

# Disabled children in residential placements

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*Note – the graphs in this report will be easier to read if printed in colour.*

# Chapter One: Introduction and Key Findings

## Background

1. This research project was commissioned by the Disabled Children's team in the Department for Education and Skills (DfES), building on the recommendations made in the 2003 DfES report, *Disabled Children in Residential Placements*:

*"In order to achieve greater awareness ... data about disabled children for one year should be collated and published, using the returns on Looked After Children, Hospital Episode Statistics, the Children in Need Census and PLASC. The effectiveness of the exercise should then be reviewed and decisions made about future analyses."*

*"National data on all disabled children living away from home, from health, education and social care [should be] collated and published to provide local authorities and PCTs with a full picture."*

## Definitions of disability

2. This report focuses on disabled children spending long periods in residential provision. Each sector has its own approach to describing them – the children who are the focus of this analysis are:

- children with special educational needs (SEN) boarding at school;
- disabled children in social care residential placements, excluding those on short-term breaks and/or in foster care;
- children who spent more than six months in an NHS hospital.

3. These are not mutually exclusive groups – for example, about two-fifths of disabled children looked after by social services in residential placements, are boarding in special schools.

4. Nearly all fall within the broad definition of disability established by the Disability Discrimination Act 1995. This defines a disabled person as someone with *"a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities."* However, many may not think of themselves as disabled and may not fall within the definitions of disability used by different agencies. The health service does not record whether a child is disabled, focusing instead on their clinical diagnosis. The education service focuses primarily on children's special educational needs (SEN) – which may include health and social care related needs, if these pose a barrier to learning. Under the Education Act 1996, a child has SEN if:

*"he has a learning difficulty which calls for special educational provision to be made for him"; where "learning difficulty" includes "a disability which either prevents or hinders him from making use of educational*

*facilities of a kind generally provided for children of his age”.<sup>1</sup>*

5. Social services use a narrower definition of disability than the Disability Discrimination Act, which excludes many children with behavioural difficulties. Under the Children Act 1989:

*“A child is disabled if he is blind, deaf or dumb, or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or other such disability as may be prescribed”.<sup>2</sup>*

## Methodology

6. Six national datasets were analysed to throw light on the pattern and profile of disabled children in residential placements (as defined above). This is the first time that all these data have been analysed together, enabling cross-sector trends to be explored. We drew on:

- the Pupil Level Annual Schools Census (PLASC)
- the School Level Annual Schools Census (SLASC)
- SEN Regional Partnership data on out-of-authority placements (SENRP)
- Looked After Children data (LAC data)
- the Children in Need Census (CiN census)
- Hospital Episode Statistics (HES).

7. The datasets form an imperfect jigsaw, given their differences in scope and definition. We do not know exactly how much overlap (or double-counting) exists between them and small numbers had to be suppressed. There were also doubts about the reliability of aspects of the data, which are clearly indicated in the commentary. **This analysis is therefore very much exploratory, raising many questions which may only be answered by further research or local interpretation of the national trends.** The report is intentionally rich in data, so that readers are able to draw their own conclusions, in the light of their own knowledge and experience.

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<sup>1</sup> Education Act 1996, section 312 (1 & 2b). Special educational provision is defined as “educational provision which is additional to, or otherwise different from, the educational provision made generally for children of this age” (4).

<sup>2</sup> Children Act 1989, section 17(11). Disabled children are one of three categories of ‘Children in Need’ established by the Act.

## Headline findings

### **About 13,300 disabled children in England are in long-term residential placements – in education, social care and health settings:<sup>3</sup>**

- 6100 children with special educational needs (SEN) board in maintained primary, secondary and special schools and non-maintained special schools;
- about 3400 children with SEN board in independent schools;
- 2100 disabled children are in residential provision made by social services, excluding short-term breaks and foster placements (including 1500 who are looked after under the Children Act 1989); and
- 2700 children who have spent over 6 months in NHS hospitals.<sup>4</sup>

### **The vast majority are boys of secondary school age:**

- about 80% of those in residential special schools, 70% in residential placements made by social care and just over 50% who have spent more than 6 months in hospital are male;
- over two-thirds of those in residential special schools are of secondary school age; 90% of disabled children in social care residential provision are aged 10 or more; and the number of children spending more than 6 months in hospital rises beyond 11 years of age;
- beyond 15/16 years of age, there is a sharp drop in the number of disabled young people in education and social care residential placements. But the number spending 6 months or more in hospital continues to rise – 46% are aged 16-19 years.

### **Behavioural, emotional and social difficulties (BESD) and mental health problems are the most prevalent disabilities, alongside learning difficulties:**

- BESD is the most common need among pupils in residential special schools, representing 35% of placements in maintained and non-maintained schools. More children in residential social care placements have learning difficulties, but behavioural difficulties are the second most prevalent disability. 'Mental disorder' accounts for eleven times as many admissions as any other diagnosis group among children spending 6 months or more in hospital.

The data on ethnicity are hard to interpret. The clearest trend is that **Asian children appear less likely to be in residential provision** (across all three sectors).

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<sup>3</sup> Figures rounded to nearest 100. Actual total = 14,300, adjusted to reflect estimated overlap between education and social care data, of about 960 children (as explained in Annex C).

<sup>4</sup> National estimate (at Feb. 2004) including 'unfinished' and 'finished' episodes (children in hospital and children who left hospital after more than 6 months). Adjusted to reflect double-counting, well babies and other likely data anomalies associated with unfinished episodes.

## **This report**

8. This report should be of interest to local and national policy-makers involved in children's services – education, health and social care – particularly those involved in:

- planning and commissioning services for children with learning difficulties and disabilities; and
- safeguarding and promoting the welfare of children in residential settings.

9. This introductory chapter has described the scope of the research, headline findings and outputs. Chapter two gives an overview of recent research about disabled children in residential placements and a summary of policy developments. Chapters three, four and five provide an in-depth analysis of the education, social care and health data, drawing comparisons across all three sectors and with the 2003 report. Chapter six sets out conclusions and recommendations for consideration by policy-makers at local and national level. Further information is provided in the annexes, including an update on progress made on the recommendations in the 2003 report.

## **Benchmarking local practice**

10. An on-line benchmarking resource is being developed to enable local authorities and PCTs to review their practice in relation to disabled children in residential placements. This will show the number of such placements made by education, health and social care and their needs profile – insofar as is possible, given the data available. It will be published on-line in late 2005 and will be piloted with the support of several of the SEN regional partnerships. If it proves to be useful, the data should be refined and published on a regular basis in future years.

## **Acknowledgements**

11. Many people have given generously of their time. My thanks go particularly to Ruth Talbot, Isabella Craig, Ruth Tillman, Jo Luke, Jenny Archbold, Hugh Cochrane and Dawn Jones for their patience and persistence in extracting the data for this analysis; and to Peter Smith, Claire Lazarus and Jan Craig for their invaluable advice throughout the project.

12. The views, conclusions and recommendations presented in this report are those of the author alone and do not represent Departmental policy.

## Chapter Two: Recent research and policy developments

### Why focus on disabled children in residential placements?

13. This chapter provides an overview of:

- recent research around disabled children in residential placements;
- national policy developments.

### Recent research findings

14. Residential placements play a valuable role within the spectrum of provision – offering the highly specialist support required to meet some children's needs and enabling others to spend time away from a damaging home environment. Research indicates that in many cases, young people and their families are pleased with their placements, which are often made after a difficult time at school or at home.<sup>5</sup> However, there are a number of concerns about such placements, namely:

- the impact of living away from family and home community;
- vulnerability to abuse and neglect;
- difficult transitions beyond residential provision;
- inappropriate use of residential placements;
- high costs; and
- poor outcomes for some.

### Impact of living away from family and home community

15. New research with parents whose children are in 52-week residential placements suggests that while schools were generally thought to be making good quality provision, parents had significant concerns about the distance from home and their ability to visit regularly. The majority of placements were more than 50 miles away and the further they were, the more likely parents were to want their child educated more locally. Parents reported little assistance from the local authority in maintaining contact.<sup>6</sup> The authors contrast the rising number of children with learning disabilities and challenging behaviour in residential special schools, with the fall in the use of residential provision for other groups – and the inconsistency of this with broader educational and social care policy objectives.

16. Local practice in helping parents to maintain contact with children placed away from home is known to vary, in spite of fairly clear national expectations. The statutory SEN Code of Practice states that “every effort

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<sup>5</sup> For example, McGill, P., Tennyson, A. & Cooper, V., *Parents whose children with learning disabilities and challenging behaviour attend 52-week residential schools: Their perceptions of services received and expectations of the future*, British Journal of Social Work (in press); *Leadership and Resources in Children's Homes*, Hicks, Gibbs, Byford and Weatherly, 2004.

<sup>6</sup> McGill et al, as above.

*should be made to ensure that parents are encouraged to continue to play an active role in their children's education"* when a residential placement is made or a child is looked after away from home.<sup>7</sup> Likewise, the Children Act 1989 places a duty on local authorities to promote contact between a child who is looked after and their parents (or others with parental responsibility) and to provide accommodation near home, wherever practicable.<sup>8</sup> Local authorities are also under a general duty to promote the upbringing of children in need by their families.<sup>9</sup>

### **Vulnerability to abuse and neglect**

17. The Joseph Rowntree Foundation recently reviewed progress made since the 1997 Department of Health report, *People Like Us*. While most children living away from home seem to be better safeguarded, concerns persist about some of the most vulnerable groups:

*"Safeguards do not pay full attention to more marginalised groups of children, such as disabled children and those with emotional and behavioural difficulties."*

18. The researchers find that practical advice and guidance on how to protect disabled children is inadequate, as is the statistical picture of them. They express particular concerns about:

- disabled children in health settings *"where health authorities routinely fail to notify local authorities when children are in hospital for three months"*; and
- disabled young people in residential schools with 52-week provision.<sup>10</sup>

19. The second Joint Chief Inspectors' report on Safeguarding Children (2005) presents a similar picture. Against a backdrop of much progress in terms of the priority accorded to safeguarding children and improvements in consulting them, they found *"insufficient priority"* was given to safeguarding key groups, including those with disabilities and young people aged 16-18 with a mental health condition or chronic illness.<sup>11</sup>

20. Both reports raise concerns about how well notification procedures are working. Under the Children Act 1989 (sections 85 and 86), authorities placing children in residential provision for more than three months must notify the responsible local authority. The responsible social services department should then ensure that the child's welfare is safeguarded and promoted. Section 87 applies similar duties in respect of children placed in residential independent schools. However, the Chief Inspectors found that:

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<sup>7</sup> DfES, *Special Educational Needs Code of Practice*, November 2001 (paragraph 2:9).

<sup>8</sup> Children Act 1989, schedule 2, paragraph 15 and section 23 (7).

<sup>9</sup> Children Act 1989, section 17(b).

<sup>10</sup> Stuart, M., Baines, C., *Progress on safeguards for children living away from home*, Joseph Rowntree Foundation, Nov 2004

<sup>11</sup> CSCI, Ofsted et al, *Safeguarding Children: a second joint Chief Inspectors Report on Arrangements to Safeguard Children*, July 2005

*“The system for notification of children placed in another local council area is haphazard and officers in receiving councils say that some placements are made without notifying them or sufficiently checking standards.”*

21. They raise particular concerns about arrangements for notifying social services about children spending more than three months in hospital. Some NHS staff were not aware of this requirement and almost two-thirds of social services departments had not developed protocols with local trusts to deal with notifications.

22. Further evidence is available from an unpublished survey, gathered by the SEN Regional Partnerships in July 2003. Education officers in about 40 authorities provided information on their procedures for notifying social services, which ranged from:

- multi-agency panels to consider all placements;
- notification for certain groups only, typically those looked after or those where social services were already involved; to
- no notification procedures, in a small number of authorities.<sup>12</sup>

### **Difficult transitions beyond residential provision**

23. Two recent studies have raised concerns about transition beyond residential provision. Research with parents whose children are in 52-week placements found that 75% were “*extremely worried*” about the continued availability of suitable provision. Key concerns included a lack of forward planning (even where their child was soon to leave school) and fears that funding limitations might lead to an inappropriate placement.<sup>13</sup>

24. Another report on outcomes for children returning from out-of-authority placements found that local authority officers’ most common concern about such placements was the return of pupils, particularly those with the most profound and complex needs:

*“It was suggested that many stayed on at school to the age of 19 in the light of lack of appropriate provision in further education locally.”<sup>14</sup>*

25. There is an abundance of guidance and tools to support effective transition planning, much targeted at particular groups - for example, Pathway Plans for those leaving care, Transition Plans for those with statements of SEN or the more widely-used Connexions Service Assessment, Planning, Implementation and Review process. So these concerns do not reflect a lack

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<sup>12</sup> These concerns were reflected in the NASS/LGA *National Contract for the Placement of Children in Independent and Non-Maintained Day and Residential Special Schools* (2003, updated 2004) which promotes more consistent practice.

<sup>13</sup> McGill et al, as above.

<sup>14</sup> Fletcher-Campbell and Pather, *Outcomes and destinations of pupils on return from out-authority special schools*, LGA/NfER, Oct 2003



of guidance, but rather, inconsistent and at times, ineffective practice - and ultimately, “*narrower opportunities for progression*”<sup>15</sup> for some.

### **Inappropriate use of residential placements**

26. The SEN Regional Partnerships analysis of out-of-authority placements in non-maintained and independent special schools found a 20-fold variation in the number of such placements made by local authorities - ranging from about 10 placements per 100,000 children to nearly 200.<sup>16</sup>

27. Residential placements may be the most appropriate option when a child or young person requires highly specialist provision, or needs to spend time away from a difficult home environment. However, some placements appear to be made because of a shortfall in local services, such as short-term breaks and health therapies:

- a 2003 investigation into SEN expenditure found: “*Many placements are made because of a lack of suitable alternative local provision, or because of difficulties in social care*”;<sup>17</sup> and,
- a recent advisory paper on commissioning residential placements for looked after children and those with SEN and disabilities noted: “*Far too often placements are made which may be unnecessarily expensive or remote from home and/or which are not in the child’s best interests and which do not contribute to good outcomes. Placements should be made as the result of a considered process and not due to the lack of suitable alternatives, or to resolve a crisis that could have been foreseen ... in many cases, high cost placements are the results of crisis purchasing and can be avoided through more effective planning.*”<sup>18</sup>

### **High costs**

28. Some residential placements are inherently expensive because of the specialist provision required, sometimes around-the-clock. The latest data gathered by the SEN Regional Partnerships indicate that in January 2005, the average cost of a residential placement in a non-maintained or independent special school was almost £72,000. Nearly 1200 52-week placements were made by LEAs in England, at an average cost of £120,000.<sup>19</sup> On the social care side, in 2003/04, the average cost of a place in a children’s home was about £2,050 per week, compared with about £271 for children looked after in local authorities’ own foster care provision.<sup>20</sup>

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<sup>15</sup> DfES, *Removing Barriers to Achievement*, 2004 (3:40)

<sup>16</sup> SEN Regional Partnerships, *Analysis of Out-of-Authority Placements*, July 2004. This excludes ‘outliers’ – the full range was even greater.

<sup>17</sup> DfES, *An Investigation into the funding of SEN provision in schools and education elsewhere*, 2003

<sup>18</sup> DfES, *Commissioning placements and services for looked after children and children with special educational needs and disabilities in residential placements*, 2005

<sup>19</sup> SEN Regional Partnerships, *Analysis of Out-of-Authority Placements*, July 2005

<sup>20</sup> CSCI, based on national data for 2003/04.

29. There are concerns that some placements represent poor value for money. An analysis of the CiN Census 2001 found that higher expenditure per child was not associated with factors “*broadly indicative to provide service at higher quality*” and that “*needs and spending are not as closely related as they ought to be for a truly equitable service ...there is still not a clearly shared understanding across local authorities of how resources are best deployed in order to achieve good outcomes.*” Only about one-third of the variations in cost could be explained by the child’s needs and/or circumstances.<sup>21</sup>

30. Another study found no evidence to suggest that additional resources had a significant impact on outcomes for young people in residential care – “*costs seemed, on the whole, to have little or if anything a negative impact on outcomes.*”<sup>22</sup> It should be noted though that other research has suggested more of a relationship. For example, Ward et al found that high support needs arising from disabilities, emotional and behavioural difficulties and offending were most likely to influence the type and cost of service provision.<sup>23</sup>

### **Some evidence of poor outcomes**

31. There is no authoritative picture of how well disabled children as a group fare in residential provision, how this compares to their peers in day provision; and only patchy information on post-16 ‘destinations’ and outcomes in the longer-term. However, there is much evidence relating to particular groups of children and particular types of provision, summarised below.

#### **Children in residential schools**

32. National data tell us little about the achievements of children in residential special schools. There are some good reasons for this – not least the challenge of making valid comparisons about the achievements of children who have widely varying needs.<sup>24</sup> However, a major ‘hole’ in the picture arises from the fact that independent schools, where one third of children with SEN who are boarding are educated, are not required to provide pupil level data. We do not even know exactly how many pupils with SEN are boarding in independent special schools, let alone their academic achievements. This is somewhat of an anomaly given that independent special schools are almost wholly publicly funded (through fees for pupil places) and also because non-maintained special schools are required to report such information.

33. A recent study by Fletcher-Campbell and Pather examined the

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<sup>21</sup> Bebbington and Beecham, *Child Care Costs*, 2004

<sup>22</sup> Hicks, Gibbs, Byford, Weatherly, *Leadership and Resources in Children’s Homes*, Feb 04

<sup>23</sup> Ward, Holmes, Soper, Olson, *Costs and consequences of different types of child care provision*, 2004

<sup>24</sup> The introduction of P-Scales to measure the performance of children working towards level 1 of the National Curriculum offers more scope for assessing the progress of pupils with learning difficulties. These data are being collected nationally for the first time this year (on a voluntary basis) and in future, it is hoped to include them in the comparative data profiles published for schools (the ‘PAT’ and ‘PANDAs’).

outcomes for children returning from out-of-authority placements in residential special schools. They found:

*“Difficulties in addressing the out-authority cohort as a whole and ... datasets (are) inadequate to examine progress and outcomes for this group and to have sufficient data for forward planning.”*

34. Of the 42 LEAs responding to their survey, 27 did not keep a discrete database of process and outcome data for pupils returning from out-authority placements. There was little evidence of data being analysed to examine trends, although a few authorities were comparing out-authority placement outcomes with those in-authority. Officers spoke of the difficulties in assessing distant placements, where specialist input was required. The greatest challenge involved placements with private agencies offering care and education, often for young people with EBD and/or a complex care background. Such placements could be expensive, short-term and with agencies that did not yet have an established track record.<sup>25</sup>

35. Similarly, the second Joint Chief Inspectors report on Safeguarding Children describes *“some councils’ failure adequately to monitor individual placements for children living away from home, especially contracts for placements of children outside their home area.”* This related to placements across all sectors.<sup>26</sup>

#### Children in social care placements

36. The research into outcomes from social placements is richer. Two of the most relevant studies are summarised below. *Leadership and Resources in Children’s Homes* explored the performance of residential children’s homes, in particular, the impact of management and resources, finding:

- the majority of young people were positive about their time living in the home and felt that it had helped them;
- considerable variation on a wide range of measures including staffing, care hours, exclusions and young people’s happiness - and no evidence that more expensive homes had better outcomes;
- where the manager had clear strategies for promoting education and good behaviour, residents were more likely to do well on a wide range of outcomes and staff were more positive;
- the non-statutory sector seemed to perform as well as, and on some measures, better than, the local authority sector, despite taking on some of the more difficult young people;
- increased lengths of stay in residential homes were significantly associated with lower total costs of care packages and better

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<sup>25</sup> Fletcher-Campbell and Pather, 2003 (as before)

<sup>26</sup> CSCI, Ofsted et al, 2005 (as before)

outcomes. However, improvements in outcomes were often eroded when the young person left the home.<sup>27</sup>

37. *Costs and Consequences of Different Types of Child Care Provision* drew on CiN census data and the experiences of 600 children looked after in three authorities. They found:

- children with extensive support needs, especially those who had emotional or behavioural difficulties and offending behaviour (but were not disabled, by their definition), were least likely to access routine health care and most likely to be excluded from school, to leave without qualifications and to be unemployed;
- some young people had very extensive support needs that required intensive, expert interventions from a range of agencies through their adolescence and early adulthood. They appeared to gain little benefit from being looked after;
- the distance between the placement and family and friends was a significant issue for many young people. Close placements were generally perceived to be more successful;
- there was a link between being looked after and educational experiences. Often children did better at school when they became looked after, although frequent breakdowns at school were associated with frequent placement breakdowns;
- educational support, in the form of specialist centres / residential units or from various agencies, was largely viewed positively, whilst a lack of support was associated with poor outcomes. Support to manage behaviour was generally viewed positively and thought likely to provide long-term benefits.<sup>28</sup>

#### Looked after children

38. About 1500 disabled children in residential provision are looked after by social services, representing about 10% of all disabled children in residential placements (as analysed in this paper).<sup>29</sup> Outcomes for children and young people looked after for one year or more are monitored against a set of national indicators. In the 12 months to 30 September 2004:

- 12% missed at least 25 days of schools during the year and 1% were permanently excluded;
- 56% obtained at least 1 GCSE or GNVQ (compared to 97% of all school leavers). 9% gained at least 5 GCSES or equivalent at grades

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<sup>27</sup> Hicks, Gibbs, Byford and Weatherly, Feb 2004 (as before)

<sup>28</sup> Ward, Holmes, Soper and Olsen, 2004 (as before). Disabled children and those in residential units were over-represented in their sample.

<sup>29</sup> Nationally around 61,000 children are looked after by local authorities, 4% of whom have disability as their principal need (at Mar 04).

A\*-C (compared to 54% of all children);

- 41% (of the year 11 cohort) did not sit any GCSEs or GNVQs (compared to 3% of all children);
- at the end of year 11, 59% remained in full-time education, compared to 73% of all school leavers; 22% were unemployed by September, compared to 6% of all school leavers;
- 9% of those aged 10 or over were cautioned or convicted of an offence during the year, 3 times the rate for all children of this age. A recent Youth Justice Board study showed that 41% of children in custody had some history of being 'looked after'.<sup>30</sup>

### Outcomes post-16

39. In terms of longer-term outcomes, national data suggest that disabled young people fare less well than their peers. We do not know how outcomes compare for those in residential provision, as opposed to others.

40. The *Youth Cohort Study* monitors the education, training and work experiences of young people in England and Wales. In 2004:

- 68% of disabled young people and those with a health problem (the two are grouped) were studying for a qualification, up from 63% in 2002 and compared to about 75% for other young people;
- 42% were studying for a level 3 qualification, up from 37% and compared to about 50% of other young people;
- those with a disability were twice as likely not to be in education, training or employment as those without (15% 'NEET' versus 7%).<sup>31</sup>

41. National data on the qualifications of young people and adults show that individuals of working age who are disabled are more likely to have no qualifications than the non-disabled (25% versus 11%). The difference is greater for those whose disability is most acute. 33% of those who have a long-term disability affecting day-to-day and work related activities have no qualifications.<sup>32</sup>

42. A recent longitudinal study of young people with SEN at transition post-16 and beyond paints a mixed picture. By age 19/20 years:

- half were in employment – those who had BESD at school were most likely to be in employment or training;

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<sup>30</sup> Hazel, Hagell, Liddle, Archer, Grimshaw and King, *Detention and Training: Assessment of the Detention and Training Order and its impact on the secure estate across England and Wales*, Youth Justice Board, 2002

<sup>31</sup> DfES, *Youth Cohort Study*, Feb 2005

<sup>32</sup> DfES, Statistical First Release 06/2005.

- just under one quarter were in education - those who had a statement of SEN were most likely to remain in education, as were those with sensory and physical disabilities. For some this suggests delayed transitions, but there was also evidence of progression, with just over half of those still in education studying at a higher level;
- 27% were not in education, employment or training (“NEET”) – particularly, young people with cognition and learning difficulties.

43. The authors found that four factors were important in determining outcomes of the transition process for young people who had SEN, namely:

*“Young people’s capacities and characteristics; the purposefulness of familial support; the nature and effectiveness of local support systems; and the range of local opportunities available to young people, such as college courses, employment and training opportunities.”<sup>33</sup>*

## National policy context

44. The issues raised by research and summarised in the last section, provide good grounds for sharpening the focus on disabled children in residential placements. Developments in national policy will also require policy makers, both national and local, to consider how to improve practice on this front. Key developments are:

- The Every Child Matters reform programme;
- The National Service Framework for Children, Young People and Maternity Services;
- Removing Barriers to Achievement: the Government’s Strategy for Children with SEN;
- Action to improve outcomes for Looked After Children;
- Improving the Life Chances of Disabled People (report from the Prime Minister’s Strategy Unit);
- The Gershon Review.

## Every Child Matters

45. The 2003 Green Paper *Every Child Matters* heralded a major programme of reform in children’s services, aimed at improving outcomes for all children and narrowing the gap in outcomes for different groups. Early intervention and integrating services around children and their families are key themes within the programme. A new legal framework was introduced in the Children Act 2004, key provisions of which include:

- a Director and a Lead Member responsible for Children’s Services (as a minimum, education and children’s social services) in every authority;

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<sup>33</sup> DfES, *Post-16 Transitions: A Longitudinal Study of Young People with Special Educational Needs (Wave Three)*, 2005

- a new duty on local authorities to promote cooperation between agencies to improve children's well-being, and extended powers to pool budgets;
- joined-up planning and commissioning arrangements, with a requirement on local authorities to produce an integrated Children and Young People's Plan (CYPP) based on an analysis of local needs;
- a new duty on agencies to have regard to safeguarding and promoting the welfare of children and the creation of statutory Local Safeguarding Children Boards;
- a new duty on local authorities to promote the educational achievement of looked after children;
- an integrated inspection framework for Children's Services, with Joint Area Reviews to look at how well services are working together to improve outcomes locally. Joint Area Reviews will give particular attention to services for children and young people who are '*vulnerable to poor outcomes*'. Two groups will be covered in detail in every review: looked after children and those with learning difficulties and/or disabilities. The inspection guidance draws attention to local authorities' duties to safeguard and promote the welfare of looked after children in residential settings.<sup>34</sup>

## Removing Barriers to Achievement

46. *Removing Barriers to Achievement: The Government's Strategy for SEN* (DfES, 2004) sets out a vision of "*schools working together to support the inclusion of all children from their local community, backed up by good quality specialist advice from the local authority and health services.*" It highlights concerns about the high cost of some residential placements, variable quality, patchy monitoring arrangements and the lack of contact between some children and their families. To address this, it pledges:

- to promote better planning, through an audit of specialist provision for children with low incidence needs (due to report in December 2005);
- to help authorities to manage expenditure on residential placements by sharing good practice in reinvesting resources in local provision and services, so enabling children to be educated nearer home;<sup>35</sup>
- to prioritise work on regional planning and commissioning, through the SEN Regional Partnerships.

47. The SEN Regional Partnerships have already made good progress in promoting more effective use of residential placements. A full list of resources is published at [www.teachernet.gov.uk/sen](http://www.teachernet.gov.uk/sen). Key initiatives include:

<sup>34</sup> Ofsted, *Every Child Matters: joint area reviews of children's services*, August 2005.

<sup>35</sup> See Chapter 3, DfES, *The management of SEN expenditure*, May 2004.

- annual benchmarking data on the number and cost of placements in non-maintained and independent special schools (at [www.scrip.uk.net](http://www.scrip.uk.net));
- supporting the development of the ‘*National Contract (for the Placement of Children in Independent and Non-Maintained Day and Residential Special Schools)*’;
- on-going development of multi-agency outcomes frameworks for monitoring residential placements (West Midlands and Eastern/East Midlands/South Central/South East consortium); and a multi-agency database on residential providers and system of ‘link’ authorities (Eastern Region, now extending to several other areas);
- a ‘Commissioning Unit’ (North East), which will publish multi-agency benchmarking data to support needs-based planning and commissioning, provide a brokerage service, maintain a ‘preferred provider’ list, monitor quality and collate information on providers.

### **The National Service Framework for Children, Young People and Maternity Services**

48. The ‘NSF’ is a ten-year strategy for improving health and social care services for children. Standard eight of the NSF focuses on disabled children and young people and those with complex needs.<sup>36</sup> It places a strong emphasis on inter-agency working to develop coherent and responsive local services, coordinated around the needs of children and their families. Services should be inclusive and enable disabled children to participate in family life and community activities. As regards residential placements, the NSF expects that:

*“Agencies jointly review and agree arrangements for referrals to, and support for, disabled children in residential placements. Appropriate local educational support and provision is available, so that parental requests for residential education are not made on the basis of lack of support and practical help in their community. All decisions to place a child or young person in residential placement are based on multi-disciplinary/multi-agency assessments of the child’s needs.”*

*“Where children are placed in residential settings, local protocols are in place for maintaining family contact and undertaking statutory reviews in line with the Children Act 1989 Regulations. Children placed away from home have a communication plan which ensures that whatever their level of communication, their basic needs are understood and met.”*

### **Looked After Children**

49. The *Five Year Strategy for Children and Learners* (2004) made clear

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<sup>36</sup> *National Service Framework for Children, Young People and Maternity Services: Disabled Children and Young People and those with Complex Health Needs*, DH-DfES, October 2004



Ministers' commitment to seeing "*fewer out-of-authority placements*" and a "*transformation in outcomes*" for looked after children.<sup>37</sup> This built on a commitment made in a report from the Social Exclusion Unit to: "*take steps to restrict out-of-authority placement for looked after children to cases where it is clearly in the child's best interests.*"<sup>38</sup> A range of work has been/is being carried out to support these objectives:

- The Looked After Children Taskforce worked with local authorities, partner agencies and the SEN Regional Partnerships to improve practice in planning and commissioning residential placements. A range of advice and tools – including a commissioning checklist and an audit tool to review 'high cost placements' – are published at [www.dfes.gov.uk/choiceprotects](http://www.dfes.gov.uk/choiceprotects).
- Advice on commissioning placements for looked after children and children with SEN and disabilities was published in June 2005 at [www.everychildmatters.gov.uk/socialcare/lookedafterchildren](http://www.everychildmatters.gov.uk/socialcare/lookedafterchildren). This emphasises the need to adopt a rigorous approach to making residential placements and to reduce the need for them, by investing in local provision and preventive strategies. A residential placement should only be made when a detailed assessment, based on a range of professional advice, shows that it is in a child's best interests.
- A DfES project to investigate policy and practice in making out-of-authority placements for looked after children (and how far statutory requirements such as notification are met) has recently been completed. Ministers are considering its recommendations, including the option of issuing new guidance to help local authorities to reduce their dependence on out-of-authority placements and to improve support (and thereby, outcomes) for children placed out-of-authority.

### **Improving the Life Chances of Disabled People – report from the PMSU**

50. An influential report from the Prime Minister's Strategy Unit (January 2005) made wide-ranging recommendations, which were accepted in full by the Government. While the report did not explore residential provision for disabled young people specifically, its recommendations could have important implications for them. Key proposals include:

- pilots of individualised budgets for adults and families with disabled children, so that they can organise their own package of care;
- 'invest-to-save' pilots of early family support to help families to care for their children at home and reduce the need for residential placements;
- user involvement protocols on consulting disabled people and modelling good practice in involving disabled people;

<sup>37</sup> DfES, *Five Year Strategy for Children and Learners*, 2004 (para.16)

<sup>38</sup> Social Exclusion Unit, *A Better Education for Children in Care*, 2003

- improvements in the availability of key workers and equipment services;
- improved data on the number and needs of disabled children in local areas (across local authorities, PCTs and Children's Trusts);
- evaluations of models of multi-agency transition planning and the promotion of person-centred planning;
- potentially, continued involvement of Children's Trusts in supporting disabled young people up to the age of 25 years, where there are gaps between services for children and adults.<sup>39</sup>

### Gershon Review

51. The Gershon Review expects efficiency savings to be achieved across public services of 2.5% per annum, over the three years to 2007/08.<sup>40</sup> This increases the need for authorities to:

- improve commissioning and procurement arrangements;
- improve value for money in the highest cost provision, including residential placements for disabled children;
- reduce reliance on residential placements by investing in sustainable local provision;
- redirect resources towards targeted support that may reduce the need for costly interventions at a later stage.

52. A number of resources to support more effective planning and commissioning have been published on the Every Child Matters website - at <http://www.everychildmatters.gov.uk/strategy/commissioning>. The SEN Regional Partnerships and the Looked After Children Taskforce have also produced a variety of resources - described earlier in this chapter.

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<sup>39</sup> PMSU, *Improving the Life Chances of Disabled People*, January 2005

<sup>40</sup> These targets were announced by the Chancellor of the Exchequer in the 2004 budget and apply to both central and local spending.

## Chapter Three: Education Placements

### Children with SEN boarding in residential schools

53. The **Pupil Level Annual Schools Census (PLASC)** is a rich source of information on pupils in maintained and non-maintained<sup>41</sup> schools in England, able to be analysed by variables such as gender, ethnicity, type of SEN and looked after status. In January 2004, there were **6100** children with SEN boarding in such schools, who form the basis of our main sample.

54. Over a third of pupils with SEN in residential provision are educated in independent special schools or independent schools approved for SEN pupils. Data on them is gathered through the **School Level Annual Schools Census (SLASC)**, which provides information on school level variables, such as the number of children with SEN, number of boarders, gender and age. There are just over 3500 boarders and overall, 96% of pupils have SEN - so we estimate that about **3370** have SEN and board.

55. Drawing on these two sources, the chart overleaf shows where pupils with SEN who were boarding in January 2004 were educated. In total, there were about **9500** such children:

- 38% in the local authority maintained schools (mainly special)
- 35% in independent schools, and
- 27% in non-maintained schools.

56. To put these figures in context, the total number (9500) equates to just under 4% of pupils with statements of SEN. Nationally, nearly all (94%) pupils with statements are educated in local authority maintained schools (60% mainstream, 34% in special). 3% are in independent schools and 2% in non-maintained special schools. 1% are in pupil referral units.<sup>42</sup>

57. Since the 2003 DfES report on *Disabled Children in Residential Placements*, there appears to be a decrease of about 10% - or just over 1000 pupils - in the use of residential provision for children with SEN. 6% fewer pupils with SEN board in maintained special schools and 4% fewer in non-maintained special schools. The greatest fall appears to be in the independent sector, where there are about 20% fewer placements.<sup>43</sup>

58. Contrary to popular assumption, only a small number of residential placements are the result of rulings by the SEN and Disability Tribunal. In 2003/04, the Tribunal received about 120 appeals from parents requesting residential schools. Just over one third of these were upheld in relation to part

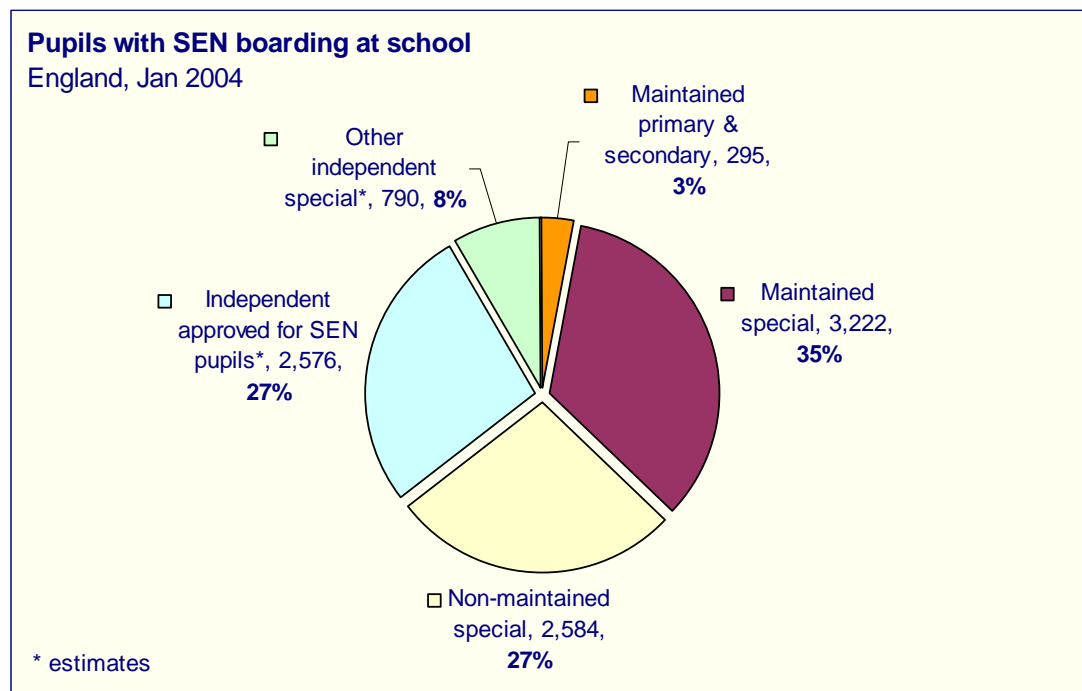
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<sup>41</sup> Non-maintained special schools are non-profit making schools run by charitable trusts, funded primarily through fees charged to LEAs placing pupils. They are subject to regulations covering governance arrangements, health, safety, welfare, premises etc.

<sup>42</sup> All DfES, January 2004 (SFR 44/2004). 247,600 pupils across all schools had statements.

<sup>43</sup> Based on unadjusted figures, as in the 2003 report; further explained in Annex D.

4 (named school), while two-thirds were withdrawn or dismissed.<sup>44</sup> Beyond this, it seems likely that the possibility of an appeal to the Tribunal may have contributed to some residential placements being made.



59. The rest of this chapter provides a more detailed breakdown of what we know about these pupils, in terms of their age, gender, ethnicity, type of SEN, length of stay and looked after status.

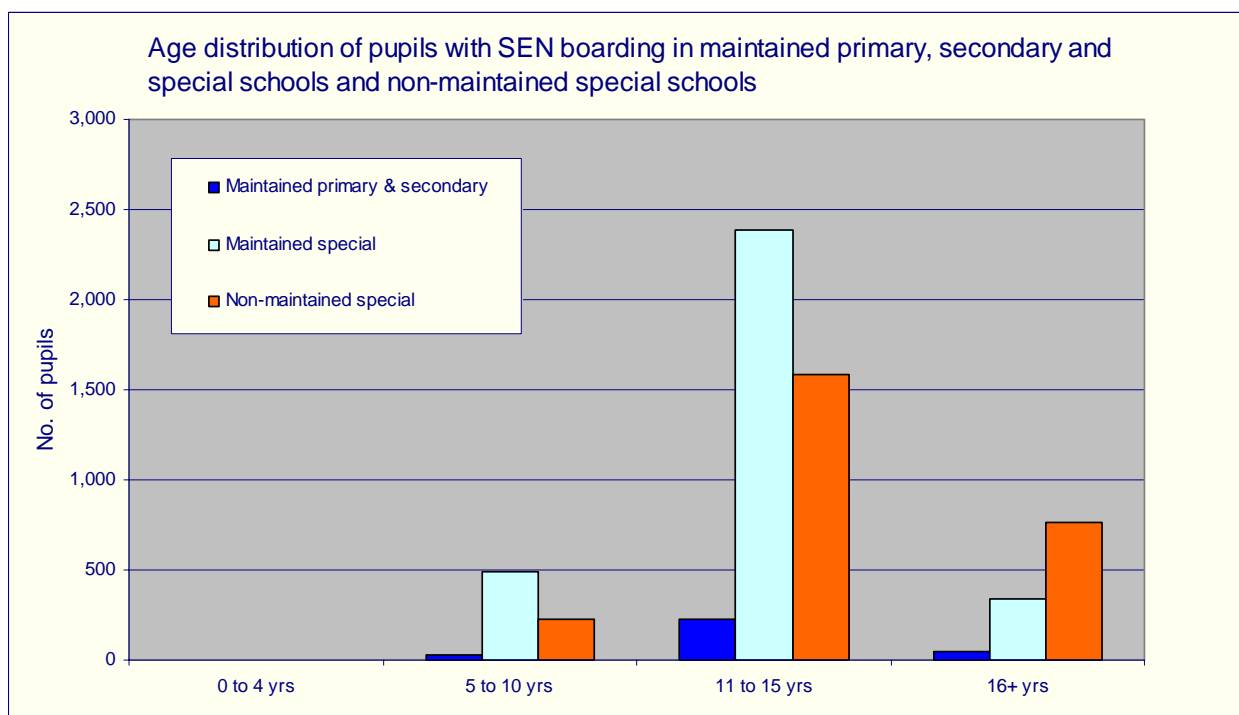
## Age

60. Over two-thirds of pupils with SEN in residential provision are of secondary school age (as in 2003 report). The chart overleaf shows the age profile of those in maintained and non-maintained schools. There is a significant drop in provision post-16, particularly from maintained special schools. Attendance in the non-maintained sector also drops, but less dramatically. To some extent, these trends reflect the age profile of pupils with statements nationally, although the 'peak' in numbers during secondary education is far more pronounced for those in residential provision.<sup>45</sup> The age profile of children in independent special schools shows a very similar picture.<sup>46</sup>

<sup>44</sup> Unpublished data, based on an internal analysis.

<sup>45</sup> The age of pupils with statements in primary and secondary schools peaks at age 10, then levels off during the secondary years, falling sharply beyond 15 years of age. 50% of pupils with statements are aged 11-15. Where children remain in school, the LEA retains responsibility for meeting their SEN, up to the age of 19. If they move to FE, the LSC assumes responsibility for meeting their needs. Some leave education altogether – see paragraphs 40-43.

<sup>46</sup> Data on pupils with SEN in independent schools could not be combined with the other data, as it is not possible to separate out boarders.



61. Since the 2003 report there has been a slight decrease (-2 percentage points) in the use of residential provision for younger children with SEN; and an equal increase in its use post-16.

62. A similar trend is evident in the social care data, where we see a fall in the proportion of disabled children in residential provision post-16, albeit less marked than in the education sector. Given the significant needs profile of the group, concerns about difficult transitions to adult services and poor long-term outcomes for some (see paragraphs 23-25 and 31-43), it would be interesting to carry out further research into the destinations of disabled young people and those with SEN, leaving residential provision. A strategic review being carried out by the Learning and Schools Council into the funding and planning of provision for learners with learning difficulties and disabilities should throw some light on the range of opportunities available.<sup>47</sup>

## Gender

63. About 80% of pupils with SEN in residential provision are boys (compared to 72% of pupils with statements nationally). This may reflect the higher incidence of most types of disability amongst boys, particularly behavioural difficulties, which are thought to be a key factor associated with decisions to make a residential placement. This trend is less pronounced in social care placements of disabled children – 70% of whom are male – and among children spending more than 6 months in hospital, 53% of whom were male.

64. The table below shows the gender ratio of pupils with SEN in

<sup>47</sup> See [www.lsc.gov.uk/National/Documents/SubjectListing/consultationsandResponses/Currentconsultations/Ildd\\_interim-review.htm](http://www.lsc.gov.uk/National/Documents/SubjectListing/consultationsandResponses/Currentconsultations/Ildd_interim-review.htm)

residential provision. The highest proportion of girls is in non-maintained provision, which may reflect the type of SEN provided by the sector.<sup>48</sup>

### Gender profile of pupils with SEN in residential provision

Sector	% female	% male
Maintained primary and secondary	19%	81%
Maintained special	19%	81%
Non-maintained special	<b>32%</b>	<b>68%</b>
Independent approved for SEN pupils*	15%	85%
Other independent special schools*	21%	79%

*Note: only 45% of pupils in independent schools above are boarders.*

### Ethnicity

65. Comparison with national census data on 0-19 year olds, the school population as a whole and ethnic profile of pupils with statements, suggests that there are relatively few Asian children with SEN in residential provision – representing only 2-3% of the sector (a slight increase on 2003), compared to 7% of the age cohort nationally or 5% of pupils with statements. This trend is also evident in the social care and health data and may reflect cultural differences in family and community support networks.

66. The only other significant trend is that children of Chinese and other ethnic origin appear to be over-represented amongst those in mainstream primary and secondary schools, but this is a much smaller sample, so caution should be attached to this conclusion.

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<sup>48</sup> For example, there is much provision for pupils with sensory impairments in the non-maintained sector and new national data show a more even gender ratio for this type of SEN (between 50-60% boys) compared to most other needs. See DfES SFR24/2005, table 18.

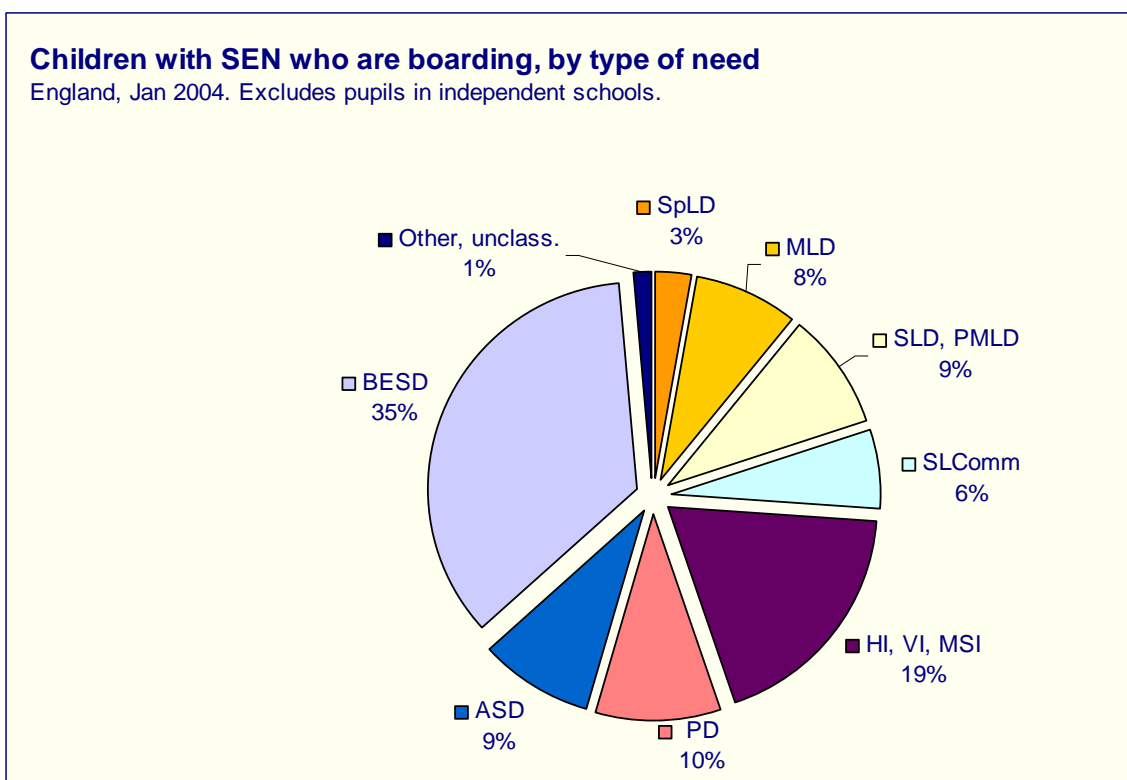
**NUMBER OF PUPILS WITH SEN BOARDING, BY ETHNIC GROUP (1)(2)**  
England, January 2004

	In maintained primary and secondary (N=295)	In maintained special (N=3220)	In non-maintained special (N=2582 )	Pupils with statements, Jan 04	Primary & secondary school pupils, Jan 04 (PLASC)	2001 Census, 0-19 yr olds, England
White	84%	89%	81%	85%	83%	86%
Mixed	2%	3%	4%	2.5%	3%	3%
Asian	<b>2%</b>	<b>2%</b>	<b>3%</b>	5%	7%	7%
Black	3%	3%	3%	3.5%	4%	3%
Chinese/Other	<b>9%</b>	0%	1%	1%	1%	1%
Unclassified	1%	3%	8%	-	3%	-

**Type of Special Educational Need**

67. Data on type of SEN were collected for the first time in 2004. Although there were concerns about their validity, quality checks suggest that they are reasonably robust. The information in this section relates to children's principal SEN only and excludes children in independent schools, which are not required to report on this. As one third of disabled children in residential schools are in the independent sector, this means an important part of the picture is missing.

68. The chart below shows the needs profile of children with SEN boarding in maintained and non-maintained schools. The largest group, by a considerable margin, are those with behavioural, emotional and social difficulties (BESD) – representing 35% of the whole (or 2061 children). Children with sensory impairments are also an important group (19%). Other significant groups are those with physical disabilities (10%), autistic spectrum disorders (9%) and severe and profound and multiple learning difficulties (9%). Perhaps surprisingly, 8% (465) of pupils with SEN in residential provision have moderate learning difficulties (MLD) as their primary need – although it is possible that some may be in residential provision due to other SEN or indeed, home circumstances.



69. As one would expect, this profile differs in several ways from that of the wider population of children with SEN. For example:

- MLD is the most common primary need among children with statements (28% have MLD) but for only 8% of pupils in residential provision;
- BESD is the second most common SEN (14%) among pupils with statements, but the most important type of need in residential provision (35% of placements) – reflecting the difficulties of managing young people with the most challenging behaviour in a mainstream environment;
- just under 5% of pupils with statements have a sensory impairment, but 19% of those in residential provision – in part, reflecting the historic role of the non-maintained sector in education pupils with hearing and/or visual impairment.<sup>49</sup>

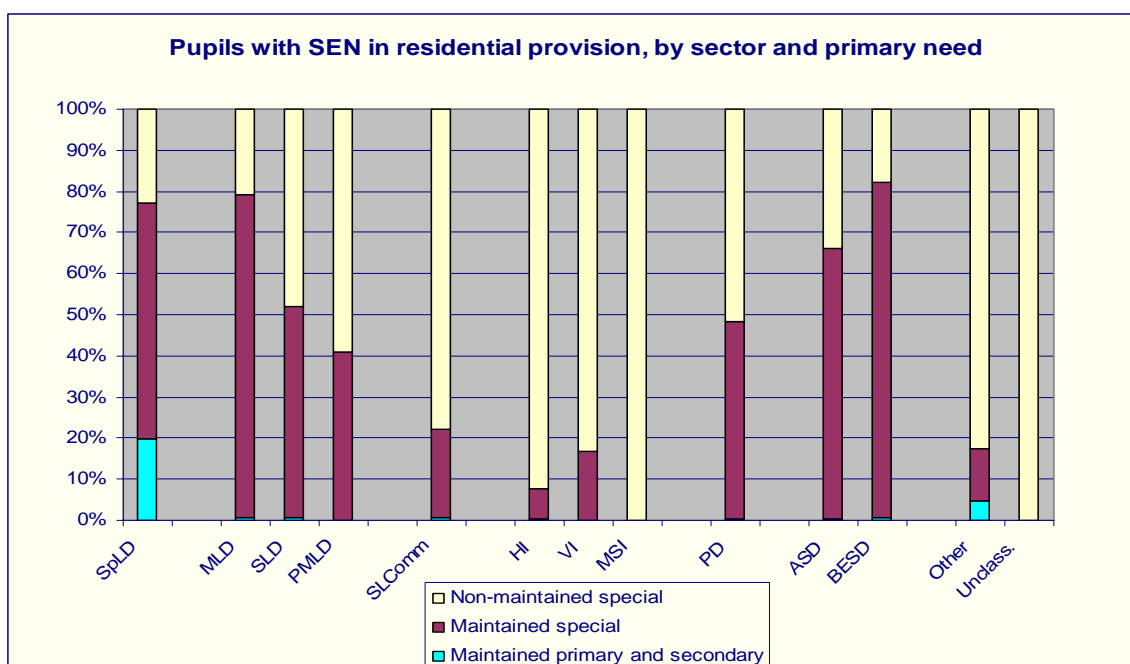
70. PLASC also enables us to explore in which sector children with different types of SEN are educated. As illustrated in the chart overleaf:

- about four-fifths of children with BESD and MLD who board are in maintained special schools, as are two-thirds of those with ASD. Children with BESD make up over half (52%) of all those boarding in mainstream special schools and children with ASD, a further 11%;

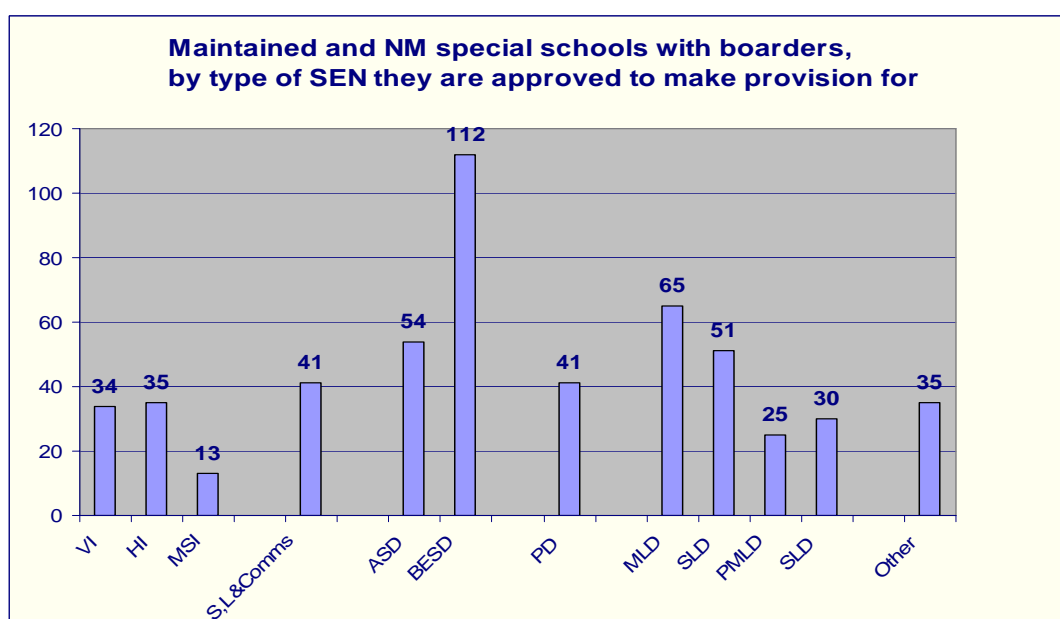
<sup>49</sup> The 19% is made up of 13% with hearing impairment plus 6% with visual impairment. Well less than 1% had a multi-sensory impairment. All figures DfES, Jan 2004.



- nearly all children (who board) with multi-sensory, hearing and visual impairment are in non-maintained schools, as are four-fifths of those with speech, language and communication needs and three-fifths of those with profound and multiple learning difficulties;
- over half of children boarding in mainstream primary and secondary schools have a specific learning difficulties, such as dyslexia, and just over one-fifth have BESD.

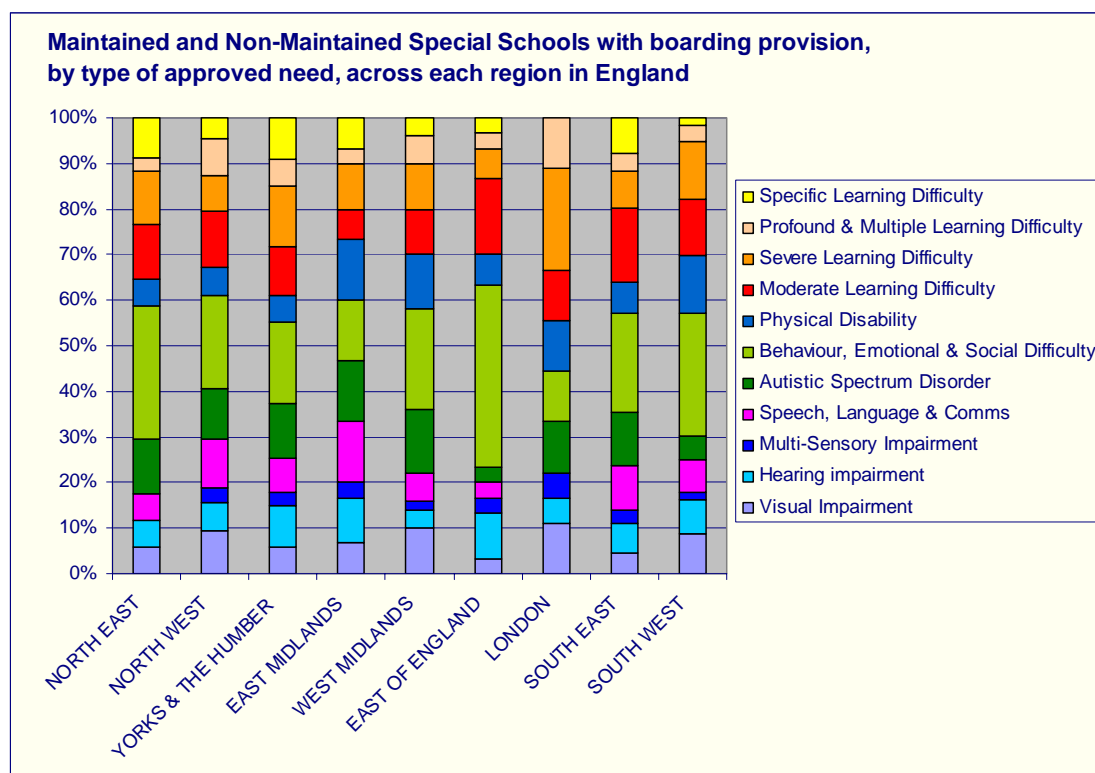


71. We also explored the availability of residential provision for pupils with particular needs. The chart below shows the number of schools with boarders, approved to make provision for each type of need.



72. This shows that schools providing for pupils with BESD are the most numerous group (112 or one-fifth of all maintained and non-maintained special schools with boarders), followed by schools for pupils with moderate learning difficulties (65) and for pupils with ASD (54); many of these schools may also make day provision. The picture becomes more interesting when broken down on a regional basis, revealing clear variations in the pattern of provision [see chart below]. In interpreting the data, bear in mind that gaps in residential provision may reflect the availability of day or indeed, independent sector provision. With that proviso:

- there is no residential provision in London for pupils with speech, language and communications difficulties, or specific learning difficulties, and very little for pupils with BESD;
- there is very little residential provision for pupils with ASD in the East of England and the South West;
- there is no residential provision for pupils with MSI in the North East.



73. A national audit of provision for pupils with 'low incidence needs' has been commissioned by DfES to identify gaps in the availability of specialist support, across all three sectors. This will be used to inform regional planning and could lead to the development of centres of expertise, to provide specialist advice, resources and training.<sup>50</sup>

<sup>50</sup> DfES, *Removing Barriers to Achievement*, 2004 (paragraphs 2.29–2.32).

## Length of stay

74. Information on 'length of stay' is only available from the SEN Regional Partnerships data on placements in non-maintained and independent special schools (NMISS). In 2003/04, 45% of NMISS placements were day provision, 18% were residential weekly, 25% were residential termly and 10.5% were residential 52-week placements. Placement type appears to be influenced by type of SEN – those most likely to be in 52-week placements or termly placements are children with multi-sensory impairment, profound or severe learning difficulties, BESD and hearing or visual impairment.<sup>51</sup>

## Looked after status

75. The final category of information explored was how far children in residential placements are Looked After by local authorities, with the additional protection afforded by the Children Act 1989.<sup>52</sup> PLASC is thought to under-report how many pupils are looked after; it indicates that 8% of SEN pupils boarding in maintained special schools and 3% boarding in non-maintained special schools are looked after. Of those boarding in maintained special schools:

- children with BESD accounted for over 70% of those looked after (and 50% of those looked after in non-maintained schools); but,
- children with PMLD were more likely to be looked after, although fewer in number.

76. The SEN Regional Partnership analysis (quoted above, para. 74) suggests that a higher proportion of children in non-maintained and independent special schools are looked after (21%) and that the likelihood of being looked after increases with placement length. 20% of those in termly residential placements were looked after, and 74% of those in 52 week placements.

77. Concerns have been expressed about the reliability of both datasets. Given the vulnerability of disabled children spending long periods in residential provision and concerns about how well notification procedures are working, providing a clearer picture of the looked after status of children in residential settings, across all sectors, should be a priority for development in future.

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<sup>51</sup> SEN Regional Partnerships, *Analysis of out of authority placements*, July 2004.

<sup>52</sup> Under the Children Act 1989, children may be 'looked after' by the local authority. This means that authorities assume the role of 'corporate parent', working as closely as possible with the child's own parents. Children enter care for a variety of reasons – most commonly, due to abuse or neglect, or because parents are unable to care for them adequately.

## Chapter Four: Social Care Placements

### Disabled children in residential placements

78. This section draws on two sources of data on disabled children supported by social services in residential provision:

- the Children in Need (CiN) Census,
- Looked After Children (LAC) data.<sup>53</sup>

79. The **CiN Census** is a biennial survey on children known to social services provision, in a typical week in February 2003.<sup>54</sup> Authorities were asked to indicate if children were disabled, and if so, the nature of their disability. Around 13% - or 29,700 - of those receiving services were disabled, although disability was the main reason for intervention for only 27,100 of them [12% of CiN]. Overall, **2110** disabled children were supported in residential provision by social services – forming the basis of our first sample. Many more were supported in foster care or through short-term placements.<sup>55</sup>

80. Nearly one-fifth of Children in Need are 'looked after' by social services, under the Children Act 1989. They are a subset of our first sample and more detailed data is available on them, gathered through the annual **Looked After Children** returns. These show that a child is disabled only if disability is their 'principal need' – as is the case for around 2400 (or 4% of LAC). If they are looked after for another reason (e.g. abuse or neglect), we have no way of knowing about their disability, because authorities can only identify one reason for looking after them. It is therefore a less complete dataset than the CiN Census, but does provide some additional information. In March 2004, **1500** children whose principal need was disability were looked after in residential provision, forming our second sample.

81. The 2003 report on *Disabled Children in Residential Placements* drew only on the Looked After Children data (for March 2002). Since that time, there appears to be an increase of 4% in the number of LAC with a need code of disability, in residential provision. This compares to an increase of around 2% in the LAC population over the same period.

### Profile of disabled children in residential provision

82. The rest of this chapter provides a more detailed breakdown of what we know about disabled children in residential social care placements, in terms of age, disability, gender, ethnicity, social care need and type of provision.

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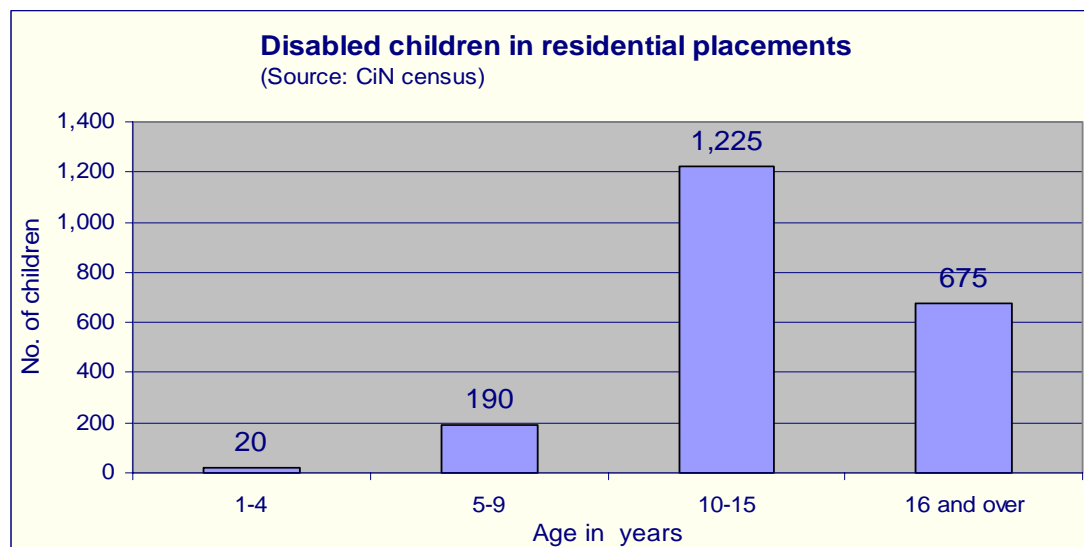
<sup>53</sup> Excluding children in foster placements and short-term placements. All figures rounded to the nearest 5 (CiN census) or 10 (LAC data) and numbers less than 5 suppressed.

<sup>54</sup> The 2005 data were not ready for analysis, at the time of writing.

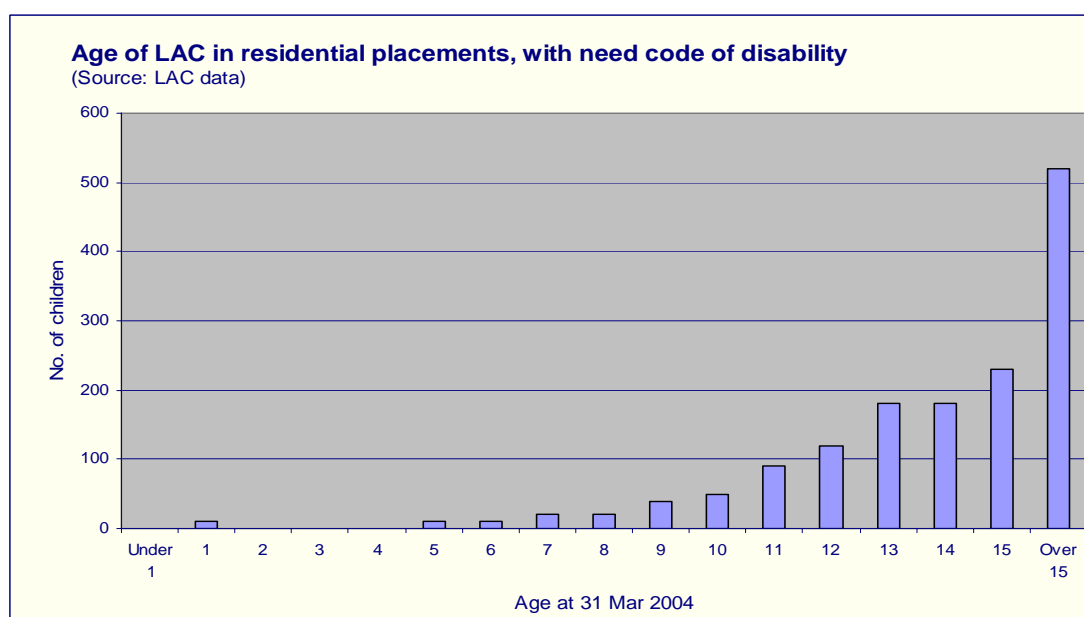
<sup>55</sup> Among those looked after in a series of short-term placements, disability was the recorded need in 78% of cases.

## Age

83. The CiN Census shows that nine-tenths of disabled children in residential provision are aged 10 or over. Almost 60% are aged between 10 and 15 years and roughly 30% are over 16 [see chart]. As noted in the 2003 report, there appears to be a link between reaching secondary school age and moving into residential provision – and authorities are now looking after proportionately more disabled children aged 10-15 years, and proportionately fewer of other ages. The same peak at 10-15 years is also evident in the education data.



84. The LAC data show a similar trend, with almost 60% of disabled children in residential placements aged between 10-15 years old and 35% aged over 16. This dataset is broken down by year group, revealing a more even distribution [see chart below].



85. The data in their current form do not provide a clear picture of what happens to children beyond the age of 15/16 years. While staying-on rates are known to have improved for looked after children, it is likely that there is a significant drop for others – but further research would be required to confirm this. This is an area worthy of more attention, given evidence of difficult transitions to adult services and poor outcomes for many.<sup>56</sup>

## Gender

86. About 70% of disabled children in residential provision are male and 30% female – in part, reflecting a higher incidence of disabilities among boys:

	LAC data, Feb 04		CiN census, Feb 03	
<b>Male</b>	1100	72%	1500	71%
<b>Female</b>	420	28%	610	29%

87. This compares to a gender ratio of 55% boys to 45% girls across the looked after children population (Mar 04). This trend is more pronounced in the education data (approximately 80% of children with SEN who are boarding are male), but less so for children in hospital long-term, only 53% of whom are male.<sup>57</sup> When broken down by type of disability, it appears that boys outnumber girls across *nearly* all types of disability, except perhaps hearing and vision. Here, the data show an inconsistent picture (see paragraph 92).

## Disability type

88. When authorities report that a child is disabled in the CiN census, they are also asked to identify their impairments, selecting *as many* as they consider relevant. In 2003, there were 2110 disabled children in residential provision. For just over a quarter of them, no information was supplied on their disability. 1 or 2 disabilities were recorded for about a third of the sample, and 3 to 5 disabilities, for a further quarter - see table overleaf.

<sup>56</sup> See paragraphs 23-25 and 31-43. In line with the objectives of the Children (Leaving Care) Act 2000, more young people now remain in care to their 18<sup>th</sup> birthday. In 2003/04, 52% of care leavers left care on their 18<sup>th</sup> birthday, compared to 40% in 1999/00 (source: DfES, 2005, *Children Looked After by Local Authorities*).

<sup>57</sup> Some have suggested the influence of behaviour here - and differing definitions of disability. BESD are a key type of SEN, but under social care definitions, behavioural difficulties alone tend not to constitute a disability.

## Number of disabilities recorded, for each child

No. of disabilities recorded	No. of children	Grouped data
0	580	no disability recorded: 27%
1	420	1-2 disabilities: 31%
2	235	
3	190	3-5 disabilities: 26%
4	180	
5	175	
6	135	6+ disabilities: 16%
7	95	
8	65	
9	30	
10	10	

Source: CiN Census, 2003. Figures have been rounded to nearest five.

89. Unfortunately, where more than one disability was recorded, there is no way of knowing the child's main 'presenting' need. To get around this, we analysed the data in two ways, which show slightly different trends [see graphs overleaf].<sup>58</sup>

90. Counting each child only once, we grouped the data into 7 categories, leaving a large 'multiple disabilities' category (over two-fifths of the sample), where more than one (or two grouped) disabilities were recorded. This suggested that the two most significant groups in residential provision are:

- children with learning difficulties (11%)
- children with behavioural difficulties (7%).

91. Counting each disability once provides a fuller picture of the range of disabilities, but means that children with multiple disabilities are counted several times. Children with learning difficulties and those behavioural difficulties (28%<sup>59</sup> and 21% respectively) again emerge as the biggest groups. Other common disabilities among this population were:

- personal care and/or incontinence (16%)
- mobility and/or hand function (11%)
- hearing and/or vision (6%)
- consciousness (e.g. fits) (5%).

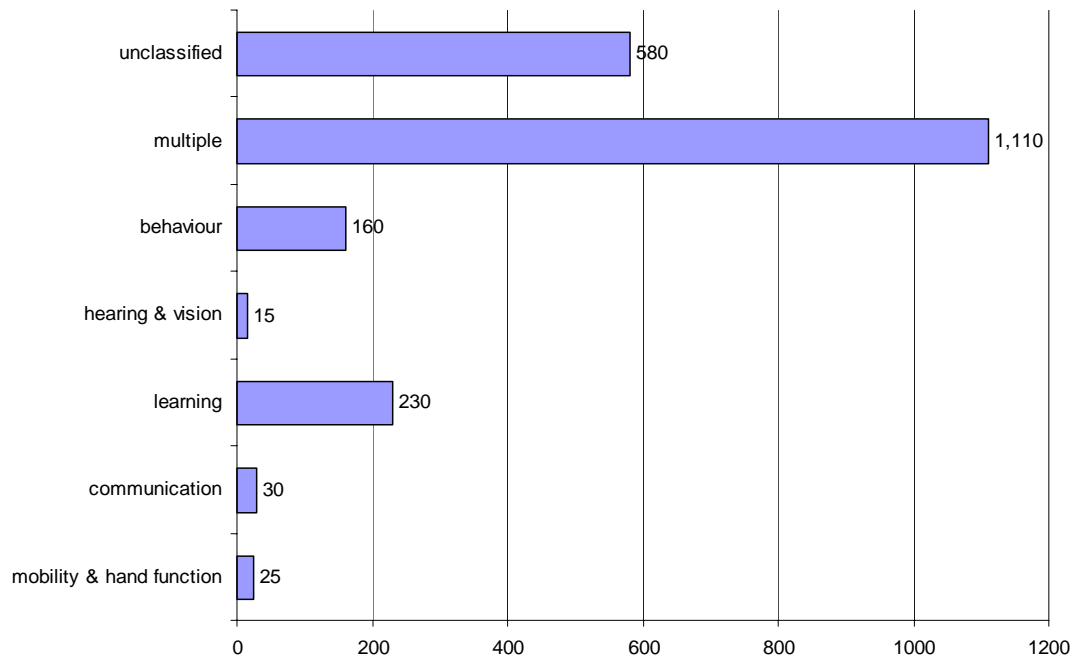
<sup>58</sup> Previous research has highlighted difficulties with disability reporting, e.g. Bebbington, Beecham and Fenyo, *CiN 2001: Disability and Service Use*, PSSRU, 2003/4

<sup>59</sup> This figure includes children with communication difficulties, as the data were grouped together for this analysis (but not for the other approach).

### Disabled children in residential placements, by type of disability

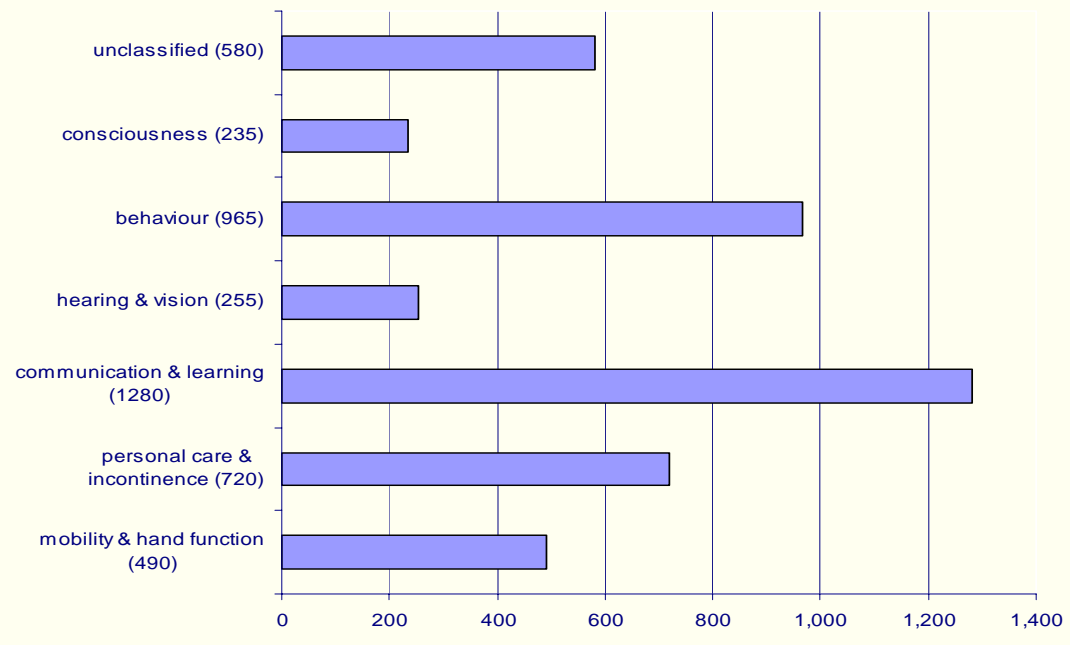
Source: CiN census, 2003 (n=2110).

This analysis counts each child only once. Disabilities where zero values recorded are excluded.



### Disabled children in residential provision, by disability type

Source: CiN Census, 2003. Repeat counting of children with > 1 or 2 grouped disabilities (N=4530)





## Disability profile by gender

92. Boys outnumber girls, often very significantly, across nearly every type of disability. The gender difference is most pronounced for young people with behavioural difficulties. However the two analyses (see tables below) show a different picture in terms of hearing and vision impairments; the sample size in the first is very small (15), so more confidence should be attached to the second. The second approach also has the advantage of throwing light on the gender profile of children with disabilities such as personal care, incontinence and consciousness, which otherwise disappear into the 'multiple disabilities' group – suggesting that such needs generally occur alongside others.

### Counting each child once (N=2110)

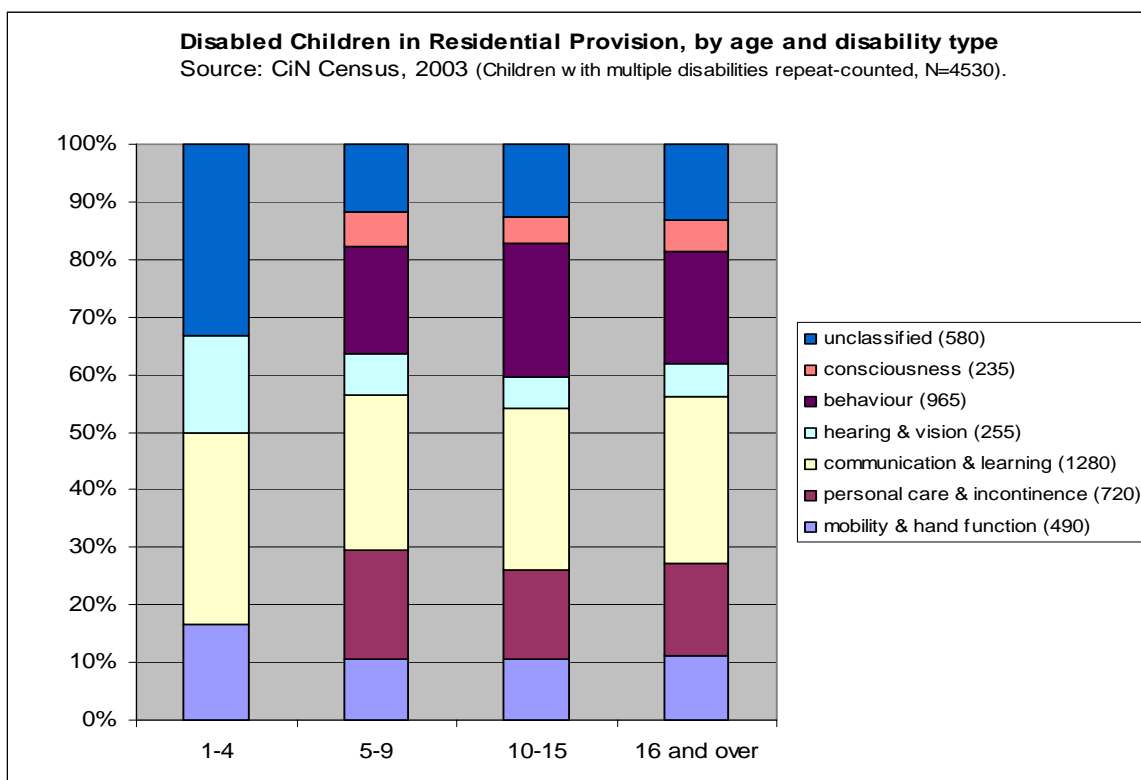
	mobility and hand function (25)	communication (30)	learning (230)	hearing and vision (15)	behaviour (160)	multiple (1110)	unclassified (580)	Total (2110)
Male	60%	83%	70%	33%	78%	73%	68%	71%
Female	40%	33%	28%	67%	22%	27%	32%	29%

### Counting each disability recorded (N=4530)

	mobility and hand function (490)	personal care and incontinence (720)	communication and learning (1280)	hearing and vision (255)	behaviour (965)	consciousness (235)	unclassified (580)	Total (4530)
Male	63%	69%	73%	63%	78%	64%	68%	71%
Female	37%	31%	27%	37%	22%	34%	32%	29%

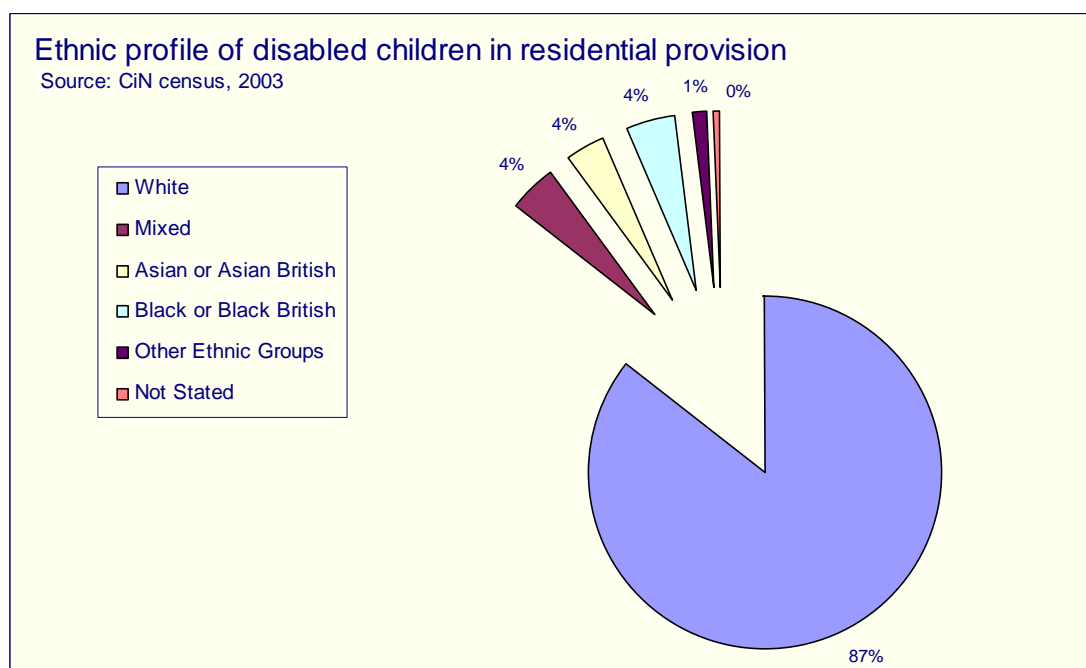
## Disability profile by age

93. Both analyses showed a similar picture of the needs profile of disabled children in residential provision, in term of their age. The needs profile beyond the age of four appears to remain fairly constant – suggesting that their disabilities are fairly 'clear cut' and long-term. (Only 20 disabled children below the age of 5 were in residential provision made by social care, which is too small a sample on which to base any conclusions).



## Ethnicity

94. The chart below shows the ethnic profile of disabled children in residential provision, based on the CiN census.



95. The LAC data show a very similar profile, except black children appear to be over-represented as a group – see table below. To put these figures in context, the table also shows the ethnic profile of children aged 0-19 years

nationally and of children in receipt of social services.

Ethnic group	Disabled children in residential placements		Comparison groups			
	CiN 2003	LAC 2004	All CiN receiving services	All LAC	2001 Census 0-19 yr olds in England	PLASC, 2004 Primary and secondary pupils in England
White	87%	85%	<b>80%</b>	<b>80%</b>	86%	83%
Mixed	4%	4%	6%	8%	3%	3%
Asian/Asian British	<b>4%</b>	<b>4%</b>	<b>4%</b>	<b>2%</b>	7%	7%
Black/Black British	4%	<b>6%</b>	7%	8%	3%	4%
Chinese/Other	1%	1%	3%	2%	1%	1%
Not stated	0%	-	-	-	-	3%

96. The clearest trend appears to be that:

- Asian children are under-represented among disabled children in residential provision and among children in receipt of social services and the looked after population.<sup>60</sup>

97. The data also suggest:

- Black children may be over-represented among disabled children looked after in residential provision (and among children in need and those looked after overall) - but the data are inconsistent;
- the proportion of disabled white children in residential provision is broadly in line with national population figures; as is the proportion of disabled children from Chinese and Other Ethnic Groups.

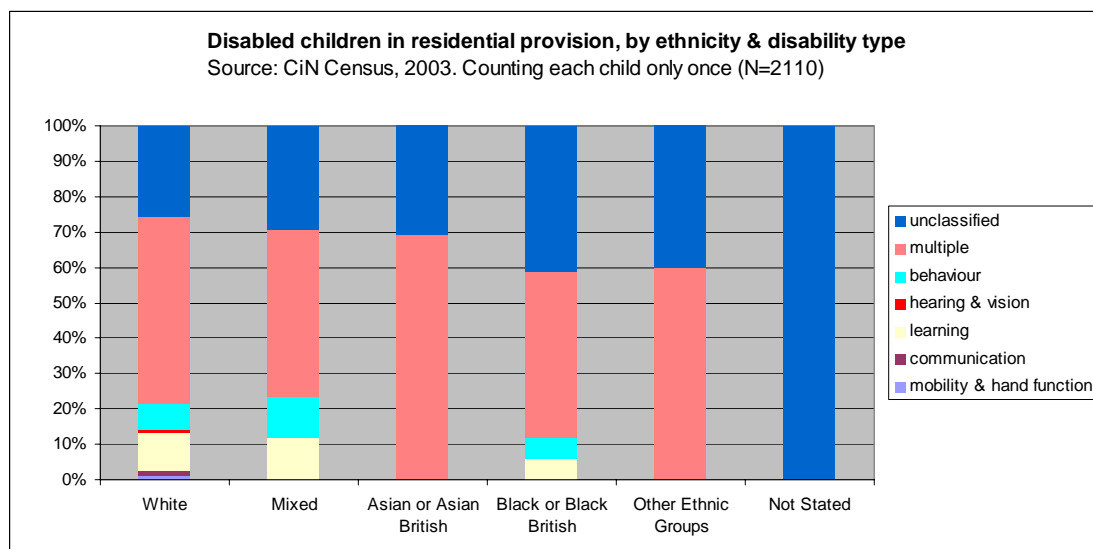
98. Some of these trends are evident in the education and health data. Asian children are under-represented amongst children with SEN boarding at school and children spending six months or more in hospital; and black children appear to be over-represented in long-term hospital provision, although there are significant doubts about the reliability of the health data. We are not able to explain these trends from the available evidence, but it has been suggested that the under-representation of Asian disabled children in residential provision may reflect stronger family and community support networks.

<sup>60</sup> This is consistent with Bebbington and Beecham's analysis of the CiN Census 2001, which found children of Asian origin were more likely to be 'in need' because of a disability, but less likely to be looked after. See *Children in Need 2001: Ethnicity and Service Use*, University of Kent, Jan 03.

## Ethnicity and disability type

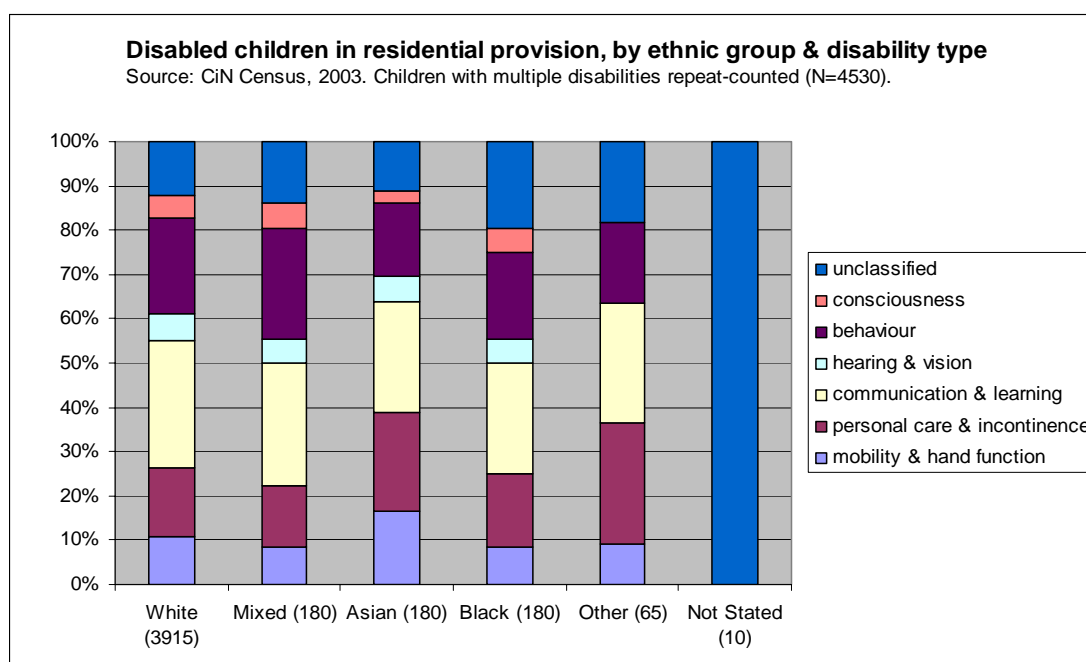
99. The CiN census allows us to explore trends in the type of disability and ethnic group. Again, we approached this analysis in two ways:

- Counting each child only once, the clearest trend was a higher incidence of behavioural difficulties and learning difficulties among children of mixed, white and black origin.



- Counting each disability once (so many children are double-counted), a slightly different picture emerged - see chart overleaf. There appeared to be a fairly similar pattern of disabilities among those of White, Mixed race and Black origin. Among children of Asian and Other Ethnic origin, the incidence of physical disabilities was slightly higher (mobility, hand function, personal care, incontinence) and the incidence of behavioural difficulties, slightly lower.

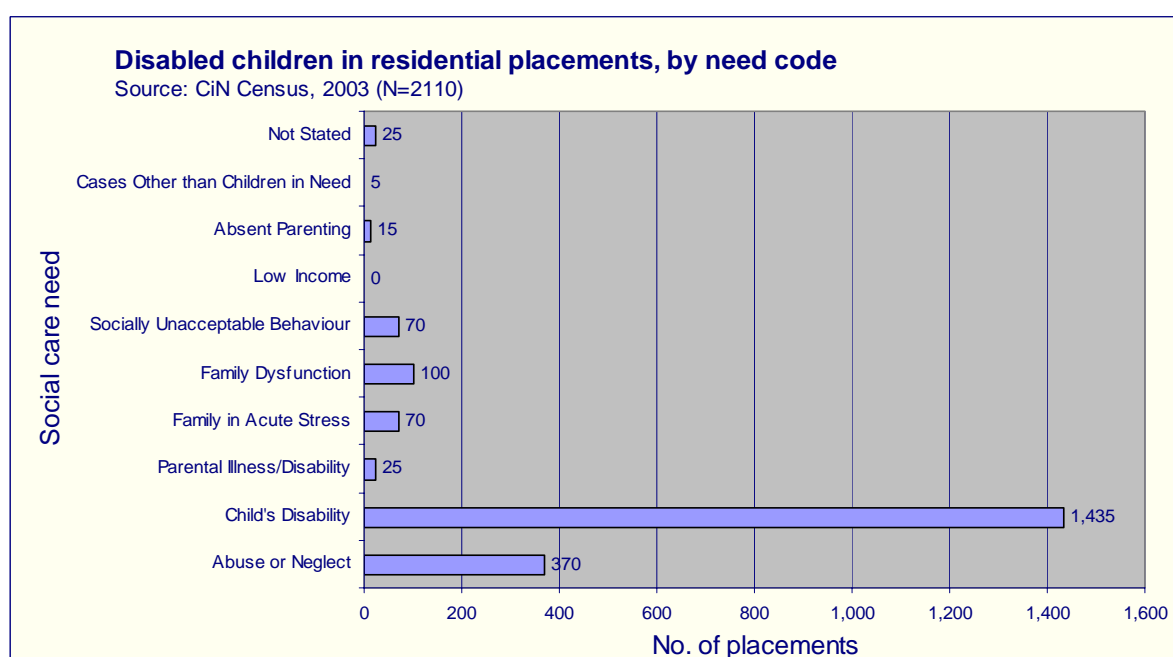
100. Further research would be required to establish how far this reflects actual differences in the incidence of disabilities and how far differences in social care use and recording practice.



## Social care need

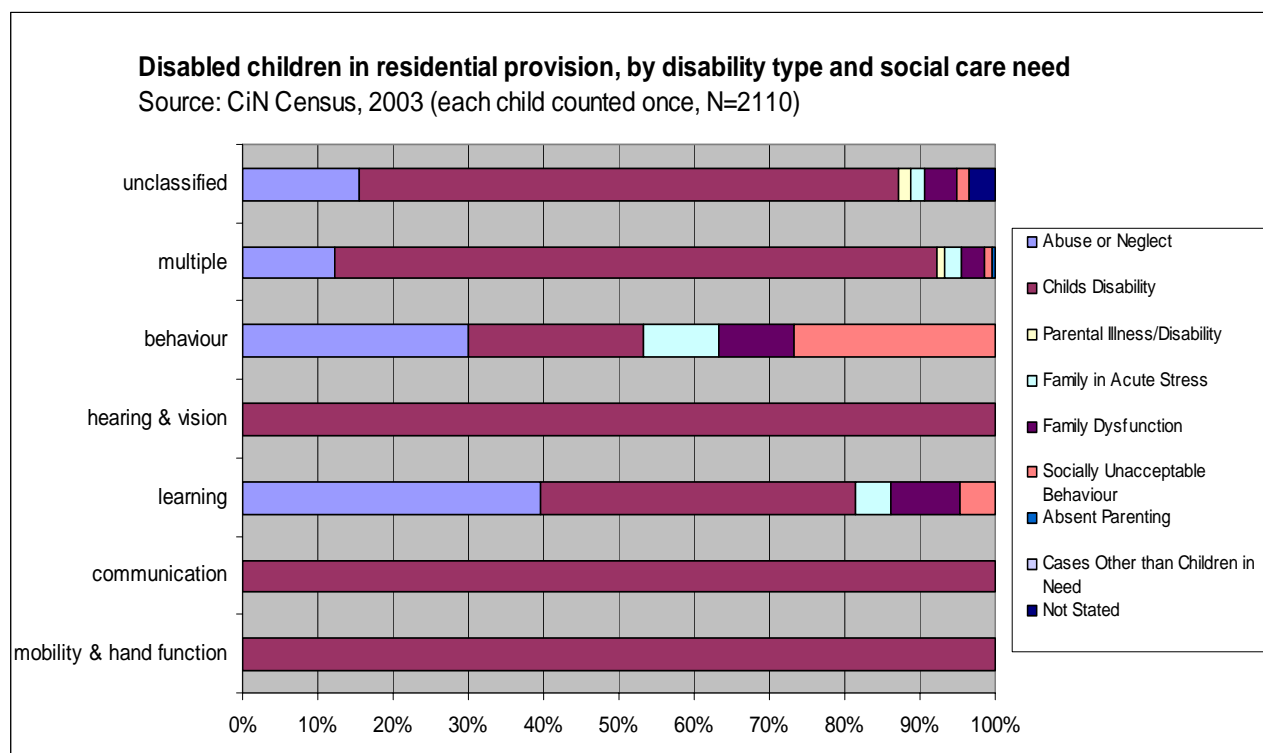
101. The CiN census requests information on the main reason for intervention by social services. Among disabled children in residential provision:

- 'disability' was the main reason for intervention in 68% (1435) of cases
- the next most significant reason was 'abuse or neglect' (18%)
- smaller numbers of children were being supported because of 'family dysfunction' (5%) and 'family in acute stress' (3%).



102. We explored the link between social care need and type of disability, again using two approaches. Counting each child only once:

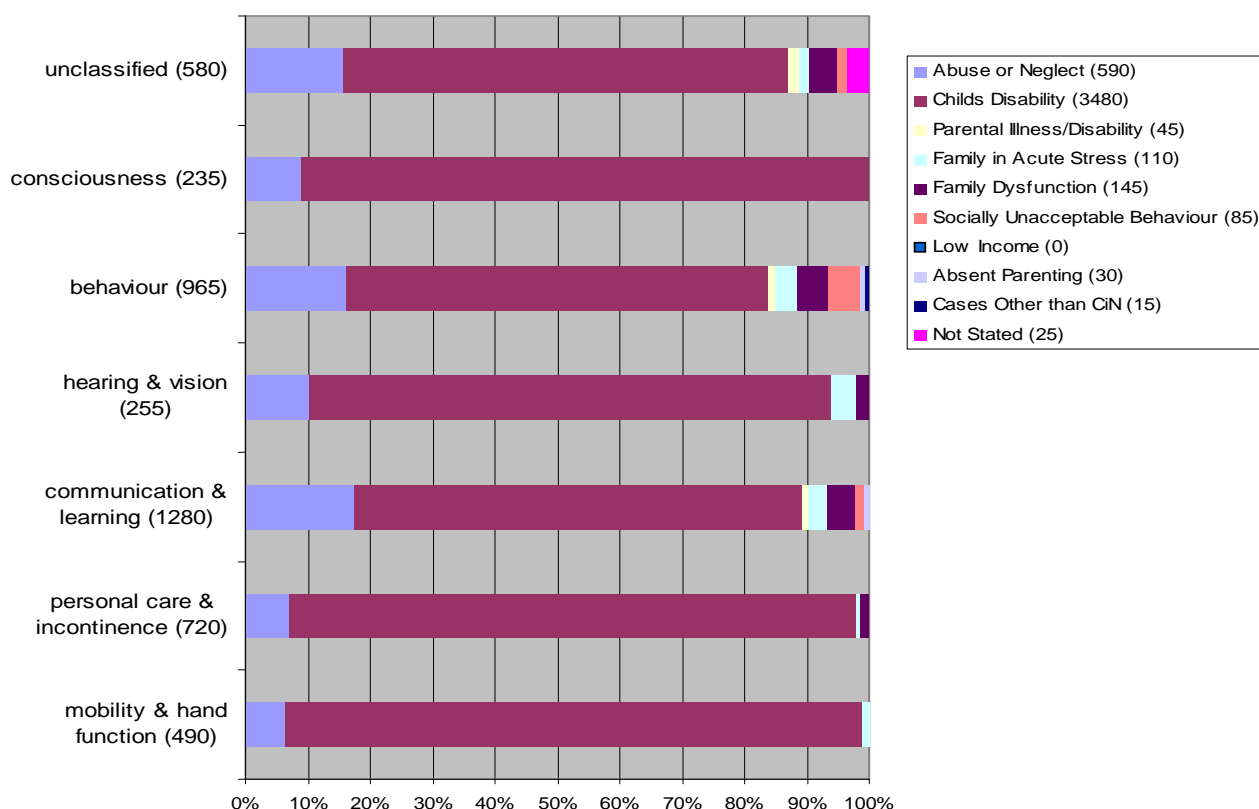
- 'disability' was overwhelmingly the main social care need for children with mobility and hand impairments, communication difficulties, hearing and vision impairments and multiple disabilities;
- 'abuse or neglect' was the most significant social care need for children with behavioural difficulties, followed by 'socially unacceptable behaviour';
- 'abuse or neglect' was also an important reason for intervention with children with learning difficulties, although 'disability' was the main reason;
- 'family in acute stress' and 'family dysfunction' were reasons for intervention for smaller numbers of children, mainly those with behavioural difficulties and learning difficulties.



103. Counting each disability once (so, double-counting many children), the picture is different – with 'disability' being the most important reason for making social care provision, across all types of need. Similar trends to the first analysis are evident, but less pronounced. This suggests that there is a stronger relationship between a child's disability and their social care need where they have a fairly 'clear cut' disability (because there is a stronger link between singly-occurring disabilities and social care need). This may in part reflect the influence of local eligibility criteria and possibly service availability.

### Disabled children in residential placements, by social care need & disability type

Source: CiN Census 2003 (repeat counting children with multiple disabilities, N=4530)



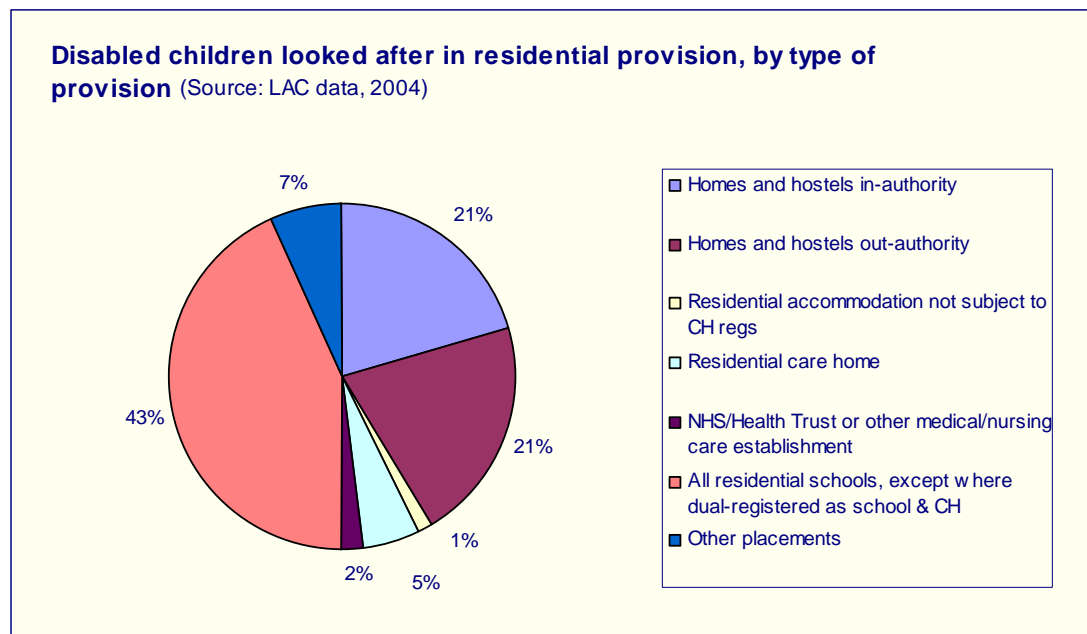
### Type of provision

104. Data gathered on Looked After Children show what type of provision was made and for some settings, whether it was within the local authority area. Of those in residential provision, whose main need was disability:

- 43% were in residential schools;
- 42% were in homes or hostels, subject to children's homes regulations. Half (21%) were outside their home authority area;
- 5% were in residential care homes
- 2% were in NHS provision;
- 1% were in homes and hostels not subject to regulations; and
- 7% were in other accommodation – including family centres, mother and baby units, secure units and young offenders' institutions.<sup>61</sup>

<sup>61</sup> Not a useful grouping, but the need to suppress small numbers made it necessary.

105. Comparison with the 2003 analysis reveals an increased use of out-of-authority placements. In 2002, 17% of the group were in homes and hostels outside the council's boundary, but by 2004, this had risen to 21%. Meanwhile, such provision within the council's boundary fell from 27% to 21%. Unfortunately the data do not show the extent of out-of-authority placements for other categories of provision.

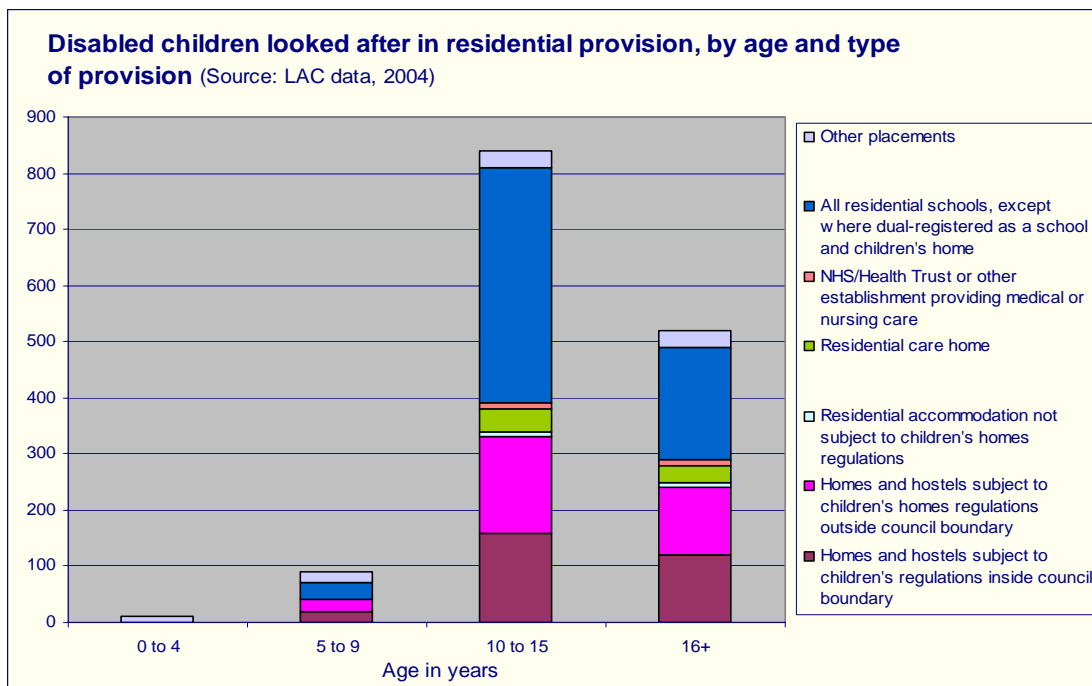


106. Further analysis was carried out to explore the profile of disabled children, across the different types of residential provision. In terms of **age**:

- the use of residential schools is highest for 10-15 year olds. Almost half of disabled 10-15 year olds looked after by social services (420 young people) are in residential schools, but only 200 remain beyond 15 years of age;
- about 40 10-15 year olds were in residential care homes, which may not be geared towards the needs of children and young people. About 10 were in unregulated children's homes and roughly the same number are in NHS and other medical establishments;<sup>62</sup>
- young children (0-4 years) were all in 'other placements'. This category includes family centres and mother and baby units.

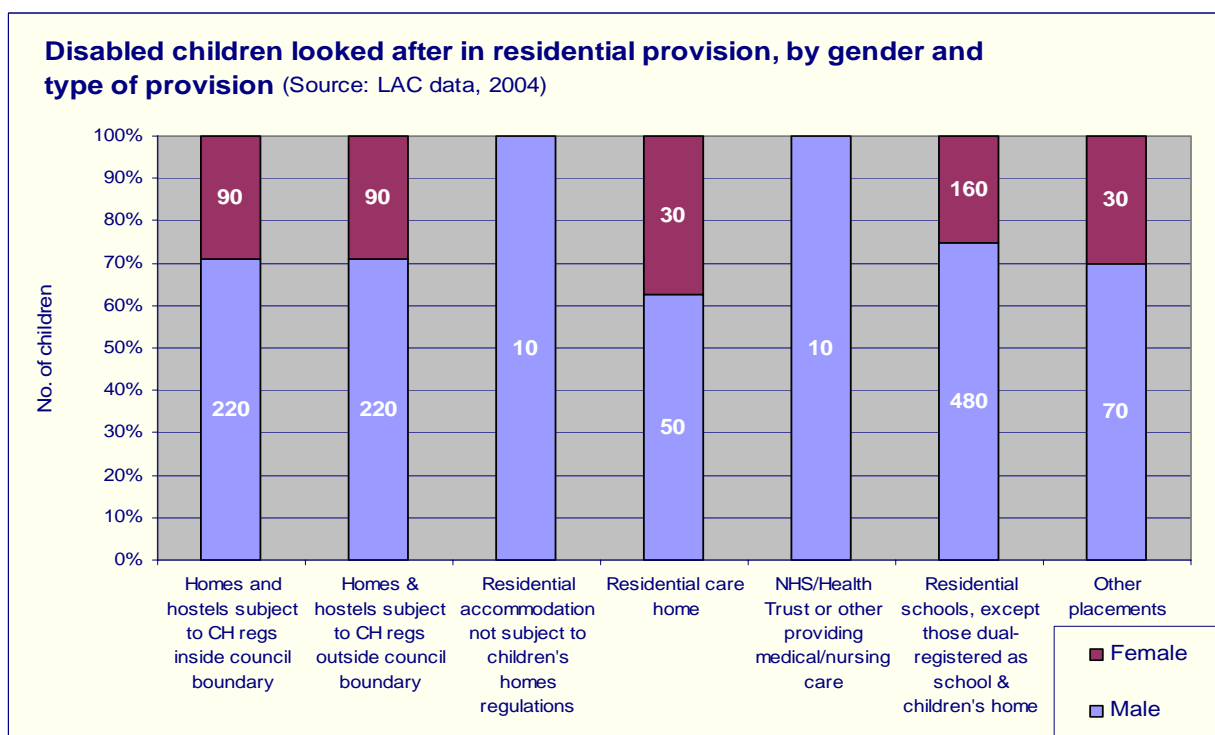
<sup>62</sup> Health data suggest that far greater numbers of 0-19 year olds (i.e. low thousands) are spending long periods in hospital, but they would not show up in this dataset unless they had a need code of disability and were 'looked after' by the local authority.





107. Analysis of the **gender** profile shows –

- children's homes and hostels were the most common form of residential provision for disabled girls, followed by residential schools. The percentage of disabled pupils who were female ranged from 25% in residential schools to 38% in residential care homes; and
- there were almost no girls in unregulated residential provision and NHS/medical provision.



108. No clear trends emerged from our analysis of ethnicity and type of provision – and some of the figures were too small to be reliable.

### **Comparing the LAC data and CiN census**

109. As explained at the start of this chapter, two datasets were analysed to throw light on the profile of disabled children in residential provision. The CiN census (Feb 03) suggests that there are 2110 such children, while the LAC data (Mar 04) indicates that there are about 1500.<sup>63</sup> One would expect the latter to be smaller, because:

- disabled children in residential provision may not be looked after; and
- in the LAC data, children are recorded as disabled only if that is their main social care need – so disabled children whose main need is for example, abuse or neglect, are excluded.

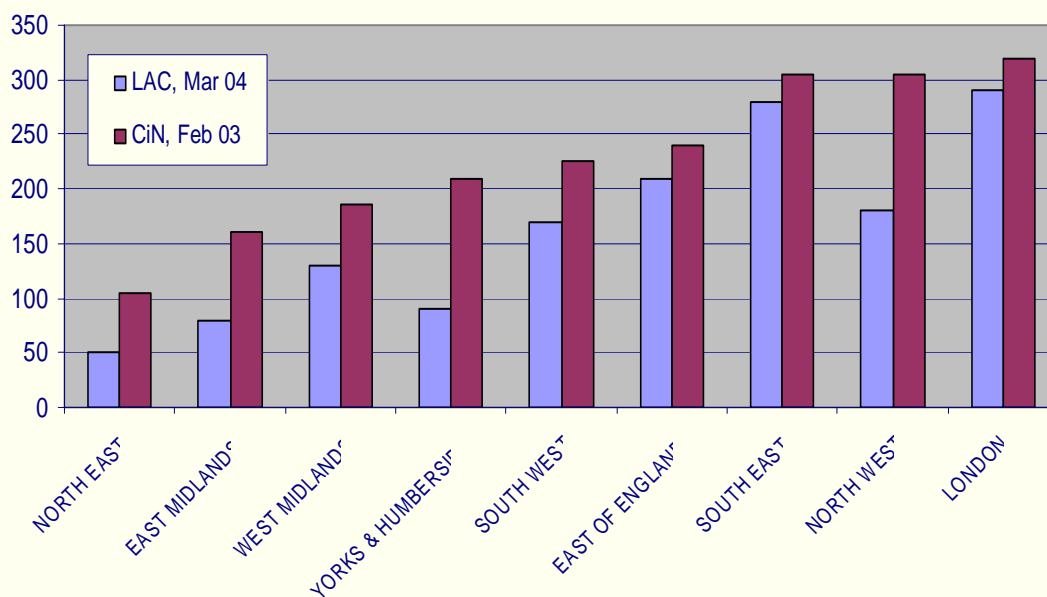
110. The CiN census shows that disability was the main reason for intervention for 68% (1435) of disabled children in residential provision. This tallies well with the LAC total of 1500. However, comparison of the data at regional and local authority level shows considerable variation in practice, as illustrated in the charts overleaf.

111. Looked after status affords children the additional safeguards set out in the Children Act 1989 and associated guidance – in particular, more rigorous care planning, provision and review. The great variation in local practice and on-going concerns about difficulties in maintaining relationships with family and friends, greater vulnerability to abuse and neglect, difficult transitions and poor long-term outcomes for some (as discussed in Chapter Two), raises the question of whether all disabled children spending long periods in residential provision should, as a matter of principle, be looked after.

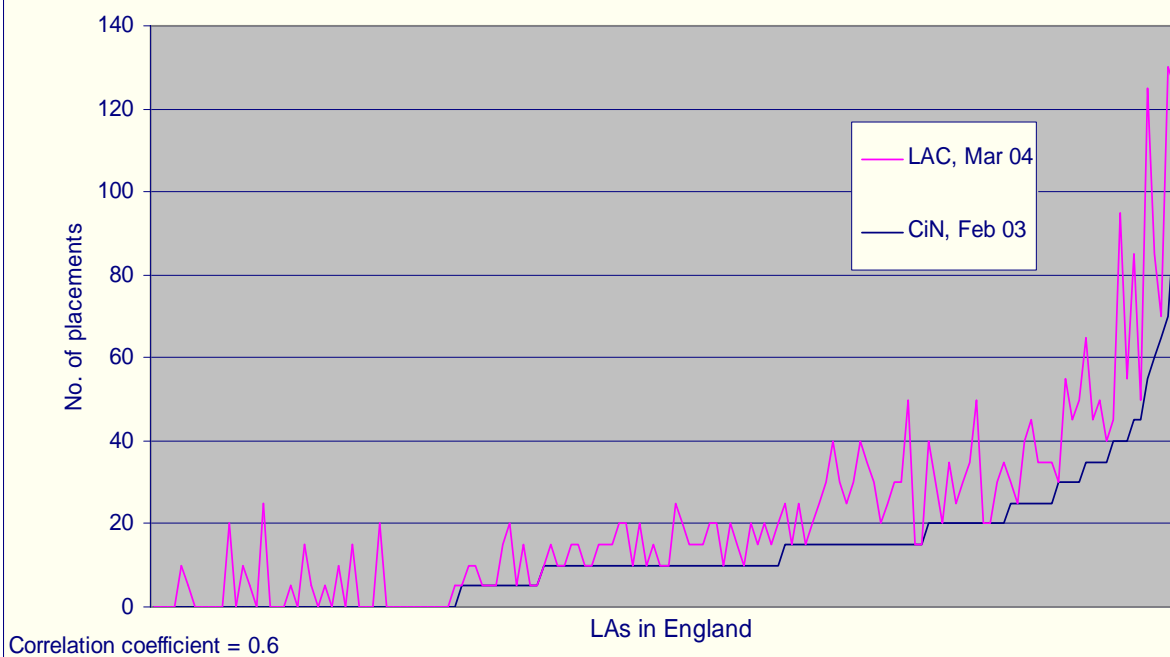
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<sup>63</sup> These are not discrete groups – looked after children are a subset of the wider population of children in need.

Comparison between LAC and CiN data on disabled children in residential provision, by region



Comparison between LAC and CIN data on disabled children placed in residential provision, by each local authority



## Chapter Five: Health 'placements'

### Children spending long periods in hospital

112. Hospital Episode Stats (HES) are gathered by the Department of Health, from NHS Trusts and Primary Care Trusts (PCTs) in England. Although they do not identify disabled children as a group, they provide a detailed profile of children spending long periods in hospital. At February 2004, an estimated **2,700** children (aged 0-19 years on admission) had spent more than six months in hospital.<sup>64</sup>

113. This estimate includes both 'finished episodes' and 'unfinished episodes' – i.e. children discharged from hospital during the year and those still in hospital at the end of the year. Doubts about the reliability of the 'unfinished episode' data meant that they could not be used for more detailed analysis. Providing a more reliable picture of these children should be a priority for improvement by the Department of Health. This is particularly important in the light of concerns about how effectively agencies work together to safeguard and promote the welfare of children spending long periods in health care settings.<sup>65</sup>

114. In this chapter, we therefore explore the profile of children spending six months or more in hospital, using discharge data. In the three years 2001/02 to 2003/4, **2432** children were discharged from NHS hospitals after a stay of six months or more – forming the basis of our sample. The same methodology was used in the 2003 report (for children discharged 1998/99 - 2000/01). There were 2205 of them, suggesting a 10% increase since the last report.

115. Before going any further, it should be noted that only a very small proportion of hospital admissions become 'long stays'. Our sample of 2432 children who left hospital after 6 months or more account for just 0.04% of almost 6 million hospital discharges for children during this period.

### Profile of children spending more than 6 months in hospital

#### Age

116. The number of children spending more than six months in hospital is highest at each end of the age range – 0 years and 19 years (see graph overleaf). Between these extremes, we see a much more even distribution, with fairly low numbers of children discharged between the ages of 2 and 11 (about 20 - 50 for each year group), rising to about 200 by the age of 15/16 years and almost 400 19 year olds.

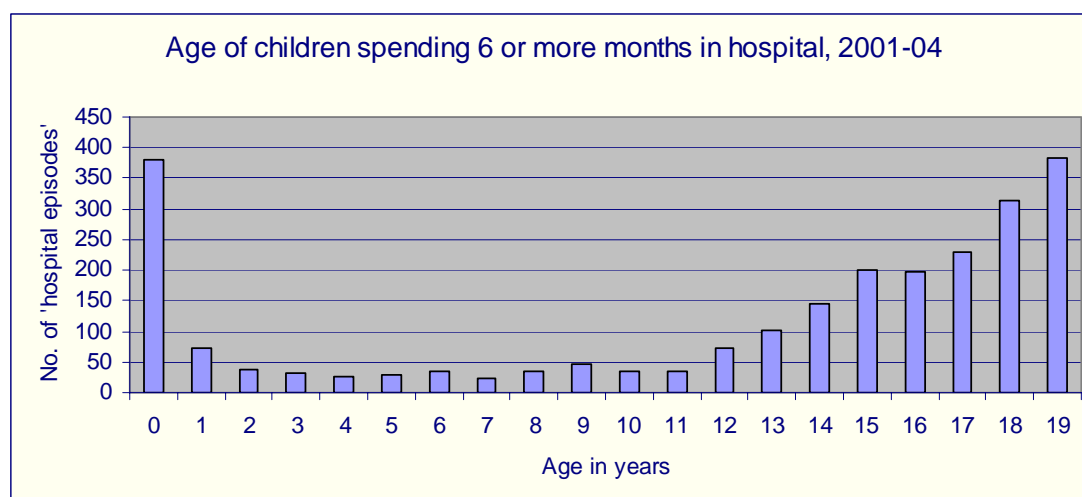
117. Very young children (0-4 year olds) represent nearly one-quarter (23%)

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<sup>64</sup> National estimate, adjusted to reflect double-counting, well babies and other possible anomalies associated with the unfinished episodes.

<sup>65</sup> Concerns raised in *Safeguarding Children: a second joint Chief Inspectors Report on Arrangements to Safeguard Children*, July 2005 and *Progress on safeguards for children living away from home*, JRF, Nov 2004.

of children spending six months or more in hospital; and 16-19 year olds represent almost one half (46%). This contrasts with the education and social care data on disabled children in residential provision, which show very low numbers of young children and a significant fall in provision post-16. The difference in the younger group may be explained by neonatal care, with many babies spending the early months of their life in hospital following premature birth or other complications. Meanwhile, the difference in the older group probably reflects the on-going responsibilities of NHS providers, as compared to the more age-limited responsibilities of local education authorities and children's (social) services.



## Gender

118. 46% of admissions were girls, 53% were boys<sup>66</sup> – almost exactly the same as in the 2003 report. Again, this contrasts with the picture of disabled children in residential provision made by social care and education – 70% and 80% of whom respectively were male. This is thought to reflect in part, the higher incidence of behavioural difficulties amongst boys, which is often a contributory factor in the decision to make a residential placement. Although there are significant numbers of young people in hospital due to a 'mental disorder' (HES terminology<sup>67</sup>), their gender profile is almost identical to the wider group (see paragraph 123).

## Ethnicity

119. There are significant concerns about the reliability of HES data on ethnicity, which are collected by patient self-reporting. Ethnicity was not stated in 29% of cases – so apparent trends may simply reflect different rates of reporting. Of the remainder, 57% of patients were White, 6% Black, 4% Asian, 1% of Mixed race and 3% 'Chinese or Other'. The table below compares these figures to the national population. Bearing in mind the extent of non-reporting, it would appear that White children and Asian children are

<sup>66</sup> A small number were either not known or not recorded – less than 1 per cent.

<sup>67</sup> HES codes are based on the World Health Organisation's International Classification of Diseases.

under-represented among children spending 6 months or more in hospital; and black children are over-represented.

120. Black children also appear to be slightly over-represented among disabled children looked after in residential provision made by social services – but the evidence was inconsistent.<sup>68</sup> A clearer trend in the education and social care data, consistent with the above, was that Asian children were under-represented amongst disabled children in residential placements.

Ethnic group	HES 0-19 yr olds in hospital 6 mths or more, 2001-04	2001 Census 0-19 yr olds in England	PLASC, 2004 Children in primary and secondary schools in England
White	57%	86%	83%
Mixed	1%	3%	3%
Asian	4%	7%	7%
Black	6%	3%	4%
Chinese/Other	3%	1%	1%
Not stated	29%	-	3%

## Diagnosis

121. HES provides information on the main reason why patients were in hospital – or their ‘primary diagnosis’. In the table below, we have grouped the dozens of different diagnosis codes together using HES headings. This shows that ‘mental disorder’ is by far the most significant reason for children spending 6 months or more in hospital, accounting for 52% of such episodes - eleven times as many as any other diagnosis group. If one removes diagnoses which were unknown or unrecorded, mental disorder represents 68% of the whole. This was also evident in the 2003 report – where mental disorder was the main reason for admission for 79% of children spending 6 or more months in hospital, ten times as many as any other group.

### Episodes of 6+ months, by primary diagnosis

Primary diagnosis group (hospital episode statistics)	Total	Percent.
F00-F99 Mental disorder	1266	52%
‘Unknown’	320	13%
‘Other’	243	10%
Q00-Q99 Congenital abnormalities	112	5%
G00-G99 Nervous system	109	4%
S00-T98 Injury, poisoning, burns	100	4%
Z00-Z99 Factors influencing health status	78	3%
J00-J99 Diseases of the respiratory system	60	2%
K00-K93 Digestive system	44	2%
R00-R68 Congenital malformations, deformations etc.	36	1%
O00-O99 Pregnancy and related conditions	34	1%
A00-B99 Infectious bacterial and viral diseases	22	1%

<sup>68</sup> Among disabled children in residential provision, black children appeared to be over-represented in the LAC data, but not in the CiN census data.

M00-M99 Disorder of the musculoskeletal system	8	0.3%
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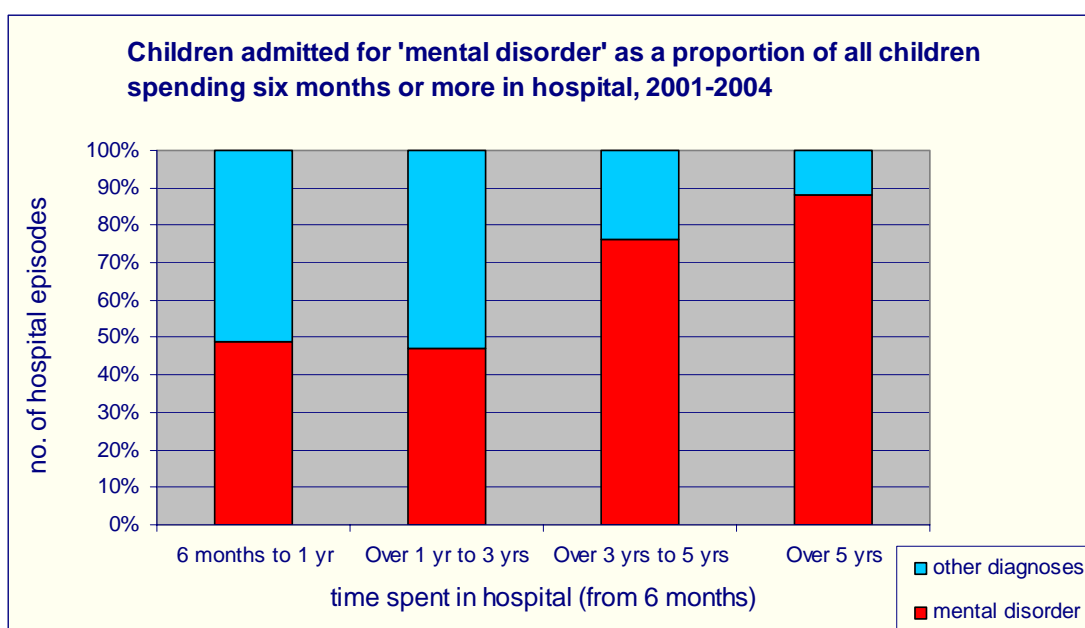
122. The term ‘mental disorder’ covers a wide range of conditions. Among children spending 6 or more months in hospital, schizophrenia and eating disorders were the main two diagnoses, together accounting for about one-third of such admissions. The table below lists the most common diagnoses.

Children with a ‘mental disorder’ diagnosis spending 6+ months in hospital

Code	Primary Diagnosis	Number	%
F20	Schizophrenia	290	22.91
F50	Eating disorders	168	13.27
F72	Severe mental retardation	116	9.16
F99	Mental disorder not otherwise specified	74	5.85
F32	Depressive episode	68	5.37
F60	Specific personality disorders	49	3.87
F84	Pervasive developmental disorders	44	3.48
F71	Moderate mental retardation	38	3.00
F43	Reaction to severe stress and adjustment disorders	36	2.84
F70	Mild mental retardation	35	2.76
F73	Profound mental retardation	30	2.37
F23	Acute and transient psychotic disorders	26	2.05
F25	Schizoaffective disorders	26	2.05
F92	Mixed disorders of conduct and emotions	26	2.05
F31	Bipolar affective disorder	25	1.97
F29	Unspecified nonorganic psychosis	22	1.74
F19	Mental & behav'l disorders due multiple/psychoact drug	19	1.50
F91	Conduct disorders	19	1.50
F42	Obsessive-compulsive disorder	14	1.11
F81	Specific developmental disorders of scholastic skills	13	1.03

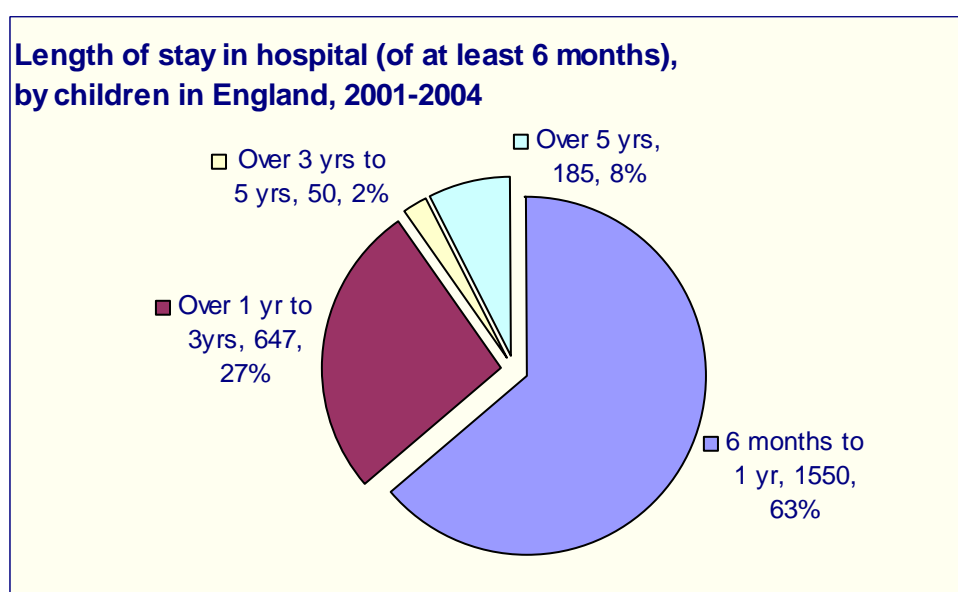
123. Given the significance of the ‘mental disorder’ group, we analysed their profile in more detail. This showed that they were:

- very similar in terms of their gender and ethnic profile, when compared to children in all diagnosis groups;
- similar in age, beyond the very early years (far fewer children with ‘mental disorder’). This is as one would expect, with the relatively high number of babies in neonatal care and the fact that many ‘mental disorders’ do not become apparent until later in childhood;
- likely to spend longer in hospital – representing 76% of those who were in hospital for between 3 and 5 years, and 88% of those who were discharged after 5 or more years [see graph overleaf].



### Length of stay

124. This analysis focused on children who spent at least 6 months in hospital. There were 2432 such episodes, nearly two-thirds involving a stay of between 6 and 12 months and just over one-quarter involving a stay of between 1 and 3 years. 50 children spent 3 to 5 years in hospital and 185 spent over 5 years. This represents a slight decrease since the 2003 report, when 245 children were found to have spent more than 5 years in hospital.



125. Exploratory analysis of HES data including the 'unfinished episodes' – i.e. children still in hospital after more than 6 months – indicated much higher numbers of children spending several years in hospital. Although the data were too unreliable to publish, the implications are important. We recommend that the Department of Health should take action to improve data on children currently in hospital; and that local trusts should seek to identify all children



who have spent more than 3 months in hospital, and particularly, those who have spent a number of years there. This information should be used to inform sensitive commissioning of services and to enable local authorities to fulfil their safeguarding responsibilities, under the Children Act 1989.

126. Further analyses were carried out to explore the profile of those spending long periods in hospital. This showed a fairly even gender profile, regardless of length of stay, but clearer trends in terms of age and primary diagnosis:

- among those spending 6-12 months in hospital, there were high numbers of babies (less than one year old); low numbers of 1-11 year olds and rising numbers of 12 to 19 year olds;
- among those spending 3 to 5 years in hospital, almost half were 18 or 19 year olds;
- among those spending 5 or more years in hospital, there was no clear age pattern.

127. The clearest trend was in respect of primary diagnosis. Children who spend longer periods in hospital seem more likely to have a 'mental disorder' [see table below]. This is consistent with the 2003 report: of those who left hospital after 5 or more years during 1998-2001, 92% had a 'mental disorder'.

Time spent in hospital	Number	Proportion admitted for 'mental disorder'
6 or more months (overall sample)	2432	52%
3-5 years	50	76%
5 or more years	185	88%

## Chapter Six: Conclusions and Recommendations

### Conclusions

We cannot say with confidence exactly how many disabled children are in residential placements – nationally, regionally or locally. This matters because there are persistent concerns about:

- the impact on children of growing-up away from their family and home community;
- the effectiveness of local arrangements for safeguarding and promoting the welfare of disabled children in residential placements;
- difficult transitions beyond school and children's services and poor outcomes for some;
- the inappropriate use of residential placements, when children's needs could have been met locally - and the high cost of some placements.

### Recommendations

#### **To enable more disabled children to remain in their home community -**

1. Future national policy documents on residential placements for children with SEN and disabilities and looked after children should include clear and consistent advice on the need for:

- multi-agency approaches to making residential placements, with consideration of options for enabling children to remain in their family or home community, wherever possible and appropriate;
- the systematic review of all high costs placements, to identify why such a placement was needed and if there are gaps in local services;
- a long-term multi-agency strategy for redeploying resources towards sustainable local provision, to enable more children with significant levels of need to remain in their home community.

2. Local authorities, working with partner agencies, should review their approach to making residential placements, including:

- parents' views on why residential placements are sought;<sup>69</sup>
- gaps in local services, contributing to such placements being needed;
- the costs associated with such placements;

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<sup>69</sup> Parent partnership services should be able to provide information on pressure points in local demand for SEN provision and help with consulting parents.

- the scope for developing multi-agency packages to enable more disabled children to remain at home.

**To safeguard and promote the welfare of disabled children spending long periods in residential provision -**

3. DfES should take action to promote more consistent application of:
  - notification procedures under sections 85 and 86 of the Children Act 1989 (working with DH);
  - looked after status, for disabled children spending long periods in residential placements, particularly where these are far from home.
4. Local education authorities and PCTs should review the effectiveness of their procedures for notifying the responsible social services department about children spending more than 3 months in residential provision (including hospitals). As a priority, they should identify the number of children in hospital for over 3 months and ensure that they are known to social services.
5. Local authorities and PCTs should review the effectiveness of their arrangements in helping families to remain in touch with children in residential placements, particularly those who spend most of the year away from home and those placed out-of-area, in line with expectations set out in the Children Act 1989 and the SEN Code of Practice.

**To develop a clearer picture of outcomes for disabled children spending long periods in residential provision –**

6. DfES and DH should support the development of and promote the use of a multi-agency outcomes framework to monitor the welfare and achievement of disabled children in residential placements.<sup>70</sup> This should include measures of post-16 ‘destinations’ for those leaving residential placements (in terms of education, training and employment).
7. Ofsted, CSCI, the Audit Commission and the Healthcare Commission should report on the effectiveness of local arrangements for making, monitoring and reviewing residential placements in Joint Area Reviews of Children’s Services.
8. Local authorities should review their procedures for monitoring residential placements, and where necessary, agree protocols with other authorities for sharing information on providers and monitoring out-of-area placements.<sup>71</sup>

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<sup>70</sup> This could build on SENRP projects underway in the West Midlands and in a consortium involving the Eastern, East Midlands, South Central and South Eastern regions.

<sup>71</sup> Again, this could build on the model developed by the Eastern SEN Regional partnership, now being extended to several other regions.

## **To support improved planning and commissioning of services for disabled children in residential placements -**

9. DfES and DH should seek to improve the coherence of national data on disabled children in residential provision. Changes that should be considered as a priority include:

- gathering reliable data on children who have spent more than 3 months in hospital, including those still in hospital;
- harmonising the two separate, but similar, lists of special educational needs (education data) and disabilities (social care data);
- gathering data on pupils placed in independent special schools, to incorporate in the pupil level annual schools census;
- adding new codes (where lacking) across all these datasets, to show:
  - if a child is disabled (indicated in the CiN Census);
  - their principal disability (indicated in PLASC);
  - if a child has been placed outside the local authority area (available for children's homes and hostels);
  - if a child is looked after by the local authority (included in some education data, but under-reported).

10. Building on the benchmarking database to be published alongside this report, DfES and DH should publish data on the number of disabled children in residential provision (health, education and social care) in each local authority and PCT area, every 2 years.

11. Local authorities and PCTs should use the benchmarking database, and other relevant sources, to inform in their integrated needs assessment and statutory Children and Young People's Plan – including information on:

- the number of children in residential placements (education, health and social care) and the extent of out-of-area placements;
- the needs profile of these children;
- the cost of such placements; and critically,
- a long-term multi-agency strategy for redeploying resources from residential placements towards sustainable local provision.

## **Annex A: Progress made on the recommendations in the 2003 report on *Disabled Children in Residential Placements***

*Note: This annex follows the structure and wording of the original report.*

### **Assessment and Review**

#### Recommendation: Improved multi-agency planning and service provision

Taken forward through wider *Every Child Matters* developments, particularly guidance on the Duty to Cooperate and the Children and Young People's Plan, based on an integrated needs assessment. Published at: [www.everychildmatters.gov.uk/strategy/guidance](http://www.everychildmatters.gov.uk/strategy/guidance).

More specifically, advice on planning and commissioning residential placements was issued in:

- *The Management of SEN Expenditure* (DfES, 2004) and more recently, *Commissioning placements and services for looked after children and children with special educational needs and disabilities in residential placements* (DfES, 2005);
- The Looked After Children's Taskforce, together with the SEN Regional Partnerships, held a series of regional seminars on commissioning high cost placements [resources at [www.dfes.gov.uk/choiceprotects](http://www.dfes.gov.uk/choiceprotects)];
- A variety of initiatives by the SEN Regional Partnerships have supported improved planning and commissioning - for example, the benchmarking data on NMISS placements quoted in this report (published at [www.scrip.uk.net](http://www.scrip.uk.net)) and a Commissioning Unit being developed in the North East, with colleagues from health and social care and providers. This will include regional benchmarking data and trend analysis to support needs-based planning and commissioning. It will also provide a brokerage service, maintain a 'preferred provider' list, monitor quality and collate feedback from across the region.

#### Recommendation: Multi-agency assessment for all children before a decision is made to place residentially

Recommended in the *Children's National Service Framework (Disabled Children's Standard)* (DH/DfES, 2004) and DfES guidance on *The Management of SEN expenditure* (DfES, 2004), but dependent on local practice.

#### Recommendation: Multi-agency guidance developed about the review, support and contact with families for children in residential placements

This is covered in the *National Contract for the Placement of Children in Independent and Non-Maintained Day and Residential Special Schools* – developed by NASS, the ADSS, the LGA and the SEN Regional Partnerships,

with DfES and DH support and used by 84 LAs and over 110 special schools [available at [www.teachernet.gov.uk/wholeschool/sen/regional/senrpnationalcontract/](http://www.teachernet.gov.uk/wholeschool/sen/regional/senrpnationalcontract/) ]. The ADSS national working group is developing a parallel contract for placements in residential homes.

Recommendation: Combined reviews of children's statement of SEN and care plan

Reflected in the National Contract for NMISS placements (as above). In addition, a research project within DfES is exploring the scope for better coordinating assessment and care planning for children with disabilities and complex needs – due to report in Spring 2006.

## **Data Collection**

Recommendation: National data on all disabled children living away from home, from health, education and social care, collated to provide local authorities and PCTs with a full picture.

Delivered through this report and a benchmarking resource, to be published on a pilot basis in late 2005 and refined in partnership with the SEN regional partnerships. This exercise has highlighted significant shortcomings in the ability of national datasets to provide a coherent picture of disabled children in residential provision; action to improve this is recommended in Chapter Six.

In addition, the Eastern SEN Regional partnership has developed a multi-agency database on residential placements (in schools and children's homes), now being extended to 3 other regions. This collates information on providers, including feedback from visits by local authority officers. They have established a system of 'link' authorities, which play a lead role in liaising with local providers (e.g. where concerns are raised or over fee negotiations), monitoring the quality of provision and keeping the database current.

Recommendation: Data on pupils in residential schools to be collected annually and links to pupil outcomes developed.

Data on pupils in maintained and non-maintained schools is already collected through PLASC, but the independent sector remains a significant gap in the picture. Outcomes data across all types of special schools remain inadequate, but much progress has been made with the roll-out of P-Scales and improvements in monitoring (and comparing) the progress made by groups of pupils, through the Pupil Achievement Tracker [see [www.teachernet.gov.uk/teachingandlearning/afl/PAT/](http://www.teachernet.gov.uk/teachingandlearning/afl/PAT/)]. A key challenge is to develop valid comparisons to help teachers to assess the progress made by pupils with learning difficulties and to find a way of recognising broader achievements, in terms of personal and social development.

A number of the SEN Regional Partnerships are collaborating on developing a multi-agency outcomes framework for monitoring residential placements – with projects underway in the West Midlands and in a consortium involving the

Eastern, East Midlands, South Central and South Eastern regions.

### **Implications for service planning**

Recommendation: A regional audit of specialist provision to be carried out.

A national audit of 'low incidence' SEN provision is in progress, due to report in late 2005.

Recommendation: A record of all disabled children in residential placements to be held by each local authority.

There is an on-going duty on local authorities to maintain a register of disabled children (Children Act 1989, Schedule 2). However, education and health data do not record whether a child is disabled and definitions of disability differ across the sectors, particularly with respect to young people with behavioural difficulties.

The Integrated Children's System [see [www.everychildmatters.gov.uk/socialcare/ics/](http://www.everychildmatters.gov.uk/socialcare/ics/)] also has the potential to generate a list of disabled children in residential placements, but only it covers those in contact with social services.

Recommendation: Data from individual assessments to be used to inform local and regional planning.

This recommendation was reflected in the *Children's National Service Framework (Standard Eight)* (DH/DfES, 2004) and in guidance on *The Management of SEN expenditure* (DfES, 2004).

Statutory guidance on the Duty to Cooperate and on Children and Young People's Plans expects agencies to base their plans on an integrated assessment of local needs, focusing particularly on children with SEN, disabilities and those looked after [see [www.everychildmatters.gov.uk/strategy/guidance/](http://www.everychildmatters.gov.uk/strategy/guidance/)].

### **Inspection**

Recommendation: Inspectorates to consider a specific focus on residential placements for disabled children

This is reflected in the arrangements for Joint Area Reviews of Children's Services, which will give 'particular attention' to joint action by local services on behalf of children and young people who are 'vulnerable to poor outcomes'. Two groups will be covered in detail in every review: children who are looked after and those with learning difficulties and/or disabilities. The inspection guidance draws attention to local authorities' duties to safeguard and promote the welfare of looked after children in residential settings.<sup>72</sup>

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<sup>72</sup> See Ofsted, *Every Child Matters: joint area reviews of children's services*, August 2005.

In addition, the over-arching framework for the inspection of children's services expects a 'key judgement' to be made regarding support for young people with learning difficulties and disabilities, against every one of the five *Every Child Matters* outcomes.<sup>73</sup>

Recommendation: OFSTED, CSCI and CHAI to work together towards joint inspection and a common inspection framework

The Children Act 2004 creates an integrated inspection framework, with thematic Joint Area Reviews (as above).

Recommendation: DfES, National Children's Bureau and CSCI to work together to produce guides for staff, parents and children to improve ownership of the National Minimum Standards in residential special schools

Three reports were published by the NCB and DfES: the Young Person's Guide to the Residential Special Schools Standards, the Parents' Guide and the Staff Guide (all 2004). Available at [www.ncb-books.org.uk/NCB\\_Books\\_Residential\\_Special\\_Schools\\_Standards\\_Guides\\_34.html](http://www.ncb-books.org.uk/NCB_Books_Residential_Special_Schools_Standards_Guides_34.html).

### **Promotion of Good Practice**

Recommendation: Examples of effective multi-agency working that supports inclusive practice to be disseminated.

A comprehensive resource to support and promote multi-agency working has been published on the Every Child Matters website: [www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/](http://www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/).

The SEN Regional Partnership newsletters and case studies have provided another vehicle for disseminating 'good practice' [at [www.teachernet.gov.uk/SEN](http://www.teachernet.gov.uk/SEN).]

Recommendation: the National Contract for the Placement of Children in Non-maintained and Independent Special Schools to be monitored and supported and pre-placement contracts developed

84 LAs have signed up and over 110 schools. Representatives from the two regions where the contract is less widely used have joined the national working group. National SEN advisers ask about the use of the contract in all their visits (every LEA in England visited over last year).

Recommendation: The recommendations of the national working party report, *It doesn't happen to disabled children?*, NSPCC, 2003 to be considered

The *Every Child Matters* Green Paper has contributed to a strengthened focus on safeguarding, across all agencies. The Children Act 2004 provided for

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<sup>73</sup> See Ofsted, *Every Child Matters: framework for the inspection of children's services*, July 2005. The ECM five outcomes are: be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being.



statutory Local Safeguarding Children Boards and placed a new duty on agencies to have regard to the need to safeguard and promote the welfare of children. Statutory guidance has been produced to support implementation, published at [www.everychildmatters.gov.uk/socialcare/safeguarding](http://www.everychildmatters.gov.uk/socialcare/safeguarding).

A resource pack commissioned from the Council for Disabled Children (produced by Dr Jenny Morris) will provide practical advice on safeguarding disabled children. This will be published on-line in late 2005 (same website).

Recommendation: Implementation of sections 85 and 86 of Children Act 1989 to be promoted

Highlighted in the *National Contract for the Placement of Children in Independent and Non-Maintained Day and Residential Special Schools*.

### **Main priorities for research**

Recommendation: Outcomes for children in residential placements

This remains a key area for development, although much progress has been made:

- National collection of P-Scales from 2005, initially on a voluntary basis, will provide some evidence on the outcomes achieved by children in maintained and non-maintained special schools;
- The Pupil Achievement Tracker (as before) enables more meaningful comparison to be drawn between the progress made by pupils;
- Ofsted are currently undertaking an investigation into the relative effectiveness of different types of SEN provision, due to report in 2006.

In addition, several of the SEN Regional Partnerships are collaborating on developing a multi-agency outcomes framework, for monitoring residential placements – as described earlier in this chapter (page 53).

Recommendation: Circumstances that lead to residential placement and the extent to which local support and services from health, education and social services can reduce the need for long-term residential placements.

The Looked After Children's Taskforce, working with the SEN Regional Partnerships, facilitated a 'high cost' audit in a number of regions, investigating the needs and circumstances of children in the highest cost placements and considering how things could have been done differently to improve outcomes and to enable the young person to remain in their home community. A 'high cost placements audit tool' and guidance for its use were published at [www.dfes.gov.uk/choiceprotects/](http://www.dfes.gov.uk/choiceprotects/).

## Annex B: Data sources and sample selection

<u>Education data</u>	<u>Sample selected</u>
Pupil level annual schools census, January 2004	Pupils with SEN boarding in maintained mainstream, special and non-maintained schools
School level annual schools census, January 2004	Pupils boarding in independent special schools and independent schools approved for pupils with SEN
SEN Regional Partnerships data on out-of-authority placements, Jan 2004 (and where indicated, Jan 2005)	Placements made in non-maintained and independent special schools, mainly out-of-authority. Includes day placements.
<u>Social care data</u>	<u>Sample selected</u>
Children in Need Census, Feb 2003 (biennial survey, not collected in 2004)	Disabled children in residential provision, excluding short-term and foster placements
Looked After Children data, Feb 2004	Children with a need code of disability in residential provision, excluding short-term and foster placements
<u>Health data</u>	<u>Sample selected</u>
National 'headline' figure is an estimate (for Feb 04) prepared by DH statisticians, based on finished and unfinished episode data  Hospital Episode Statistics, over 3 data years: 2001-02 to 2003/04	Children aged 0-19 discharged from hospital after a stay of 6 months or more, during the 3 data years 2001/02 to 2003/04. The same methodology was used in the 2003 report.

## Annex C: Cross-Sector Comparison

Note: all figures rounded to nearest 100.

	Education	Social care	Health
<i>National 'headline' statistics</i>	<p><b>6100</b> children with SEN, board in maintained primary, secondary, special and non-maintained schools (PLASC).</p> <p><b>3400</b> pupils with SEN board in independent schools approved for pupils with SEN and independent special schools (SLASC).</p> <p>So a total of about <b>9500</b> pupils with SEN board.</p>	<p><b>2100</b> disabled children in residential provision (CiN Census), including:</p> <p><b>1500</b> children looked after in residential provision, whose primary need was disability (LAC data).</p> <p>Those on short-term breaks and in foster placements are excluded.</p>	<p>HES data do not identify disabled children as a group, nor do they provide a reliable picture of children in hospital ('unfinished episodes').</p> <p><b>2700</b> children estimated to have spent 6 months or more in hospital in 2003/04.</p> <p><b>2400</b> children were discharged from hospital after a stay of 6 months or more during 2001-04, forming the basis of our detailed analyses.</p>
	Estimated overlap between education and social care data is 960 children. <sup>74</sup>		
<i>Age</i>	69% of pupils with SEN boarding in maintained and non-maintained schools are of secondary school age, as are 64% of pupils in independent special schools with boarding provision. There is a significant drop in provision post-16.	Both datasets show sharp rise in disabled children in residential provision beyond 10 years - over 90% are aged 10 or more. 10-15 year olds account for nearly 60% of disabled children in residential placements, and young people aged 16+, about one-third.	The highest numbers of children spending 6 months or more in hospital occur at 0 years (neonatal care) and 19 years. There are low numbers from 1-11 years, rising gradually to 16 years, then rising steeply to a peak at 19 years. 16-19 year olds represent almost one half (46%) of the sample.

<sup>74</sup> Overlap estimated in 2 ways. First, SEN regional partnership data show joint funding (ed. + soc. care) for 17% of placements in NMIS – which equates to 1012 children, using national figures for Jan 2004. Second, LAC data show that 43% of the sample were in residential schools; assuming a similar pattern of provision amongst other disabled Children in Need in residential placements, this equates to 903 children. Average of estimates = 960 children.

## Annex C: Cross-Sector Comparison

	Education	Social care	Health
<i>Gender</i>	<p>Overall, about four-fifths of pupils with SEN who are boarding are male.</p> <p>The highest proportion of girls is in the non-maintained sector, where 32% of pupils are female.</p>	<p>CiN census and LAC data show a gender split of 28-29% girls to 71-72% boys.</p>	<p>46% girls to 53% boys (1% unknown or not recorded).</p>
<i>Ethnicity</i>	<p>Asian children appear to be under-represented (2-3% of pupils with SEN boarding, but 7% of population).</p>	<p>Asian children appear to be under-represented among disabled children in residential provision.</p> <p>Black children <i>may</i> be over-represented – indicated by the LAC data but not the CiN Census.</p>	<p>Ethnicity not stated in 29% of cases – so apparent differences may reflect different rates of reporting.</p> <p>With that proviso, Black children appear to be over-represented among those spending 6 or more months in hospital; while White children and Asian children appear to be under-represented.</p>
<i>Disability</i>	<p>Of pupils with SEN boarding in maintained primary, secondary and special schools:</p> <p>35% have BESD as their primary need 19% have a sensory impairment (13% HI, 6% VI) 9% have ASD 9% have SLD or PMLD 8% have MLD.</p> <p>No data available on SEN of pupils in independent schools.</p>	<p>Data were analysed in two ways.</p> <p>Counting each child once, over 40% have multiple disabilities and disability was not recorded for one-quarter. Of the rest, 11% have learning difficulties and 7% have behavioural difficulties.</p> <p>Counting each disability once (children with multiple disabilities repeat-counted): 28% have learning/comms. difficulties 21% behavioural difficulties 16% personal care and/or incontinence 11% mobility and/or hand function 6% hearing and/or vision 5% 'consciousness'.</p>	<p>Primary diagnosis not known or recorded in 23% of cases.</p> <p>Mental disorder was the reason for admission in 52% of cases – eleven times more than any other diagnosis group. The longer a child spent in hospital, the more likely they were to have been admitted for a mental disorder.</p>

## Annex C: Cross-Sector Comparison

	Education	Social care	Health
<i>Type of provision</i>	<p>There are about 9500 children with SEN boarding in England:</p> <p>38% in maintained schools, mainly special (including 3% in mainstream)</p> <p>35% in independent schools</p> <p>27% in non-maintained schools.</p>	<p>About 1500 children were looked after in residential provision, whose primary need was disability:</p> <p>43% in residential schools</p> <p>42% in regulated children's homes and hostels, half of them out-of-authority</p> <p>5% in residential care homes</p> <p>2% in NHS provision</p> <p>1% in unregulated homes and hostels</p> <p>7% in other accommodation, from family centres to young offender institutions.</p>	<p>All the sample stayed in NHS hospitals for more than six months.</p>
<i>Length of stay</i>	<p>Information on length of stay is not available except from the SEN RP dataset on placements in non-maintained and independent special schools (2003/04):</p> <p>45% were day placements</p> <p>18% were residential weekly</p> <p>25% were residential termly</p> <p>10.5% were residential 52-week placements.</p>	<p>Information collected on a different basis, so not analysed.</p>	<p>Of 2432 children who left hospital after 6 months or more:</p> <p>63% spent 6-12 months</p> <p>27% spent 1-3 years</p> <p>2% spent 3-5 years</p> <p>8% (185 children) spent 5 years or more.</p> <p>88% of those who'd spent 5 or more years in hospital were diagnosed as having a mental disorder.</p>

## Annex D: Comparison with the 2003 report

### Education data

	<b>2003 analysis</b>	<b>2005 analysis</b>
Sample (figures rounded to nearest 100)	<p>About <b>10,500</b> pupils with SEN were boarding in maintained special, non-maintained special and independent special schools:</p> <p>3400 in maintained special schools 2700 in non-maintained special schools 4,400 in independent special schools.</p>	<p>About <b>9,500</b> children with SEN were boarding in maintained, non-maintained and independent schools:</p> <p>3200 in maintained special schools (<i>down 6%</i>) 2600 in non-maintained special schools (<i>down 4%</i>) 300 in maintained mainstream schools (<i>not included in 2003 analysis</i>) 3400 in independent special schools or independent schools approved for SEN pupils (<i>down 20% on 2003</i>).<sup>75</sup></p> <p>This suggests a decrease of about 10% (or 1,000 pupils) since 2003. This may be partly explained by the adjustment to the independent schools figure (-200), but this is more than offset by inclusion of pupils with SEN boarding in mainstream schools (+ 300).</p>
Gender	Overall gender breakdown was not provided.	About 80% of pupils boarding with SEN are male. The gender profile varies across the sectors: from 81% male in maintained special schools to 68% male in non-maintained schools.
Age	<p>In maintained and non-maintained special schools:</p> <p>14% aged 5-10 years 69% aged 11-15 years 17% aged 16 or more</p>	<p>In maintained special, mainstream and non-maintained schools:</p> <p>12% aged 5-10 years 69% aged 11-15 years 19% aged 16 or more</p> <p>This shows a slight decrease (-2%) in the use of residential provision for younger children with SEN and an increase post-16 (+2%).</p> <p>In independent special schools:</p> <p>2% aged 0-4 years 21% aged 5-10 years 64% aged 11-15 years 12% aged 16 or more</p> <p>Nearly one-quarter of pupils in independent special schools are aged 10 or less – possibly because the figures for independent schools include day pupils.</p>

<sup>75</sup> Estimate based on 3514 boarders x 96% of pupils with SEN. SLASC is a school-level dataset, so we cannot combine pupil-level variables (meaning we could not select children with SEN who are boarding). The 2003 report did not make this adjustment. In order to make a valid comparison, the fall in placements of 20% is based on the unadjusted figures.

## Annex D: Comparison with the 2003 report

### Education data

	<b>2003 analysis</b>	<b>2005 analysis</b>
Ethnicity	In 'maintained special schools' 87% White 3% Mixed race 1% Asian 3% Black 0% Chinese/Other 6% Unclassified	In maintained and non-maintained special schools: 85% White 3% Mixed race 2% Asian 3% Black 1% Chinese/Other ethnic group 5% Unclassified There seems to be a very slight increase in the proportion of Asian children and an equal decrease in the proportion of White children in residential provision – but the differences are small and 5-6% were unclassified.
Needs type	PLASC data on type of SEN became available from Summer 2004. But data were provided on type of SEN for which schools were approved. Of those boarding in maintained special schools: 63% were in schools approved for EBD 28% for MLD 20% for ASD 18.5% for SLD 12% for SpLD etc NB excludes non-maintained and independent provision.	Key categories of SEN among children boarding in maintained mainstream, special and non-maintained special schools (NB excluding pupils in independent schools): 35% BESD 19% sensory impairment 10% physical disabilities 9% ASD 9% PMLD 8% MLD.  While there is some 'match' to the 2003 schools profile – e.g. in predominance of BESD, special schools cater for a wider range of needs than they are approved of, so the two datasets are hard to compare.
Needs profile across different sectors	See above for maintained special schools. Main type of approved SEN for:  Non-maintained special schools 29% approved for MLD 28% for EBD 26% for HI (19% for VI, 10% for MSI)  Independent special schools 50% for EBD 18% for SpLD 12% for Autism	Type of need for which maintained mainstream and special and non-maintained special schools were approved in 2004:  21% BESD 12% MLD 10% ASD 10% SLD (6% SpLD).  These figures are not comparable with the 2003 analysis, as the sectors are grouped differently.

## Annex D: Comparison with the 2003 report

### Social care data

	2003 analysis	2005 analysis
Sample	<p><b>2380</b> looked after children with a need code of disability, in residential placements, including 965 in foster care. Total without these is <b>1415</b>.</p> <p>The 2003 analysis did not draw on CiN census data.</p>	<p><b>1500</b> children whose principal need was disability were looked after in residential provision. This represents a slight increase (+4%) on 2003.</p> <p>The CiN Census was also analysed in 2005 to provide a more complete picture of disabled children in residential provision. This suggests that there are <b>2110</b> disabled children in residential provision.</p>
Gender	Information not provided in 2003 analysis.	Across both the LAC data and the CiN Census, just over 70% of disabled children in residential provision are male and just under 30% female.
Type of provision	<p>Of children in residential provision, whose main need was disability (LAC data):</p> <p>42% were in residential schools 27% in homes and hostels in council boundary 17 % in homes and hostels outside council boundary, and 6% in residential care homes.</p>	<p>Of children in residential provision, whose main need was disability (LAC data):</p> <p>43% were in residential schools 21% were in homes or hostels in council area 21% were in homes or hostels outside the council area 5% were in residential care homes.</p> <p>The most significant change is increased reliance on out-of-authority provision – up 4 percentage points.</p>
Ethnicity	<p>Excluding those in foster placements:</p> <p>85% White 5% Mixed race 4% Asian 4% Black 1% Chinese or Other</p>	<p>LAC data show:</p> <p>85% White 4% Mixed race 4% Asian 6% Black 1% Chinese/Other ethnic groups</p> <p>This is broadly as for 2003, except an increase of 2 percentage points in the proportion of black disabled children in residential provision. However, this is not apparent in the CiN Census data - which are broadly in line with the national profile (4% of Black origin).</p>



## Annex D: Comparison with the 2003 report

### Social care data (cont.)

	<b>2003 analysis</b>	<b>2005 analysis</b>
Age	<p>Excluding those in foster placements:</p> <p>2% 0-4 yrs 10% 5-9 yrs 52% 10-15 yrs 36% 16+ yrs</p>	<p>LAC data show:</p> <p>1% 0-4 yrs 7% 5-9 yrs 57% 10-15 yrs 35% 16+ yrs</p> <p>This suggests that authorities are looking after proportionately more disabled young people aged 10-15 and fewer of all other age groups.</p> <p>The CiN Census shows a similar profile – again 10-15 year olds are the largest group, but there appears to be more of a decline post-16:</p> <p>&lt;1% 0-4 yrs 9% 5-9 yrs 58% 10-15 yrs 32% 16+ yrs</p>

## Annex D: Comparison with the 2003 report

### Health data

Health	2003 analysis	2005 analysis
Source	2205 children aged 0-19 spent more than 6 months in hospital during the 3 data years 1998/99 to 2000/01.	<b>2432</b> children spent more than 6 months in hospital, during 2001/02 to 2003/04 – an increase of 10% since the 2003 report.
Age	8% 0-4 years 8% 5-9 years 21% 10-14 years 63% 15-19 years	Using same age bands as in 2003: 23% 0-4 years 7% 5-9 years 16% 10-14 years 54% 15-19 years  This shows a very different age distribution to the 2003 report, especially in the number of very young children.
Gender	Overall ratio of '6 boys to every 5 girls' reported.	46% of admissions were girls, 53% were boys – very similar.
Ethnicity	Ethnic breakdown not provided in 2003 report.	Concerns persist about reliability of HES data on ethnicity, which based on patient self-reporting. Breakdown of children discharged 2001-2004: White 57% Mixed 1% Asian 4% Black 6% Chinese/Other 3% Not stated 29%
Length of stay (beyond 6 months)	Of those children who spent more than 6 months in hospital:  61% stayed 6-12 months 26% for 1-3 years 3% for 3-5 years 11% for 5 years or more	Of those children who spent more than 6 months in hospital:  63% spent 6 months to 1 year 27% spent 1 to 3 years 2% spent 3 – 5 years 8% spent more than 5 years. - suggesting a slight fall in numbers spending the longest periods in hospital.
Diagnosis	Overall, 79% of episodes of more than 6 months had mental or behavioural disorder as their reason for admission. Other diagnosis groups ranged from 1-5% of admissions.  92% of those in hospital for 5 years or more had been admitted for mental and behavioural disorders.	Mental disorders account for 52% of episodes and again, the most significant reason for children spending 6 months or more in hospital, with other conditions accounting for only 0-5% of admissions. If one removes the 23% of episodes with 'other' or 'unknown' diagnoses, then mental disorder accounts for 68% of the total – closer to the 2003 finding.  88% of 'episodes' of 5 years or more had mental disorder as primary diagnosis, consistent with the 2003 finding.

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## **Annex F: Abbreviations used**

ADSS	Association of Directors of Social Services
ASD	autistic spectrum disorder
BESD	behavioural, emotional and social difficulties (see also EBD)
CAMHS	child and adolescent mental health services
CSCI	Commission for Social Care Inspections
CiN	Children in Need (under the Children Act 1989)
DfES	Department for Education and Skills
DH	Department of Health
EBD	emotional and behavioural difficulties (BESD more current)
ECM	Every Child Matters
EY	early years / pre-school
FE	further education
HES	Hospital episode statistics
HI	hearing impairment
LA	local authority
LAC	Looked After Children (under the Children Act 1989)
LEA	local education authority
LSC	Learning and Skills Council
MLD	moderate learning difficulties
MSI	multi-sensory impairment
NASS	Nat'l Assoc. of Non Maintained & Independent Special Schools
NMSS	non-maintained special school
NMISS	non-maintained and independent special schools
NSF	National Service Framework
PD	physical disabilities
PLASC	Pupil level annual schools census
PMLD	profound and multiple learning difficulties
PRU	pupil referral unit
SEN	special educational needs
SENRP	SEN Regional Partnership
SLASC	School level annual schools census (of independent schools)
SLcomm	speech, language and communication difficulties
SLD	severe learning difficulties
SpLD	specific learning difficulties
VI	visual impairment