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Research and analysis

# What types of needs do children's homes offer care for?

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## Applies to England

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## Main findings

We found that:

- children's homes were not evenly distributed across the regions of England, and there were no close relationships between the children's needs, where the homes were situated and what needs those homes met
- there was no link between the types of needs that homes said they could accommodate and their Ofsted inspection grades

the children who lived furthest from their home before coming into care were those in homes that stated they could accommodate children with mental health problems (44 miles), and those in homes that offered support for children who had experienced abuse and neglect (42 miles)

- children living in homes that stated they could accommodate complex health needs, sensory impairment and physical disabilities generally lived closer to their home prior to coming into care (an average of 26, 23, and 21 miles respectively, compared with 36 miles for all children)
- a very high proportion of children living in children's homes had special educational needs (80%) compared with all children looked after (52%) and all children (around 15%)
- the majority of homes (four fifths) said they could accommodate 2 or more areas of need, with just under one fifth saying they could accommodate only one area
- providers that stated they could accommodate children with complex needs were the most common (93%), while sensory impairment (4%) and complex health needs (5%) were the least common
- a large majority of the homes that stated they could accommodate children with mental health problems were owned by the private sector (90%)
- the percentage of homes run by local authorities or voluntary services that could accommodate the 3 least common areas of need (physical disabilities, complex health needs and sensory impairment) was higher than the percentage they ran of all homes
- half (3 in 6) of all single-gender homes for girls stated that they could accommodate children who had experienced sexual exploitation, while only around 1 in 6 single gender homes for boys stated they could accommodate children who had experienced sexual exploitation

## Introduction

We hold and publish data on a wide range of topics relating to social care, including children's homes. This includes inspection data (such as the number and outcome of inspections), data on settings (such as which local authority (LA) the setting is in, or the number of beds it offers), and regulatory information (such as the total number of times Ofsted has cancelled or suspended the registration of children's homes in a particular period). We publish this data regularly in [our national and official statistics](#), and include it in [our management information](#).

We also publish more in-depth, generally one-off, [research papers](#) on areas of particular interest. In

recent publications we have looked at various aspects of children's homes, for example [the education of children living in children's homes](#) and [why children go into children's homes](#). There are 4 main categories of children's home:

- secure children's homes
- short-break-only children's homes
- residential special schools registered as children's homes
- children's homes

We have published further analysis on both [the insufficient quantity of the first](#), and the [variable distribution of the second](#).

This paper focuses on the fourth, and broadest, category and attempts to look at that breadth. It is based on data from children's homes' statements of purpose. When a children's home opens, it must provide Ofsted with [a statement of purpose](#). The document gives a detailed description of the children's home, including its specialities and the type of care it provides. Regulations require social care providers to update the statement of purpose regularly, and share it with Ofsted when it changes. Although the statement of purpose will be aligned with the types of care the home is registered to provide, it also gives a more detailed breakdown of the needs of children that the home can accommodate.

Each LA in England has a 'sufficiency duty' to ensure, as far as is 'reasonably practicable', that there is sufficient accommodation within its area to meet the needs of its children in care. This is the provision of the right care, in the right place, at the right time, in order to best help children who need care to achieve the best outcomes. The issue of sufficiency continues to be a major challenge for every LA. [\[footnote 1\]](#) This view was further amplified by the March 2022 [What Works Centre study \(pdf\)](#), on behalf of the Independent Care Review, which found that only 56% of local authorities have an up-to-date sufficiency strategy.

The Department for Education (DfE)'s 2015 update of The Children Act 1989 stated:

“ There will be circumstances where a distant placement will be the most suitable for a child, such as where the child concerned has complex treatment needs that cannot be met by services within the area of the responsible authority.”

Almost 33,000 children (41% of all children in care) lived 'outside' their home LA in March 2020. Just over 19,000 of this group lived under 20 miles from their home before coming into care, many in foster care. [\[footnote 2\]](#) However, this left 14,000 children who were not only outside their LA but also more than 20 miles from their home before coming into care.

**Figure 1: Number of children living in children's homes, as at 31 March 2020**



View [data in an accessible table format](#).

The pattern was different for those in children's homes. As Figure 1 shows, sufficiency of provision, either within the child's own LA or close to their home before coming into care, is limited for these children. As the latest version of the Association of Directors of Children's Services Ltd (ADCS) report on safeguarding pressures puts it, this is a specific area of provision where the sufficiency situation is 'most acute'. [\[footnote 3\]](#)

In this paper, we aim to contribute to the wider conversation around why there may be barriers to achieving sufficiency. Using the statements of purpose, we will try to categorise the homes, by describing the services that they offer and the needs that they say they are aiming to meet, beyond the categories of registration recorded with Ofsted. We will examine the variation in the types of needs different homes said they could accommodate. We will also examine the degree to which the homes are generalist or specialist, and what the latter term actually means in the context of children's homes. Using child-level DfE data, we will touch on some specific details of the children in the homes in March 2020, including, for example, age on entry into the home and the distance children have travelled to the homes. What we will not, and cannot, do is examine whether, and to what extent, homes are meeting the needs of the children they say they can accommodate.

## Children's homes in England in March 2020

We split children's homes into 4 main categories: [\[footnote 4\]](#)

- secure children's homes (13)
- residential special schools registered as children's homes (69)
- short-break-only children's homes (167)
- children's homes (2,210)

This paper looks only at the last category, the 2,210 children's homes, as well as the roughly 6,000 children living in them. [\[footnote 5\]](#) A very small number of these homes offer a mix of short-break and non-short-break care, to varying degrees (for example, one home may provide mostly short breaks with one non-short-break place; another may be the reverse; while another may be split equally between the 2 types). These homes have been included in our analysis. We have excluded children's homes for which we do not have data on the needs of the children they say they accommodate, which leaves a total of 2,146 children's homes.

Although children's homes account for over 70% of all registered social care providers, only [around](#)

[8% of the 80,000 children in care live in children's homes on any given date](#). Those homes generally accommodate 1 of 2 groups of children:

- older children who have been through other placements, often foster placements, that have ended or been assessed as not the right type of provision, and for whom the decision has been made to try residential care [\[footnote 6\]](#)
- younger children with severe disabilities or very complex needs who have been assessed as needing round-the-clock care that cannot be provided by their birth family, or in their home, prior to coming into care

Many children living in children's homes (80% in March 2020) have a high, sometimes very high, level of special educational needs. [\[footnote 7\]](#) While our analysis touches on special educational needs and/or disabilities (SEND), for example in reference to the 43% of homes that support those with learning disabilities, we do not discuss the subject in detail. So, while we do not reference SEND much in our discussion, we can assume that it is often an important part of all homes' statements of purpose, and a very important element in their work with children, whether that support is on site, [in connected school premises](#), or elsewhere in the private or maintained sector.

The children's homes under discussion are not evenly distributed across the regions of England. The North West had 25% of all children's homes, for example, while London had only 5%. The pattern is very similar whether looking at the number of homes or the number of places. Data on children tells us where they live (for example children's home, foster placement or placed for adoption) and which region their original family is in. It shows us that, while there are still regional disparities in how many children living in children's homes come from each region, the disparities are much smaller than for the number of homes in each region. This shows us that the regional disparities we see in the distribution of homes are much less stark in respect of where children come from. This suggests that the location of homes is not linked to regional levels of demand. West Midlands, for example, placed 12% of children in children's homes, but had 18% of all homes in its region.

**Table 1: Percentage of children living in children's homes by location and placing region, as at 31 March 2020**

Region	Children's homes (by location) %	Children in children's homes (by placing region) %	Percentage point difference
North West	25	19	+6
West Midlands	19	12	+7
North East, Yorkshire and	15	18	-3

## Humber

<b>South East</b>	11	14	-3
<b>East Midlands</b>	11	12	-1
<b>South West</b>	7	7	0
<b>East of England</b>	7	7	0
<b>London</b>	5	11	-6

Note: A '+' indicates a higher percentage of homes than children in homes, and a '-' indicates a lower percentage of homes than children in homes.

As the table above shows, there are also a number of regions where demand (number of children placed by that region) and supply (number of homes in that region) are particularly out of balance. London, for example, placed 11% of all children living in children's homes, but had only 5% of homes. At the other end of the spectrum, the North West placed 19% of all children living in children's homes, but had 25% of all homes.

## Needs of children accommodated in children's homes

Sufficiency of places in children's homes is an ongoing area of concern in children's social care. In large part, this is related to the uneven distribution of homes across the country, which means that a child may be moved a long way from their family and friends when they go to live in a children's home.

Alongside this is a concern about the availability of nearby homes that can accommodate children with particular needs. For example, a child may need to live in a home that is well equipped to support them in reducing episodes of going missing or self-harming. The local authority may find that it has a choice between a home that is close but does not focus on that need, or a home that has a relevant focus but is much further away.

The 'types of needs' discussed throughout this report are, in some cases, collective terms for a number of 'sub-needs'; these are detailed in [the underlying dataset](#). A full list of the 8 types of needs is available in the [Appendix](#).

Across all homes, the largest number (735, 33%) stated that they could accommodate children with 2 of the types of needs we catalogued (out of 8 types in total). Only 7% of homes (153) offered

accommodation for 5 or more types of need, and 19% (419) offered accommodation for a single type of need. A full breakdown of this data, including for sub-types of needs, is available in the [underlying data](#).

## Figure 2: Number of homes stating that they accommodated each area of need, as at March 2020



View [data in an accessible table format](#).

As Table 2 shows, there are minimal differences between the proportion of homes that can meet the different areas of need and the proportion of places. We have therefore chosen to refer to the number of homes throughout this paper, in line with our official statistics.

**Table 2: Number of homes and places by area of need, as at 31 March 2020**

Area of need	Number of homes	Homes (%)	Number of places	Places (%)
<b>Complex needs</b>	1,999	93%	7,844	92%
<b>Abuse and neglect</b>	1,197	56%	4,533	53%
<b>Learning difficulties</b>	924	43%	4,000	47%
<b>Autism spectrum disorder</b>	508	24%	2,307	27%
<b>Mental health problems</b>	475	22%	1,928	23%
<b>Physical disabilities</b>	219	10%	1,091	13%
<b>Complex health needs</b>	111	5%	630	7%
<b>Sensory impairment</b>	76	4%	398	5%
<b>Total homes</b>	2,146	–	8,550	–

The most common area of need that homes said they could meet was, by a large margin, complex needs: 93% (1,999) of homes said they could accommodate children with these needs. [\[footnote 8\]](#) We use this category as a collective term to group a range of needs mentioned in statements of



purpose, rather than an indication of the severity of the children's needs, but the term 'complex needs' was not typically used as a stated need in the statements themselves. Homes were more likely to use particular terms in their statements of purpose, both specific (such as going missing, or sexually harmful behaviour) and more open (such as emotional and behavioural difficulties). A full breakdown of the subcategories covered under complex needs, and of the distribution of these homes across England, is available in [the underlying dataset](#).

Only one other area of need – abuse and neglect – was accommodated by more than half of all homes (1,197; 56%). Again, a full breakdown of the subcategories covered under abuse and neglect, and of the distribution of these homes across England, is available in [the underlying dataset](#).

In this paper, we will look at how the areas of need homes said they could accommodate break down under a number of areas of interest. This begins with a general comment on each area, and is followed by comments on any needs where there are outliers or particular things to note. A full copy of the data is available in [the underlying dataset](#).

The areas of need we discuss are based on what the homes state they can support. The homes do not necessarily specialise in meeting a particular need, and do not necessarily have the ability to accommodate children with a high level of a particular need. There is a short section at the end of this paper about homes that support a single area of need, which are more likely to be specialist homes.

## Regional distribution of areas of need

Children's homes that stated they could accommodate different areas of need were not equally distributed across England. London, for example, had only 5% of all children's homes, but had 10% of the homes that stated they could accommodate children with physical disabilities and 16% of the homes that stated they could accommodate children with sensory impairment. The North West, which had the highest percentage of children's homes (25%), had only 18% of the homes that stated they could accommodate children with autism spectrum disorder, and 18% of the homes that stated they could accommodate children with sensory impairment.

Some areas of need are distributed in a similar pattern across all regions to that of all homes: learning disabilities; mental health problems; physical disabilities; and complex health needs.

## Children with complex needs

In all regions, a majority of homes (between 89% and 97%) said they could accommodate children with complex needs.

The West Midlands has a particularly high percentage, with 97% of its homes stating that they could accommodate children with complex needs. Only one region (London) has notably fewer homes of this type, at 89% (while in the next-lowest region, 90% of its homes stated that they would accommodate this group).

All regions had at least 7 homes that stated they could accommodate each of the sub-types of complex needs (a full list of these is available in [the underlying dataset](#)). However, some regions were particularly well served or poorly served for certain sub-types.

Three sub-types of complex needs (communication difficulties, children with a history of harming themselves and/or others, and drug and alcohol dependence) were most likely to have a limited offer in regions. Nationally, 12% of homes that could accommodate complex needs stated that they could accommodate children with a history of harming themselves and/or others, and the same percentage that they could accommodate children with drug or alcohol dependence; for communication difficulties, the level was 6%.

In London, there was a lower percentage of homes that stated they could accommodate children who displayed sexually harmful behaviour: 7% compared with 16% nationally.

## **Abuse and neglect**

The percentage of homes that stated they could accommodate children who had experienced abuse and neglect was very similar in each region to the percentage of all homes in that region. The North West had the highest proportion of homes for this group (23%) and London had the lowest (5%). This meant that children in London were much less likely to be able to stay close to their family of origin, should that be part of their care plan, and live in a home that specified it could accommodate children who had experienced abuse and neglect. However, it is worth noting that London also had the smallest percentage of all children's homes.

## **Autism spectrum disorder**

Compared with all children's homes, there were particularly low percentages of homes that stated they could care for children with autism spectrum disorder in the following regions (nationally, 24% of homes offered this):

- North East, Yorkshire and Humber: 9% (48 homes) compared with 15% (313 homes) of all homes
- North West: 18% (91 homes) compared with 25% (543 homes) of all homes

These 2 regions have the third largest and largest, respectively, proportion of children's homes.

### **Figure 3: Homes that stated they could accommodate children with autism spectrum disorder, and all children's homes, in 2 regions, as at March 2020**



Note: These images are for illustrative purposes and are not to scale.

View [data in an accessible table format](#).

In contrast, the South East (18% compared with 11% nationally) and West Midlands (22% compared with 19% nationally) had higher numbers of homes that stated they could accommodate children with autism spectrum disorder.

## **Sensory impairment**

There was more variation in the percentages of homes that stated they could accommodate children with sensory impairment, although these figures should be treated with caution, as fewer than 100 homes across England stated that they could accommodate this group of children. London was particularly well-represented for this group, compared with all children's homes: 16% of homes for children with sensory impairment were in London, compared with 5% of all homes. However, the North West (18% compared with 26%) and East Midlands (4% compared with 10%) had low levels of homes that said they could accommodate children with sensory impairment.

## **Distance from home before coming into care**

Using data collected by the DfE on where children are placed and where they lived before coming into care, we are able to calculate how far, on average, children travelled from their home before coming into care to live in their current home. [\[footnote 9\]](#)

Because of the uneven distribution of children's homes, local authorities' use of them has varied considerably. Just over one third of children (2,370) were placed in children's homes in their own local authorities. Around 89% (132) of local authorities placed at least some children in homes in

their own local authorities, while just over 11% (17) of local authorities (predominantly but not exclusively in the London region) did not place any children in homes in their own local authorities.

Two thirds of children went to homes in other local authorities, with many of them remaining in their original region. Around 30% of all children overall went outside their region. The regions where this was less likely to occur were the regions with the fewest homes: London, where 37% of children stayed within the region, and East Midlands and South West, where the figure was 56%.

**Table 3: Number and percentage of children placed by each region, and average distance from their home before coming into care, as at 31 March 2020**

Placing region	Number of children	% of total	Average distance (miles)
North West	1,153	20%	20
North East, Yorkshire and Humber	1,077	18%	26
South East	818	14%	51
West Midlands	722	12%	29
London	674	11%	54
East Midlands	582	10%	27
South West	422	7%	64
East of England	428	7%	50

Around 6,000 children lived in children's homes in England on 31 March 2020; they had travelled an average distance of 36 miles from their home before coming into care. This contrasts, for example, with an average distance of 13 miles for those in foster care.

**Figure 4: Average distance from where children lived before coming into care to the children's home, by type of need that the home stated it could accommodate, as at 31 March 2020**



Note: The number in brackets is the number of children living in homes on 31 March 2020. Children may fall into multiple

categories.

View [data in an accessible table format](#).

As Figure 4 shows, children living in homes that stated they could accommodate mental health problems had travelled furthest on average to their home (44 miles, compared with a national average of 36 miles).

Children living in homes that stated they could accommodate the following 3 groups of needs were generally closest to their home before coming into care: complex health needs (26 miles); sensory impairment (23 miles); and physical disabilities (21 miles). This is likely due, at least in part, to the requirement for local authorities to provide for disabled children, which resulted in them having either their own provision for these groups of needs or a partnership arrangement with a local voluntary organisation.

## Sector and ownership

The majority (83%) of children's homes included in this paper were privately owned on 31 March 2020, which was an increase from 69% on the same date in 2016. This occurred alongside ongoing growth in the number of children's homes and, to a lesser extent, places in homes, as well as a slow decrease in local authority ownership of children's homes, from 22% to 13%.

### **Figure 5: Type of need that homes stated they could accommodate by sector, as at 31 March 2020**



View [data in an accessible table format](#).

The large majority of homes that stated they could accommodate children with mental health problems were owned by the private sector (90%). This was closely followed by homes that stated they could accommodate children who had experienced abuse and neglect, 87% of which were owned by the private sector.

The average distance travelled by children, by sector, was: for LA homes (958 children), 8 miles; for private homes (4,623 children), 43 miles; and for homes run by voluntary services (291 children), 30 miles.

The percentage of homes run by local authorities or voluntary services that could accommodate the 3 least common areas of need (physical disabilities, complex health needs and sensory impairment) was higher than the percentage across all homes. Across all children's homes, 18%

were run by local authorities or voluntary services. For these 3 areas of need, the figures were: physical disabilities (36%); complex health needs (32%); and sensory impairment (36%).

In the 10 largest providers of children's homes, there was nothing of note about the types of need that the homes stated they could accommodate. Generally, the pattern in terms of the number of homes that stated they could accommodate each type of need was similar to the overall picture: each of the 10 largest providers most often offered accommodation for children with complex needs, and least frequently offered accommodation for children with one or more of the least common areas of need.

## Overall effectiveness

There was no clear relationship between the type of need a home could accommodate and the overall effectiveness grade in their Ofsted inspection. As the [underlying data](#) shows, there were minimal differences in overall effectiveness grades when homes were compared by areas of need. In England, 80% of children's homes were judged to be good or outstanding. Looking at the 8 areas of need that children's homes said they could accommodate, 5 areas of need were within 1 percentage point of this 80% England average. Three areas were slightly higher: mental health problems (82%); physical disabilities (83%); and complex health needs (83%).

## Length of registration

The average length of registration for homes that could accommodate most areas of need was 7 to 8 years, as at 31 March 2020. Homes accommodating complex health needs (10 years) and physical disabilities (9 years) were the exceptions. These 2 smaller groups of homes also had a much higher percentage than nationally of homes that had been operating for 16 or more years, at 31% and 20% respectively (compared with 15% of all homes).

### Figure 6: Types of need that homes stated they could accommodate by length of registration, as at 31 March 2020



View [data in an accessible table format](#).

Nationally, just under half of all homes (48%) had been open for 5 years or less on 31 March 2020, suggesting that a large number of homes had been operating for a relatively short period of time.

## Number of beds

Most children's homes (69%) had fewer than 5 beds, and only 2% homes had more than 10.

### Figure 7: Types of need by number of beds, as at 31 March 2020



View [data in an accessible table format](#).

Homes that stated they could accommodate one of the 3 least common areas of need (physical disabilities, complex health needs and sensory impairment) were likely to be larger than other homes. In all 3 cases, around half of the homes had 5 or more beds (complex health needs, 59%; sensory impairment, 49%; and physical disabilities, 48%); nationally, the average was 31%. In addition, almost 10% of the homes in each of these groups had 10 or more beds; nationally, this was the case for only 2% of homes. There is likely to be an overlap in the needs of the children accommodated in these homes, and of the children receiving short breaks, and we do see [a similar pattern of larger homes for short breaks](#). The majority of short-break-only homes (79% of 167 homes) were approved for 5 or more children, compared with only 31% of all children's homes.

There was some variation in the typical size of homes depending on the areas of need that they stated they could accommodate. Homes that stated they could accommodate children with eating disorders (within the mental health problems area of need) were more likely to be 1 or 2 bed homes (29%) than were all homes that stated they could accommodate children with mental health problems (20%).

## Occupancy

The average level of occupancy for all children's homes was 70%, with relatively little variation around this rate based on area of need. The level of occupancy was equal for LA and privately owned children's homes. Regionally, London, with the fewest homes, had the lowest occupancy, at 59%, and the North East, Yorkshire and Humber had the highest, at 76%, followed by the North West, with the most homes, at 73%. [\[footnote 10\]](#)

Homes that said they could accommodate the 3 least common areas of need were among those with lower occupancy rates: complex health needs (63%), physical disabilities (63%) and sensory

impairment (61%).

## Therapy in children's homes

A leading work in the subject defines a therapeutic community as:

“ ... a specialised unit for children, usually residential and often incorporating education as well as care, and usually organised on the basis of offering planned therapeutic help and support over a period of perhaps two or three years. At the heart of this work will be a recognition of the need to understand and address the impact on children of traumatic early experience (for example of serious loss, neglect, abuse or extreme attachment difficulties).’ [\[footnote 11\]](#)”

It is not clear that the use of ‘therapy’ in the statements of purpose always reflected this concept; however, we have excluded references to ‘therapy’ that obviously lie outside this definition, such as occupational, physical, or speech and language.

Less than half of the homes stated that therapy was available as one of the home's services; this was offered either directly by the home (26%) or through links the home had with specific providers (21%). This does not mean that the remaining homes did not encourage their children to access therapy; instead, it indicates that therapy was most likely to be obtained through a statutory service such as child and adolescent mental health services, or through local services not specifically linked to the home.

Therapy was most commonly mentioned by homes that stated they could accommodate children with mental health problems (55%) and children who had experienced abuse and neglect (49%). Homes varied considerably in how much detail they provided about the therapy, from stating that therapy was available but giving no further details, to providing a detailed description of the types of therapy they offered.

Therapy was mentioned less commonly by homes that stated they could accommodate children with complex health needs (28%) and physical disabilities (35%).

**Figure 8: Number of homes mentioning therapy, by type of need that homes stated they could accommodate, as at 31 March 2020**



View [data in an accessible table format](#).



## Small-number homes

Only a small number of children’s homes mentioned a term related to criminal exploitation: 39 children’s homes, or 2% of all homes. Just under half of these were also recorded as offering care for children who displayed offending behaviour (grouped under children with complex needs). However, a much larger group of homes (333; 16% of all homes) recorded that they offered care for children who displayed offending behaviour, without specifying whether this included criminal exploitation.

Because of the very small number of homes stating that they could accommodate children who had experienced criminal exploitation, we have chosen not to break this data down further. However, these low numbers do suggest the possibility of a lack of provision for children who have had these experiences.

A similarly small number of homes mentioned that they could accommodate asylum-seeking children (41) and no homes stated that they could accommodate this group exclusively. Only a very small number of children living in children’s homes (0.6%) were unaccompanied asylum-seekers.

An even smaller number of homes mentioned edge of care – only 9 in total. This may partly reflect poor recording, either by us or by the homes themselves in their statements of purpose, or again may suggest a lack of provision around this.

## Solo-needs homes

Throughout this paper, we have looked at homes that stated they could offer care for an area of need. However, many homes listed multiple areas of need, and so cannot necessarily be considered to be specialist homes.

One way to assess whether homes are specialists is to look at homes that stated they could accommodate only one area of need. In total, around a quarter of the homes we looked at (416) stated that they could accommodate only one area of need.

**Table 4: Children’s homes by single and multiple areas of need, as at 31 March 2020**

<b>Area of need</b>	<b>Homes accommodating multiple areas of need</b>	<b>Homes accommodating single area of need</b>	<b>% of homes accommodating single area of need</b>
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<b>Complex needs</b>	1,999	364	18%
<b>Abuse and neglect</b>	1,197	31	3%
<b>Learning difficulties</b>	924	12	1%
<b>Autism spectrum disorder</b>	508	6	1%
<b>Mental health problems</b>	475	2	0%
<b>Physical disabilities</b>	219	3	1%
<b>Complex health needs</b>	111	1	1%
<b>Sensory impairment</b>	76	0	0%

As Table 4 shows, homes that stated they could accommodate a single area of need were very rare, particularly outside of the complex needs group.

## What do we know about the children living in children's homes? [\[footnote 12\]](#)

As Table 5 shows, the breakdown of the number of children living in homes that stated they could accommodate each area of need is very similar to the breakdown of the number of homes that stated they could accommodate each area of need.

### Table 5: Number of children's homes and children accommodated by area of need, as at 31 March 2020

Area of need	Number of homes	Homes (%)	Number of children	Children (%)
<b>Complex needs</b>	1,999	93%	5,451	90%
<b>Abuse and neglect</b>	1,197	56%	3,247	55%
<b>Learning difficulties</b>	924	43%	2,625	44%
<b>Autism spectrum disorder</b>	508	24%	1,502	25%
<b>Mental health problems</b>	475	22%	1,348	22%
<b>Physical disabilities</b>	219	10%	645	11%
<b>Complex health needs</b>	111	5%	398	7%
<b>Sensory impairment</b>	76	4%	235	4%
<b>Total homes</b>	2,146	–	5,876	–

## Age of children

Across all children's homes and areas of need, the average age of the children living at the home on 31 March 2020 was around 14.6 years, with an average age at the start of their placement of around 12.9 years.

## Gender

We collected data on which homes were single gender and, where they were, which gender they indicated they could accommodate. Only a very small minority of all children's homes (7%) were single-gender homes.

However, there were sub-areas of need that had higher levels of single-gender homes. Of the 495 homes that stated they could accommodate children who had experienced sexual exploitation, for example, 10% were single-gender homes and almost all of these were girls-only homes.

Half of the single-gender homes for girls stated that they could accommodate children who had experienced sexual exploitation; only around 1 in 6 boys-only homes stated that they could accommodate children who had experienced sexual exploitation.

### **Figure 9: Number of girls-only and boys-only homes that stated they could accommodate children who had experienced sexual exploitation, as at 31 March 2020**



View [data in an accessible table format](#).

As well as looking at which homes offered single- or mixed-gender accommodation, we can also look at the gender breakdown of children living in these homes on 31 March 2020. Across all children's homes, there was roughly a 60/40 split (boys to girls) in the children living in children's homes. There were 2 areas of need with particularly high percentages of boys to girls: autism spectrum disorder (71% boys) and sensory impairment (69% boys). At the other end of the spectrum, homes that stated they could accommodate children who had experienced abuse and neglect had the lowest percentage of boys (57%). This may have been due to the prevalence of single-gender homes for girls who had experienced childhood sexual exploitation within this area of need.

## **Ethnicity**

Around 80% of children accommodated in children's homes on 31 March 2020 were white; the remainder were of minority ethnicities. This was in line with [the national picture](#) (81% of all children in England are white), and above [the level for all children in care](#) (74% are white).

Higher levels of children of minority ethnicities were living in homes that stated they could accommodate the 3 least common areas of need: physical disabilities (24%); complex health needs (26%); and sensory impairment (28%).

## **Special educational needs and disabilities**

A higher percentage of children living in children's homes (80%) have some form of SEND than all children who are looked after (54%). Across all children in England, around 15% had some form of SEND.

Unsurprisingly, homes that stated they could care for children with some form of SEND had higher

percentages of those children living there.

### Figure 10: Specialism by SEND/no SEND of children accommodated, as at 31 March 2020



View [data in an accessible table format](#).

Homes that stated they could accommodate children who had experienced sexual exploitation had the lowest percentage of children with SEND, at 76%.

## Legal status

By far the most common legal status for children to be accommodated under was a full care order (4,153 children; 69%), followed by section 20 (1,392 children; 23%). This was similar to the picture for [all children in care](#), with 59% accommodated under a full care order, 17% accommodated under section 20, and 17% accommodated under an interim care order.

### Figure 11: Specialism by legal status of children accommodated, as at 31 March 2020



View [data in an accessible table format](#).

Three areas of need that homes stated they could accommodate had notably higher-than-average percentages of children accommodated under section 20: physical disabilities (37%, 240 children); complex health needs (38%, 151 children); and sensory impairment (41%, 97 children).

## Discussion

Our analysis of the 2,200 children's homes' statements of purpose shows that 'complex treatment needs' are supported in a variety of ways, by a variety of different homes. Any categorisation, and particularly any attempts to group those categories, can tend to oversimplify and possibly not do justice to the work that the homes do. Sometimes the labelling used to describe need is very specific and at other times very generic. We have attempted to give as much coverage as possible of what each home states that it offers.

Past researchers have usually taken 2 main approaches to this subject: either they have used a

small sample of homes in studies, and participant-observer methods, or they have used available published numerical data. Sometimes they have used a combination of the two.

Those surveys aimed to reflect as much as they could the nuanced picture of their times. They often looked at the full breadth of available institutional care of children, including boarding schools, hospitals and young offenders' institutions. [\[footnote 13\]](#) The historical landscape described was often different to the present one: it was a world that included, for example, borstals and mental health institutions; however, there were also similarities to the present.

A survey published in 2006, the year before Ofsted took over responsibility for the regulation and inspection of children's homes, examined the trends of the past several decades. [\[footnote 14\]](#) These included:

- a more generalist service
- an increase in the number of establishments that focused on a defined 'problem area', either in terms of behaviour (for example, complex behavioural needs, and victims of or perpetrators of abuse) or a specifically diagnosed need (for example, autism spectrum disorder)
- less specialisation by sector, with a resulting greater mix of needs in each home
- a change from single-sex homes to co-educational ones, but mainly dominated by boys, and with 'gender as one of the selection criteria in their statement of purpose'
- an increase in the age of children entering children's homes
- a greater racial and ethnic mix
- reductions in the size of units
- an increase in private provision

In order to describe the current world and contrast it with previous surveys, we have used the statements of purpose written by those homes active in March 2020, together with child-level data about the children who lived in them. Statements of purpose are mandatory documents that tell those who commission services, as well as those children who will come to live in the homes (and, of course, Ofsted), what the aims, objectives and vision of the homes are. There is no uniform template for content – and while some are detailed, expansive and informative, some are not – but all contain key data on the services the home provides, as set out in regulations.

One main conclusion from our data is that, while there is a lot of apparent variation between the homes, this is because many homes offer to support a wide variety of needs. While this does not necessarily indicate that the home is a generalist service – after all, there are almost 30 identified sub-types of needs being accommodated across all the children's homes – the average number of sub-types of needs that homes stated they could accommodate was 5. Around 15% (330) of homes stated that they could accommodate a single sub-need. Three quarters of these (254) were homes that only supported children with 'emotional and behavioural difficulties', itself a very broad category that can encompass a wide variety of children's needs. Since the cost of residential care is so very

high, it is possible that one reason why homes state they can accommodate this wide range of needs is to increase the chances of higher occupancy.

Our data shows that most children's homes offered a home to children with a considerable mix of needs, as well as focusing on at least one defined 'area of need', either in behaviour terms or a specifically diagnosed need. So, for example, 'complex needs' covered a very high proportion of homes (93%). This high coverage was mainly because of the large number of homes that supported emotional and behavioural difficulties: 1,706 (or 79% of all homes). Another area of need, 'children who had experienced abuse and neglect', covered just over half of all homes (56%). A third, 'learning difficulties', which deals with cognitive or disability issues, covered just under half of all homes. If the homes that stated they could accommodate those with emotional and behavioural difficulties and related issues are excluded, only around 60 (2%) homes dealt only with specific issues such as autism spectrum disorder (12); physical disability (10); trauma (7); prevention/edge of care (6); or child sexual exploitation (4).

As is evident from the needs discussed in this study and its sibling study on [why children go into children's homes](#), homes have developed their need profiles to accommodate highly vulnerable children who have a range of complex issues, and who often have profoundly traumatic life experiences behind them. In our previous study, we commented on the current limitations of the data collected centrally on those needs. So, while it is true that we found that a proportion of those going into children's homes had an original plan for foster care, what was equally striking was how many of those children had their needs met well in the children's home. While some may have been better suited to living in a family environment with a foster carer, there are still many challenges in recruiting enough foster carers to provide care in a family environment for children with the extensive range of needs discussed here, in particular foster carers who are able to offer a loving home to children with the most complex needs.

The children's homes discussed in this paper were overwhelmingly mixed gender. Gender was not often one of the selection criteria in the statement of purpose. Single-gender homes accounted for only a very small minority (7%) of all homes. Around one third of these stated that they could accommodate children who had experienced sexual exploitation, the majority of which were girls-only homes. As for the gender split for those living in all homes, 60% of all children in children's homes were male, a lower proportion than observed in previous surveys.

While the population of those in children's homes confirms the view that, on average, older children occupy places, the average age of children when they moved into the home was 12.9 years.

The children's homes continued to be ethnically mixed, although there was a slightly higher proportion of white children compared with all children in care: 80% of those in children's homes were white, compared with 74% of all children in care.

In [regular previous publications](#) we have made observations about the size of homes and about ownership, which, unsurprisingly, we have found again in this study. Between 1985 and 1995,

homes became progressively smaller: the average number of residents fell from 10 to 7 over the period. By 2020, the average number of beds per home was 4. Private provision has continued to grow steadily each year, in both numerical and proportional terms, and [is in progressively fewer hands](#).

Intimately linked to both of these developments is the issue of the uneven distribution of children's homes in England. This has not altered for some time, even as [the number of homes has steadily grown](#). We have observed in this study that this uneven distribution has led to there being no close relationships between the needs that children had, where the homes were situated and what needs those homes stated they could accommodate. For some types of needs (for example, mental health problems, 44 miles), children were on average twice as far away from their birth families as for some other needs (for example, sensory impairment, 23 miles; and physical disabilities, 21 miles).

The trends in size, sector and location are all linked, and all have their roots in the developments of institutional care for children going back many decades. The periodical surveys of children's homes describe a slow post-Second World War shift away from the institutional residential care of children, in its broadest sense, and towards community social care.<sup>[footnote 15]</sup> Despite this, the actual numbers in residential children's homes, as we would recognise them, peaked in the mid-1970s at 36,000. Much of this care was provided by charities and by local authorities.<sup>[footnote 16]</sup> The 1980s saw a steady decline in the number of children resident in children's homes: by 1987 it was down to around 14,000 and by 1995 it was around 6,000.<sup>[footnote 17]</sup> It has remained at about that level since.

The reduction was the result of a combination of factors: the closure of very large children's homes by voluntary agencies; a move away from specialised units towards more inclusive provision; a succession of very high-profile abuse cases that often centred on children's homes, and the national inquiries that followed them; the high cost of residential care; the relative ease of closing homes compared with opening new ones; and LAs beginning to close homes and reinvest the resources into foster care and family support services.<sup>[footnote 18]</sup> There was, as one academic put it, 'a "residual" policy of "keeping [children] out at all costs and discharging them as soon as possible".<sup>[footnote 19]</sup>

Even so, the LAs' withdrawal from running their own children's homes was a slow and gradual one, prompted by factors such as marketisation of adult and then children's social care; the ending of regional planning of children's homes; and an easing of the planning rules for homes, particularly for those accommodating 6 or fewer children.<sup>[footnote 20]</sup> In March 1996, of the 1,102 homes in England, almost 76% (836) were LA homes. Private homes made up 18% (202), and the remaining 6% (64) were run by voluntary services.<sup>[footnote 21]</sup> A decade later, immediately before the transfer of regulatory and inspection responsibilities to Ofsted, the total number of homes had increased by over three quarters, to 1,960 children's homes, 61% of which were run by the private sector.<sup>[footnote 22]</sup> This trend continued in the subsequent decade, but fairly slowly. In March 2016, 69% of homes were privately owned, an increase of an average of 0.8% per year. Yet by March 2020, 82% were



privately owned, an increase of 3.3% per year. Over the same 2016 to 2020 period [the proportion of LA ownership fell from 22% to 14%](#).

In the absence of a national plan, as LAs exited the children's homes market, homes were not necessarily replaced in the same area. There was what the Independent Care Review has called a 'lack of co-ordination'.<sup>[[footnote 23](#)]</sup> The result was, again gradually, a disproportionately high number of homes in the North West and West Midlands. In 2014, for example, these amounted to 41% of the total, and in 2020 they made up 44% of all homes. It has often been suggested that this regional development occurred because of the large differences in property prices in the Midlands and North compared with London and the South East. Two studies looked at this issue: the National Audit Office and Martin Narey's review of residential accommodation. Both concluded that the relationship between house prices and the cost of residential care was not close and, therefore, not a barrier to growth in the number of children's homes in, for example, the South East.<sup>[[footnote 24](#)]</sup> The Independent Care Review disagreed and suggested that there was such a relationship.<sup>[[footnote 25](#)]</sup> There seems to be some scope for further research on this subject.

Our research indicates a number of clear issues regarding children's needs and how they are met by children's homes. These homes offer accommodation that meets a wide variety of needs, and it is rare for a home to specialise in a single need. Many homes offer to support the widest possible range of children's needs. This leads to relatively high occupancy, but also means that children's homes staff need the necessary training to give effective support.

Although accommodation for a wide variety of needs is offered, it is not always close to where a child lived before coming into care. The children in our research travelled further from home than most children in care. Travelling to live some distance from home is sometimes acceptable so that the right support can be given, and it is sometimes necessary, given the child's home circumstances. However, it is still a huge dislocation for these children, whose average age on moving into a home is just over 12 and a half years old.

The uneven distribution of the homes is, therefore, an important finding of our research; the heavy predominance of the private sector is another. Although there has been much discussion of LAs reversing the historical trend and becoming a larger player in the children's social care market, the signs of this reversal were not visible in 2020 and are barely visible now.

Some very recent attempts to address this unevenness can be found in proposals made by the Competition and Markets Authority and the Independent Care Review, in their respective reports. The impact of these proposals on the planning of future homes, on the terms of trade under which commissioning LAs operate, and on the roles of LAs themselves in owning and running children's homes are eagerly anticipated by all who are interested in this subject.

We intend to publish blogs looking at some areas of need in more depth, including children who have experienced abuse and neglect, and the large umbrella group of complex needs, as well as distance from home by all placement types, and how the needs of children recorded at assessment

compare with the needs the home they live in stated it could accommodate.

## Contacts

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## Glossary

Definitions of terms are in [the statistical glossary](#).

## Appendix: methodology

### Ofsted data

When a children's home opens, it must provide Ofsted with a statement of purpose. The document gives a detailed description of the children's home, including its specialities and the type of care it provides. We require the social care provider to update the statement of purpose regularly. These documents formed the main sources for our data collection.

We categorised the types of care that children's homes provided under 8 high-level needs, some of which had 'sub-needs', within them (a full list of sub-needs is available in the [underlying data](#)). We also collected data on other items, such as number of places, minimum and maximum age of children accommodated, and whether homes were single gender or mixed gender.

This data tells us which needs the children's homes said they could meet. However, it cannot tell us about the needs of the children actually accommodated in the home on any given day, or in general. Many homes stated that they could accommodate children with very mixed needs, but we cannot know from the data available to us which of these needs they have experience of, or specialist skills in, providing.

Similarly, we cannot know, from the data available to us, how well the homes support the needs that they say they can accommodate. For example, a home may state that it can accommodate children who have experienced sexual exploitation, without specifying the level of training offered to its staff in this area or whether the staff include specialists in this field. To an extent, statements of purpose are marketing documents for the homes. This means they may list as many needs as they feel they could reasonably support in order to attract more placements, without necessarily having specialist experience in a particular area. However, Ofsted inspections look at how well the home is able to support the children living there, including meeting their specialist needs. The inspectors also look at how the statement of purpose reflects the home's provision.

The 8 categories we used for types of needs are:

- complex needs
- abuse and neglect
- learning difficulties
- autism spectrum disorder
- mental health problems
- physical disabilities
- complex health needs
- sensory impairment

Of the 2,210 children's homes, 64 did not report any areas of need that they could accommodate in their statements of purpose, and have therefore been excluded.

## **DfE data**

Each year, the DfE collects data from all local authorities on children in care. This includes information about the child, such as where they lived before coming into care, their age at

placement, how far they lived before coming into care and whether or not they are an unaccompanied asylum seeker. Much of that data has been used in this study to add nuance to the data from the statements of purpose on the types of needs that homes say they can meet.

This data also includes the reason that a child came into care, which enables us, to some degree, to look at whether a child is currently living in a home that states it can care for that child’s particular needs. Table 6 shows where we are able to match the reason a child came into care with the needs that a home states it can meet, based on all reasons for entering care collected by the DfE.

**Table 6: Reason for entering care matched to need accommodated**

<b>Reason for entering care</b>	<b>Need accommodated by a children’s home</b>
<b>Abuse/neglect</b>	Abuse and neglect
<b>Child’s disability</b>	Physical disability
<b>Child’s disability</b>	Mental health problems
<b>Child’s disability</b>	Learning difficulties
<b>Parental illness or disability</b>	No match
<b>Family in acute stress</b>	No match
<b>Family dysfunction</b>	No match
<b>Socially unacceptable behaviour</b>	Complex needs
<b>Low income</b>	No match
<b>Absent parenting</b>	Abuse and neglect

The DfE data shows that just over 7,000 children were living in children’s homes on 31 March 2020:

- 6,300 lived in a home that was also identified in our needs data
- 4,300 entered care for a reason that matched to a need offered by a children’s home

## **Annex: data tables for figures**

This section contains the underlying data in an accessible table format for all figures.

### Data for Figure 1: Number of children living in children's homes, as at 31 March 2020

Group	Number
Children living in children's homes	7,000
Children living in children's homes inside local authority	2,300
Children living in children's homes outside local authority	4,700
Children living outside local authority within 20 miles of family homes	1,400
Children living outside local authority more than 20 miles of family homes	3,300

See [Figure 1](#).

### Data for Figure 2: Number of homes stating that they accommodated each area of need, as at March 2020

Area of need	Number of homes	Percentage of homes
Complex needs	1,999	93%
Abuse and neglect	1,197	56%
Learning difficulties	924	43%
Autism spectrum disorder	508	24%
Mental health problems	475	22%
Physical disabilities	219	10%
Complex health needs	111	5%
Sensory impairment	76	4%

See [Figure 2](#).

**Data for Figure 3: Homes that stated they could accommodate children with autism spectrum disorder, and all children's homes, in 2 regions, as at March 2020**

Region	Homes that stated they could accommodate children with autism spectrum disorder	All children's homes
North East, Yorkshire and Humber	9%	15%
North West	18%	25%

See [Figure 3](#).

**Data for Figure 4: Average distance from where children lived before coming into care to the children's home, by type of need that the home stated it could accommodate, as at 31 March 2020**

Area of need	Number of children	Average distance in miles
Mental health problems	1,348	44
Abuse and neglect	3,247	42
Complex needs	5,451	37
All homes	5,876	36
Autism spectrum disorder	1,502	36
Learning difficulties	2,625	33
Complex health needs	398	26
Sensory impairment	235	23
Physical disabilities	645	21

See [Figure 4](#).

**Data for Figure 5: Type of need that homes stated they could accommodate by sector, as at**

31 March 2020

Area of need	Number of homes	Private	Voluntary	Local authority
All homes	2,146	1,773	97	276
Complex needs	1,999	1,679	78	242
Abuse and neglect	1,197	1,043	40	114
Learning difficulties	924	749	52	123
Autism spectrum disorder	508	435	33	40
Mental health problems	475	426	20	29
Physical disabilities	219	140	26	53
Complex health needs	111	76	14	21
Sensory impairment	76	48	17	11

See [Figure 5](#).

**Data for Figure 6: Types of need that homes stated they could accommodate by length of registration, as at 31 March 2020**

Area of need	Number of homes	0–2 years	3–5 years	6–10 years	11–15 years	16+ years
All homes	2,146	611	417	489	310	319
Complex needs	1,999	566	394	462	289	288
Abuse and neglect	1,197	329	214	307	185	162
Learning difficulties	924	267	156	214	135	152
Autism spectrum disorder	508	147	87	128	69	77
Mental health	475	140	99	124	55	57

problems

Physical disabilities	219	53	33	51	38	44
Complex health needs	111	25	15	20	17	34
Sensory impairment	76	19	10	18	15	14

See [Figure 6](#).

**Data for Figure 7: Types of need by number of beds, as at 31 March 2020**

Area of need	Number of homes	1–2 beds	3–4 beds	5–6 beds	7–9 beds
All homes	2,146	450	1,034	495	132
Complex needs	1,999	430	977	451	112
Abuse and neglect	1,197	259	623	248	55
Learning difficulties	924	166	425	222	81
Autism spectrum disorder	508	80	234	118	56
Mental health problems	475	93	224	107	46
Physical disabilities	219	37	76	65	24
Complex health needs	111	11	34	36	20
Sensory impairment	76	6	33	20	10

See [Figure 7](#).

**Data for Figure 8: Number of homes mentioning therapy, by type of need that homes stated they could accommodate, as at 31 March 2020**

Area of need	Number of homes	Therapy mentioned	Therapy not mentioned
All homes	2,146	994	1,216



Mental health problems	475	260	215
Abuse and neglect	1,197	587	610
Complex needs	1,199	924	1,075
Learning difficulties	924	400	524
Autism spectrum disorder	508	210	298
Sensory impairment	76	29	47
Physical disabilities	219	77	142
Complex health needs	111	31	80

See [Figure 8](#).

**Data for Figure 9: Number of girls-only and boys-only homes that stated they could accommodate children who had experienced sexual exploitation, as at 31 March 2020**

Type of home	Number of homes	Accommodate children with experience of sexual exploitation	Accommodate other needs (not sexual exploitation)
Boys-only children's homes	79	13	66
Girls-only children's homes	68	35	33

See [Figure 9](#).

**Data for Figure 10: Specialism by SEND/no SEND of children accommodated, as at 31 March 2020**

Area of need	Number of children	No SEND	SEND (all types)
All homes	5,876	1,167	4,709

Complex needs	5,451	1,106	4,345
Abuse and neglect	3,247	713	2,534
Learning difficulties	2,625	403	2,222
Autism spectrum disorder	1,502	209	1,293
Mental health problems	1,348	238	1,110
Physical disabilities	645	58	587
Complex health needs	398	39	359
Sensory impairment	235	15	220

See [Figure 10](#).

#### Data for Figure 11: Specialism by legal status of children accommodated, as at 31 March 2020

Area of need	Number of children	Full care order	Section 20	Interim care order
All homes	5,876	4,050	1,347	453
Complex needs	5,451	3,823	1,175	428
Abuse and neglect	3,247	2,353	590	289
Learning difficulties	2,625	1,718	706	185
Autism spectrum disorder	1,502	917	482	96
Mental health problems	1,348	942	293	108
Physical disabilities	645	366	240	36
Complex health needs	398	223	151	21
Sensory impairment	235	128	97	8

See [Figure 11](#).

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1. [‘Safeguarding pressures phase 7’](#), ADCS, February 2021, page 52. [↪](#)
2. All child-level data in this section is taken from the unpublished DfE SSDA903 2019–20 data (hereafter 903), the collection on all children in care and care leavers in the year. [↪](#)
3. ‘Safeguarding pressures phase 7’, ADCS, February 2021, page 52. For more on how far away children were placed from their homes before coming into care, see our forthcoming paper on what the DfE 903 data tell us about how far children in care were from home on 31 March 2020. [↪](#)
4. As at 31 March 2020, there were 2,459 active or suspended children’s homes. [↪](#)
5. Unpublished data from DfE 903 2019–20 collection shows that a further 700 children live in residential special schools that are registered as children’s homes, and 200 live in children’s homes outside England. [↪](#)
6. More detailed information on the reasons that children entered a children’s home is provided in [‘Why do children go into children’s homes?’](#) Ofsted, April 2022. This found that, for just under half of the children living in children’s homes, there was originally no plan for them to go into a children’s home. [↪](#)
7. Unpublished data from DfE 903 2019–20 collection, matched with the school census and alternative provision census 2008–2020 on education, health and care plans and special educational needs support. These are estimates, based on 2020 data and on the histories of the children before they entered independent schools, for which there is currently no child-level data. The comparable estimate is 52% of all children in care with SEND in March 2020, in contrast to 15% for all schoolchildren. [↪](#)
8. ‘Complex needs’ covers the following sub-types of needs: drug or alcohol dependence; sexually harmful behaviour; attachment disorders; emotional and behavioural difficulties; offending behaviour; going missing; self-harm; behaviour that harms others; attention and conduct disorders or attention deficit hyperactivity disorder; communication difficulties; unspecified complex needs. [↪](#)
9. All child-level data in this section is from unpublished data from the DfE 903 2019–20 collection. [↪](#)
10. Child-level data from unpublished DfE 903 2019–20 data collection. [↪](#)
11. ‘Therapeutic communities for children and young people’, A Ward et al (eds), Jessica Kingsley Publishers, 2003, quote on page 11. [↪](#)
12. All child-level data in this section is taken from the unpublished DfE 903 2019–20 data

collection. [↩](#)

13. See, for example, P Moss, 'Residential care of children: a general view', in 'Varieties of residential experience', edited by J Tizard, I Sinclair and R Clarke, Routledge, 1975; D Gooch, 'Home and away: the residential care, education and control' in 'Child & Family Social Work', volume 1 1996: pages 19 to 32; and M Courtney and D Iwaniec (editors), 'Residential care of children: comparative perspectives', Oxford University Press, 2009. [↩](#)
14. R Bullock, R Clough and A Ward, 'What works in residential child care: a review of research evidence and the practical considerations', National Children's Bureau, 2006, pages 26 to 27, building on Gooch's work in 1996, and with only small variation. [↩](#)
15. For further discussion of the historical trends see, for example, R Jones, 'A history of the personal social services in England: feast, famine and the future', Springer Nature, 2020; and P Higginbotham, 'Children's homes: a history of institutional care for Britain's young', Casemate Publishers, 2017. [↩](#)
16. [House of Lords](#), 26 June 2006. [↩](#)
17. D Cliffe and D Berridge, 'Closing children's homes: an end to residential child care?', Jessica Kingsley Publishers, 1991, page 4. [↩](#)
18. C Oliver et al, 'Figures and Facts: local authority variance on indicators concerning child protection and children looked after', Institute of Education, University of London, 2001, page 18; R Jones, 'A history of the personal social services in England: feast, famine and the future', 2020, page 191; D Berridge and I Brodie, 'Children's homes revisited', Jessica Kingsley Publishers, 1998; I Gibbs and P Williams, 'A caring business: issues for heads of private sector children's homes', 'Policy Studies', volume 19 (2), 1998; R Carr-Hill et al, 'A model of the determinants of expenditure on children's personal social services', Working Papers 030cheop, Centre for Health Economics, University of York, 1997; A Ward et al (editors), 'Therapeutic communities for children and young people, Jessica Kingsley Publishers, 2003, page 68. [↩](#)
19. J Thoburn, 'Children in public out-of-home care: 21 years of policy', Action for Children, 2008, page 3. [↩](#)
20. [House of Lords](#), 26 June 2006; M Narey, 'Residential care in England', Department for Education, 2016, page 29; R Jones, 'A history of the personal social services in England: feast, famine and the future', Springer Nature, 2020, page 226. [↩](#)
21. W Utting, 'People like us: the report of the Review of the Safeguards for Children Living Away from Home', Department of Health, 1997. [↩](#)
22. 'The state of social care in England 2006–07', Commission for Social Care Inspection, 2008, page 17. These numbers are slightly inflated, as they almost certainly include secure and residential special schools registered as children's homes. [↩](#)
23. J MacAlister, 'Independent review of children's social care', 2022, page 122. [↩](#)
24. M Narey, 'Residential care in England', Department for Education, 2016, page 27. [↩](#)

25. J MacAlister, 'Independent review of children's social care', 2022. [↩](#)

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