



What Works *for*
**Children's
Social Care**

UNDERSTANDING RESIDENTIAL CARE FOR CHILDREN IN CARE IN ENGLAND



SUMMARY REPORT

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What Works for Children's Social Care (WWCS) was commissioned to conduct this research by the Independent Review of Children's Social Care (IRCSC). During the research, we met regularly with the IRCSC, who were involved in formulating the research questions and designing the methodology. The analysis was conducted by the research team and the IRCSC did not influence the reporting of the findings.

About the Independent Review of Children's Social Care

The Independent Review of Children's Social Care was announced in January 2021 and will report in Spring 2022. Josh MacAlister is leading the review which has a wide ranging and ambitious scope. The review is a chance to look afresh at children's social care. It will look at issues through the perspective of children and families throughout their interactions with children's social care, from having a social worker knock on the door, through to children being in care and then leaving care. What Works for Children's Social Care is supporting the review by producing and commissioning evidence summaries, rapid reviews and new analysis.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

SUMMARY REPORT

Residential care is a form of care for children who, for a multitude of reasons, are unable to live with their birth family, and are instead cared for by a team of paid professionals in a residential setting alongside other children, such as in a children's home.

Existing research shows that compared to children in other types of care, those living in residential care have more emotional and behavioural problems and poorer educational outcomes, and are also more likely to have psychiatric disorders than their peers in care or in the general population.

This research aims to provide a better understanding of who the children entering residential care are, and what their journeys into such placements look like, in order to better understand why the outcomes for children in residential care are poorer.

The aims of the project were to:

- Provide an overview of the use of residential care and describe the children who experience it
- Outline the pathways of children into residential care and compare the journeys of children with different demographics
- Determine the factors that predict entry into residential care for children in care.

In this report we summarise our key findings and recommendations from our [full report](#). A full [technical appendix](#) is also available.

Methods

Our analysis used individual-level, national data from the Children Looked After Dataset (SSDA903, CLA dataset), linked with extracts of the National Pupil Database (NPD) between 1998/99 and 2019/20.¹ Using descriptive statistics, we summarised the experiences of a snapshot of all children who were living in residential care in 2019/20 and a cohort of children who turned 18 in 2019/20 who had at least one residential care placement during childhood. We also ran regression analyses to identify characteristics of children in care which are associated with the likelihood of experiencing a residential care placement.

1. Please see the technical appendix for details on how children's records were linked across datasets.

KEY FINDINGS

WHO ARE THE CHILDREN IN RESIDENTIAL CARE?

We looked at the characteristics of children who were living in residential care at some point between April 2019 and March 2020 (n=10,046).

The analysis highlights that children living in residential care are not a homogeneous group. They enter care at different stages of their lives and for different reasons:

41%
enter care before
the age of 11

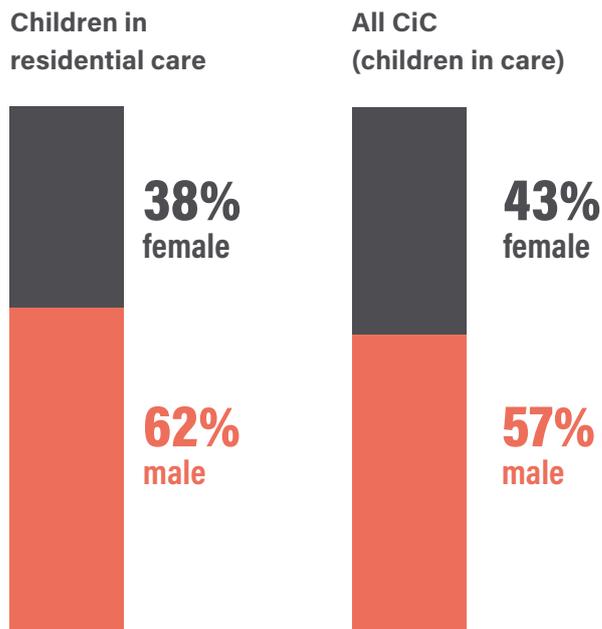
40%
enter care as
adolescents
(between
the ages of
11 and 15)

15%
of the children
living in
residential care
entered care
due to a disability
or illness

The proportion of girls in residential care is lower than the proportion of girls in care overall

The regression analysis confirmed that girls in care were significantly less likely to enter residential care than boys in care. Looking deeper with descriptive statistics, we see that the percentage shares by gender varied across different groups of children. For example, the proportions of girls living in residential care who entered care because of a disability or illness, or entered care as adolescents, are particularly lower relative to their shares in the wider care population. On the other hand, the proportion of girls who entered care aged 16 and older is higher among the residential care sample compared to the wider care population. Additional research is needed to understand why these variations exist.

Gender distribution among children living in residential care in 2019/20 (n=10,046) compared to all CiC in 2019/20 (n=108,552)

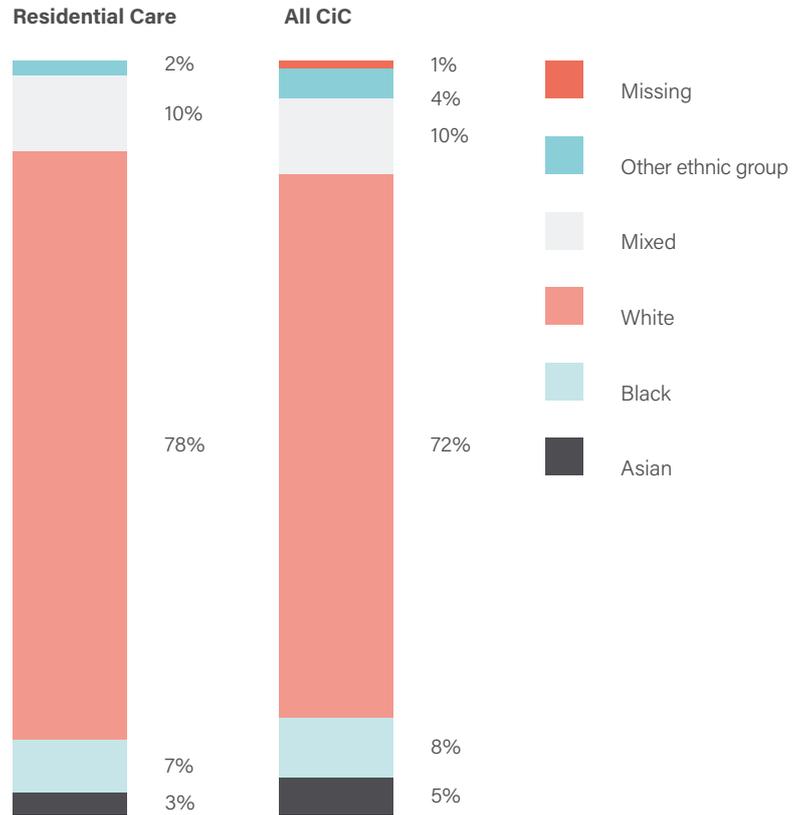


The proportion of White children in residential care is higher than the proportion of White children in care overall, whereas the proportions of Asian and Black children are lower in residential care than in care overall

Our regression analysis confirmed that children of minority ethnic backgrounds are significantly less likely to enter residential care. Holding all else constant, Asian children are estimated as 26% less likely to have a residential care placement in their first period of care; Black children are 29% less likely.² In contrast, our analysis of the entire cohort of children in care found that Black children were proportionally over-represented among children who have ever experienced a placement classed as 'other residential', largely unregulated accommodation.

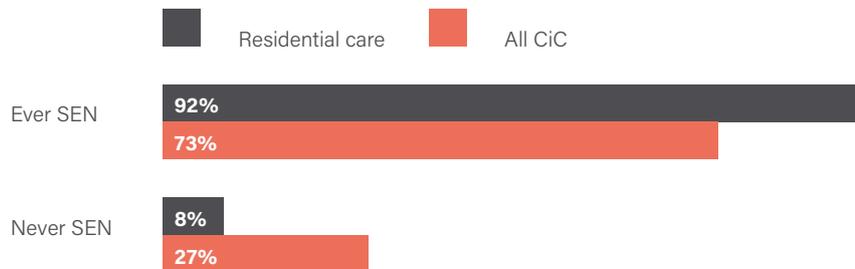
We urgently need more research to understand these children's journeys, how placements are chosen for them and if these are appropriate to meet their needs.

Ethnic distribution among children living in residential care in 2019/20 (n=10,046) and all CiC in 2019/20 (n=108,552)



Children who are placed into residential care have high levels of need, with 92% reported as receiving provision for Special Educational Need (SEN) at some point and children who enter care due to disability/illness being over-represented in residential care compared to all children in care.

Children living in residential care in 2019/20 (Residential Care Snapshot, n=10,046) and all CiC in 2019/20 (All CiC Snapshot, n=108,552) by SEN status (ever)



2. See 2021 census groupings under <https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups>. This means that 'Black children' describes children of Black African and Black Caribbean heritage as well as 'any other Black background'. 'Asian children' describes children of Indian, Pakistani, Bangladeshi, Chinese heritage or 'any other Asian background'.

JOURNEYS THROUGH CARE

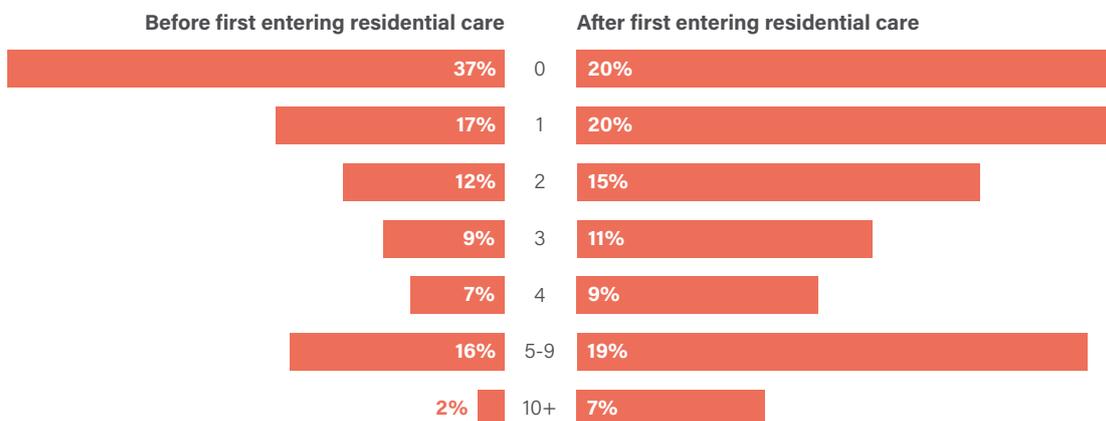
We looked at the care experiences of children who turned 18 in 2019/20 who had ever lived in residential care (n=2,913) during their childhood. These children often experience significant placement instability; across childhood, children with experience of residential care had an average of 6.7 placements during their time in care. This compares to an average of three placements for the cohort of all children in care.

Across childhood, children with experience of residential care had an average of **6.7 PLACEMENTS** during their time in care

Our research found that before entering residential care:

- Children have an average of 2.2 placements before their first residential care placement, highlighting the disruption faced before they enter residential care. This average increases when looking at children who have lived in residential care more recently, suggesting that there may be a move towards exploring more placement options before placing children in residential care
- Data analysis cannot tell us why children are placed in residential care rather than other types of placements, but our findings do appear to confirm the narrative that residential care is increasingly used as a 'last resort' after family models such as kinship care or foster care placements break down
- Children experience very high placement instability if they entered care before the age of 11. This group of children has on average 4.6 placements before entering residential care
- Nearly a quarter of children (22%) left and re-entered care before going into residential care
- Children whose first placement change was reported to be a result of the carer requesting the placement to end are significantly more likely to enter residential care
- Children often have very poor experiences outside of their care history. For instance, children who have experienced a fixed term exclusion in Key Stage (KS) 2 are more likely to enter residential care.

Percentage of children by the number of placements they had before and after first entering residential care



Our research found that after entering residential care:

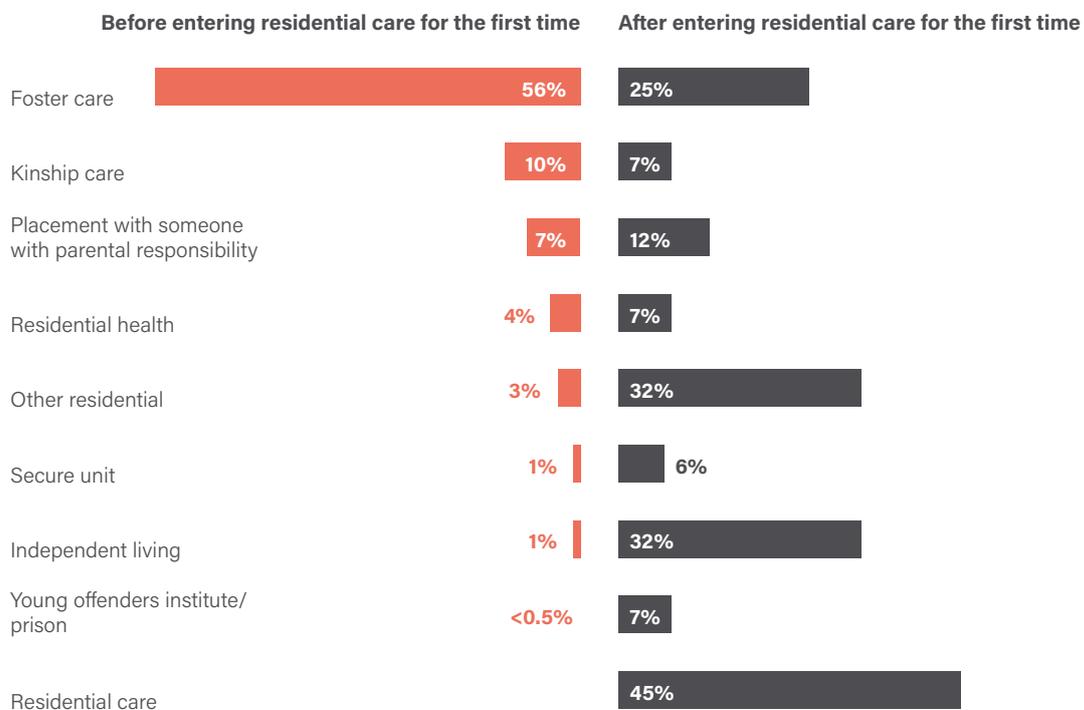
Children living in residential care often experience subsequent residential care placements. Nearly a third of children (32%) experience two residential care placements immediately following each other and nearly half (45%) experience another residential care placement at some point after their first.

These findings also suggest that once children are placed in residential care, they move between different residential placements or unsupervised accommodation, such as unregulated children's homes or independent living, rather than to other types of care placements such as foster care.

32%
 Nearly a third of children experience two residential care placements immediately following each other

45%
 Nearly half experience another residential care placement at some point after the first

The percentage of children who experienced each type of placement before and after entering residential care for the first time, out of all children who ever experienced residential care before turning 18 in 2019/20 (n=2,913)



Note that some placement types are not listed here due to the small number of children experiencing these types of placements. The placement types that are not listed are: Residential Employment, In Refuge, Temporary Accommodation, Whereabouts Unknown, Placed for adoption and Other.

OUTCOMES FOR CHILDREN WHO HAVE LIVED IN RESIDENTIAL CARE

Outcomes for children who have ever lived in residential care tend to be relatively poor compared to average outcomes for all children in care. Our analyses were not causal, therefore our analyses do not suggest that residential care homes or placements are causing children’s outcomes.

For the cohort of children who turned 18 in 2019/20 and who had lived in residential care at some point in their childhood:

51%

had not been in education, employment or training (NEET) at age 18

61%

had been recorded as missing from care at some point between the ages of 14-17

24%

had at least one conviction while in care

Educational outcomes were particularly poor for the same cohort of children:

Children missed an average of

13%

of all sessions during KS4 (unauthorised absence)

2%

had been permanently excluded during KS4, this is similar for all children in care

31%

had experienced a fixed term exclusion in KS4, compared to 28% for all children in care

1%

of children achieved an Attainment 8 score of at least 50 (the national average for children in the general population) and 7% achieved an Attainment 8 score of at least 30 (the national average for children with special education needs)

Percentage of children with experience of residential care who achieved an Attainment 8 score within/between certain national averages



Some children have particularly poor experiences while in residential care

Although outcomes in general are poorer among children who have experienced residential care compared to all children in care, they vary substantially across different groups of children. We repeatedly find that two groups of children have the poorest outcomes relative to all children who have lived in residential care; children who enter care before the age of 11 and then enter residential care aged 11 or older³ and adolescent entrants to care (who go into care between the ages of 11 and 15). These groups of children are more likely to be NEET at age 18, to have gone missing, been convicted, had a substance misuse problem, and to have had a fixed-term exclusion both in the year before entering residential care and during KS4. It is crucial to understand why these two groups of children fare so poorly and how they can be better supported.

We repeatedly find that two groups of children have the poorest outcomes relative to all children who have lived in residential care

On average, children who enter care before the age of 11 and then enter residential care aged 11 or older spend 7.9 years between entering care and entering residential care, and have 5.2 placements in this time. Almost half (47%) of the children in this group have left and re-entered care before they are placed in residential care and almost all (96%) have experienced a foster placement breakdown before their first residential care placement. These results highlight the adversity these children have already faced prior to their first residential care placement.

LIMITATIONS

There are limitations to this study, and it is important to consider the findings in light of these.

The main report and technical appendix go into detail on the limitations, but in short:

1. This study excludes many types of residential settings from its definition of residential care and focuses purely on children's homes, limiting generalisability to other residential settings
2. The data does not capture variation across children's homes
3. There was significant missing data in the dataset used
4. Our analyses were descriptive and not causal. Therefore, our analyses do not describe the impact of residential care on children's outcomes
5. Outcomes are examined for all children who have ever experienced a residential care placement, rather than those currently in a residential care placement. Therefore, the timing between outcomes and time in residential care may not be the same for all children in the sample.

3. Referred to as "early entrants to non-residential care" in the main report

DISCUSSION AND RECOMMENDATIONS

Our findings underline the high level of need, unstable care journeys and poor outcomes of children who have experience of residential care. Children have often experienced multiple placement breakdowns before entering residential care. Our analysis suggests that this group of children experience higher levels of placement instability and poorer outcomes at age 16 and 18 than children who have been looked after in other placements. The analysis also reveals stark differences between the experiences of different groups of children who entered residential care at different ages or for different reasons. Children who enter care between age 11-15 and children who enter care before the age of 11 but only enter residential care several years later, tend to experience particularly high placement instability and poor outcomes.

Our analysis cannot explain why children living in residential care have poorer outcomes than their peers in care and young people in the general population, but it raises important questions about how these children can be supported better at an earlier age. This analysis also cannot determine whether outcomes are a result of the residential care placement or driven by other factors such as high levels of SEN and unstable care journeys (both before and after entering residential care). We argue that these contextual factors are important considerations to make when interpreting findings (both in this report and the wider literature) relating to the outcomes for this population of children and that policy makers, commissioners and researchers should consider how the current system can be improved to meet children's needs.

RECOMMENDATIONS

- Policy makers and commissioners need to consider carefully what the purpose of residential care is. A shared understanding of this would help ensure placements can meet the needs of children and young people.
- Decision-makers in local authorities should consider current placement matching processes as well as support given to children after a placement move to help ensure greater placement stability for these young people.
- Policy makers and researchers should look at what educational support is currently in place for children who are living in residential care (including the role of the Virtual Schools Head) to improve the current evidence base and inform what further interventions are needed to improve outcomes for these children.
- Future research is needed to understand whether residential care staff have the skills, qualifications, experience and support to work effectively with children in care who typically are vulnerable and have significant needs.
- Future research is needed to identify what works to support residential care leavers at the stage of transition, such as expanding the Staying Close programme.
- Future research is needed to understand why there are variations for gender and ethnicity representation within residential care, how placements are chosen for these children and what support or initiatives would help ensure children are placed within appropriate settings.



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