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Research and analysis

# How local authorities and children's homes can achieve stability and permanence for children with complex needs

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**Applies to England**

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## Executive summary

Last year, we published a report about how local authorities plan for sufficiency in their social care provision.<sup>[[footnote 1](#)]</sup> This report highlighted the lack of suitable homes available for children with complex needs, and the difficulty local authorities face in finding homes for them. Although they are only a small proportion of all children in care, children with complex needs are some of the most vulnerable and experience a lot of placement instability. Local authorities need a substantial amount of time, resources and money to find supportive homes for children with complex needs.

Our findings were consistent with previous reports that children's homes are often reluctant to accept referrals for children with complex needs.<sup>[[footnote 2](#)]</sup> There can be a variety of reasons for this. For example, homes may not have the staff or facilities to meet specialist care needs, or it could cause disruption for other children at the home.<sup>[[footnote 3](#)]</sup> Some managers also think it could negatively affect the home's Ofsted inspection judgement, as it can be more challenging to achieve or evidence good outcomes for these children. This perception persists despite the social care common inspection framework (SCCIF) focusing on children's progress and experiences, not their outcomes. There is also no difference in inspection outcomes between homes that look after children with complex needs and other children's homes.

There is ambiguity around the term 'complex needs', which can complicate communication among professionals in the sector. People often use it as an umbrella term for a variety of different needs or to refer to children who are 'difficult to place'.

This research report explores what 'complex needs' means to staff in local authorities and children's homes. We held a national survey of local authorities and children's home providers across England to capture the extent of difficulties local authorities have when finding homes for children with these needs, and the reasons. Our findings are in line with those recently published by the Nuffield Family Justice Observatory: that the phrase 'complex needs' is used to refer to children with multiple, overlapping needs who require a collective response from multiple agencies. It is often the combined impact of several needs, rather than the severity of any single need, that increases children's vulnerability.<sup>[[footnote 4](#)]</sup>

There are 590 children in residential special schools and residential special schools registered as children's homes; 670 children living in children's homes and subject to deprivation of liberty (DoL) orders during 2022–23; around 50 children waiting for places in secure homes; and 915 we know about in unregistered homes during 2022–23.<sup>[[footnote 5](#)]</sup> We know small numbers of children across the country are 'trapped' in hospital in paediatric wards with nowhere to go if discharged. We know

there will be some overlap between these groups and there will also be children that this does not capture. Any or all of these children could fall under the umbrella of complex needs.

Informed by our survey findings, we carried out 10 case studies. We wanted to identify good practice among local authorities and children's homes that are caring for children with complex needs, as well as the barriers they face and how practice could improve. This report shares these examples. We hope they will be useful to the sector and that professionals can use or adapt the ideas and approaches for their own work with children.

## Main findings

Social care staff use the term 'children with complex needs' to describe children who have multiple needs of different types. These children require care and support from an array of professionals to meet their needs. They tend to be the same children that staff have most difficulty finding homes and caring for. These are typically children with severe mental health difficulties, or whose needs manifest in behaviours that place the child or others at risk. Staff said that the trauma experienced by many of these children can underlie, contribute to, or exacerbate needs.

The vast majority of local authorities that responded to our survey (91%) said they frequently have difficulty in finding suitable homes for children with complex needs. As a result, children wait months – or in the worst cases, years – for a stable home. Therapeutic and secure homes are often the preferred option for children with complex needs. A lack of these homes contributes to the problem.

Most local authorities reported that children with complex needs are frequently placed out of area, experience unplanned placement moves, have referrals rejected by homes and/or are served notice by their setting. All these things can disrupt children's stability.

The lack of suitable homes means local authorities are resorting to placements they do not want to use. Commissioning staff think some homes could accept the child they have referred but choose not to, opting to wait for a child they perceive as presenting fewer risks.

Increasingly, children who are seen as a risk to themselves or others are deprived of their

liberty. Sometimes, these children are placed in unregistered homes because no registered alternatives are available. The lack of sufficient and suitable places in secure children's homes and appropriate mental health provisions is contributing to this.

Clear communication and information-sharing between children's homes, local authorities and other agencies are important to help find the right placement for the child. Referral decisions are supported when the information about children given to homes is clear and transparent and when homes' statements of purpose accurately reflect their current ability to care for children.

Children with complex needs often have more staff caring for them than other children. This adds challenges for homes facing sector-wide issues in recruiting and retaining staff.

The most reported contributor to children's stability is the commitment and consistency of staff around the child. This enables children to build enduring relationships with the people who care for them. These relationships also help children feel comfortable expressing their views about their care.

It is clear how the progress, sense of achievement and structure that education gives children contributes to their stability. For many children with complex needs, mainstream schooling might not be appropriate. We heard how multi-agency professionals worked together to find provision that suited children's needs, interests, abilities and aspirations.

Across our case studies, there were some common elements of practice that resulted in good experiences for children. These were:

- well-planned moves into the home, at a suitable pace for the child
- providing consistency, through relationships, education and other activities
- getting children access to the specialist services they needed
- facilitating a sense of belonging for children, through knowing staff would not give up on them and that this is their long-term home
- capturing and implementing children's views on their care

The weakest area of practice in our case studies related to planning for a child's future after their current placement or when they turn 18. Preparing children for the next stage needs to begin early and at a pace suited to the individual child's needs. Professionals struggled to get multi-agency work started in this area.

## Introduction

Permanence is a multi-faceted yet very important factor in any looked after child's life. It means not only physical permanence but also gaining a sense of emotional permanence, of belonging, identity and stability. It can mean different things to children with different experiences and levels of need. Achieving permanence for looked after children is a central goal of the government.<sup>[footnote 6]</sup> The aim is to ensure that children have a secure, stable and loving network to support them through childhood and beyond. Effective permanence planning involves multiple agencies working together to meet the needs of an individual child, while also taking account of their wishes and feelings.<sup>[footnote 7]</sup> For some children, returning to their birth families will be a route to permanence, whereas for others this can be achieved by staying in care.

A lack of permanence is often defined in terms of placement changes. This is because multiple moves can have a negative impact on children and lead to poorer long-term outcomes. The 2020 Stability Index produced by the Children's Commissioner found that 1 in 4 children in care in 2018 and 2019 experienced 2 or more placement moves over this 2-year period.<sup>[footnote 8]</sup> Instability rates were highest for children whose first placements were in secure/specialist residential homes (26%) or children's homes (17%). These types of placements are more likely for children with complex needs.

The Children Act 1989 and associated regulations state that a range of placement options should be considered.<sup>[footnote 9]</sup> For some children with complex needs, permanence can be achieved in children's homes where they can experience sense of security, identity and belonging.<sup>[footnote 10]</sup> However, finding appropriate places for children with complex needs is a challenge for local authorities, as there is a shortage of homes for these children. This shortage:

- drives up the cost of places in all homes
- increases the time and resources needed to find a place, which in turn reduces the time social workers have for other casework
- can lead to local authorities creating bespoke homes or placements, which is costly and can reduce the number of places available for other children
- can lead to children living in unsuitable provision
- can lead to children living under DoL orders (which allow children to be restrained or restricted to prevent harm to themselves or others)<sup>[footnote 11]</sup>
- can lead to local authorities using unregistered placements when they are unable to find alternative registered provision, which is illegal<sup>[footnote 12]</sup>

Children's homes can be reluctant to accept children with complex needs. There can be a variety of reasons for this, including the appropriateness of a home for the specialist care required or the perceived risks of caring for a child with such high levels of need.<sup>[footnote 13]</sup>

The ambiguity around the term 'complex needs' can complicate communication among professionals in the sector. It is often used as an umbrella term to capture a variety of characteristics or to refer to children who local authorities have trouble finding places for. The broad usage of the term can unintentionally group children together whose needs are very different, and who require different services and support.

This research project explores the issues discussed above, using a 2-phase methodology. Our first phase was a survey of all local authorities and children's homes in England. The survey sought to understand:

- what 'complex needs' means to professionals in local authorities and children's homes
- how many local authorities face challenges in finding homes for children with complex needs, and why
- how many children's homes are unable to accept referrals for children with complex needs, and why

The findings from phase 1 informed our methodology and sample for phase 2. For this phase, we made 10 case studies and interviewed multiple professionals involved in the care of each child. The case studies focused on children who were considered by their local authority to have 'complex needs' but whose primary needs related to their behaviour or their mental health. The findings from phase 2, therefore, show examples of practice for children with these needs and may not translate to children who have different primary needs.

From the second phase, we wanted to understand:

- what local authority and children's home staff have done or can do, separately and together, to facilitate stability and permanence for children with complex needs
- what barriers local authority and children's home staff face in providing care for children with complex needs, and how they overcome these
- how the views of children, and of people who know them, are captured and to what extent their views influence the care that children receive

To supplement the case study interviews, we held 3 focus groups. These were with virtual school headteachers, staff from local authority commissioning teams and Ofsted inspectors.

More details about the methodology, sample and analysis techniques we used are included in the [appendix](#).

## Terminology

We recognise that the term 'placement' is not favoured in the social care sector, especially by those who have care experience. We are aware of efforts to address this, for example through the Adolescent and Children's Trust's publication, 'Language that cares'.<sup>[footnote 14]</sup> However, it is difficult to discuss the subject without using the terms 'places', 'placements' or 'placed'. The terms are integral to the regulations and guidance, and they are often used by the home providers, social workers or other local authority staff we are quoting. We have used alternative language where we can, but it has not been possible to avoid this terminology altogether.

## What are complex needs and the barriers to supporting them?

### What does 'complex needs' mean to local authorities and children's homes?

We asked local authorities and children's homes which needs they think come under the term 'complex needs'.

We gave them the option to select up to 6 categories of needs from the following list:

- behavioural
- mental health
- learning
- safeguarding
- physical
- social needs

Descriptions of these 6 categories are in the [appendix](#).

Each of the 6 categories was selected by between 75% and 97% of representatives from both children's homes and local authorities. The only exception was social needs, which only 44% of local authorities considered to fall under 'complex needs'. This suggests that all categories of need could contribute to a child's needs being considered complex, and that a combination of multiple different needs appears to be central to the definition.

### Figure 1: Categories of need that local authorities and children's homes consider to be complex



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

Responses in free-text boxes reinforced the idea that 'complex needs' relates to the combination of multiple, different types of needs, rather than to the severity of any one type. When children's needs are varied, children's home staff need a broad skillset. Input from multiple partner agencies is also needed to support the child.

Both children's homes and local authorities highlighted that many children considered to have complex needs have had traumatic experiences that caused lasting harm. This can underlie, contribute to, or exacerbate their needs in all 6 of the categories. An example is violent or aggressive behaviour. Staff said that understanding all the factors that contribute to a child's needs can help them to support the child.



When providing detail about the behavioural needs they consider 'complex', both children's homes and local authorities noted 2 ways that behaviours link to other needs.

First, some behaviours can result in safeguarding risks. Respondents highlighted that aggressive, sexualised or offending behaviours and going missing were frequently considered 'complex'. The safeguarding risks these behaviours pose can make it challenging for a home to keep children safe.

Second, some behaviours manifest from a child's learning difficulties. This was most obvious in children diagnosed with autism or attention deficit hyperactive disorder (ADHD), as well as those who have communication difficulties. Several professionals also said that undiagnosed or misdiagnosed needs added to the complexity of caring for children. It makes it harder to establish whether placements are suitable and to access the appropriate funding or support from specialist services.

The views that local authorities and children's homes had about what characterises 'complex needs' were intertwined with their experiences of trying to find homes for children or making decisions about accepting referrals. For example, when asked which needs they consider to be 'complex', some local authority representatives stated:

“ We are experiencing difficulties with finding suitable placements for...”

“ Our most complex searches are often with...”

Similarly, when asked which needs they consider to be 'complex', many representatives from children's homes framed their response in terms of which needs they could not meet within their home.

## **Which needs make it most difficult for local authorities to find a home for children?**

We asked local authorities to select which of the 6 categories of need make it most difficult to find a home for children. The majority said behavioural needs (48%) or mental health needs (38%). From our previous research on the types of needs children's homes offer care for, we know that only 22% of children's homes say they can support mental health needs.[\[footnote 15\]](#) This likely accounts for some of the difficulty in finding homes for children with complex needs.

Local authorities in our project reported difficulty in finding suitable homes for children who fall just below the tier 4 mental health threshold (the threshold for sectioning under the Mental Health Act), or for those children who have just been discharged from a tier 4 hospital placement. These are children whose self-harm can cause serious injuries, or children who express suicidal thoughts and behaviours. This issue has been exacerbated by the reduction in mental health inpatient beds: a decrease of 23% since 2010–11.[\[footnote 16\]](#) Children's social care services are now finding and funding provision for children who might otherwise have been in mental health or secure facilities. Children's homes find it difficult to manage these behaviours. They also noted concern about the impact they have on other children at the home.



## One local authority representative said:

“ There is also a big gap in provision for children and young people classed as tier 3 and who do not meet tier 4 thresholds (akin to tier 3.5). It is so hard to find placements which meet their needs, and when we do, we have to pay whatever the provider wants.”

Behaviours that relate to safeguarding also make it difficult to find a home for a child. This is particularly true for behaviours that pose a risk to others at the home, like violence, sexualised behaviour or involvement in criminal activity, as well as behaviours that could damage property, such as starting fires. Local authorities also struggle to find homes for children who regularly go missing because of the increased risk of criminal or sexual exploitation.

Despite behavioural and mental health needs being the most difficult, local authorities said they have trouble finding appropriate homes for children with needs in all 6 categories. This reflects the sector-wide sufficiency issues. Homes that can meet children's needs are not available in the right places, at the right time. From the other categories, local authorities said there are not enough homes able to support physical-health-related needs, when children need medical interventions or for children with drug addictions.

## Which needs do children's homes find it hardest to support?

Different homes are set up to meet different needs, which they outline in their statement of purpose. We asked representatives from children's homes what further needs make it most difficult for them to accept a referral. Most homes selected physical needs and behavioural needs, at 27% and 25% respectively.

### **Figure 2: Type of need that children's homes have most difficulty accepting referrals for, and that local authorities have most difficulty finding places for**



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

The type of behavioural needs that homes said cause them to reject referrals were in line with what we heard from local authorities. Behaviours that are violent, sexualised or related to crime or that could damage property have the most impact on referral decisions. From our survey responses, it was clear that the first consideration is the home's ability to protect and maintain support for the children already living there. Around 60% of homes said that risks to other children or staff, or the potential for disrupting other children's care, were 'often' or 'always' the reason for rejecting referrals.

Homes whose primary registration is for children with physical disabilities invest in the specialist equipment and accessibility adjustments needed to care for this group of children. As only 10% of homes specialise in provision for physical disabilities, the number of homes with specialist facilities is small.<sup>[footnote 17](#)</sup> Other homes, which are not designed for children with physical disabilities, typically cannot accept referrals for these children due to the lack of equipment in the home and staff not having the right skills.

## How widespread is the difficulty in finding children's homes?

Of the local authorities in our survey, 91% said they 'often' or 'always' experience difficulties in finding suitable homes for children with complex needs. The difficulties were reported by authorities across all English regions. Some local authorities commented on the lack, or uneven distribution, of homes nationally, particularly relating to mental health provision. They said this makes it harder to find suitable homes for children and so undermines stability and permanence. Our report 'What types of needs do children's homes offer care for?', highlighted the uneven distribution of homes providing specialist services. Of the 475 homes in England that said they can support children with mental health difficulties, 5% were based in London, compared with 21% in the North West.[\[footnote 18\]](#)

Most local authorities reported that children with complex needs are 'often' or 'always' placed out of area, experience unplanned placement moves, have referrals rejected by homes and/or are served notice by their setting. Planned placement moves can facilitate a better transition for the child to/from a home. They are less common for these children.

### Figure 3: Local authority views on how often children with complex needs living in children's homes experience disruption



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

We asked local authorities to tell us the average time it takes them to find a suitable, permanent placement in a children's home for a child with complex needs. Across the 35 local authorities that responded to this question, the average time was 4 months. Some local authorities also reported that, in the worst cases, it had taken 2 or 3 years to find a stable, permanent home for a child.

In the meantime, some children have to live in places that cannot meet their needs, and sometimes in unregistered homes. Children may also move around a lot because unsuitable places are more prone to breaking down.

## Barriers to finding and keeping placements in children's homes, and the consequences for children

The biggest barriers to finding homes and caring for children with complex needs are the same as those that have been reported, for many years, as impacting the whole sector. These are issues with recruiting and retaining staff, availability and cost of placements, and a lack of effective multi-agency working. These challenges affect children and workers across the whole sector but are more profound for children with the most complex needs.

### Staffing recruitment and retention

Staff who look after children with complex needs need a broader skillset, or access to more specialised training, than they would when caring for other children. With recruitment of staff already difficult, the need for highly skilled and experienced staff adds to the challenge.

About a third of children's homes told us that they 'often' (21%) or 'always' (8%) have to reject referrals for children with complex needs because of issues recruiting staff who have the necessary training to support the child.

Around a quarter of homes 'often' (15%) or 'always' (9%) have to reject referrals because of concerns about the staffing ratios they feel would be needed and their ability to meet or maintain these. Children with complex needs often need higher staffing ratios than other children. [\[footnote 19\]](#) High staffing ratios are not needed at all times or for all children with complex needs, but some homes find they help them to keep children safe. If homes are unable to hire enough staff to meet the child's needs and ensure the safety of everyone at the home, they are more likely to decline referrals for the child or turn to agency staff to maintain ratios.

More than half the local authorities said that homes 'often' (48%) or 'always' (7%) quote issues with recruiting staff when rejecting referrals for children with complex needs. This is not surprising when looking at the turnover rates for residential care staff. In the 2022–23 financial year, 35% of permanent staff in children's homes left their role, and 42% were newly hired. [\[footnote 20\]](#) Although many of these staff will have moved roles within the sector, such high turnover of staff creates instability for children.

It is not just the lack of residential staff that is having an impact. From our focus groups with commissioners and virtual school headteachers, we heard about shortages of professionals in clinical services and how this can result in delays to health, mental health and educational needs assessments. Some specialist homes, schools or other services will only accept children with a diagnosis or completed needs assessment. When this is delayed, it can be more difficult for local authorities to get children access to the services they need. From our case studies, we saw how positive the right education provision can be for children's stability. Children miss out when there are barriers or delays to them accessing the appropriate education.

Sector-wide staffing issues also undermined joined-up working between agencies. We heard frustration from virtual school headteachers about the difficulty of building relationships and sharing information when there is high staff turnover in local authorities children's services. They described the resulting confusion over who to send information to, delays in getting responses, and 'a constant drain just to keep refreshing new people'. This was further complicated by the fact that children with complex needs often live out of area or move between different areas. This made it more difficult to know which local authority, and who in that local authority, to contact.

## **Placement availability and cost**

There are not enough children's homes that can support, or will accept referrals for, children with complex needs. Around three quarters of local authorities reported 'often' (56%) or 'always' (21%) struggling to find appropriate homes in the required location. Commissioners stressed that the lack of choice meant they 'are being forced to use placements we do not want to use'. They were frustrated as they felt some homes could accept referrals but choose not to. Competition for places means homes will soon get a referral for a child with fewer risks and will be more inclined to accept them.

Secure or therapeutic homes are often needed for children with complex needs. Competition for

these places is even greater. One of the children in our case studies was currently in a home that could not provide the therapeutic input they required. The local authority had been searching daily for a therapeutic home. The registered manager told us that there had been unsuccessful referrals to over 100 providers. In the meantime, the child was living in a home that could not meet all their needs.

It is not always possible to find and secure a suitable home and education provision in the same geographical area. One virtual school headteacher described it as 'like waiting for the stars to align whether we get education and home together'. Out-of-area placements, which are more likely when there are few home options, can also make finding education places more difficult. This is because social workers and the placing authority's virtual school headteacher do not have the same knowledge of, and relationships with, out-of-area education providers as they would in their local area.

Competition for placements drives up costs and minimises local authorities' power in commissioning arrangements. Local authorities are paying huge amounts to secure places for their children with the most complex needs. One commissioner said:

“ I have heard of providers [where], before they have even got their Ofsted registration, local authorities have purchased the beds and are paying for 8 to 12 weeks before just so that they have them there ready.”

Around half of local authorities reported 'often' (41%) or 'always' (10%) struggling to find homes for children because the placement costs are too high. Although commissioners try to assess whether costs represent value for money, they said the lack of placement choice has got them 'backed into a corner'. One commissioner said:

“ ...providers will go, “Take it or leave it. We know that we can fill beds and another local authority will pay it.”

Local authorities suggested that investment in local services that can bolster the support offered by homes may increase homes' willingness to accept referrals. They noted the need for better market regulation in the cost and distribution of children's homes. Better joined-up working between neighbouring local authorities would also help in commissioning and supporting out-of-area placements.

### **Unregistered provision**

Another consequence of the lack of places for children with complex needs is that local authorities resort to using unregistered provision. Although we understand that some local authorities turn to it as a last resort, using unregistered provision for children in care is illegal.

One fifth of local authorities in our survey reported resorting to unregistered provision for children with complex needs. In most instances, this was intended as a short-term, emergency placement while an appropriate, registered provision is found. One commissioner said:

“ We had to place in [an unregistered home]... because we were in the position where it was 10pm on a Friday, and we had tried for hours and hours and we could not find anything.”

Because of the difficulty in finding homes for children with more complex needs, children can end up living in these settings for a long time. One Independent reviewing officer (IRO) said:

“ [He was in an unregistered home] for quite a time, due to the complexities of not being able to get him a secure placement, despite being on the list: a national issue.”

In other situations, children are moved into homes before they are registered. The intention can be that it will be registered soon, or registration is in process. We heard multiple accounts of this happening when local authorities have created bespoke placements for a child because no existing, registered placements were suitable. We have guidance on how we prioritise applications to register children's homes when local authorities need urgent placements for children.<sup>[footnote 21]</sup> This includes when local authorities place children in an 'emergency', such as the situation mentioned above.

Using unregistered homes is illegal even if the home intends to become, or is in the process of becoming, registered. When creating bespoke placements, local authorities and commissioners sometimes rely on providers being registered with the Care Quality Commission (CQC). As the CQC regulates a different kind of service, this does not replace the need for a setting that provides children's home care to be registered with Ofsted. Despite a CQC registration, a children's home will be considered unregistered if it is not registered with us.

It is also illegal for settings to offer children's home services for children subject to DoL orders unless they are registered. We have recently published guidance to make it clear that the court order does not exempt the provider from being registered.<sup>[footnote 22]</sup>

The lack of oversight in unregistered settings can leave children at risk, and children with complex needs are some of our most vulnerable children.

### **Children deprived of their liberty**

A DoL order makes it lawful for a child to be deprived of their liberty.<sup>[footnote 23]</sup> The court authorises the order and any restrictions are set out clearly. Restrictions include requirements for higher staffing ratios, lack of access to money or devices, modifications to buildings that limit children's privacy (such as removing doors), and possible use of restraint. DoL orders are used for some children who have complex needs and require high levels of skilled care and supervision. This means that the cohort of children this project is focused on are some of those most likely to have a DoL order. In our case studies, 5 of the 10 children were currently, or had previously been, subject to a DoL order.

There has been a huge increase in the use of DoL orders over the last few years. There were around 100 applications made during 2017–18, nearly 600 in 2020–21,<sup>[footnote 24]</sup> and over 1,200 between July 2022 and June 2023.<sup>[footnote 25]</sup> This may be partially due to a move among health partners to reduce mental health inpatient beds and care. The move followed a recommendation as part of the House of Commons Health and Social Care Committee inquiry into children and young people's mental health.<sup>[footnote 26]</sup>

It can be even more challenging to find a home for a child who meets the criteria for a DoL order. This can be because of practical difficulties. In one of our case studies, the child had a DoL order and had been living at a home with other children who were not subject to the same restrictions. The home found this difficult to manage as restrictions that they felt were necessary to keep the child safe (and were permitted under the order), such as locking the door to the home, could not be justified for the other children living there. Reasons like this meant some homes only felt able to care for children with DoL orders if it was a solo placement.



For some children, solo placements are a good option. It can enable the home to tailor the environment and staffing to the individual child. However, we are concerned by the high numbers of children living in homes without other children, and often with high numbers of staff. This can create closed cultures that leave children isolated and vulnerable to mistreatment. It is not clear how these highly supervised environments can provide the building blocks for adulthood.

In contrast, other responses to our survey suggest that having a DoL order in place can make homes more likely to accept a referral for a child. This may happen when the home manager believes the restrictions will enable them to care for the child, when they otherwise could not.

We are concerned that this way of thinking may shift practice away from being child-centred. Local authorities should only seek a DoL order when it is necessary to keep the child safe, not as a solution to a sufficiency problem.

Orders allow restrictions as a maximum. They do not mean that providers must apply all the restrictions at all times. Instead, providers should use them as appropriate in each context. This keeps children safe while retaining as much of their privacy, independence and autonomy as possible. If a home can only care for a child under the maximum restrictions in the order, this is unlikely to be in the child's best interests.

On inspection, we always question the use of restrictions on children's movement, high staffing levels and/or intrusive observations. We need to understand whether this is the best or only way to support the child and keep them safe. We need to know that the practice is kept under review and that homes use a less restrictive approach whenever possible. Children's needs change over time. Any approaches to supporting them should be responsive to their current needs. [\[footnote 27\]](#)

In some extreme cases, intensive supervision and restriction will be necessary. But these practices raise questions about how children will fare when moving on to more independent living or when the order is no longer in place. These practices work to prevent behaviours that could cause harm to the child or others. They do not always target the child's underlying needs.

In one of the case studies, we heard how a DoL order severely limited the activities the child could participate in. They had 3 or 4 staff with them at all times. This reduced transportation options and therefore the activities they could access. When restrictions remove a child's opportunity to engage with the world around them, their experiences are limited. They are not being equipped for adult life.

### **Lack of effective joined-up working**

A lack of coordination between agencies can result in homes not being able to meet children's complex needs. In our survey, around half of both children's homes and local authorities said this was the case at least 'some of the time'. We heard examples of when poor information-sharing meant no one had a full understanding of a child's needs. Different agencies were holding different, sometimes out-of-date information. When local authorities do not hold a full picture of the support a child requires, they cannot put the required services in place.

Both children's homes and local authorities stressed the need to improve partnership working with each other, and with other agencies such as child and adolescent mental health services (CAMHS), education and youth offending services. They said current barriers were issues in communication and the ability to get all the required professionals together for planning and decision-making meetings. They also talked about the challenges in getting children timely access

to specialist services, particularly CAMHS and other mental health provision. The difficulty in accessing CAMHS services is a likely result of not having a big enough mental health workforce to keep up with the substantially increased demand. Since 2016, the number of children and young people in contact with these services has increased 3.5 times faster than the number of people in the psychiatry workforce. [\[footnote 28\]](#)

In the referral and commissioning process, local authorities said there was sometimes a lack of transparency from children's homes around how they were making referral decisions. The converse was also true. Children's homes said local authorities do not always provide transparent and thorough information about children's needs. This sometimes has a negative impact on relationships from both directions, limiting effective joint working.

### Concerns about impact on Ofsted judgements

Managers' decisions about accepting referrals for children are sometimes influenced by a perception that it will affect their Ofsted inspection outcome or registration. Responses from local authorities, and our focus group with commissioners, suggested that this is a major consideration for homes. Sixty per cent of authorities said it was 'often' or 'always' a reason that homes rejected referrals for children with complex needs. Some providers judged as good or outstanding were said to be more cautious when making referral decisions because they do not want to risk being downgraded. This could reduce the number of referrals they receive in the future.

### Figure 4: How frequently referral decisions are influenced by concerns about affecting Ofsted inspection outcomes



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

Commissioners agreed that this is a major influence, but that homes rarely say this is the reason behind their decisions. Sixty per cent of homes that responded to our survey said that this was 'never or rarely' a factor in deciding whether to accept a referral. One commissioner said:

“ They [providers] will use safeguarding, health and safety as the reason, but really the underlying reason is they are scared if they continue having the person that it will impact on their registration.”

Homes were concerned about Ofsted's assessment of how appropriate the home is for a child. When children have multiple needs of different types, homes are less likely to be able to meet all needs 'in-house'. They were worried this will mean they are not considered a good fit. They were also worried that it is more difficult for them to evidence positive outcomes for this group of children.

We have compared the inspection grades for homes that care for children with complex needs with the grades for all homes nationally. There was almost no difference in the percentage judged to be good or outstanding, at 81% and 80% respectively (data as at March 2023). The SCCIF was designed to focus on children's progress and experiences, as opposed to their outcomes. Inspections should therefore take account of children's starting points. We continue to explore how inspection practice may unintentionally contribute to the perception that caring for children with complex needs will negatively affect inspection grades, and how we could improve our practice accordingly.



## What Ofsted inspectors consider when homes care for children with complex needs

The research team held a focus group with inspectors who have experience inspecting homes where children with complex needs live. They discussed the things they look for on inspection, and how they focus on the quality of children's experiences to avoid penalising homes for the complexity of children's needs. The techniques and considerations discussed were encouraging. They are in line with the purpose of the SCCIF.

The main message from the inspector focus group was that they do not inspect as a snapshot. Although inspections happen at a single point in time, the questions the inspectors ask, and the evidence they gather, build up a picture of children's experiences at the home over time. Inspectors talked about how they consider children's starting points, how long children have been living there and what progress children could realistically make in that time. They noted that moving into a new home is a period of instability for children, particularly if it happens in an emergency. This can sometimes mean children's progress stalls or moves backwards for a time, until they regain stability.

We intentionally do not focus inspections solely on outcomes. We took a deliberate decision to move to focusing on children's progress and experiences to take better account of the difference homes are making to children's lives. The ambitions that a home has for a child, the plans in place to move towards them, and the execution of these plans are important. Inspectors consider evidence of these things when making their judgements. One inspector from the North West region said:

“ They might not make progress at this particular point in their journey because of the complexities of their needs but, actually, is the home doing what they should be doing to put them in the right position to make progress when they are ready? That is what we have to judge.”

Progress might look different for children with complex needs compared with other children. Understanding children's starting points helps inspectors to reflect on this. An example that inspectors discussed is when children go missing from the home. When children go missing, they are at risk. Homes should therefore try to stop this happening. However, if a child has regularly gone missing in the past, it may take the home some time to address the underlying causes to prevent future episodes. Inspectors stressed that children going missing does not result in an instant downgrade. It is the home's response to children going missing, and plans to reduce it, that influence their judgements. One inspector from the South West region said:

“ It is about to what extent the staff and managers are doing what they need to do. So, when the child is missing, are there clear plans, are they following those, you know, are they having meetings with the local authority to talk about the risk, to agree a way forward? Are they modifying arrangements in respect of things?”

There was a similar discussion about children who are not in education. Inspectors recognised that it can be difficult to find the right education provision for children with complex needs. Many of these children have experienced multiple placement breakdowns, and/or spent some time living

outside of their home local authority. This can disrupt their education and sometimes make moving schools necessary. It can be even harder to find a place in a special school or alternative education where that is the most appropriate for the child. With this in mind, we can still judge a home as good even if a child living there is not in education. What is important is that the home can evidence the steps they are taking to get the child into education. One inspector from the South West region said:

“ What plans are there, how much pressure are they putting [on] – are they escalating? ... There are very few absolutes. It is not like a child must be in education for [the home] to be good. It is about those stages and are they doing what they need to be doing? Or are they sitting back and [saying] “Oh, it does not really matter; the social worker is dealing with that”?”

To sum it up, we are not complacent. We recognise that inspection is a human activity, not a tick-box exercise, and therefore perfect consistency is not achievable. It is a priority for us to get this practice right. We will continue to use and develop our internal quality measures. We want to ensure that we are as consistent as possible and get the right balance between assessment of risk and children's experiences and progress. Below is a summary of the work we have done in pursuit of this goal.

We created a policy working group to closely review our inspection practice. We identified the key practices and language that were dominating inspection and affecting judgements. These were: managing risk; matching children in placements (and the concept of matching); and evaluating the use of restraint and restrictive practices. We disseminated this learning to a group of children's home managers to provide more clarity around how they can manage risk to enable them to do so more confidently. We also amended the grade descriptors in the SCCIF to make clear how we view risk and how we expect managers to consider which children can come to live in their homes.

## **How are local authorities, homes and other agencies achieving stability for children with complex needs?**

Survey responses in phase 1 of this research highlighted some of the ways that homes, local authorities and other agencies can improve stability for children with complex needs. These themes informed the questions we asked during interviews in phase 2. We heard specific examples of practice relating to our case studies. The findings below summarise what we heard during both research phases.

We have focused on examples where things were going well for children, and the practice that has influenced that. We hope that sharing these will be useful for those in the sector who face the challenges we discussed in the previous section. When we heard of weaker practice and ongoing difficulties in achieving stability for children, we asked professionals and children what needs to change. We report on this too.

Children, and those who care for them, face different challenges throughout the care journey. Times of transition – when a child moves into or out of a home – require different strategies and priorities compared with when a child feels settled. Recognising this, we have separated the

findings into 3 key stages:

- planning and preparing for a placement
- during a placement
- planning and preparing for post-placement

## **Planning and preparing for a placement**

Collaboration between agencies was the common thread through planning and preparing for placements. When all the necessary information about a child's needs is available to all relevant parties, decision-makers can tell whether a home will be a good fit. Good relationships between commissioning teams and providers helped in accessing placements for children. Relationships with other agencies helped in getting services in place to support a placement. Joint working was also necessary to create bespoke placements targeted at a child's individual needs.

### **Deciding residential care is the right choice**

The children's circumstances in the 10 cases studies were varied. They all had unique pathways into residential care. For some, their previous placement had served a short notice and the local authority had to find a new home as soon as possible. For others, it was a planned move. All but one child had experienced several placement breakdowns before coming into their current children's home.

Most of the children in our case studies had spent as least some time in foster care. Generally, the decision that children should live in a residential home was because a foster home was no longer considered able to keep them safe or meet their complex needs. For children who were subject to DoL orders, or waiting for a secure placement, a residential home could provide increased safety and stability due to higher staffing ratios.

Some of the children had experienced many fostering breakdowns in quick succession. Decision-makers therefore thought residential care was the best chance of achieving stability in a more permanent placement.

For one child, the shift patterns of staff in children's homes meant residential care was the best option. This child sometimes directed aggressive behaviours at their carers and, when in foster care, struggled with feelings of guilt and shame on seeing their carer after an incident. Because staff in children's homes work in shifts, the child was able to have some time away from carers after an incident. This gave them time to recover and process what had happened.

### **Finding the right home**

It is challenging to find homes that cater for children who have a range of multiple needs of different types. The more types of need, and the greater the severity of each, the fewer the number of homes that can fully support them. It becomes more complicated when the local authority also has to consider:

- whether the home is in a suitable location for the child
- whether the child will be compatible with other children living in the home

- whether the home is close enough to a suitable school
- the number and skills of staff required

There are different ways that local authorities are trying to plug the gaps in provision for children with complex needs. From survey responses, the most common way was to adapt or bolster existing places by adding extra services or staff. In many instances, local authorities were using provision designed for short-term stays as more permanent homes for children. This included settings they described as 'emergency' or 'crisis' provision, or short-break and respite homes. One local authority identified a family member who they assessed would be able to care for the child if supported by enough multi-agency input.

The other, less common, strategy was to create a new 'bespoke' placement. This would be specifically designed to meet the needs of an individual child. We saw an example of this in our case studies. The local authority worked with a provider to buy a house, as the facilities and location were ideal for the child. It then assembled a staff team that had the skills to meet the child's needs.

The creation of bespoke placements appears to be increasing as a solution for the lack of places for children with complex needs. But, because of the sector-wide barriers discussed above, even bespoke placements may fall short of meeting all a child's needs.

When creating new placements, or adding additional support packages, agencies need to work closely together. To make effective placement decisions, both homes and local authorities need clear information about the child's needs. Children's homes reported that local authorities sometimes lack transparency in referrals. They do not provide sufficient or reliable information about the child. One children's home registered manager said:

“ ... Sometimes, referrals do not always reflect the young person in an honest way, which causes placements to be accepted that may not be suitable.”

When homes receive enough detailed information, they are able to anticipate and prepare for the impact on others at the home. They can access relevant training for staff, and arrange input from any required external agencies.

In our focus group with commissioners, they described the balance they have to strike when making referrals. They need to be realistic and open about children's needs while also highlighting children's strengths. One commissioner said:

“ What our teams do... is work with the social workers to make sure that the information they are providing in the referral form describes the child properly and appropriately... you could be over-describing the child's needs and no one will offer a place for the child.”

From the other perspective, local authorities raised concerns about homes not being able to deliver the care outlined in their statement of purpose documents. This complicates commissioning processes. In the worst cases, it also results in homes serving notice for a placement. To avoid this, commissioners said that homes should scrutinise referral forms and carry out thorough risk assessments. There is wide variation in how homes approach this. Some do this 'over weeks... and some just take them the same day'. Our inspectors said that these decisions are something they look at on inspection. They want to understand how homes 'get to know them [children] and their needs... not just that referral form... It's about speaking with family, former carers, school'.

Pulling together all the necessary information to make a detailed referral, or to create a bespoke support package or placement, requires information-sharing between agencies and timely assessments. Holding meetings that bring together all the relevant professionals was the most common way of achieving this across our case studies.

In one example, where the child had a complex medical history, the social worker produced a medical chronology. This outlined the child's medical history, their previous assessments and the outcomes and recommendations from these. This not only brought all the information into one place, but also prevented them from duplicating assessments. It also served as a useful basis for requesting support from the mental health team.

Good relationships between local authorities and providers helped to make the process easier for all involved. It improved the chance of having referrals accepted. One commissioner said:

“ Relationships have to be at the heart of best practice. There are certain providers where we have built up a really good relationship over the years...They really are keen to help local children and do that as well as they possibly can, and work with us and be creative. ”

Sustaining relationships with providers over time, and having providers with multiple homes where the child can move if one placement breaks down, was helpful in finding the right placement for the child.

The need to find a suitable educational provision for a child with complex needs, at an achievable distance from the home, was a shared struggle. In one of our cases, the local authority first found the school, and then the home afterwards. One registered manager said:

“ It was a case of they had found the school they had wanted. Still close enough for [the child] to be [near] to siblings but school, equally, could hopefully meet their needs...Then it was a case of finding the placement after the school, because they felt that school was more difficult than the home life.”

Virtual school headteachers talked about the challenges of finding schools for children with complex needs when they move out of area. In these instances, virtual school headteachers work with their counterparts from other areas to make use of their local knowledge of providers. Many virtual school headteachers talked about the role in linking together health, education and social care teams. This is because of their role in getting education, health and care plans (EHCPs), and special educational needs and disability assessments for children.

### **Getting ready for the child to move into the home**

Moving into a new home can be disruptive and scary for children. In our case studies, the time children had to move varied from less than a day to over a month. When children moved quickly, it was for an 'emergency placement'. Both local authority staff and children's home staff stressed that short-notice, quick moves were a last resort. These experiences can be very difficult for children. One child in our case studies told us how they felt when they moved at short notice:

“ I would have preferred someone told me... I was so confused. ”

The people we interviewed felt that it was good practice when children had longer to move. This meant they could visit the home, meet the staff and perhaps stay overnight. These were the steps

taken for many of the children in our case studies. This aligns with what we have found to facilitate a good transition into foster care. [\[footnote 29\]](#) Other practices included providing video tours of the home or children's guides. These included information about, and photographs of, the home and staff. Helping the child to personalise their space at the home was also mentioned as a way of helping children have more say in the process. We heard examples of children picking curtains, paint colours and decorations for their bedrooms.

Home managers we spoke to emphasised the importance of listening to what the child wants. They asked the child whether they would like to spend a night at the home or meet the other children who live there before they move. One IRO said:

“ There was a really clear transition plan of visits and meetings. There was a transition book created for them by the staff, with photographs, so [the child] wasn't just walking into and didn't know anybody... And although we didn't put a timescale on the transition plan, it was very much guided by [the child]... it was done at [their] pace.”

This was not necessarily what other children wanted. In these cases, the home staff found other ways to introduce themselves and prepare the child for the move. One child said:

“ I did get a chance to visit but I didn't come – I think sometimes it is better that way as it might have made me more anxious. [Name of person] sent me a video of the home and the staff and when I got here, I felt like I had already met them which helped me. The home is comfortable, and I felt welcomed. I walked the dog on the first day I came here. I don't think there was anything else they could have done.”

Planning a move based on the individual child's needs and preferences is important. Not all children will benefit from or like the same approach. As one registered manager said, 'The transition is what is right for the child.' In our case studies, the relationships that social workers and independent reviewing officers (IROs) had with children meant they could individualise the transition for the child. For the child quoted above, who loves dogs, walking a dog on the day they arrived was really positive. For another child, the home manager found out about their hobbies so they could arrange activities the child would enjoy. These details made the children feel more comfortable when they arrived in a new place. One registered manager said:

“ ... So [the child] came in and we knew they loved gymnastics, football, dance, so straightaway, within a week, [the child] had all those classes to go to... So they knows, “oh, I am doing all these things I love”.”

In 3 out of the 10 case studies, staff from a prior placement moved with the child to the new home. This provided familiarity and consistency. For one of these children, 2 members of their care team moved with them. The registered manager in the new home arranged the shift patterns so that one of these staff members was always on shift. This meant the child always had someone they already knew. In another case, the child's in-house therapist moved to the new home with them. The therapist gave training to the care team, specifically around the child's complexities, before the child moved. This supported the transition well.

## During a placement



Across our case studies, children had lived in their current homes for a range of 10 months to over 4 years. In some cases, professionals recognised that the placement was not perfect. However, there were elements of all the placements that had provided some stability for children. Much like in planning and preparing for a placement, professionals highlighted the importance of joint working between agencies during a placement. Having all the necessary people working together to pre-empt and react to issues as they arose was important to making a placement work. Consistency was also key. This was true for the people around the child, the boundaries set and the responses to behaviour.

### **Staff's commitment to and relationship with the child**

In phase 1 of this project, children's home staff noted how stable staffing enabled them to develop positive and trusting relationships with children. They thought this was particularly beneficial for children with complex needs, as many of these children have experienced the breakdown of many relationships or placements. This was a strong theme in the case studies too. One IRO said:

“ It just feels – they're not just staff that are on shift – it feels like, you know, like [the child] has got their own type of family, you know, and I think that's important, especially in the absence of...contact with their birth family.”

One child's social worker compared the home to 'a family home'. They described how the staff greet the child like a parent would when the child gets home from school. The child told us how the staff 'listen and understand how I feel'. This atmosphere was different to what some children had experienced in their previous homes. Temporary agency staff meant children found it hard to build relationships as they felt they were meeting new people every few weeks. Several of the professionals pointed out how unsettling multiple changes in staff could be for children. They also explained that staff who had better relationships with a child were more able to recognise the triggers of destructive behaviours and de-escalate them.

Along with consistency, the resilience of staff in children's homes is important. Staff 'commitment' and ability to 'persevere' and 'not give up' on children helped the homes achieve stability for children with complex needs.

This commitment was evident in different ways throughout our case studies. For one child, who had a mixed ethnic background, staff committed to helping them develop their cultural identity. One of the child's parents had not been involved in their life, which had led to the child having negative feelings towards that side of their heritage. The manager did a lot of work with the child on identity, and they now have pictures of cultural icons of that ethnicity in their bedroom. The home has a subscription to a magazine that focuses on role models of that ethnic background and books about the cultural history. The social worker noted how the work of the staff 'has really helped with [the child's] identity and understanding of who [they are] and being proud of that'.

Professionals highlighted the importance of letting children know that staff are there for them and that they are genuinely cared about. In one case, the social worker made a birthday cake and visited on the child's birthday. In many cases, the home staff helped children do the things they love. This included visiting a horse sanctuary with a child, getting up at 3am to drive a child to take a sunrise photograph, and bringing their pets to the home for a child to play with. Actions like these showed the children that staff value and care for them. Professionals noted that sometimes children try to test staff's commitment. When children have experienced a lack of consistency in their past, it can be hard for them to believe that staff will not 'give up' on them. One IRO said:



“ [The child] just needs to see that we're there for them... We hang around a bit longer, so they] know we've tried... even if [the child] doesn't talk to you, they need to know that you've bothered.”

Staff acknowledged that placements could be difficult. But they were committed to the children in their care. When one child arrived in their current home, they were assaulting staff daily. The staff understood the child was expressing their frustration, worry and confusion. The staff were resilient in supporting the child through this time and, gradually, over time and with the staff's support, the number of incidents reduced. For the child, seeing the staff's commitment was powerful. One IRO said:

“ They genuinely love [the child], and you can see it and that, to me... it is the golden nugget. If they invest in the children, then the children know that they are held in mind. They do want the best outcomes for them and the tough times they can work through because there is something more there.”

For almost all the children in our case studies, the intention was for the home they currently live in to be their home for the foreseeable future. For most, this was the case until they turned 18. Knowing that they would be there for the long term contributed towards children's sense of stability. It helped them feel invested in building a life for themselves at the home and developing relationships with the people there.

Sometimes, a child will live in a home for a shorter length of time. This can be for many reasons, such as to give a child in crisis a period of therapeutic support, or to meet their needs for a period before they return to live with their parents. When children know they will spend a short time in a home, helping them feel a sense of belonging may be more difficult. It took time for the children in our case studies to feel settled and to understand staff's commitment to caring for them. When there is not enough time for this to develop, homes will need to use other strategies to help children feel stable.

## **Helping children to access education**

Effective working between home managers, social workers and virtual school headteachers is important in finding the right education provision for children. The right provision has to suit the child's needs, interests, abilities and aspirations.

In some of our case studies, professionals noted the role that other agencies had played in finding suitable provision. One child had moved out of area and the school they were in was not working for them. Their EHCP was not recognised out of area and staff realised the child needed specialist provision. The home staff and social worker worked with the virtual school to push for this.

In another instance, a child moved out of area and the virtual school ensured that the tutor moved with the child. This gave the child familiarity and consistency in education during a big change.

Even when they could not find provision quickly, professionals worked together to ensure some kind of education. One virtual school headteacher gave an example of when it took a year to find a child a school. In this year, joint working between professionals meant they could build a package that included counselling, mentoring and work experience for the child.

Even when joint-working is effective, it was still sometimes difficult to find places for looked after children. One virtual school headteacher explained that because schools in their area were mostly

academies they didn't have 'that golden ticket' of the '... expectation that children will come into town and there will be a place for them, just because they're in care.' An increasing number of schools are becoming academies. As academies are their own admissions authority, they are not legally obliged to admit children in care. Some appear to be reluctant to admit children with complex needs.

From our case studies, it was clear how the progress, sense of achievement and structure that education provides contributed to children's stability and the success of placements. One IRO said:

“ The team have got [the child] into education and that was the biggest bit that was missing... [They are] loving it... just engaging in it all, [they are] developing social friendships. So, there's a huge amount of positive around the education part now for them.”

In contrast to this, when education was not working it clearly had a negative impact. One child in our case studies, for example, left their education provider because it could not meet their needs. Although the local authority provided a tutor who went into the home, this did not work as the child did not want to have education in their home environment. At the point we spoke to them, they had been out of education for 6 months. The IRO said the child was 'starting to lash out... becoming frustrated' and 'becoming quite focused on their mealtimes because that's the only excitement in their day'. The home manager agreed that the lack of structure and daily routine was damaging.

We saw a wide variety of education types among our case studies. This included some vocational training, such as farming, garden landscaping work and caring for animals. The professionals caring for these children highlighted the importance of finding what works best for an individual child and their learning needs. For one child, the move to a practical course 'where [the child] is out using their hands' had led to their attendance being at its highest ever level. The child's new-found enjoyment of education was also having other benefits. They were motivated to get up in the mornings and take their medication. The child's social worker described education as 'the biggest positive within [the child's] world at the moment'.

Before they had established this set-up, the child was struggling in their mainstream school. They showed this through their behaviour: going missing and being abusive towards staff. The social worker and the school worked together to find an option that suited the child's learning needs.

Across our cases, staff were ambitious for children's education, especially when it was not as good as it could be. However, they also recognised that the measure of success for some children would not be the number of qualifications achieved. One IRO said:

“ Education is important but it's not the be-all and end-all for [child's name]... unfortunately, [the child] isn't going to come out with numerous certificates, but we want them to have those life skills to equip them to be able to transition into adulthood.”

## Helping children to access mental health and wider health services

All children within our case studies required some input from mental health or wider health services. There are currently high referral numbers and long waiting times to access children's mental health services. [\[footnote 30\]](#) Professionals recognised the impact of this. They spoke about delays in children getting assessments or access to CAMHS support. When children moved to a new area, their mental health support was often disrupted. This is concerning, as children with complex needs often live in homes outside of their original local authority and are some of those

most in need of mental health support. For one child, their psychotherapist was able to continue providing sessions for several months after the child moved to a new location. This bridged the gap before they could access CAMHS support in the new local authority.

There were some examples of home staff working jointly with CAMHS teams to set up in-house therapeutic support for a child. CAMHS provided support and supervision for the home staff and shared creative ideas tailored to the home and the child. Having in-house therapeutic support with extra input from external services when necessary was a working model for many children in this cohort. One home staff member said:

“ CAMHS have provided support and lots of ideas to help us to help and support [the child], such as soothing activities and distractions when [the child] feels [they are] going to self-injure... We haven't ever got to the point where [the child's] placement was going to break down, but the placing authority have always offered support when needed.”

Professionals stressed the importance of timing for children starting therapy, so as not to re-traumatise or destabilise the child. Although children might need therapeutic input in the future, they needed time to 'settle and stabilise' first. Professionals also sought children's views on their readiness for therapy. One home manager told us about the successful, collaborative approach a therapist had used with the child in their home. The child had produced a support plan outlining 'What do I need from adults to support me?'. This had served as an effective reference tool for the staff.

In terms of wider health services, we heard about their involvement in multi-agency discussions. At the time of our interviews, there were plans underway for one child to move schools. The child's social worker told us that health professionals were involved in decisions about the most appropriate school place for the child, in developing the transition plan and in how the move was being communicated to the child.

### **Working with police and youth justice services**

In a few cases, police and youth justice teams were substantially involved to support children in placements. The nature of children's behaviour, its presentation and the number of episodes were different. But these cases all had joined-up work between the home, local authority professionals and youth justice services. Services worked together to establish a response that would be effective for the individual child. The aim was to reduce behaviours that require police involvement, as frequent police interventions might lead to the over-criminalisation of the child.

In one example, the high number of police contacts were partly driven by the child's wish to get attention from the police. Due to past experiences, the child associated police attention with feeling important, protected and safe. Although it is positive that the child feels protected by police, their tendency to seek out police contact by placing themselves at risk was concerning. The professionals caring for the child worried about the immediate risks of these behaviours, but also about criminalisation of the child due to regular police involvement. In an effort to keep the child out of court, youth justice workers had regular meetings with the child. These meetings gave the child the opportunity to talk about their worries. They also allowed the youth justice team to explain the consequences and risks of the child's behaviour.

In another case, a child had a history of perpetrating assaults. A worker from the local youth offending team started to visit the child each week. These sessions aimed to help the child to understand the consequences of their actions and develop strategies for regulating their

behaviours. One registered manager said:

“ [Name of child] has a [youth offending team] worker who comes and sees them once a week... [the child] is quite aware of their behaviour and is quite able to control it at times, not always, but that is why obviously they can make positive choices. Now [the child] understands the consequences better, I think they know that things are not going to get left. That is not saying we want to criminalise [the child] because there is a balance.”

### **Supporting children's relationships with family**

For some of the children in our case studies, being able to maintain relationships with family members contributed to their stability in the children's home. The professionals around children worked together to enable consistent contact between children and their families when this was appropriate. Staff at the homes and children's social workers supported parents to maintain a presence in their child's life. This was challenging in some cases. Some parents were experiencing personal difficulties that made their input inconsistent. This meant children were sometimes let down, as planned contact could not go ahead. In these instances, the professionals had to balance the child's desire to see their family with the impact on the child's well-being when plans fell through.

In other cases, children had decided they did not want contact with certain family members. Professionals highlighted the importance of respecting children's wishes. But they recognised this could be difficult for family members who wanted contact. In one example, staff held meetings with a child's mum every couple of months. This kept the child's mum updated and involved and maintained the relationship between professionals and the mother. Contact could then be easily reinstated if the child wished.

When relationships between social care professionals and family members were good, this typically improved the child's feelings towards the home and those caring for them. One registered manager said:

“ We work with mum and dad to make sure that [the child] had planned family time well in advance... For us working with mum and dad, and mum and dad speaking very positively about us, that always married into everyone working together.”

The opposite was also true. In one case study, the child's family were distrusting and negative about social workers and children's homes. They would communicate these views to the child, which then influenced the child's feelings towards the professionals around them. The family viewed the IRO more favourably, as they considered the IRO to be separate from the local authority. The IRO acted as a 'broker' between the home, local authority and child's family to try and improve relationships.

When family members engaged in children's lives, it was helpful for the home staff in resolving routine issues and making child-led decisions. In one example, the home staff had a very good relationship with a child's mum. This relationship meant the mum had the opportunity to contribute to day-to-day decisions, acting as an advocate for her child's preferences and needs. In this case, professionals felt that the mum's proximity and involvement had been crucial in maintaining the placement. One IRO said:

“ Because [name of home] work so closely with mum, they have a fantastic relationship... they're able to run things past each other. If any small decisions [come up] about day-to-

day-stuff, [registered manager] is able to engage [mum] and [mum] is able to have that say... His mum is a tremendous advocate for [her child].”

There were sometimes logistical challenges around the child staying in touch with their family, particularly when children were living outside of their original home authority. We heard examples of how homes worked with parents to overcome the challenge of travelling long distances for contact. This included finding suitable locations at a midpoint between the child and parent's home. In another example, the home arranged for the child to go on holiday close to where their parent lives.

## Planning and preparing for post-placement

In our case studies, planning for children's futures (after their current placement) was the weakest area of practice. The staff we spoke to raised their concerns for children and discussed their struggles to get multi-agency work started in this area. There was some frustration from staff. They recognised the importance of starting early when building children's independence and making post-18 plans. This would give children time to develop the necessary skills and allow for a gradual transition. They felt this work was not happening to the timeframe or scale needed when considering the children's level of need. One registered manager said:

“ More could be done to ensure [the child] has all the support they need. [The child] is a complex person and there should have been more support and planning in preparing them for the next stage. [Service name] is involved, but they haven't done anything yet.”

Many children with complex needs spend a lot of time surrounded by large numbers of adults. This can be because the home is using high staffing ratios to keep them safe or because they have regular contact with many different professionals. Staff worried that having been so dependent on adults, or so closely monitored, children will struggle with everyday aspects of independent life. There were also concerns that children may be more vulnerable to people who would do them harm. One social worker said:

“ As a child looked after, [they are] heavily reliant on professionals, which is common, that's not unusual, but it's really trying to get [the child], at least semi-prepared for the big wide world out there... because they have had a very complex background, we want to do, like, a slow transition and make sure it's done thoroughly and then everything is understood to make sure [the child has] got that right support.”

Many of the children in our case studies were being supported to develop some basic life skills in preparation for more independent life. One of the children talked about baking and cooking meals for themselves. A social worker described how they worked with the home to encourage another child to start washing their own bedding. Other professionals mentioned supporting children to catch the bus on their own, do a grocery shop and budget to a weekly amount. One of the children was exploring routes for continuing their education and finding employment. The child had secured a paid summer job and was looking into options for work experience in their chosen field.

Staff had concerns that the transition out of children's services at 18 could sever relationships that children have with trusted professionals or family members. The role of a personal adviser, appointed before the child leaves care and who supports the child in transition, is very important.



Professionals stressed that, for the children in our case studies, introductions should have happened earlier. This would have given time for a relationship to develop, ensuring that the young person has someone they trust to support them through the transitional period. This is consistent with care leavers' views from a report we published in 2022. Care leavers felt that personal advisors were helpful in preparing to leave care, but a fifth felt they met them too late. [\[footnote 31\]](#) One IRO said:

“ There's so many changes at 18. [The child is] going to lose me as their IRO... going to have a change in social worker... not going to have [registered manager's name]... Everybody ebbs away from [the child] at 18. The only consistent person will be their PA and that's why I need them on board as soon as possible for that consistency, because [the child is] going to experience a significant amount of loss all in one go.”

Professionals spoke about the challenges surrounding the transition to adult support services. They found it a struggle getting 'the ball rolling' when working with other agencies.

Accessing suitable housing for young people post-18 was a big concern. This was particularly the case for children who were currently living outside of their home local authority, and who were comfortable in the new area and wished to stay there after turning 18. Because the original placing local authority retains responsibility for the young person as a care leaver, finding housing elsewhere can be difficult. This threatens additional disruption in a time of turbulence for young people.

In our focus group with commissioners, they talked about the need to ensure continuity of care for children with complex needs when they turn 18. They suggested that placements that could 'have them at 16 and 17 and keep them post-18 as well' would prevent the breakdown of service. However, they did not have a clear understanding of how registration would work for this provision. Ofsted regulates services for children, whereas CQC regulates post-18 services for young people with learning difficulties or health needs.

We know that there is some misunderstanding in the sector about whether young people can remain living in children's homes after they turn 18. We recognise that the legislative landscape is complex. The Care Standards Act requires that a children's home provides care 'wholly or mainly' for children. [\[footnote 32\]](#) It does not prevent them from accommodating young adults or adults. In some instances, it is therefore possible for a young person to remain living in a children's home after they turn 18. The SCCIF provides guidelines for how we inspect and enforce the 'wholly or mainly' policy. [\[footnote 33\]](#) This should serve as reassurance for homes that, in some cases, young people can stay living with them.

## How professionals capture and implement children's views

Professionals who responded to our survey or whom we interviewed for case studies commented on the importance of seeking children's views. They believed that involving children in decisions meant they are more likely to feel positive about a placement or engage more readily with a service. Keeping children informed about their options, how their preferences are being implemented, and any changes in their care was also important. These benefits are true for all children in care and are not limited to children with complex needs.

In our case studies, it was encouraging to hear from children that they feel their views are heard. One child said:

“ I do get listened to about my views – I’m always talking to staff about what I think.”

Survey responses show that children’s views are routinely sought throughout their placements (for example during assessments, referrals and daily life at the home). They mentioned a variety of methods used to capture the views and wishes of children: regular formal and informal discussions between keyworkers and children, inviting children to attend review meetings, through advocacy groups and multi-agency working. Seeking a child’s wishes when making key decisions about their life helped the child to feel they had a say in the process. One child said:

“ I know that someone else may come to live here and I have been spoken to about that so I have been able to share my views – I would like someone younger than me. ”

We heard examples of smaller decisions that children were included in. Having input in daily matters, or even seemingly trivial things, made children feel more comfortable in their environment and that their views matter. One IRO said:

“ [The child] was asked to choose what paint colour they would have in the lounge. I just think nice things like that, because [the child] had been there a while, they wanted them to be involved in that decision-making. The fact that there are pictures up of [the child]... it’s a lot of the kind of, normal-in-inverted-comma things that, I would say, have worked and helped make [the child] feel safer and that stickability.”

In case studies, we heard how the frequency and format for seeking children’s views were adjusted to children’s individual circumstances. We also heard about the commitments and responsibilities of each professional involved. The frequency of meetings, above the required timeframes, was child-led.[\[footnote 34\]](#) Professionals had much more contact with children during times of transition or crisis.

Part of capturing children’s views was building their confidence, so they felt able to express their wishes. The trusting relationships staff had with children facilitated this. One registered manager said:

“ [Name of child] feels loved and they know that no matter what, staff will not give up on them. Staff unconditionally love [the child] and this has given them the strength and confidence to express their views, share their experiences.”

In our case studies, professionals shared that children are ‘vocal’. The children did not withhold their views or wishes about their educational preferences, staff, environment at home, family contact or everyday choices. Most children had a strong network of professionals, advocates and family working together to ensure that children’s preferences were met. However, some warned that too much involvement, or speaking to too many professionals, can be overwhelming for children. One social worker said:

“ [The child] finds, you know, professional involvement overwhelming. They obviously always had a number of professionals involved in their life, not just a social worker. There’s always been 10 others around them, so we completely respect that and, you know, we utilise different forms of, you know, obtaining their wishes and feelings really.”



When appropriate, views are sought from other important people in children's lives. This could be their parents or a previous carer, who would have insight into the kind of home or services the child would like and benefit from.

There were some instances when professionals could not act on a child's preferences. This was either because professionals did not consider it to be in the child's best interests or, unfortunately, because no placements that met their preferences were available. Over three quarters of local authorities in our survey said that there is a lack of homes that align with the wishes of children at least 'some of the time'. One children's home registered manager said:

“ As with all children in care, the principle is that their wishes and feelings are considered and respected. The reality is that the harder a child is to place the less their wishes in the matter can be respected.”

When a child's preferences cannot be met, professionals stressed the need to clearly explain the reasons to the child. This can help them to understand and accept the decision.

## Conclusion

This research has explored what 'complex needs' means to professionals in the sector. In this report, 'complex' refers primarily to the combination of multiple needs of different types and means children require input from multiple agencies for their needs to be met. These are the very children for whom the vast majority of local authorities find it hard to find homes.

Some homes hesitate to accept referrals for children with complex needs because they are concerned about how it will affect their Ofsted inspection outcomes. This further limits the number of homes available for children. We are keen to address homes' concerns and reassure them that being unable to evidence outcomes for these children will not negatively affect their inspection outcome. The inspection grades among homes that care for children with complex needs are no lower than among all homes generally. Also, we intentionally designed the SCCIF to focus on children's experiences and progress, rather than their outcomes. We continue to work with the sector to manage these sensitivities.

There are sector-wide challenges with recruiting and retaining skilled and experienced staff. There is also a national shortage of secure and therapeutic homes. This all means that too many children have to live in unregistered provision and experience frequent changes of staff. Our research showed that the consistency of staff who are invested in children's well-being and progress is one of the key factors in their stability.

There were some common elements of the practice of local authorities and homes working together and with other agencies that resulted in good experiences for children. These were:

- well-planned moves into the home, at a suitable pace for the child
- providing consistency, through relationships, education and other activities
- getting children access to the specialist services they needed
- facilitating a sense of belonging for children, through knowing staff would not give up on them and that this is their long-term home

- capturing and implementing children's views on their care

These features are important for any child in care. They are even more vital for children with complex needs, because adversity and instability have affected their lives profoundly.

Close working and sharing transparent information about the child are key features of effective joined-up work that help children get into the right home that can best support their needs. Finding a suitable educational provision was a prominent challenge. It required input and collaborative efforts between local authorities, virtual school headteachers and home staff to find or create educational options most suited to the needs of the child. Where there was evidence of effective work within and between the authorities, children had faster access to other support services, such as CAMHS, youth offending teams and local police.

In our case studies, homes had largely succeeded in making children feel safe and secure. However, professionals raised concerns about preparations for children's post-18 transitions not starting early enough to equip children with necessary life skills. Preparations need to start earlier, at a pace suited to the individual child's needs and involving close work between all agencies.

## **Our messages for policy and practice professionals**

- Although our research contributes to the sector's understanding of what 'complex needs' means, we also see benefit in shifting away from using this umbrella term for children whose needs are multiple and varied. It is more helpful to describe the specific needs a child has and what support they need, and from whom, to meet those needs.
- At Ofsted, we do not want to act unintentionally as a barrier to children's accessing the right services. On our inspections, we will continue to focus on the progress and experiences of children as stated in the SCCIF. Our goal is to support the sector in developing and providing a high-quality service for all looked after children.
- Supporting children with complex needs requires consistent, integrated input from various services and often for a long time. For this to work well, investment is needed to tackle the lack of staff in workforces across social care, health services, mental health, education and wider services. More staff, and a more stable workforce, are needed to provide better experiences for children.
- The residential sector also needs targeted investment. Residential care is a positive option for some children, including some of the most vulnerable. However, this is not recognised enough in local and national policy, including the social care reforms.<sup>35</sup> Strategic oversight is vital to make sure that homes open in the right locations and that these homes can meet the needs of the children who need them.
- Compared with other children, those with complex needs are more often in solo provision and/or have higher staffing ratios. Although this might be suitable in some cases, this should not be the default when planning children's care. Decisions should relate to the individual child and provide children with a home that only uses the level of restriction and supervision necessary to meet their needs and keep them safe. Homes should use less restrictive approaches whenever possible.
- Children's home staff need to be supported to meet children's complex needs, whether that be through training to enhance their skills or by developing their resilience. It is important for homes to recognise various pressures on staff and to support both their professional

development and well-being.

- Children's home staff need support and training to understand and address the reasons behind children's behaviour. All teams and homes need to take this approach consistently and rigorously.
- The language around children's needs should not pathologize them unnecessarily. There are benefits to focusing on children's strengths and what could be achieved if their needs are met. We heard from commissioning staff who are already implementing this practice. They find that it improves the referral process and the quality of decisions made for children.
- When children are in the right education setting, it enhances their stability, and progress spills over into all areas of their lives. Home managers, social workers and virtual school head teachers need to work together, so that they can find or maintain appropriate school places for children, or make alternative educational arrangements when this is not possible. There are challenges around schools accepting these children on their rolls. When there are fewer educational options for children, it limits their opportunities to reap the numerous benefits of education.

## Appendix

### Methodology

This research report focuses on how local authorities, children's homes and other agencies can achieve stability and permanence for children with complex needs. To address this, we used a 2-phase mixed-method approach:

- Phase 1 involved a survey of local authorities and children's homes. We wanted to understand their experiences of the referral and placement of children with complex needs.
- Phase 2 used a case study approach to elaborate on themes identified in phase 1. We chose this method because it could provide clear, tangible examples of practice around a child, which we thought would be of most use to the sector. We interviewed professionals who have been influential in the decisions made about the child's care, those who have directly cared for or supported the child, and the child themselves. Additionally, we conducted 3 focus groups:
  - one with members of the association of virtual school heads
  - one with staff who work in commissioning for local authorities
  - one with Ofsted inspectors who inspect children's homes.

### Research questions

The overarching research question this project sought to address was:

How can stability and permanence be achieved for children with complex needs living in children's homes?

To answer this, we aimed to:

- define specifically what is understood as 'complex needs' in the context of finding children's home placements for children
- understand the scale of the problem for local authorities in finding homes for children with complex needs
- understand what influences a local authority's decision to approach a home for a placement for a child with complex needs
- understand what influences a home's decision about whether to accept or reject a referral for a child with complex needs
- understand what local authorities and children's homes have done or can do, separately and together, to facilitate stability and permanence for children with complex needs in children's homes
- understand the barriers that local authorities and children's homes face in achieving stability and permanence for children with complex needs in children's homes
- understand how the views of children, and of people who know them, are captured and to what extent their views impact on the care children receive

## **Data collection and sampling**

### **Phase 1:**

We developed an online survey and sent it to representatives for all registered children's homes (3,047 homes, on 5 January 2023) and the directors of children's services for all local authorities in England (152 at the time of data collection). The survey asked for their views on what 'complex needs' means when finding children's homes for children. The survey also asked about their experiences of the referral process and caring for children with complex needs. Data collection took place over 3 weeks between January 2023 and February 2023.

We collected a total of 885 survey responses: 807 from children's homes and 78 from local authorities. This was a response rate of 29% and 51%, respectively. Within the survey, we gave local authorities the option to provide their name, and to children's homes the option to provide their Ofsted registration number. This enabled us to match their responses with contextual information we already hold. Among local authorities, 32 (41%) provided their name, while 654 children's homes (81%) provided their registration number.

We used contextual information we hold to investigate whether the characteristics of the homes and local authorities in our sample are representative of the national picture. The 654 children's homes were broadly representative of the national comparator in terms of regional distribution, inspection outcome, number of registered places and sector type (national comparator data as at 31 March 2022). The small number of local authorities we could match to contextual information (32) means we should be cautious using percentage breakdowns to make comparisons with the national comparator. All regions were represented among the 32 authorities.

### **Phase 2:**

Between June 2023 and August 2023, we engaged with 3 local authorities across the East of England and West Midland regions. We approached these local authorities based on Senior His Majesty's Inspectors' recommendations of good practice and recent inspection outcomes.

The local authorities identified a list of potential case studies for us that met our inclusion criteria.

From these, we selected 3 or 4 to include within our sample. This resulted in an overall sample of 10 case studies. For each child, we contacted the social worker, IRO and registered manager of the children's home for an interview. When appropriate, we also spoke to or sought written feedback from the child.

We did a total of 39 interviews, either in person or online, with people involved in each of these case studies:

- 11 interviews with social workers
- 6 interviews with IROs (representing 7 children)
- 10 interviews with registered children home managers, or other key workers within children's homes
- 3 interviews with key workers

We also engaged with 9 children, either through interviews or through written responses.

Our inspectors led the interviews that took place within children's homes or were with children. We made this decision because inspectors have a lot of experience being in children's homes and engaging with the staff and children in them. The research team gave a full day of training to inspectors about how to carry out fieldwork and the differences between research and inspection.

We selected case studies based on the following criteria to capture variation within the population:

- complex needs: children whose needs are considered complex, but whose primary need is related to either their behaviour or their mental health. (This criterion is based on phase 1 findings where local authorities identified that it is most difficult to find homes for children with behaviour-related needs and mental health needs)
- plan for permanence: whether the child's plan for permanence is to remain in the children's home, to move to another type of care or to return home
- duration of placement: how long the child has been in their current placement – but with a minimum 6 months
- the average duration for children living in their home was 1 year and 2 months - however, this ranged from less than 1 year to over 4 years
- local or out-of-area placement
- protected characteristics: ethnicity, gender and age
- children's home provider type

Children's characteristics are presented in the tables below.

### **Children's characteristics: sex**

<b>Sex</b>	<b>Count</b>
<b>Female</b>	5
<b>Male</b>	5

**Children's characteristics: age**

Age	Count
10 to 13 years old	3
14 to 17 years old	7

**Children's characteristics: ethnicity**

Ethnicity <sup>[footnote 35]</sup>	Count
White British	>5
Mixed ethnic background	<5

**Children's characteristics: out-of-area-placement**

Out-of-area-placement	Count
Yes	5
No	5

**Children's characteristics: duration of current placement**

Duration of current placement	Count
Less than one year	2
One to 2 years	2
3 years or more	6

**Children's characteristics: subject to a DoL order**

Subject to a DoL order (currently or previously)	Count
Yes	5
No	5

## Children’s characteristics: home ownership type

Home ownership type	Count
Local authority or Voluntary	3
Private	7

To supplement the case studies, we held 3 online focus groups:

- We asked members of the National Association of Virtual School Heads (NAVSH) about their experiences of multi-agency working when finding social care and educational placements for children with complex needs.
- We asked staff from local authority commissioning teams about their experiences commissioning homes for children with complex needs.
- We asked our inspectors about what they consider when inspecting children’s homes where children with complex needs are living.

## Analysis and analytical approach

We analysed 885 survey responses in Excel. We produced descriptive output for survey questions with fixed-choice and Likert-scale response options. This allowed us to see the proportion of both local authorities and children’s homes that had selected each option.

For responses to free-text survey questions, we identified themes in the responses that related to our research aims. Building on survey responses, we identified the areas of interest we wanted to explore in the qualitative phase (case studies). We designed the interview schedules to incorporate these areas. We removed names and other identifying characteristics from the interviews and focus groups transcripts. We analysed using MaxQDA software.

We analysed the findings from quantitative and qualitative phases thematically, and in conjunction with each other. This allowed us to identify areas of overlap and differences. The findings from the qualitative stage expanded on the survey findings. They strengthened the evidence around barriers to, and facilitators of, stability and permanence. They provided evidence of good practice and challenges to practice.

## Description of 6 categories of need

Category of need	Description
<b>Behavioural</b>	This relates to when children present behaviours that can place themselves or others at risk, or that staff in homes find challenging. This includes aggressive or violent episodes and offending behaviours.



<b>Mental health</b>	This relates to the care children require in order to support them with their mental health and the symptoms of poor mental health. This includes supporting children who experience depression or other mental health disorders, self-harm or suicidal ideation.
<b>Learning</b>	This relates to supporting children with learning disabilities or difficulties or other characteristics that can affect their ability to engage in learning. This includes autism, ADHD and sensory impairment.
<b>Safeguarding</b>	This relates to children who have substantial safeguarding risks, and need care that can protect them from these. This includes being at risk of sexual or criminal exploitation, gang membership and going missing from their home.
<b>Physical</b>	This relates to the care children require in order to support their physical health or cater to their physical disabilities. It includes the need for accessibility adaptations, nursing-style care such as tube-feeding or administration of medications, and support with addiction or substance misuse.
<b>Social</b>	This relates to supporting children to maintain relationships and engage socially with others. It includes supporting contact with their family members or other people who are important to them.

## Ethics

We carried out the study in line with our ethical research policy. [\[footnote 36\]](#) Our ethics committee approved the research.

We informed all participants about what their participation means and what their rights in this research are. All participants gave voluntary informed consent.

## Limitations

There are clear benefits of including inspectors in our research projects. They have expertise in navigating the environment within children's homes and engaging with children and staff in these settings. We recognise that some of the interviewees may respond differently to inspectors than they would to researchers. However, we are confident about the quality of these interviews. They uncovered depth of evidence and a broad range of issues, which help better understand the challenges around permanency and stability for children with complex needs. Professionals talked openly about the challenges they faced and when practice could have been better.

We had planned to hold a focus group with professionals who work for CAMHS. We reached out to relevant associations to try and recruit representatives. We were unfortunately unable to engage with anyone from CAMHS to participate. This means their views are missing from our evidence.

## Annex: data tables for figures

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

### Data for Figure 1: categories of need that local authorities and children's homes consider to be complex

	Children's home	Local authority
Behavioural	84%	93%
Mental health	90%	93%
Learning	88%	97%
Safeguarding	85%	86%
Physical	85%	96%
Social	75%	44%

See [Figure 1](#).

### Data for Figure 2: type of need that children's homes have most difficulty accepting referrals for, and that local authorities have most difficulty finding places for

	Children's home	Local authority
Behavioural	25%	48%
Mental health	17%	38%
Learning	11%	8%
Safeguarding	19%	3%
Physical	27%	3%
Social	1%	0%

See [Figure 2](#).

### Data for Figure 3: local authority views on how often children with complex needs living in

## children’s homes experience disruption

	Always	Often	Sometimes	Never or rarely
Have to be placed out of area	10%	66%	23%	1%
Experience planned moves	4%	25%	45%	26%
Experience unplanned moves	4%	66%	27%	3%
Have referrals rejected by homes	20%	73%	7%	
Are served notice by their setting	7%	75%	15%	3%

See [Figure 3](#).

## Data for Figure 4: how frequently referral decisions are influenced by concerns about affecting Ofsted inspection outcomes

	Children’s home	Local authority
Always	7%	21%
Often	12%	39%
Sometimes	22%	21%
Never or rarely	60%	18%

See [Figure 4](#).

1. [‘How local authorities plan for sufficiency: children in care and care leavers’](#), Ofsted, November 2022. [↩](#)
2. [‘Looked after children: out of area, unregulated and unregistered accommodation’](#), House of Commons Library and David Foster, November 2021.
3. [‘The children who no-one knows what to do with’](#), Children’s Commissioner, November 2020. [↩](#)
3. [‘What types of needs do children’s homes offer care for?’](#), Ofsted, July 2022.

A Malthe Bach-Mortensen, B Goodair and Barlow, ‘Outsourcing and children’s social care: a longitudinal analysis of inspection outcomes among English children’s homes and local authorities’, in ‘Social Science & Medicine’, Volume 313, 2022, article number 115323. [↩](#)

4. [‘Principles of care for children with complex needs and circumstances. Principles of care framework’](#), Nuffield Family Justice Observatory, September 2023. [↩](#)

5. These figures are from analysis of internal Ofsted data, or data provided to us by the Department of Education. The number in residential special schools and residential special schools registered as children's homes is reported as at 31 March 2022. The number waiting for a secure placement is on any given day. [↪](#)
6. ['Improving permanence for looked after children'](#), Department for Education, September 2013. [↪](#)
7. ['The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review'](#), Department for Education, July 2021. [↪](#)
8. ['Stability index 2020'](#), Children's Commissioner, November 2020. [↪](#)
9. ['The Children Act 1989 guidance and regulations volume 2: care planning, placement and case review'](#), Department for Education, March 2010. [↪](#)
10. ['The Children Act 1989 guidance and regulations, Volume 2: care planning, placement and case review'](#), Department for Education, July 2021. [↪](#)
11. ['The independent review of children's social care: final report'](#), Department for Education, May 2022. [↪](#)
12. ['How local authorities plan for sufficiency: children in care and care leavers'](#), Ofsted, November 2022. [↪](#)
13. ['The independent review of children's social care: final report'](#), Department for Education, May 2022. [↪](#)
14. ['Language that cares: changing the way professionals talk about children in care'](#), The Adolescent and Children's Trust, March 2019. [↪](#)
15. ['What types of needs do children's homes offer care for?'](#), Ofsted, July 2022. Data quoted is as at March 2020. It should be noted that the categories of need are different from those in the current research, so direct comparisons cannot be made. [↪](#)
16. ['Mental health pressures in England'](#), British Medical Association, August 2023. [↪](#)
17. ['What types of needs do children's homes offer care for?'](#), Ofsted, July 2022. [↪](#)
18. ['Children's homes: underlying data'](#), Ofsted, July 2022, Table 3 Children's homes by region. [↪](#)
19. Staffing ratios refer to the number of staff present, at any one time, to care for a child. The ratio can vary depending on the needs of the child, and the time of day. Staffing ratios may be lower overnight. [↪](#)
20. Figures come from analysis of Annex A data, which we collect when inspecting children's homes. [↪](#)
21. ['Registering children's homes in an emergency: priority applications'](#), Ofsted, 2020. [↪](#)
22. ['Placing children: deprivation of liberty orders'](#), Ofsted, August 2023. [↪](#)
23. In this section, we are referring to DoL orders that are made under the inherent jurisdiction of the High Court. [↪](#)
24. ['What do we know about children and young people deprived of their liberty in England and Wales? An evidence review'](#), Nuffield Family Justice Observatory, February 2022. [↪](#)
25. ['National deprivation of liberty court: Latest data trends – May 2023'](#), Nuffield Family Justice Observatory, June 2023. [↪](#)
26. ['Children and young people's mental health'](#), House of Commons Health and Social Care

Committee, December 2021. [↵](#)

27. ['Positive environments where children can flourish'](#), Ofsted, October 2021. [↵](#)
28. ['Mental health pressures in England'](#), British Medical Association, August 2023. [↵](#)
29. ['Matching in foster care: making good decisions for children in care and care leavers'](#), Ofsted, November 2020. [↵](#)
30. ['Safeguarding Pressures Phase 8'](#), ADCS; December 2022. [↵](#)
31. ["Ready or not": care leavers' views of preparing to leave care'](#), Ofsted, January 2022. [↵](#)
32. [The Care Standards Act 2000](#), section 1. [↵](#)
33. ['SCCIF: children's homes'](#), Ofsted, September 2023. [↵](#)
34. There are legislative requirements for how regularly professionals, such as social workers and IROs, should visit or contact children in care. These are outlined in the following guidance and regulation documents: ['The Children Act 1989 guidance and regulations'](#), Department of Education, July 2021. [↵](#)
35. Count has been suppressed due to small numbers. [↵](#)
36. ['Ofsted's ethical research policy'](#), Ofsted, December 2019. [↵](#)

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