Education Health Care Plan (EHCP) should they have one. The education offer if not mainstream would depend upon the child. Any child not in full time mainstream would need a tailored offer, the home would not provide this but the LA and virtual school would. The EHCP would prescribe what this looks like. The home would not employ any education staff onsite. The LA would employ or allocate a tutor that usually includes 18 hours contact. The contact might be in the home, or it might be offsite in the community. The staff in the home would support the child (as a parent would) to attend education and undertake any homework for example. There might be opportunities for the home staff to facilitate any learning which would be agreed with the virtual school and LA
8. **Would therapeutic care be offered on-site?** Yes in the sense the whole team will follow a therapeutic approach tailored towards the child. The home as a whole offers a therapeutic approach, with all staff trained in PACE (Playfulness, Acceptance, Curiosity, Empathy). This is embedded into daily practice. Where additional therapy is required (e.g. CAMHS or specialist therapy), this will be delivered by external professionals in a medical capacity. There would be no medical or clinical therapy onsite, this would be undertaken in a medical setting. It is not envisaged that the home would have admissions of children with serious complex or high level mental health so much so that they needed high levels of clinical or therapeutic intervention.
9. **Would case reviews take place on or off-site?** Case reviews will take place both onsite and offsite. Most case reviews will be conducted virtually (e.g. via Microsoft Teams). However, in-person reviews may take place at the home where appropriate, for example if the social worker wishes to see the child in their environment.
10. **Are children ever left alone or unsupervised at the property?** No. Children will never be left unsupervised in the property under any circumstances.
11. **Under what circumstances are children allowed to leave the property?** School, activities and appointments. It is not possible to create a full list or situation where children would or would not be allowed to leave the property as it is dependent upon each child and their own assessed needs. Children may leave their home in line with their age, care plan, and assessed risks. All children will be escorted to and from school, appointments, and activities. Older teenagers may, with social worker agreement and as part of their care plan, be permitted to attend activities independently, as would be the case for any young person of their age. The home will not operate under deprivation of liberty orders.

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- 12. Would staff members be informed/aware if a child left the property?** Yes. Children are supervised at all times. If a child attempts to leave without permission, staff will follow the agreed care plan strategy, which may involve encouraging them to return or notifying relevant professionals if safeguarding concerns arise. If a child left the property and returned, a full debrief would be undertaken and records updated. This would then be cascaded to the staff who work with the child and the child's social worker.
- 13. Is there a curfew?** Yes. Each child will have agreed routines and boundaries, including expectations about returning home in the evening. These will be detailed in their individual care plans and agreed with their social worker.
- 14. What would happen in the event of a breach of the curfew?** The response would follow the child's care plan and risk assessment. This may include contacting the social worker, following the child if there is an immediate risk, or involving the police if necessary. The primary focus will always be the child's safety.
- 15. What security provisions are proposed e.g. security and access controls on doors?** The home will not operate as a secure unit, so internal CCTV is not permitted. However, external monitoring will include a Ring doorbell and Ring camera at the front and side of the property. Internal doors may and can be fitted with thumb locks. If this is the case the home would also have "a waking night" staff member. All staff will carry keys to ensure safe access and exit.
- 16. How would local residents know how to raise a concern in the event of an issue?** The Registered Manager will personally introduce herself to immediate neighbours and provide contact details, ensuring open communication with the local community. Residents who were unsure who to contact could approach the home, or the local authority. They could also look on Agincare website where they will find policies and procedures including the complaints policy.
- 17. How long is each placement within the children's care home?** Children will reside until they are aged 17, where a transition will be followed into independence or adult services aged 18 onwards. The length varies depending upon when they joined the home and according to the child's needs. The primary aim is always to return children to their families where safe to do so, or to support a transition into foster care or independence. Some placements may be relatively short-term to stabilise a child, while others may last several years. This is not a short-stay respite service but a medium to long-term residential home.

We see this Home not only as a place for children to live, but also as a way of strengthening the local community. Vulnerable children who are given the chance to live in stable, caring homes are more likely to succeed at school, make friends, and grow into young adults who can contribute positively to society. By supporting this Home, the local community is directly helping to give children the chance of a brighter future.

We also hope that neighbours will see the Home as part of their own community fabric – no different from any other family household in the street. Over time, we believe the presence of the Home will be something the community can be proud of: a reminder that care, compassion, and kindness are values that define strong neighbourhoods.

This proposal is carefully shaped to provide a safe, loving, and stable environment for children in need, while respecting and protecting the peace of the surrounding community. It will be run with professionalism, compassion, and sensitivity, with a strong commitment to being a good neighbour.

We truly believe that this home can become a place where children and young people find safety and hope, we also want to ensure neighbours feel reassured and supported.

Our aim is simple: to care for vulnerable children in a way that strengthens, rather than disrupts, the community around them.

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