Becoming evidence informed about residential care

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Contents

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1. Background to the report

Growing numbers of children and young people in the UK are being placed in residential care services in recent years. The demand for and provision of residential care services are connected to a wide range of family, educational (including SEND), housing, and health services. The growth in placements has developed in the context of acute pressures on these services, and it seems reasonable to speculate that the capacity of the care system and the broader constellation of public services to prevent families reaching crisis has diminished.

At the same time, the outcomes of care experienced children and young people are poor. They are significantly more likely to have poorer educational qualifications, to be unemployed, to suffer poor physical and mental health, and to engage in offending. These outcomes are linked to the long-term impacts of the conditions that led to a placement in residential care in the first place, often including trauma, abuse, neglect, disruption in the home and discontinuity in care giving.

This context of rising placements and continued poor outcomes creates urgent questions regarding the value of residential care provision. Does residential care improve the outcomes of the children and young people placed in it? How does it perform compared to other forms of care, such as foster care, and for which children and young people is residential care more or less appropriate? Which residential care provision is best for children and young people?

The answers to these questions are strategically important for Action for Children in judging the extent to which residential care provision fulfils their charitable mission to protect and support children and to bring lasting improvement to their lives. And they matter to other stakeholders in the field, including commissioners, funders and supporters, delivery partners and policy makers.

Evidence should be a guide to answering these strategic questions about care, its distinctive impact, and what makes for the best quality provision. We were commissioned to explore the relationship of evidence and evidence-making to Action for Children's residential care services. Our aim in doing so is to improve the organisation's understanding of what it would mean to provide evidence-informed residential care, and to begin to suggest ways of moving towards that aim.

Becoming more evidence-informed matters because of the potential of evidence to support the quality of residential care by better understanding children and young peoples' experiences and promoting better outcomes. Being evidence-informed will also improve Action for Children's capacity to speak persuasively and with authority to external stakeholders including policy-makers at local and national levels about the importance of residential care and how to enhance its quality. Moreover, being evidence-informed matters as it can be a means of representing the voices of children and young people and communicating their experience of residential care with validity and sensitivity. Representations created through evidence production are inherently partial and involve a measure of competition between perspectives and interests. In some ways, the evidence we create answers the questions: "What is it that matters most to investigate? And whose perspective matters most?" Evidence in this field must be expressive of what children and young people know and feel about their care, and becoming evidence-informed must mean understanding more about what children and young people think and value.

2. Methodology

The research we conducted involved four related strands of work:

1	**a scoping review of the academic literature** to understand the state of evidence production with respect to residential care, including what evidence is produced about, how evidence is produced, and debates about the quality and impact of evidence
2	**a thematic review of central Government policy** in England and Wales since 2015 to explore the impact of evidence on policy-making, the use of evidence in policy, and commentary on the quality of available evidence
3	**interviews and observations with Action for Children staff** exploring existing production and use of evidence
4	**qualitative work with children and young people** in Action for Children residential care to explore what they want other people to know about living there

The findings from research in each of these four areas are reported in sections 3-5. The report concludes in section 6 with a summary of the findings and recommendations.

2.1. Scoping review of academic literature

To review the academic literature we used combinations of search terms in the following databases:

- Applied Social Sciences Index (ASSIA) of 500 journals from 19 countries covering social services, social work and a range of proximate areas in applied social sciences including education, health and child development
- Web of Science and Social Science Premium Collection covering over 12,000 titles
- Google Scholar as a broad search tool

In the course of searching we also identified key journals and conducted further key word searches within those journals. Journals included:

- The British Journal of Social Work
- Residential Treatment for Children & Youth Journal
- Journal of Children's Services
- Scottish Journal of Residential Child Care

We then conducted an initial sift of results based on titles and abstracts to prioritise articles concerned with the following themes:

- What constitutes evidence – including what information is recorded, how is it recorded
- Values and evaluation
- Relationships between evidence and practice
- Descriptions of models of practice
- Evidential processes associated with quality and standards – including leadership and management, value for money, relation to regulatory or governmental bodies

This initial sift yielded 113 results which were then further refined based on the quality and relevance of papers, reducing the corpus

to 60. Our criteria for relevance included papers produced in the last 15 years, and in a UK context or systems of residential care with commonalities to the UK, notably US and Australia. These relevance criteria were applied sensitively to allow inclusion of a small number of particularly relevant or influential papers that were older or related to other countries' residential care systems. These 60 papers were read in detail.

2.2. Thematic review of central Government policy

To review the policy literature we undertook initial keyword searches of gov.uk and gov.wales sifting for relevance. Criteria for relevance encompassed papers produced since 2015, and including commissioned reports, parliamentary committee inquiries, and material produced by the Department of Education and its devolved equivalent. Further, we introduced an element of snowball sampling, following reference and citation of other policy reports and actors to enhance the sense of a policy discourse that developed over time. At these points we integrated material produced by non-ministerial government departments of Ofsted and Competition and Markets Authority, and the government funded What Works for Children's Social Care. The resulting corpus comprised 53 sources which were read in detail.

2.3. Interviews and observations with Action for Children staff

Researchers visited two Action for Children homes to work with staff and children and young people in these settings. Homes were identified by Action for Children. Research with staff in homes combined observations with semi-structured interviews, including both one to one and group interviews. Observations involved 'shadowing' a member of residential care staff during which time they could be introduced to other staff and young people in the home and record their impressions of the setting and practice. Interviews with staff were conducted in a quiet room in the setting of the home.

We also conducted online interviews with other stakeholders in Action for Children involved in the operational management of residential care and children's services, as well as Action for Children staff with strategic and analytic roles.

All interviews were semi-structured, audio recorded and subsequently transcribed, and lasted between 30 minutes and an hour.

2.4. Qualitative work with children and young people

Research with children and young people was organised around visits to the same two Action for Children homes. The work focused on their present experience of homes and what they would wish to communicate to other people about their experience of living in their current home. The research sought to be conscious of risks of harm when discussing a domestic setting with care experienced children and young people. We worked with Action for Children staff throughout the process to design an approach that was supportive of their choices of what to discuss, and affirming of their experience of the setting and of their expressions of the value of their caring relationships. The research avoided asking for any focus on historical experience of domestic settings or relationships or any comparative evaluative judgements. Staff in the home were involved to enhance children and young people's sense of normalcy and security, to provide guidance to researchers during the research, and to offer support should a child or young person find the process difficult or disturbing.

In conducting this research we aimed to recognise the voices of children and young people as experts in residential care provision, and to create a quality of 'research with young people' (Törrönen & Vornanen, 2014, p. 139) within the practical constraints of a small-

scale qualitative inquiry. To this end, we designed a suite of research methods and encouraged participating children and young people to make active choices about whether and how to engage with them. These methods included:

Photo Walk	Taking up to 10 photographs of things in and around the home which they feel will help people to understand understand what it is like to live here. As well as images, participants were encouraged to write-down or record themselves speaking about each photograph, reflecting on why you took it, what the image means to them, and how it helps others to understand their experience of living in the home. Participants were encouraged to complete these before the visit by the researcher when focus groups and interviews would take place.
Focus Group	A facilitated group discussion that, with the consent of participants, uses images taken by members of the group during their photo walks as stimulus.
Interview	A conversational semi-structured interview with the choice of using either an interview schedule or incorporating images from the photo walk.
Questionnaire	A short fixed-response questionnaire focused on sentiment, asking participants to respond to statements about their experience of living in the home using emoticon stickers. This could be done on their own, with a worker or with a researcher depending on the preference, age and abilities of the participant.

Interviews and focus groups were facilitated so as to provide flexibility regarding the topic, enabling researchers to follow children and young people's choices of focus and topic and provide the sense that their words and ideas were valued – a particular challenge for care experienced young people (Garcia-Quiroga & Agoglia, 2020, p. 5).

The use of photographs to offer visual as well as verbal forms of expression was intended to enable participants to discuss aspects of their care that they may not otherwise find linguistic expression for, notably reflection on space. The analysis of images taken by participants was supported by the reflective component of the task which offered some exploration of the underlying meanings of the photographs (Enskär et al., 2021, p. 59).

3. Academic Literature Review – Evidence in Residential Care

3.1. Introduction

Residential care has been the subject of academic publication covering a wide range of topics and concerns. In this scoping review of academic literature, we offer an analysis of how researchers have explored issues of evidence in residential care services, identifying key themes, influential ideas or theory, and important tensions.

The analysis below provides a sense of the overall shape of the field relating to evidence in residential care services. Across four themes, our analysis highlights the lack of widely accepted standards for evidence and its collection. We discuss how this lack is related to unresolved questions and tensions about i) the nature and purpose of residential care and ii) what forms of evidence and research methodologies are appropriate to residential care provision.

3.1.1 An overview of evaluative evidence in the residential care sector

There is a widely recognised need for a research-based, evidential account of residential care. This need is intensifying in the UK due to the growing numbers of children and young people in residential care, the diminishment of preventative services prior to acute provision, and a complex market of supply that includes providers operating for-profit, not-for profit and local authorities.

UK and international evidence are strong with respect to the poor outcomes of care experienced children and young people, with research indicating they are at 'high risk of social exclusion…after leaving care. They are more likely…to have poorer educational qualifications, to be young parents, to be homeless and have higher levels of unemployment, to engage in offending behaviour and to suffer from mental health problems' (Serbati & Gioga, 2017, p. 34) and have poor health outcomes in general (Parry et al., 2021). There is also widespread agreement that children and young people in residential care have 'disproportionately high rates of background trauma' (Raymond, 2020, p. 21) and have high Aversive Childhood Experience scores (Parry et al., 2021).

However, residential care is weakly defined in ways that make it difficult to meet the demand for evaluative evidence in the sector.

3.1.2 Tensions regarding aims and purpose

Despite agreement on the importance of help and care for children and young people in residential care, the *purpose* of residential care homes is disputed. Some view the provision as a last resort in the system of care from which young people should be moved on when possible, while others argue for it as having its own distinctive value at least for some children and young people.

The view of residential care services as a last resort is sustained in part by evidence that contact with residential care services has a negative effect on children and young people's outcomes. A rapid evidence review by Porter *et al* (2020) found 'a large volume of less conclusive evidence that children in residential care are disadvantaged compared to their peers'[1] (ibid., p. 42), while Gutterswijk *et al* (Gutterswijk et al., 2020) in their meta-analysis comparing residential care to non-residential care programmes found some evidence that non-residential care produces marginally better outcomes.

[1] Porter *et al* highlighted the Bucharest Early Intervention Project as one of the only large-scale randomised control trials which more conclusively 'demonstrated that being removed from institutional care and placed in a foster care environment reduced the prevalence of psychiatric disorders, and promoted healthy brain and socio-emotional development' (Porter et al., 2020, p. 41). However, this project was comparing 'extremely basic care' in Romanian Orphanages in 2001 to 'high-quality' foster care (Porter et al., 2020, p. 41), limiting its applicability to Action for Children's provision in Wales.

However, confidence in these conclusions is undermined by a lack of a widely shared, positive definition of what provision of residential care for children and young people entails (Parry et al., 2022, p. 212). Porter *et al* themselves highlight a 'lack of research looking specifically at the experiences of children and young people within, or with experience of, residential facilities' (Porter et al., 2020, p. 42). This claim is particularly notable given efforts to develop therapeutic residential care as a clearly differentiated approach to residential care provision. Though therapeutic residential care may have broadly agreed meaning[2], clarity and currency remain an issue while the term is not 'used systematically or widely within the child welfare system in England' (Bellonci et al., 2019, p. 38), and notably is not used by Ofsted.

As such while in general outcomes appear to be worse for children and young people in residential care, this does not preclude the possibility that some approaches to residential care practice may be more valuable than others, especially when effectively targeted to children and young people with particular needs. However, there is only limited evidence[3] on 'what elements of residential care are beneficial for who, in what circumstances' and how to link 'quality care and outcomes' (Porter et al., 2020, pp. 48-49).

The field therefore lacks the shared sense of purpose and distinctive practice necessary for the production of a strong evaluative basis, to the degree that studies in the field '…often lack descriptions of the service populations and well-defined service components' (Boel-Studt & Tobia, 2016, p. 16). This in turn leaves unresolved the question of whether there is an evidential link between *quality* of residential care and outcomes (Gibbs & Sinclair, 1999; Pates et al., 2021, p. 18 citing Brown et al, 2018; Portwood et al, 2016).

In summary, there remains a need for an evidential account of what impacts residential care can have, on who, in what circumstances, which outcomes are the best indicators of those impacts, and how those outcomes can be measured (Knorth et al., 2008). Becoming evidence-informed, in this sense, requires a confident and clear account of the purpose of residential care, how practice seeks to meet that purpose, and who we should expect to benefit from it.

3.1.3 Debates about evidence

The evidence-base for residential care services is limited overall, with a particular lack of evidence regarding longer-term outcomes given the practical difficulties of follow-up work with care leavers (Bastiaanssen et al., 2012; Gallagher & Green, 2013).

Further, the production of evidence is also undermined by debates over whether provision is best understood in terms of particular interventions or practices (for example, the provision of dialectical behaviour therapy (DBT)) or in programme-level terms, such as trauma-informed care or through ideas such as environment and ethos, and so as irreducible to specific practices or interventions. This debate is extends to whether the evaluative emphasis should be on *quality* (often related to programme-level concepts of provision) or the *efficacy* of interventions (the measurable effects of needs-based interventions typically on individuals). Such disagreements over quality versus efficacy lead to inconsistency in the literature about how provision, and therefore evidence about that provision, is conceptualised. This lack of a shared idea of provision undermines the basis for consistency in the field about what is measured, outcomes & impact (Pates et al., 2021, p. 20). This in turn undermines the ability of the field to make progress

[2] Parry et al (2020) suggest a "Widely accepted definition of therapeutic care - 'involves the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialization, support, and protection to children and youth with identified mental health or behavioural needs' (Whittaker et al., 2014:24)".

[3] Examples of studies that argue for the benefits of residential care for particular young people or as playing a defined role in systems of care provision include McPheat, Milligan, & Hunter, 2007 and Bellonci, Holmes, & Whittaker, 2019.

by accumulating evidential weight around particular positions and approaches.

While some evidence exists for the significance of features of programme-level provision (Porter et al., 2020, p. 34), studies focused on evaluative evidence for programme-level provision are criticised as tending to lack detailed information about what day-to-day practices of residential care consist of, resulting in inconsistency about how practice is conceptualised, an emphasis on 'theory-building', and discussion about the broad shape of residential care (Bastiaanssen et al., 2012). This problem is exacerbated by weak definitions of practice of residential care by regulators and inspectors. As described by Pålsson (2020, p. 127):

> 'In general, the clear standards that are imposed pertain to formal requirements (e.g. that certain documentation is in place, such as care plans, internal control systems and they obtain extracts from police before hiring staff, etc.), whilst the standards referring to the actual residential work are often less clear (treatment methods, relations)…"

A widely accepted operational account of quality in residential care could be a basis for evidence production. Lee & McMillen (2008) argue such an account of quality would include outcomes, but extend further to encompass 'quality indicators' and 'performance standards'. These would be required to understand why provision may be achieving poor or good outcomes and how practice might need to change. In the absence of a widely agreed account of quality indicators, they describe evidence in the field as 'deficient' (Lee & McMillen, 2008, p. 2).

The literature on trauma-informed care is an important instance of evidence-making for programme-level models of provision. There are some studies focussed on the operationalisation of theory around trauma and attachment including various models of therapeutic care. However, the quantity of *evaluative* research is limited, and what research exists is inconsistent regarding the effectiveness of these forms of care. Conclusions range from caveated support for some level of efficacy of organisation-wide trauma-informed care (Porter et al., 2020, p. 29 citing Bailey et al, 2019) to findings of 'little or no effect' (Bastiaanssen et al., 2012; Gallagher & Green, 2013). Again, there is a lack of agreement about how to produce a more robust evidence base. Parry et al (2021) note that some of the best evidence regarding trauma-informed care comes from a systematic review by Bryson et al (2017). However, the studies reviewed by Bryson et al draw on practice in 'youth psychiatric or residential settings' and summarise their finding in terms of relatively broad 'factors':

> "Five factors were instrumental in implementing trauma informed care across a spectrum of initiatives: senior leadership commitment, sufficient staff support, amplifying the voices of patients and families, aligning policy and programming with trauma informed principles, and using data to help motivate change." (Bryson et al, 2017, p.1).

This is characteristic of forms evaluative evidence that connect processes (something broader than a specified day-to-day practice of care) to quality understood as extending beyond outcomes. However, as Parry et al argue there are multiple settings in which trauma-informed care is provided as well as multiple models of trauma-informed care, and:

> "without standardised outcome measures and agreed means through which to evaluate all models for individual children across services, robust comparisons between the models is presently impossible. Finally, the mechanisms of change that occur through good quality care practices are not

> well understood, which further complicates the process of measuring positive change" (Parry et al., 2021, p. 994)

The field therefore lacks capacity to produce a more robust evidence base for trauma-informed care in residential care settings.

Some authors critique programme-level perspectives as failing to provide a basis for the application of evidence to practice. Notably, James et al (2015) argue for an approach based on the identification of evidence-based practices (EBPs) with strong evidence of efficacy in relation to 'client- or diagnostic-specific interventions in residential care settings' (James et al., 2015, p. 146). However, there are 'virtually no empirical data to date to indicate what types of EBPs may be implemented and to what degree' (James et al., 2015, p. 147) in residential care settings. Addressing this lack would require the adoption of research methodologies based on standardized measures, controls on intervention at the level of individual looked after children and young people (i.e. below programme-level), and the use of random sampling. This in turn would require co-operation across multiple homes, likely multiple providers and more developed research partnerships (James et al., 2015).

Such tensions regarding evidence production may to some degree be characteristic of complex services (Pålsson, 2020; Portwood et al., 2016). Nevertheless, we found broad agreement that these issues undermined the ability of the field to make reliable general claims securely grounded in evidence. Some concern is expressed that this evidential weakness leaves the sector less able to 'educate policy leaders on how to make sound decisions about funding based on program quality' (Daly et al., 2018)', and vulnerable to policy driven by cost-reduction rather than young people's outcomes – for example aiming to reduce length of stay even where outcomes are best supported by longer stays (Huefner et al., 2018).

There is broad agreement that improving the evidence-base requires the establishment of agreed ideas of quality with standardised forms of measurement that are grounded in evidence. Ideas of what this could entail vary from i) cross-sector work to establish an industry-standard, inter-operable language of outcomes and standardised tools for measurement that will allow for comparison of practice (however conceptualised) and provide a basis for meta-analysis (Portwood et al., 2016, p. 406), to ii) smaller scale efforts to establish a shared idea of quality that includes specific elements of practice connected to desired outcomes, given the challenge of working across different care settings with diverse need and local resources (Boel-Studt et al., 2019).

Improving the evidential basis for residential care services should also strengthen the voice of children and young people with respect to quality and decision-making and promote participation and relationality in residential care. However, there is a risk that approaches to evidence making that involve testing of client-level interventions using randomised sampling or the development of standardised tools for measurement across providers, sit in tension with this aim. The voice of children and young people in residential care in decision-making is weak (Emond, 2003; Hicks et al., 1998; Mateos et al., 2017; McPherson et al., 2021), and that the 'extent to which participatory practice is operationalised' is not well understood (McPherson et al., 2021, p. 2). Further, bureaucratic technologies of care such as care planning, policies and organisational cultures have been found to concentrate power in the hands of professionals and to be 'not conducive to effective participation' (McPherson et al., 2021, p. 8). Given the general difficulty of enacting relational and participatory approaches to provision in residential care, there is reason to have concerns that participatory research practices may be challenging to enact.

3.2. The state of evidence

3.2.1 Quality

As with other aspects of residential care, quality is weakly defined. There is agreement that clear definitions of quality are desirable, and should be multi-dimensional including not only the establishment of desirable outcomes but also the residential care practices that positively influence those outcomes. Nevertheless, concern is expressed by some authors that a perceived rise of an outcomes focus in definitions of 'quality' may serve to limit how the value of provision is understood, including the nature of change in young people's lives. With respect to evidence production, this may result in removing an evaluative focus from quality of life, interaction and relationships. From this perspective, 'outcomes' are inadequate on their own as an account of quality because they i) do not support representation of the subjective value of residential care to young people including their sense of change and its significance ('transformation'), and ii) focus managerial attention and resources on outcomes and reduce the focus on providing support for practitioners' professional judgement and nurturing the felt environment of the home (Lyons, 2015).

Despite these concerns, our review found that quality is often used as a broad and variably defined term that can combination:

desirable outcomes	ultimately directed at facilitating a positive transition out of residential care (see below for further discussion of outcomes).
good adult/child relationships	with 'good' often associated with care that exhibited parental qualities or 'therapeutic' attributes drawing on psychological terms including trauma or attachment.
good peer relationships	or an absence of bullying or sexual harassment,
care objectives	established through needs assessment, and agreed among stakeholders including the child or young person, family, social workers and residential care workers, and potentially other service providers such as school and health care providers
follow-up support	after residential care.

Various factors are identified as contributing to the quality of residential care in these terms. These include needs assessment that ensures 'interventions are appropriate and effective' (Day et al., 2022, p. 3), child and young person-led assessment (Porter et al., 2020), well planned and effective treatment in a therapeutic milieu (Huefner & Ainsworth, 2021, p. 325), the setting including order and a sense of safety in the setting (Hicks et al., 2009; Huefner & Ainsworth, 2021), quality of peer group relations (Emond, 2003), and staffing (Farmer et al., 2017; Giraldi et al., 2021, p. 4; Huefner, 2018).

Clark et al (2014) provide a notable critique of the field's account of quality arguing that the growing emphasis on relationships in residential care has taken attention away from the role of place and the physical environment in understandings of quality. They describe place as:

> 'the physical environment that is invested with meaning through the interactions of children and adults within them, meanings that may change through interactions and understandings of social actors' (Clark et al., 2014, p. 2)

The review of Porter et al (2020, p. 34) lends further weight to the importance of an understanding of place as imbricated with adult/child and peer relationships, arguing that 'quality care is provided in settings that are familial, home-like, affording opportunities for connection, stimulating practices, and activities'. Similarly, Anglin (2004) argues that 'creating an extrafamilial living environment' that supports responses to 'pain and pain-based behaviour' (what might be referred to as trauma-informed practice) while offering a subjective 'sense of normality' (p. 178-179) is key to 'well-functioning' residential care. Clark et al (2014) further suggest that the emphasis on relationships in quality may be connected to the methodologies associated with evidence gathering, and that taking more participatory and visual approaches to the engagement of children and young peoples' voices could better highlight the significance of place.

Although '[identifying] the conditions supportive of positive youth outcomes has been the focus of child care research for decades' (Huefner, 2018, p. 268), there is no widely accepted basis for translating quality into practice. Although literature identifies the factors listed above as related to quality in residential care, there is little evidence to demonstrate what best 'enables quality in care' (Porter et al., 2020, p. 26). Lee & McMillen (2008) note that much of what evidence exists is based on data from organisations' own internal tracking, resulting in inconsistency in what is tracked, how it is described, and the quality of evidence. Such evidence as there is, we felt, suggests that short-term impacts on psychosocial functioning from residential care can be observed where therapeutic, parental care is provided.

The character of the data and how it is produced creates a particular gap with respect to evidence for the effects of residential care on long-term outcomes. There is some indication from work focusing on family reunification (Mateos et al., 2017, p. 875) that young peoples' outcomes after residential care are improved by their understanding of the process of care, what motivates and leads to the transition from residential care, and from formal and informal support during and following transitions. Outcomes after residential care are also supported by record keeping such that 'future care leavers are able to draw on material to help make sense of their childhoods' (Murray et al., 2008, p. 240) in support of longer term adult identities. Nonetheless, the production of data largely within organisations or through small scale research projects introduces methodological, practical and ethical limits to the production of evidence regarding the lasting effects of residential care. With most evidence focused on short-term outcomes 'for the most part, measurement of outcomes during treatment has not sought to capture enduring change post-discharge among children, youth, and their families' (Weiner et al., 2018, p. 176).

Ultimately, there is limited evidence available that reliably and with validity demonstrates a link between the presence of an indicator of quality and better outcomes. As a corollary, the literature cannot therefore be said to provide clear evidential warrant for the definition, selection and validation of quality standards (Boel-Studt et al., 2019, p. 4). From a managerial and organisational perspective, the research literature on quality does not provide i) agreed definitions, ii) interoperable specifications of practice, or iii) other measurable indicators that in terms of outcomes could reliably and with validity underpin a model of performance management that could be led by residential care home managers. This in turn makes the translation of charitable aims and policy-produced standards into application in residential care settings more difficult to achieve in a manner that is consistent and evidence-based.

Despite these clear limitations, it is important to note that the evidential support for a diagnosis and intervention-focused approach is even less robust. Though some have argued for an evidence-based-practice approach, the practical and ethical challenges involved in the production of evidence through systematic comparison of intervention and non-intervention groups – whether experimental, quasi-experimental or even pre- and post-

intervention study designs - have curtailed the development of such evidence (Knorth et al., 2008).

3.2.2 Outcomes

As noted above, the literature suggests a multi-dimensional account of residential care and its potential value. Nevertheless, outcomes are widely considered as central to understanding and describing the particular value of residential care services, as well as creating a basis for meaningful comparison between different provision. Residential care should be able to provide evidence for its role in improving children and young people's outcomes. And if achieved, such evidence would provide the basis for not only comparative analysis on the basis of outcomes but the development of develop explanatory and predictive accounts of why we might expect outcomes to vary between residential care provision based on the features of that care.

Numerous studies seek to understand the effects of residential care on outcomes, some employing standardised measures. However, these studies collectively suffer from the same issues affecting the wider research literature that limit their usefulness. They draw on a wide range of care provision involving young people with differing needs, in which definitions of residential care practice itself can be unclear. 'Outcomes' can refer to different types of outcome at different levels including the achievement of placement aims, what comes next for the young person, overall satisfaction and the broad outcomes identified in Every Child Matters (Hicks et al., 2009, p. 9). And the range of measures, including standardised measures, that are used to assess outcomes creates difficulty (Porter et al., 2020), with research lacking qualities of interoperability or accumulation that might make it more immediately useful.

In our review of the literature we found the following outcomes referred to:

- Behaviour
  - Incidence of problem behaviour (e.g. disruptive behaviour in the home, running away, school exclusions)
  - behavioural control
  - general functioning
  - substance use
- Crime
  - incidence of offending / delinquency
  - recidivism
- Relationships
  - contact with family (including living situation)
  - contact with friends
  - contact with 'delinquent' peers
- Skills
  - social and communication
  - cognitive
  - life planning
- Psychosocial capacities
  - moral reasoning
  - empathy
  - self-image / self-perception
  - self-care
  - self-awareness
  - emotional development
  - emotional regulation / impulse regulation
  - adjustment to context

- subjective wellbeing

- Health – physical and mental
- Education
- Employment
- Accommodation
- Absence of early parenthood[4]

[4] These outcomes were based on the following studies:

Gallagher, B., & Green, A. (2013). Outcomes among young adults placed in therapeutic residential care as children. *Journal of Children's Services, 8*(1), 31-51. https://doi.org/10.1108/17466661311309772

Gibbs, I., & Sinclair, I. (1999). Treatment and treatment outcomes in children's homes. *Child & Family Social Work, 4*(1), 1-8. https://doi.org/10.1046/j.1365-2206.1999.00087.x

Huefner, J., & Ainsworth, F. (2021). Commentary:Recognizing the value of the milieu in therapeutic residential care for children and youth. *Residential Treatment for Children & Youth, 38*(3), 324-335. https://doi.org/10.1080/0886571X.2021.1915225

Knorth, E. J., Harder, A. T., Zandberg, T., & Kendrick, A. J. (2008). Under one roof: A review and selective meta-analysis on the outcomes of residential child and youth care. *Children and Youth Services Review, 30*(2), 123-140. https://doi.org/https://doi.org/10.1016/j.childyouth.2007.09.001

Pates, R. M., Harris, R. H., Lewis, M., Al-Kouraishi, S., & Tiddy, D. (2021). Secure children's homes – how do we know if they work? *Journal of Children's Services, 16*(1), 13-23. https://doi.org/10.1108/JCS-04-2019-0027

Serbati, S., & Gioga, G. (2017). Building a Successful Care Path in Residential Care: Findings from Qualitative Research with Young People and Professionals in Italy. *Child Care in Practice, 23*(1), 34-48. https://doi.org/10.1080/13575279.2015.1126226

Sinclair, I., & Gibbs, I. (1999). Measuring the turbulence of English Children's Homes. *Children and Youth Services Review, 21*(1), 57-74. https://doi.org/https://doi.org/10.1016/S0190-7409(99)00005-5

This summary broadly aligns with other reviews. Porter, Mitchell et al in their rapid review of evidence on quality and outcomes in residential care found papers focused on 'psychological, social, and emotional outcomes for children and young people with a reliance on a wide range of standardised measures' (Porter et al., 2020). Boel-Studt & Tobia (2016) following their review of trends in the research literature recommend a focus on the following categories of outcomes as a means of strengthening the research base for residential group care:

> 'clinical and behavioral functioning, recidivism/re-entry, and consumer satisfaction (CWLA, 2007). Outcomes measures for RGC settings serving child welfare populations should also include indicators of safety, well-being, and permanency' (Boel-Studt & Tobia, 2016, p. 26).

3.2.3 Quality of organisational setting

Stronger research evidence is available regarding the management of residential care services, notably on the basis of Hicks, Gibbs et al's (2009) Department of Health funded study of 45 non-specialist residential child care settings. The study combined quantitative and qualitative measures, offering descriptions of homes, their variations, the process of managing residential care, and an economic analysis of the drivers of variation in the cost of provision. The study included both local authority and independent providers, and its analysis focused on the role of management in the variation in quality and cost of services. A central insight is that managing a residential care home is a complex social process amenable to only a limited degree of standardisation and prescription. Rather, "Of primary importance was achieving a collaborative team dynamic which worked consistently over time, and within the manager's preferred approach to practice." (P. 7). Insights from this

study suggest that the social process of residential care service management are best supported by:

- ensuring clarity of role and approach from the point of recruitment, and training staff to be fluent ''in the language of emotions'' with a clear focus on 'establishing and developing caring relationships for individual children and young people within a group setting' (p. 6)
- Managers who actively and continually build and train their teams 'in both skills and values' (p. 13)
- teamwork focused on building relationships with children and young people that provide consistency but take account of individual needs. This approach is best served by a developmental focus and coaching style of management.
- an avoidance of short stays, with longer stays associated with lower costs and better outcomes, and an awareness the of suitability of group settings for children and young people
- providing residential care managers with clarity and a supportive network outside the immediate locus of provision

Increased staff-to-resident ratios, and therefore higher costs, were not associated with better well-being or outcomes on the part of children and young people. Rather:

> "the influence which the process of providing care has on the kind of outcomes experienced by young people is of paramount importance—what managers and their staff do determines much of what is achieved for and on behalf of young people. Put simply, to manage a home effectively, managers need to be able to shape their staff teams in such a way as to influence their consistent practice, so that teams may, in turn, utilize coherent strategies, particularly in relation to the behaviour and education of young people." (P. 11).

The emphasis on consistent and coherent approaches to practice are echoed by Anglin (2004) in a study of 10 residential care settings. Anglin specifically for a 'congruence' across hierarchical levels associated with provision from interactional qualities of daily living, to 'carework and teamwork', up through supervision, management, and extra-agency levels. While extra-agency levels are beyond the scope of organisational practice, Anglin's notion of congruence more generally emphasizes the role of levels of organisation above practice, and the significance of a shared understanding of quality residential care at these levels. This could include, for example, the development of assessment tools, planning, monitoring and tracking, relationships with commissioners and wider agencies to provide consistency and quality of care.

Raymond (2020) meanwhile argues for a shared 'intentional practice' but emphasising a methodology of implementation based on a conceptual underpinning (positive psychology), rather than organisational context.

3.3. The translation of external evidence into the field of residential care

The literature on residential care provision frequently acknowledges the significance of psychological research in informing practice, particularly attachment theory and trauma and to a lesser extent positive psychology. These fields of research have seen extensive application in mental health, and more recently in roles involving care such as education and family services.

There is a small research literature on the translation of these fields of research into practice through the development of therapeutic models of residential care for children and young people. In most cases the literature refers to whole model or milieu approaches:

> 'There are numerous residential programs seeking to deliver development, therapeutic or growth outcomes for children and young people with backgrounds of trauma. These come under the banner of group care, residential treatment, wilderness therapy and outdoor behavioral healthcare' (Raymond, 2020, p. 20).

There are also reviews of evidence on implementation of trauma-based care in residential settings (James, 2011, 2017; James et al., 2015; James et al., 2017).

Authors working from both milieu and evidence-based-practice perspectives point to the nascent state of this field. Parry et al (2021) discuss the difficulty of employing provision-wide approaches to trauma-informed care:

> 'Organisations providing TIC need to create a safe space, empower service user involvement and voice, identify trauma-related needs at individual and systemic levels, nurture a culture of well-being and resilience for individuals and the organisation as a whole, and work with a 'whole systems' approach…Often, competing demands and complex needs outweigh available resources, which can result in suboptimum standards of care' (Parry et al., 2021, p. 993)

Similarly, Bryson et al (2017) note that the evidence on trauma informed care is 'underdeveloped' (p. 14) and 'the science regarding the implementation of trauma-informed care…is modest' (p3) because of a lack of randomised control trials. Raymond further argues, with reference to James et al (2017), that evidence supports 'greater attention being paid to implementation systems and quality monitoring' (Raymond, 2020, p. 22).

3.4. Summary

There is consensus on the need for an evidential account of residential care services driven by the often acute needs of young people, the importance of improving their outcomes, and the growing numbers of children and young people entering residential care. However, the research literature, while valuable, is limited in its capacity to provide such an account. Definitions of residential care are weak and there is disagreement about its purpose. Evidence production is undermined by the lack of a clear account of the purpose of residential care, how practice of residential care seeks to meet that purpose, and who we should expect to benefit from it.

The research literature with respect to residential care services is small, and there are gaps with respect to long-term outcomes. There is also disagreement as to how evidence production should best proceed. Some argue for the development of the evidence base focused on closely specified practices through experimental or quasi-experimental means. However, that there is little research of this kind may speak to a lack of capacity in the field to generate it and a lack of fit with the programme-level accounts of provision that are more common in the field. Programme-level accounts of provision may offer the opportunity to develop an operational account of quality in residential care based on evidence. There is evidence suggesting the significance of consistent and cohesive approaches to provision supported by good quality management, effective teamwork and congruent organisational contexts above the level of practice. Further, programme-level accounts of provision seem better able to incorporate the voices of children and young people. However, they have also been criticised for being ill-defined and more concerned with theory-building than creating an evidential warrant for practice. Issues with evidence for programme-level approaches extend to trauma-informed care or therapeutic care. The variation of models of trauma-informed care, of the setting in which trauma-informed care is provided and of the outcome

measures and methodologies used for evaluation mean the field lacks capacity to produce robust evidence.

The literature concerning quality provides some useful insights as to how quality can be understood, and the factors that promote high quality provision. Outcomes are generally agreed to be a significant component of quality, however in general the literature argues against a narrow focus on outcomes. Yet there is limited evidence that demonstrates links between specific indicators of quality and outcomes. We found research working with a wide range of outcomes including standardised measures of outcomes in areas including behaviour, crime, relationships, skills, psychosocial capacities, health, education, employment, accommodation and absence of early parenthood. The variety of outcomes and methods of measurement used in the literature has limited its ability to build a cumulative evidence-base regarding the relation of residential care to outcomes. The best evidence is for short-term effects on psychosocial outcomes.

Residential care services, in common with other fields of practice such as education and social work, apply research from other fields. Psychology, and particularly attachment theory, trauma and positive psychology, are prominent in this regard. However, the literature on the translation of this research into therapeutic models of residential care is small, and reflets the tensions in the wider field between evidence-based-practice and whole-programme approaches.

4. Policy Literature Review

Children's social care is a devolved area of government, with the respective governments in England (UK government), Scotland and Wales determining the policy direction in each nation. In the past year, both the English and Scottish governments have responded to independent reviews into children's social care including residential care (Department for Education, 2023; Scottish Government, 2022). In this policy review, we provide an analysis of the evidence that has been used in support of a number of recurring themes throughout reviews, reports and other policy documents produced in the UK since 2015.

We begin by focusing on the dominant perceptions of the role of children's homes. We find that the view of children's homes as 'the last resort' persists but is regularly challenged in policy texts. We then consider the extent to which policy can make sense of 'what works' in children's homes. We see that there has been a shift from 'minimum standards' to 'quality' and that there is a strong focus on children and young people's (academic, health, work-related, and relationship-based) outcomes. Until the recent national reviews there has been less focus on the experiences of young people while living in a children's home. Finally, we consider concerns about the children's residential care 'market'. We see that there is continuing focus on – and unease about – profit-making from children's homes, which is itself related to issues with capacity and Local Authority sufficiency.

4.1. The perceived role of children's homes

Children's homes have often been viewed as a 'last resort' for children in care. At the outset of his seminal review of residential care in England, Sir Martin Narey (Narey, 2016, p. 5) claims that 'children's homes are often viewed as an anachronism, to be used only as a last resort'. Similarly, the Institute of Public Care and Oxford

Brookes University (Institute of Public Care and Oxford Brookes University, 2015) have found that:

> the system almost seems to be defined by who ends up in residential care rather than defined by what it can offer. Consequently, residential care is seen as failure, as a place of last resort; rather than it being seen as a valued and valuable service for some young people' (p. 57)

There is some limited evidence to suggest that children and young people in care are, at times, living in 'the wrong type of home for their needs' (Department for Education, 2023, p. 89). In the case of residential care, the Department for Education's response to the Independent Review into Social Care in England (MacAlister, 2022) reports that in a small sample of cases, residential care had been the original care plan for only just over half of the young people living in the homes. This finding is based on evidence published by Ofsted (2022) which looked at the care plans for young people living in a sample of residential settings. Inspectors found that approximately one third of children in the homes inspected initially had foster care placements recommended in their care plan.

Over the course of the past decade, policy documents have highlighted the possible effects of this perception of children's homes as a last resort (Hart et al., 2015; Narey, 2016; Newgate Research and Local Government Association, 2021; Ofsted, 2022; Wilkinson & Bowyer, 2017). A report from Newgate Research and the LGA (2021, p. 6) assessing the body of evidence on children's homes, for example, suggests that the stigma resulting from the image of children's homes as a 'last resort' affects the objectivity of commissioners and policy makers. When considering the broad picture of support structures available to young people, the report claims, this leads both policy makers and commissioners to take a 'non-committal' approach to residential children's care.

Similarly, Narey (2016) suggests that viewing children's homes as the last resort underestimates the stability they can provide for young people and the overall difference they can make to their lives. In addition, Hart et al. (2015) also suggest that children and young people sometimes need to go through multiple failed foster placements before even being considered for residential care:

> One result in the decline in residential care is that it is almost exclusively used for children deemed unable to live in a family. This is usually because of behavioural problems arising from past abuse or neglect, but is sometimes compounded by difficulties within the care system: children often experience a number of failed foster placements before being considered for residential care'.

There are concerns that this view of children's home as a last resort persists even where young people do not believe it to be the case (Hart et al., 2015).

Moving away from the idea that children's homes are often a last resort, in both Ofsted's (2022) *Why do children go into children's homes?* report and the DfE's *The Impacts of Abuse and Neglect on Children; and Comparisons of Different Placement Options* (2017), there is some discussion of the deeply personal needs that might be best met in children's homes.

Ofsted (2022) suggests that:

> Perhaps living with a substitute family is simply too painful – too stark a reminder of what they have lost or never had – or perhaps a child might feel that if they attach or bond with another family, they will be betraying their own. It could also be [that] a child's early experience of a family home was

> frightening and abusive – so they just do not feel safe in that environment.

Wilkinson and Bowers (2017) claim that: 'There is some evidence to suggest that residential care might offer a preferable permanence option for a small minority of young people for whom fostering is not suitable' (p. 51) and that 'this is especially the case for children who do not like living with another family, but who want elements of family life in the home' (p. 51).

It is notable that statements such as these are rarely supported by 'formal' research or evidence. The DfE draw upon comments made to Sir Martin Narey (2016, p. 5) in his review, whereby a young person suggests that some children are better off in children's homes than foster care 'for reasons that are probably far too complicated'. The Ofsted report cites a child and adolescent counsellor who has written an opinion piece for Community Care magazine (Radoux, 2019).

Following on from ideas about how the care system might address difficult relationships and emotions, there is some suggestion that residential care can be an appropriate place for young people to live where it is 'definitely the right option for them, for example if a child has specific and intensive therapeutic needs' (Department for Education, 2023). It is worth noting, however, that Ofsted (2022) has suggested that 'therapeutic environment' is a term commonly used in providers' statements of purpose, and that inspectors challenge the use of this term to ensure that providers use clear and factually accurate language. The social care common inspection framework (SCCIF), the Children's Homes Regulations 2015 and the registration guidance do not refer to the term 'therapeutic' (Ofsted, 2022).

Alongside the generic 'therapeutic' purpose of children's homes, Hart et al (2015) – commissioned by the Department for Education – provide more specific purposes that children's homes might serve.

They suggest that these might include:

- Care and upbringing
- Temporary care;
- Emergency/ roof over head;
- Preparation for long-term placement;
- Assessment;
- Treatment;
- A bridge to independence' (pp. 8-9)

Fundamentally, they claim that one important factor is the *ethos* of the home. They claim that 'feel' of the living space is crucial' (p. 9). The wide range of possible purposes for a residential home further complicates the job of providing evidence for the 'success' of homes.

4.2. View on 'what works' in children's residential care

There is a clear intention from government to understand what 'works' in children's residential care (Department for Education, 2023). A What Works for Children's Social Care has been developed to 'help improve outcomes for children and deliver cost effective innovation' (Department for Education & Goodwill, 2017). More recently, in response to the Independent Review in England, the Department for Education (2023) has identified 'a system that continuously learns and improves, and makes better use of evidence and data' as one of its 6 pillars of reform (ibid., p. 21). Within this pillar, the government centres the role of evidence in improving accountability, inspection, funding and regulation within children's social care, including residential care.

In addition, Children's Homes (England) Regulations and Quality Standards 2015 have placed a greater emphasis on quality, rigour, and evidence-based practice. The regulations state that: 'the provider should be able to provide robust evidence that supports the appropriateness and effectiveness of any therapeutic approach or model of care they intend to use' and that the responsible authority should fully understand 'the supporting evidence being provided' (Department for Education, 2021, p. 72). It has, however, been suggested that the lack of clarity on how exactly these aspects should be demonstrated, coupled with an inspection focus on outcomes could leave managers anxious and unsure of where they stand in meeting the Standards (Kantar Public, 2018, p. 8).

Leadership and Management Standards are a key element of the Social Care Common Inspection Framework (SCCIF), which was introduced in England in 2017. Children's home managers play an important role in the production and sharing of evidence and are held accountable for outcomes (Department for Education, 2015). The greater emphasis on evidence and accountability may have focused the responsibilities of children's home managers on outcomes and the needs of the children in their care while also increasing pressure and reducing the attractiveness of the role (Kantar Public, 2018).

Despite a commitment to improving the use of evidence in children's social care, it remains difficult to measure success in children's homes. There is limited consistent evidence 'to answer even the most basic question of what a residential home leading to positive outcomes should look like in terms of staffing levels, qualifications, pay and working conditions, and inspection ratings' (Hart et al., 2015, p. 11). Linking back to the earlier question of which children and young people's needs might best be met in residential care, Hart et al. (2015) found that they 'could not find a single nationally representative English study carried out in the past ten years directly linking children's characteristics with quantitative outcomes from different types of residential care placement' (pp. 11-12).

The judgements of Ofsted inspections (in England) are at times relied upon as indicators of quality in policy reports, and reflect a shift in the measurement of children's homes against 'minimum standards' to a focus on 'quality'. Ofsted (2019) suggest that the SCCIF is 'better able to demonstrate the impact of providers on children's lives' (p. 2). It is this focus on 'positive impact' on children's lives which appears to represent much of the difference between minimum standards and quality (Kantar Public, 2018). A report on private provision in social care prepared for the Children's Commissioner (2020) provides an example of the ways in which Ofsted ratings can be drawn upon as evidence in policy:

> On average, variation in quality of care – as measured by Ofsted ratings – between local authority and large private children's homes is small. There is evidence, however, that smaller private providers have lower Ofsted ratings than larger private providers or local authority provision, suggesting potential problems with quality. But at the same time, the overwhelming majority of provision is rated "Good" or "Outstanding" regardless of whether it is publicly or privately owned. (p. 4)

Although Ofsted ratings (and those from inspectorates in Wales and Scotland) remain influential, policy documents have also made attempts to understand what other measurements of quality might look like. Commissioned by the Department for Education, the Institute of Public Care and Oxford Brookes University (2015) suggest that any measurements should 'compliment and inform the work of professionals around the child and not be solely for use in linkage to funding'. Hart et al. (2015, pp. 94-95) suggest that there is a need to collect data on: 'planning, relationships, working with families, a normal life, quality of leadership, and staff'.

Hart et al. (2015, pp. 59-64) also suggest that there are short, medium, and long term outcomes that should be measured. Short-

term outcomes are primarily concerned with children's experiences and behaviours whilst in care home. Medium-term outcomes measure outcomes for young people at the point of leaving the care home and for around a year afterwards. Long-term outcomes measure outcomes beyond the first year after leaving the care home and it is these outcomes for which we have the least evidence. It is evident in this typology of measurements, as it is elsewhere (Children's Commissioner, 2020), that there is a need to understand both the outcomes and the experiences of children and young people in children's homes.

In recent years, there has been an ongoing discussion about the role of love, care and meaningful relationships as the key to children's experiences and progress both whilst in care and when leaving care (Independent Care Review, 2020; MacAlister, 2022). In response to the Independent Care Review in Scotland, The Scottish Government (2022, p. 4) states that changes to the system for children and young people in care will 'place love and relationships at the centre of the experiences and outcomes for every child'. The English Independent Care Review suggests that 'the quality and number of loving relationships every child has, whilst in care and when leaving care, should be the primary measure used to determine the success of the care system' (MacAlister, 2022, p. 112). In response, the UK government has proposed concrete measurements for the progress made in promoting the number and quality of relationships for children in and leaving care: 'feel lonely often/always; do not have a really good friend; do not have someone they trust; or do not have someone who will be there for them' (Department for Education, 2023, p. 94). The proposals do not, however, provide details on how these measures will be tracked either while children are in care or in their adult years.

4.3. The functioning of the children's residential care market

The residential care sector is now a marketized system (Bach-Mortensen et al., 2022, p. 3) and there is concern about profit making in the private sector (Department for Education & Holmes, 2021), although private providers are not obliged to report the profitability of their children's social care activities meaning there are no comprehensive statistics on the levels of profit made across the sector each year (Children's Commissioner, 2020). Profit-making in the sector has led to 'considerable suspicion and sometimes mistrust' (Narey, 2016, p. 15) and worry that this will lead to a drive to have 'heads on beds' (Competition & Markets Authority, 2022a; Hart et al., 2015). A report produced for the DfE found that the residential care market is far removed from the theoretical idea of a 'perfect' market (Institute of Public Care and Oxford Brookes University, 2015) and, more recently, the Competition and Markets Authority has found that there are 'significant problems in how the placement marketing is functioning' (Competition & Markets Authority, 2022b). Within this market, there is a recognised need to improve commissioning processes (Competition & Markets Authority, 2022b) which vary across local authorities (Bach-Mortensen et al., 2022).

Research into social care cost pressures commissioned by the Department of Education has suggested that where large independent care providers identify that demand is greater than supply, fees increase artificially (Department for Education & Holmes, 2021, p. 28). In the case of residential care, even where indicative fees are agreed through framework arrangements, fees appear to rise once providers learn of the specific needs of children and young people. Providers claim that these increased fees are required to cover the costs of specialist staff and higher staffing levels (Ibid.).

These concerns about price-setting are echoed in the 2020 Children's Commissioner's report on private provision. Characterised

as the "Friday 4pm problem", the report suggests that local commissioners find that providers have increased market power when there are limited placement options and a child or young person needs to be placed into care urgently. It is difficult to measure the representativeness of these accounts because there is a lack of reliable data on the specific needs among children in care or the needs that are supported by providers. Combined with a market which changes very quickly over time with no daily data on prices charged, the available evidence makes research on local situations difficult (Children's Commissioner, 2020, p. 17). They suggest that 'overall […] there is some evidence suggestive of the ability of private providers to set prices and exert market power, and enough to warrant further and more systematic investigation' (Ibid.).

In addition, the Competition and Markets Authority found that:

> Taken together, [the] evidence suggests that the market is providing insufficient places to ensure that local authorities can consistently get access to placements for children that meet their needs, in the right locations. This conclusion is supported by the fact that local authorities, particularly those in England, told us that when they are seeking to place children they often have little or no choice of placement, for example finding at most one available placement that fits their basic criteria, which indicates that **more finely-grained assessments of quality, fit, cost and location are less likely to determine placement decisions.**

The Welsh government has committed to removing profit making from children in care (Welsh Government/Llywodraeth Cymru, 2021):

> Eliminating profit making from the care of looked after children is one of the highest priorities for this Government. We believe that public care should mean that children are cared for by local authorities or other not for profit providers where social values and the best interests of and outcomes for children are the overriding motives (Deputy Minister for Social Services, Wales)

Proposals to eliminate profit from children in care have not been put forward by the UK government in respect of the system in England, or by the Scottish government. The Competition and Markets Authority (Competition & Markets Authority, 2022a) did not recommend banning for-profit activity and suggested that although the children's residential care market is dysfunctional, the fundamental issue is a lack of capacity and a ban would risk disincentivising private providers who are likely to provide much-needed capacity in future. In response, the English government has committed instead to 'seek to bring greater transparency, for example on ownership, debt structures and profit making across both independent fostering agencies and residential children's homes' (Department for Education, 2023, p. 102). The poor functioning of the market – and the cost to the state – has led to some commitment to capital investment in Local Authority owned children's homes (Department for Education & Williamson, 2021; Department for Education & Zahawi, 2021; Greatbatch & Tate, 2020; Simpson, 2020).

It is important to note that, despite concerns about the effects of profit-making on the running of the social care market and on public finances, several reports make clear that they have found no link between profit making and the quality of care provided for children and young people. Narey (2016, p. 17), for example, states:

> I've seen nothing to justify the view that private companies think only of profit and there is no evidence to support the Howard League and NYAS assertion that the quality of care in privately run homes is poorer than that in local authority or voluntary sector homes.

To overcome the dominance of the private sector, Narey (ibid.) suggests that there is a need for more third sector homes although 'memories' of historical abuse still 'scar the large charities such as Barnardo's, which once dominated this work' (p. 18).

4.4. Conclusion

There is an increasing recognition that children's homes are more than a 'last resort' for children and young people who cannot be placed in kinship or foster care. Policy documents recognise that children's homes can serve a range of purposes and may be better suited to the needs of certain young people. The nature of the needs that are best met by children's homes is, however, unclear and there is little evidence cited in policy texts to support claims about the needs that children's homes can meet. Future policy is likely to benefit from new and more detailed evidence which sheds light on what these needs may be and how children's homes can meet them.

There has been a policy shift from ensuring children's homes meet minimum standards towards providing a home of sufficient quality to have a positive impact on children and young people's lives. While policy documents often rely upon ratings from Ofsted and the Care Inspectorates in Scotland and Wales to assess the quality of provision in children's homes, there are ongoing efforts to identify other ways of assessing quality in each the short, medium and long term. Relationships based on care and love have received increasing attention in policy documents in England and Scotland in particular, and governments in both nations have signalled an intention to promote such relationships and to measure the impact of doing so.

Issues in the social care market focus largely around Local Authority sufficiency and profit-making in the private sector. Policy documents identify an issue with private providers having strong market power due to the strength of demand for places in children's homes. There is no strong evidence, however, to suggest that profit-making or the lack of competition in the market comes at the expense of the quality of care provided. Indicators of quality of care rely largely on Ofsted ratings of privately run homes in comparison with those run by local authorities and charities.

5. Primary Data Collection

5.1. Presentation of data

This section brings together analysis of children and young people's photo walks with that of individual and group interviews with children and young people and staff. In the data presented below, we have included some quotes from interviews that exemplify points. However, to mitigate risks of identification, we have not included images from photo walks and have included quotes where risk with respect to anonymity and confidentiality is low.

5.2. What children and young people value about their care

Children and young people extensively discussed the value of residential care, while staff also talked about what they observed and what young people reported to them regarding the value of care. Staff also referenced their own subjective sense of value derived from their caring relationships with young people and noted that some of the value of care is in the mutuality of this relationship.

Our discussions were very largely affirmative of the value of provision in the settings we visited, and this value was described in a wide range of terms. Participants were most likely to refer to the experience of care and caring relations in the setting, a sense of belonging, and a sense of what might be thought of as 'normal' home life. Discussion of value overlapped with discussions by staff of the culture in the setting, of their feelings about the home and their roles, and descriptions of their relationships with young people. It is notable that all these aspects of quality commonly referred to by participants are described in the research literature as aspects of good quality residential care.

Affection was a significant feature of these caring relations. Both staff and young people described a caring, affectionate household where young people feel that they belong, although the term 'love' was not commonly used as a descriptor in reports from participants. As well as being cared for, young people also referred to caring about other people and things in the home. Staff often referred to the opportunity for young people to express their wishes and to have these included in their goals and personal plans. Safety and a sense of calm were features of home life that young people valued. Physical spaces were often described by young people in photo walks as helping them to feel calm and to have fun. Beyond safety there were relatively few references to basic needs such as warmth and being fed, though this dimension of care came out more strongly in young peoples' visual accounts of their setting.

Staff talked about the significance of long-term benefits as part of the value of their work, including helping young people to be independent and making lasting memories. The long-term benefit of making memories runs through the themes of fun and care. As one worker put it: 'You want them to look back and go, "They were great staff. We had a good time there."' However, it is also notable that outcomes, including possible future or longer-term benefits, were less commonly discussed by children and young people than some other aspects of provision . Outcomes were more often discussed with reference to evidence for the value of residential care provision rather than experience of it. This may be because young people were more focused on the value of their immediate experience of life in residential care, though as noted below some staff referred to a level of disjunction between the outcomes the organisation was focused on and the priorities or interest of young people.

5.2.1 Belonging to a caring, affectionate household

Staff regularly described their relationships with young people as developed over time through care, consistency and trust. Describing the approach to supporting a newly arrived young person:

> 'We don't force any relationship. Like, we don't try and be in their face like trying to… And we just give them their time, don't we? And when they feel ready, that's when they approach us and that's when we'll continue doing our work and stuff.'

This approach to working with young people is reliant on staff working in the same home for a sustained amount of time and spending sufficient time with the young person.

Staff often described family-like dynamics in the household whereby certain members of staff are seen as 'the sister' or 'the nan'. While staff did not suggest that they described themselves in these terms to young people, there was a sense that these roles developed naturally based on staff members' age and personal characteristics. These characterisations are developed over time and in relation to the rest of the staff team. As one staff member explained:

> I am someone they are fond of, they do see me as a bit of a ditsy old lady, and very much the nana figure, but I do play on that. Because to be honest, it gets me in, in ways that somebody else might not. I know they trust me and they know I care. I'm really approachable.

Another member of staff explained her role as a 'big sister' who could be approached to talk about issues that young people feel she might understand best, such as those relating to social media or puberty.

Photo walks and young people's reflections on the images they took indicate that their subjective sense of family and belonging was connected to practices that personalise the home. One example of a personalising practice included having dinner together while sitting in a regular, personal seat at the table. A sense of personal belonging was also associated with the opportunity for young people to care for others, including animals. Several young people chose to photograph pets and plants. One young person suggested that a photo of the house cat could show people unfamiliar with the home that 'we have a cat that we all help look after and can stroke'. Another young person told us 'I love that I have fish of my own to care for' and 'I feel proud that I can grow my plant and look after her'.

Staff also personally tailored the ways they show young people that they care about them. For some people, it might be giving a hug when they feel the need for some affection. For others, staff come to develop other ways of showing that they care, as one member of staff explained in the case of a teenage boy living in the home:

> He doesn't like hugs, doesn't like anything like that, so we nurture him in different ways. So he'll ask us to come and sit and watch his game. And I'm not really a fan of PlayStation but, because I'll take my time to do that, it shows him that we care. […] Or making him a cup of tea in the morning or a bacon buttie, that I think shows him that we do care. And we don't have to say, "Do you want a hug?" because he's not a huggy person, that's fine, we know that.

Many of the photo walks showed young people and adults grouped close together, sometimes with their arms around one another. Images of young people's birth families were at times included in these, suggesting that efforts to facilitate meaningful contact with families is valued by young people.

Part of the sense of normalcy homes fostered involved building and maintaining friendships. The first item in one young person's photo diary was their best friend who had stayed over. In describing what this meant to him, the young person said that it is 'good to have friends. It makes you sort of happy'. Explaining what the photo could tell people about living in the home, he wrote that it is 'a better and more normal home than other ones I've lived in'. Similarly, one

member of staff told us that 'Friendships is a big one. We'll give them lifts to go and meet their friends, or we'll get their friends here', and her colleague gave the example of one young person: 'she's made friends with a lot of – not a lot – but a few people local to the area. So they're constantly in and out. Which is quite nice to see, to be honest'.

5.2.2 Long-term benefits

Staff described residential care as fostering young people's independence, and this being of long-term benefit after leaving care. Fostering independence was referred to as providing for good transitions into adulthood by making progress in education, finance, health and personal relations. Education is a pivotal example of the transition to independence, offering a structured pathway marked by milestones and widely recognized indicators of success, such as academic qualifications. Staff referred to working hard to get young people to school and to gain qualifications as an important means of promoting long-term success for young people. As one staff member reported:

> So for one young person to be out of education for a year, come to us, be integrated back into the education setting, which was done really gradually, wasn't it? We started off one day and two mornings and built it all up. Then, to come out with that out of mainstream education is just amazing. Yes, she'll be crying.

Staff also spoke about the importance of supporting progress towards independence through practical life skills such as shopping, cooking, cleaning and personal hygiene, where there is no such pathway or recognition. One staff member described ensuring that young people are prepared for living semi-independently and independently in future:

> I try and always get them involved and just like teach them as I'm going along. Yeah. So hopefully it stays with them and it's not so overwhelming for them for when they do actually have to learn how to be independent. So they've already got it planted in their head, like, how to look after themselves. And just like food hygiene, we were having a giggle and going through the chopping boards and what [different colour of] chopping board represents what

The staff told us that as well as developing skills they encouraged young people to understand themselves as capable to provide resilience when they are required to live independently, noting that dealing with the challenges of life within homes was part of helping young people to deal with life outside.

In working towards these long-term benefits, staff reiterated the quality of relationships required to teach skills and impart a sense of identity through the mundane routines of everyday life. As with other aspects of work in residential settings, this approach relied on having the time to allow steady improvement and strong relationships to encourage this improvement.

The value of memories was described as connected to a young person's subjective sense of having had a time of life that was safe, nurturing, and fun, and also to their having a clear sense of personal biography that can support an independent personal identity in future. Young people in care were described as often lacking the same basis for a secure sense of identity that most take for granted. Staff noted the significance of building records that sustain a memory of a young person's time in care. Staff were conscious of the significance of files and records that captured and preserved moments in supporting people once they had moved out. As one member of staff put it:

> And actually, for young people, if they want to look back on their journey, and see the evidence we've captured about them, they don't want to know how many times they went missing; they want to see photos, they want to see video clips, they want to be engaged, they want it to be person centred, when we're pulling that together.

5.2.3 Voice

Young people have a say in the daily functioning of their home. For example, young people in one home were encouraged to come together and think about what changes they might like to make. They asked whether they could eat outside more when the weather is nice. Staff then followed up and suggested that everybody went outside for a picnic for lunch shortly afterwards.

Young people are also able to have a say in shaping their personal plans that record the development and progress towards outcomes they are making. Staff describe making efforts to ensure that young people have meaningful input into plans and are aware of the contents of the plan and their ability to influence what a plan contains. This involves adopting child- or young person-friendly forms of representation including visual representation and narrativization of personal journey and progress as well as incorporating goals and targets.

Plans can be focused on both short-term and long-term goals. One member of staff explained that goals are informed in part by asking young people what they wish to achieve:

> We do house meetings every week, which is what they want. We always have a chat with them, what their outcome, "What do you want for the next term in school? What do you want for this month?" You know, they can set them…So, "What do you want to achieve? Where do you want to be in the future? How can we get you there?" So, for example, "I want to be a chef." "Okay? How can we get you there? Should we get you on some cooking classes? Do you want to start cooking for the house at home?"

Young people also get the opportunity to let staff know how they feel the month has gone, which feeds into future planning and goals.

Children and young people's voice was also described by staff in terms of attention to and recording of informal discussion. Staff specifically related this to well-being. As one member of staff put it, incorporating some informal discussion into recording could build a picture of 'what they're going through, their mindset…[an] insight into where their headspace is at'. Recording and sharing information of this kind was also intended to reduce the number of times children and young people have to repeat themselves when expressing difficult or painful issues arising in the home or connected to contact with family.

5.2.4 Physical space

Most young people discussed the importance of outdoor space both for seeking solitude and spending time with other people, and simply for something to do. They describe the grounds of the homes as places where they can either go to have fun, explore, or calm down. Young people identified swings and treehouses as places where they could escape to in order to calm down alone, and as where they could have fun alongside staff and other young people. Outdoor games and sports were a particular fun activity. Staff also noted the significance of the physical space of the home given children and young people are often not living in the area in which they grew up and tend to spend more time in the home as a result.

The spaces of the homes we visited provided for a sense of exploration connected to their ability to interact with nature. Young people referenced wildlife, including looking for bugs and

newts in the polytunnel in the garden. One young person is an avid birdwatcher and staff and other young people took an interest in her hobby. A young person described seeing a pair of birds who visit the garden as 'a nice light start to my day'. Young people also referred to the aesthetic pleasure of watching birds or looking at trees, which again related to feelings of calm and relaxation. Staff also valued space as enabling children and young people to take 'positive risks', growing independence through alone time and individual play.

Young people discussed the communal spaces inside the home in which regular collective activities took place from cooking in kitchens, to playing games and watching films. Young people described the spaces and activities as welcoming and bound up in friendly relationships. Young people also referred to enjoying the decoration of these spaces. Young people described bedrooms and bathrooms as personal spaces, and emphasised their sense of owning these spaces as 'theirs', as 'personal space', and as having comforting qualities of warmth and quiet.

5.3. Evidence – authenticity and usefulness

Supporting the production of good quality evidence has been a concern for Action for Children staff at multiple levels of the organisation for some time. Staff described recording information, articulating information as evidence, communicating evidence to internal and external stakeholders, and developing organisational capacity to collect and process data as evidence.

The idea of 'evidence' is an object of active consideration by staff at the different levels of the organisation we engaged with. All staff we spoke to perceive satisfying a demand for evidence as part of their role. Those demands were often described as originating outside the organisation from regulators and inspectors, as well as local authorities, funders and supporters of the charity, and policy-makers. Evidential demands also came from internal stakeholders. Among practitioners there were accounts of managerial demands surrounding evidence, while staff managing provision referred to demands for evidence to support strategic decision-making in the organisation. Staff typically perceived these demands for evidence as reasonable and legitimate whether they originated from within or outside the organisation. However, there was a shared anxiety about the capacity of evidence itself to satisfy the demands being made.

Evidence was typically discussed in relational terms as a means for communicating value to stakeholders. The meaning of 'evidence' therefore varies according to the position of the respondent in the organisation; what constitutes evidence and the legitimate methodologies for its production and communication were therefore shaped by its audience. This pragmatic desire for evidence to be useful was connected to and motivated by the strong sense of value Action for Children staff held regarding the provision being represented. Staff at all levels want to persuade others of the value they perceive in provision and tend to feel that authentic evidence can have persuasive power. However, what staff saw as authentic varied. Staff involved in and close to delivery wanted others to appreciate the value young people are described above as experiencing. This is rooted in the texture and detail of caring relationships lived every day, of the normalcy and belonging of the spaces of home, of progress that is deeply personal and often incremental and non-linear. For others, authenticity referred to evidence that could cut through the complexity and detail of provision to make generalised claims regarding the difference made by residential care. Typically, such claims would be numerically expressed and connected to an outcome that had public currency. These staff wanted evidential claims to be and be seen as robust, and to have a predictive dimension regarding claims to impact on outcomes that follow experience of residential care provision.

While there were tensions surrounding evidence and differences of meaning and emphasis, it was also clear that staff did not see different approaches to evidence as a zero-sum game. They consistently signalled their appreciation and understanding of the

value of different kinds of evidence, the needs of their colleagues, external stakeholders and the field as a whole. As one member of staff put it:

> so [education and mental health outcomes] that's the big, high level stuff, that as a society I think we should be driving, being really clear about these populations that we need to change, and how we do that, systemically. But there is also that sense of through individual children's assessments, through the knowledge that we've got about the journey, the life experience of that young person, and actually exploring where young people are. And that's going to start with stuff like life story.

Staff at all levels see evidence as an important and complex issue. The idea of outcomes was significant to staff, and of demonstrating progress in terms of outcomes. Sometimes these outcomes were contextualised in a theory of change document the organisation had produced. There was also discussion of the tools used to record and measure progress, which included the need for flexibility, personalisation but also to include expression of progress connected to outcomes in quantitative terms. There was discussion of a change process involving the introduction of a new information system called Eclipse. This system had not been widely implemented at the time of data collection, but was anticipated to represent a significant change in the organisation's capacity to record information, to bring together types of information that had previously been held separately, and to make possible new forms of analysis including of trend data over time.

5.3.1 Felt quality of residential care

As described above, staff and young people consistently reported good quality relationships in terms that were emotional, caring, and referenced family-style dynamics and roles. There was also a consistently expressed desire for this quality to be understood, or at least accepted, and anxiety about the capacity of 'evidence' to capture or represent these qualities:

> there's a lot that goes on behind the scenes that is recorded. But unless you were here to see it, you wouldn't really get the feel of it. And it's about being a family. I think that's the biggest thing, it's about, for us, as staff, it's home from home, so we want to be the family that the young people should have had, or haven't got at all. So I think that's the kind of thing that goes on that might not be seen in the files, unless you were visually here and being able to see it.

This 'behind the scenes' quality tacitly refers to a difficulty in defining residential care provision in terms of a series or system of pre-defined practices. Rather, staff delivering residential care and their immediate managers tended to speak general qualities of provision that were irreducible to specific interventions, specific practices. One member of staff referred to it in terms of naturalness:

> We get to be people, and it comes so naturally, that we don't see that we're doing anything special. We see that these results are amazing, but it's because the young people are so special, not us. It's not that we're doing anything, because we're just being us.

Another member of staff described making the difference for a young person, creating the context in which a young person can come and speak to them, in terms of the 'vibes' they give out.

> And when you do have to reflect on your practice, sometimes it can be really difficult, because it is instinctive. And a lot of it is about the person that you are.

Vibes was one of several ways staff referred to 'feel' as a set of intangible qualities of interaction with young people that for staff are often the most immediate guide as to what to do. Other intangibles staff referenced include how a young person seems in interaction in the moment, 'atmosphere', 'being in tune' with someone, 'picking up on' small signals regarding meaning, emotion or the right and wrong times to talk in depth, and 'warmth'.

One member of staff described the balance of working instinctively through feel and learning to work well as a 'methodological' idea of practice. This was an approach to building caring relationships with young people that had to be learned over time, but that was also responsive. It involved certain shared ways of doing things (orientations to young people, understandings of behaviour, strategies, and methods) and practices that are more tacit, responsive to the immediate situation and particular to the member of staff, their team and the young person or people they are working with. Notably, the nature of this practice was described as in tension with the desire to identify, test and systematically apply practices that make a difference.

As such, 'feel' does not encompass practice, but is important to staff as evidence that what they were doing was good and working. The importance of 'feel' was defended by staff through recurrent use of the metaphor of 'behind the scenes'. Staff used that metaphor to express concern that what might typically count as evidence could create a performative account of residential care practice. This concerned staff who believed it was the 'behind the scenes', authentic, felt experience of a private, familial life of the home that was most important.

As well as expressing concern about the loss of these felt qualities in what is recorded, staff also sometimes felt that the sheer detail of young people's lives and their work with them felt overwhelming to record. The small indicators of tentative or barely tangible significance that practitioners paid attention to are laborious to record and often hard to distinguish without the benefit of hindsight:

> sometimes you never see the benefit of the work you've done. But at other times, you'll bump into someone after a few years and they'll remember you and they'll remember the effect you had on them. And I wouldn't say that's what makes it worthwhile, because sometimes you just don't get it. But we keep plugging on.

As such, while files were seen often as factual and providing objectivity in ways that were important to have, they were also a source of ambivalence for staff concerned about missing important felt dimensions of practice.

5.3.2 Support for regulatory compliance and inspection

Monitoring and recording for the purposes of regulatory compliance and inspection was widely acknowledged as a vital role that evidence played. The collection of these forms of evidence were regarded as largely systematised within homes, and staff generally expressed confidence in these systems and in their ability to comply with them. Staff did not generally see recording for these purposes as controversial. There was little sentiment expressed, for example, that data collection for this purpose was obstructive of practice.

Recording is central to formal processes whereby information is circulated to partners in the local authority and Care Inspectorate, and provides a detailed record which may be required in the event of an incident. The managers of homes were regarded as lynchpins in recording processes. They were described as providing oversight and ensuring compliance, reviewing information on high-stakes formal documents such as CP1s prior to circulation to the Care Inspectorate, and as promoting a culture of good quality, conscientious recording.

Staff in the homes we visited referred to managers' roles in the improvement of the value and culture of recording, by repositioning daily notes and personal plans as a more developed account of the young person's journey and involving young people. This was in part motivated by inspection as well as value to the child or young person:

> the things would get you an outstanding are things like our personal plans. It's not just a standard document that says 'this month, they've achieved this'. We really do go into it. We want it to be visual, we want it to be child-friendly.

In a similar vein, some staff reported being motivated to 'think outside the box' to further develop recording to include progress and outcomes in new ways. However, while there was general agreement that inspectors were usually interested in the quality of relationships, others expressed the view that the inspectorate was not interested in a provider's model of delivery or their views regarding outcomes but wanted to see the expectations of policy regarding outcomes fulfilled:

> I think the actual model, or the intervention, is becoming less of a focus…I've never, in the last, say, four or five years, been asked by the Care Inspectorate, "What model of intervention are you using?"

5.3.3 Evidence for progress

Staff in the homes we visited clearly asserted the distinctive value of residential care provision as it was practiced in Action for Children's homes in north Wales, and rejected the idea that residential care should be a last resort. However, respondents emphasised different aspects of the value of care depending on how the question was framed. When staff were asked about the value of residential care for young people, they typically referred to the quality of relationships. When asked about *evidence for* the value of residential care they were more likely to refer to progress made by the young person, perhaps implying an assumed external audience for evidence.

Nevertheless, the concept of progress itself was widely accepted as important and that it involved:

- being clear which forms of progress or development were a priority,
- being able to assess the impact of provision on progress in these areas,
- being able to express that progress to other stakeholders including the young person, and
- reflecting on progress in order to support learning and change in practice.

The setting and monitoring of 'targets' is central to ideas of progress in the homes we visited. Targets are set, connected to incentives, and progress reviewed on a personal plan that also includes wider contextual information and is reviewed monthly. Tracking happens every day through daily notes and behaviour monitoring forms.

The process of setting targets and observing progress towards them is embedded in relationships with young people. Targets are personalised, and created to make sense in the context of the needs and the developmental biography of the young person:

> when we are doing like our monthly paperwork and stuff like that, the link workers will set up, you know, goals and achievements for them, what they think they can reach realistically

Target setting and observing progress are therefore part of the young person's relationship to staff and particularly their link worker. As with other aspects of the relational practice that dominates residential care, there is an intangible quality to setting goals:

> it almost becomes instinctive...measuring and setting goals and things for the young people, that is an ever-changing process. It's quite often one step forward, two steps back. And you celebrate every little success and you write off every little failure and move on.

In assessing and setting targets staff also referred to engaging with therapists, social workers and educational providers. Therapists provide feedback and guide thinking about setting expectations and supporting young people to meet them in the relational context of the home. Educational providers provide feedback on young people's progress in adapting to the norms of schooling, and any accommodations put in place to support adaptation.

Targets were often referred to in quotidian terms, as 'small things' that could be significant in the context of the young person's journey. Staff described focusing on targets related to:

- educational,
- mental health,
- life skills,
- relationships,
- self-care.

Targets change over time as the young person makes progress and as they grow up, motivated by the long-term goals ` of living well after moving on from residential care.

In their descriptions of working with targets, staff working in homes said progress should be closely tailored to each young person, observable in everyday life, encouraging and nurturing, meaningful to young people and involve them in setting the agenda.

Progress was also sometimes described as difficult in practice. The timing of young people's progress can often not be steady or necessarily observable month to month. Young people would fluctuate with respect to behaviours and suffer setbacks. Some change would take a long time to be realised and may never manifest in the context of the home but could arise after moving on from residential care, with care and nurture a protective factor from future negative outcomes. Staff also expressed concern that progress could be characterised negatively around the reduction in incidences of certain behaviour, with a tendency to record incidences that are negative without the context that might make them meaningful. One participant noted there were not 'positive incidents' to be recorded in the same way as there are negative incidents.

Staff across Action for Children referred to practices of assigning quantitative values to young people's development, including through an outcomes star chart:

> And then we do a star chart, which is a package that I think Action for Children have paid for. Where we have this five-point star, which is health, social development, independence, education, and relationships, I think, are the five points. And they're all out of 10. So the score, the targets we give them are out of 10 and they'll be scored how highly and then they get like a little hexagon to say how well and what area we need to develop on.

Staff working with young people expressed an appreciation that the purpose of start charts was to represent progress. However, there

was also some scepticism expressed about the extent to which attempts to measure and represent progress towards outcomes had authentic meaning for some young people. Charting progress or targets were not necessarily motivating for all young people and carry the risk of discouraging young people if they do not make progress over the course of a month between review meetings. Staff expressing these concerns felt progress was important but contrasted star charts and numbers with activity they felt promoted more meaningful dialogue with young people including discussion in link worker sessions, or the use of photo records of past activities to stimulate reflection on change. Though there may be no inherent contradiction between these approaches, some staff reported feeling a tension in practice.

Meanwhile staff not working in homes reported concern that quantitative expressions of progress such as those associated with star charts lacked meaning once taken out of the context of the relationship and the home. Staff involved in scoring progress referred to numbers as 'subjective' judgements of how well young people had met goals. This was problematic for those in the organisation who sought to aggregate such scores as an expression of the impact residential care can make:

> From our E-Aspire we'd say, on average, people are moving from a 3 to a 5 in terms of relationships, for example. Well, what does that mean? You know, we don't know what that is measuring and how that is being measured.

For such evidence to have credibility and currency beyond the context of practice would require clarity on which outcomes were specifically being referred to, and a consistent means of establishing a baseline and measuring change.

Some participants felt that trend data has under-utilised potential as evidence of the effectiveness of provision. Trend data was usually described as a form of analysis of the files and information that staff in homes were already recording, to identify and track changes in the recording of incidences of behaviour over time. Such trends could represent progress towards outcomes while being less reliant on the subjective judgement of staff:

> We are individually tracking the progress of each child and young person. And I think, in residential care, particularly because you might be working with three or four young people, there is an opportunity to do that in a really in-depth way, and you can quantify that in an in-depth way, versus other services maybe working with 400 young people.

Evidence on trends in this sense was based on the aggregation of recorded instances of behaviours rather than the judgements of staff. This distinction was felt by some to matter because looking at trend data or distance travelled on outcomes does not solve the issue of the validity and reliability of numerically expressed progress to outcomes. As a member of staff involved in the management of residential care described it:

> the outcomes arrow shows very clearly that, you know, at this particular date, this is where a child was, in terms of whatever action, brushing their teeth, for instance, is usually one that every young person has. And then, by X amount later, they've gone through the steps, and there we go. What homes don't do is pull that together…So that's a massive gap, I think.

The introduction of Eclipse was perceived as significantly increasing the capacity of the organisation to undertake analyses like these as it brings together data previously held separately in case files and E-Aspire, and allows information to be interrogated across time. Participants with knowledge of Eclipse described the possibility of

new access to data being useful in evidencing impact to external audiences and supporting practice in homes.

5.3.4 Tensions surrounding evidence

Across Action for Children, the scope of 'evidence' is large. Evidence is an overdetermined term and can therefore be a problem as well as a solution. Evidence refers to qualitative data recorded in the course of practice, recording of incidents, outcomes and progress data, and trend data. Evidence is being asked to fulfil a wide range of different purposes for diverse audiences, including to support practitioners and external partners involved directly in the care of young people, to enhance the local management of services, to attest to the quality of provision to commissioners and inspectors, to advocate to policy makers and wider publics for residential care in general and for Action for Children's approaches to provision in particular. Evidence can also be an important means to give young people a voice in their care.

Any one of these roles is complex. One manager of residential care services described local authorities making very different demands of evidence, from those that were clear about the needs of the young people they were placing and the kind of placement they were looking for, to others for whom residential care was part of managing crises:

> you get the crisis, that you get the, "Here we go, this is the eighth social worker this child's had in six months, the IRO's got a caseload of 400, he'll come to the next review." And I think we need that evidence, to then feed up, to be able to say to government, "The system's broken." Because it's failed that child, because of this reason.

There are positive cultures of recording in homes we visited, of going beyond what is required to use recording for young people, practice development and partners. Staff in homes we visited also expressed a desire to represent the value of their work and residential care more widely. However, there are tensions around the forms of quantification and evidence for progress that these forms of representation entail. For staff working directly with young people, recording could at times fail to express the reality of care or suggest naïve ideas of progress given the nature of young people's needs:

> 'It's sometimes not a star chart, you know. It's very, very different…And sometimes saying to your organisation "shit happens" it's like "no we can't hear that".'

For those working at a strategic level, there was recognition that the logic models that underpin a theory of change can be undermined by the realities of practice. The limits of a set of predetermined outcomes judged to be desirable can be challenged by the complexity, individual differences, and small numbers of young people.

At the same time, staff across the organisation including those working in homes we visited are concerned to relate the value of care to external audiences. And this required addressing a reliance on stories that, while useful, are limited as tools for speaking to some audiences. Staff close to practice expressed anxiety that flexibility and practitioner judgement may be 'no longer good enough' if it undermined what they felt others saw as good quality evidence. These staff understood evidence required by external audiences to be close to evidence-based-practice approaches, involving pre-specified and narrowly defined interventions, controls on practice, and measurement of impact on pre-determined outcomes; and they highlighted the tensions between this evidence-based account of practice and their desire to retain

practice as reliant on practitioners' freedom to respond to the distinctive needs of young people in the context of a relationship:

> there's a freedom in that…which would probably send any researcher into a sort of a spin because…we might sort of flip and flop around, "Well, this worked last week. Let's do a bit of this, and a bit of that." So, in terms of getting it to an evidence base [that] can be quite difficult, because it's organic, and it's very locally driven.

In this sense, the 'what works' culture of practice in the homes is in tension with the idea of 'what works' that evidence-based practice proposes.

Participants referred to more than one idea of generalisation from evidence. Policy makers and sector leaders were seen as wanting general claims regarding the impact on outcomes of specified practices. This was often related to the need to improve commissioning practices in residential care and to improve overall standards and investment in residential care. Other participants referred to a desire for a generalisable idea of good practice that could be applied across Action for Children's provision:

> actually, if you've got great people in one team, you're going to have great outcomes for the kids, and if you haven't in another, you haven't. That's not good enough. You know? We need to be giving staff great guidance, and great support, in order to support kids, and families, and make changes.

This latter form of generalisation related to an ability to use evidence to:

> create a set of circumstances that you can say, "This set of circumstances, this approach, this way of doing it is likely to produce that," then that gives us the evidence that we need.

This highlights a recognised need to use evidence to support residential care managers, who it was acknowledged were vital to the quality of provision. However, those with strategic roles in Actions for Children were limited in their ability to describe relationships between practice, outcomes and long-term impact by the available evidence. Similarly residential care managers found it difficult to help bridge these gaps:

> I'm more operational than strategic, despite, I guess, my role, is we need enough information to be able to sell our outcomes [but]… we need to be very careful what we record, because the first and foremost information is around when children come back and access their files, they've got that rich history…And, for me, it's finding that balance. I don't want staff recording absolutely everything and anything, rather than being in the moment with the children. But then, the weakness for us as an organisation, I think, is that, and I'm so guilty of this, we absolutely lead with our hearts. And that's the bit about I could bring any registered manager out to say, "Tell this commissioner, tell whoever, about what we've done," and they will talk beautifully about the impact that we've made. Is that written down anywhere? Probably not.

6. Summary of findings and recommendations

This project explores the potential for evidence to support and enhance Action for Children's development of residential care across the UK. To achieve this, the project has attempted to: i) critically assess the current state of evidence regarding the relationship between residential care provision and outcomes in the sector, ii) explore the relationship of evidence to practice in Action for Children's residential care homes, and iii) identify opportunities for Action for Children to strengthen the evidence base and to use evidence to develop distinctive, high quality approaches to residential care for children and young people.

The project involves three main research strands: thematic literature reviews scrutinizing the use of evidence in academic and policy literatures; direct observations and interviews in two residential care homes to understand current practices, with the involvement of young people; a exploring evidence use in and connected to these homes, including recording, outcome measurement procedures, and the understanding of evidence.

6.1. Findings from academic literature review

The academic literature is limited in its ability to provide Action for Children with a coherent and comprehensive evidential account of residential care services. Despite consensus on the growing demand for residential care services and the needs of children and young people, there remains debate about the purpose of residential care homes. Some see them as a last resort, viewing contact with residential care as on balance having negative impacts on children and young people's outcomes compared to other interventions including foster care. Others argue for the distinctive value of residential care in at least some forms and for some children and young people, notably those for whom foster care placements are difficult to sustain.

The absence of clear, widely accepted definitions of residential care make it challenging to assess its effectiveness. This difficulty may stem from the tendency to describe provision at a programme level. This results in the field struggling to balancing how it conceptualises provision with the demand for rigorous evidence for the effectiveness of practices, and the field lacks a widely agreed-upon standardized framework of aim, practice and outcomes as a basis for the accumulation of evaluation evidence.

Beyond a lack of definition and agreement on purpose, the main features of evidence in the academic literature could be described in terms of:

- **Program-level practice and Quality Management:** Evidence points to the importance of consistent and cohesive approaches to care, underpinned by strong management, effective teamwork, and congruent organizational contexts. This supports the idea that programme-level accounts could provide a framework for understanding and improving quality in residential care by including:
  - Incorporating Children's Voices: The systematic incorporation of the voices of children and young people is crucial for assessing quality and effectiveness. Evidence suggests that programme-level approaches may be better able to incorporate the voice of children and young people.
  - Trauma-Informed and Therapeutic Care: While there is a push for implementing trauma-informed and therapeutic care models, evidence for their effectiveness is currently nascent due to the variety of models, settings, and evaluative measures in use. However, therapeutic models of care could be regarded as good examples of the *translation* of evidence into practice, sensitively recontextualising robust evidence from the field of psychology into whole programme approaches to practice.

- While definitions of quality in the field lack consistency, it is typically held to be a multi-dimensional concept that includes i) desirable outcomes that support successful transitions out of care; ii) positive adult/child relationships characterized as parental, therapeutic, or informed by psychological frameworks such as trauma or attachment theory, iii) good peer interactions and the absence of bullying or harassment, iv) care informed by comprehensive needs assessments involving multiple stakeholders including young people, v) follow-up support after leaving residential care.
- Outcomes as indicators of quality: While there is a general agreement that outcomes are an essential measure of quality, there's limited evidence linking specific quality indicators to outcomes.

- **Challenges in measuring outcomes:** outcomes are variably defined and measured, and there is difficulty in determining appropriate outcomes given the complexity and diversity of the needs and experiences of children and young people.
  - There is evidence that residential care promotes short-term psychosocial outcomes, but this likely fails to capture the scope of impacts residential care can have including in the longer-term
  - There is a scarcity of research on the long-term effects of residential care for children and young people, creating a significant gap in evidence regarding the impact of these services across the lifespan.
- **Methodological differences based on different accounts of practice:** There is a debate as to whether it is most appropriate to focus on evidence-based practices through experimental or quasi-experimental studies versus producing evidence based on broader program-level approaches. The field's capacity for rigorous experimental research is limited and this seems beyond the scope of any single provider to address. There is more research which emphasizes a more holistic understanding of care quality. However, this research tends towards theory-building and has contributed less towards producing specific and generalisable claims.
- **Translation of research from other fields:** It is common for residential care services to utilize psychological research such as attachment theory and positive psychology to inform their practices. While this does not resolve problems of a lack of cumulative evidence production or generalisable claims, it is a promising approach to use evidence from other fields to inform practice in a manner sensitive to whole programme approaches. There is the prospect of identifying additional fields of research and systematically exploring the translation of findings into application in residential care.

6.2. Findings from policy literature review

Residential care provision is increasingly acknowledged as at least potentially the most appropriate care setting for some young people. However, residential care provision continues to be affected by a lasting stigma following past care scandals. There is a lack of evidence regarding which children and young people are most likely to benefit from residential care provision. Policy reports have also recently cited evidence that suggests that a significant proportion of children and young people placed in residential care homes are not there based on their initial care plan but circumstantially, including due to the unavailability or failure of foster placements.

Policy is, overall, shifting focus from meeting minimum standards of care to quality residential care that improves the lives of their residents. This increases demands for evidence indicating 'what works' for children and young people in residential care. However, citation practices suggest that, consistent with our academic literature review, there is a lack of recent, relevant, robust research

directly linking residential care practices with outcomes and in particular long-term outcomes. In this context, quality assessment is often based on inspection. As well as a push for better measurement, there has been growing emphasis on relationships with prominent policy reviews in England and Scotland emphasising the importance of love, care, and close relationships in children and young people's experiences of care.

With respect to the market, some concern is expressed regarding the role of for-profit private providers as well as concerns about under-supply. The Welsh government has committed to transitioning the market to non-profit providers. England and Scotland have not followed suit despite evidence of private providers leveraging market-position with respect to price, because of concerns about maintaining supply and because of findings that for-profit provision had not diminished the overall quality of care, largely based inspection bodies' ratings across different types of providers.

6.3. Findings from primary research

Children and young people and staff value their experiences of residential care, their sense of belonging, and a feeling of 'normal' home life. This sense of value is connected to several features of the homes we visited:

- **Relationships are caring, affectionate and stable:** Staff build relationships with young people through care and consistency, allowing relationships to develop naturally as young people feel ready to engage. The longevity of placements and of staff tenure in the home is key to this approach. Relationships have family-like dynamics with staff taking on roles like a 'sister' or 'nan,' shaped by their personal characteristics. Staff tailor their caregiving to individual needs, recognizing that not all young people respond to affection in the same way. The quality of relationships between staff and young people is seen as a means of promoting progress and development. This quality of relationships also facilitates young people to have a voice in the everyday life of the home and in relation to their personal plans.
- **Staff are focused on progress including long-term outcomes:** Staff in residential care settings attend to the progress young people make, including development of skills needed for longer-term transitions into adulthood. Young people were less focused on progress and longer-term outcomes and were more concerned with the value they got from the day-to-day experience of living in the home. Staff work on qualities that underpin young people's ability to live more independently in future, including reintegrating young people into educational settings, supporting young people in acquiring life skills, and developing resilience.
- **Young people value close personal relationships:** Young people's 'photo walks' highlight the importance of connection, often focusing on closeness and shared moments with staff, peers, and sometimes families. Staff encourage and support young people's friendships and social contacts, and young people reported these relationships and the sense of normalcy they create as significant.
- **The environment of the home:** Features of the physical space of homes were important to young people. Outdoor space including equipment offered opportunities for being alone, and for socialising and playing games with others. Natural settings had an aesthetic value to young people that they found calming and enjoyable, while also offering opportunity to engage with wildlife. Indoors, welcoming communal areas designed to encourage collective activities and social interaction contributed to a family-like atmosphere. Personal spaces like bedrooms and bathrooms provided comfortable space to be alone. Young people described practices that personalise living space as important to them in creating normalcy and belonging. These included having things to care for such as pets or plants, and

using space to personalise everyday activity such as having a particular seat during communal mealtime. Children and young people also described experiencing the homes we visited as safe and calm.

- **A supportive team setting with shared approach to provision:** Staff in homes work closely with team members and home managers in relationships of trust. Staff described having consistent, coherent and reflective approaches to building caring relationships with young people including responses to behaviour that were 'therapeutic', drawing on the HOMES approach and accessing external therapeutic support for staff as well as young people.

Staff at all levels of Action for Children recognize the importance of evidence in their work, and the complex roles it plays in the provision of residential care. The concept of "evidence" and its value varies according to the organisational position of the member of staff working with it. Those involved in practice in homes, operational management and strategic leadership are managing different audiences and stakeholder relationships through the representations produced using evidence. Across these different roles staff expressed differing perspectives on evidence and concerns about whether evidence can meet their needs.

- **Purpose and audience for evidence:** There is a desire for evidence to be effective in affirming the quality of care, demonstrating children and young people's progress, guiding practice development, influencing policy, ensuring accountability, supporting commissioning relationships, and giving voice to children in care. The wide array of purposes leads to challenges in creating a one-size-fits-all approach to evidence gathering and presentation. There is a common appreciation of the different purposes evidence is being asked to fulfil and some of the tensions this creates. Staff also appreciate that some of these tensions are related to the methodological preferences of some important external audiences for evidence-based-practice produced using experimental methodologies, notably policy-makers.
- **Diversity of evidence:** To meet these different purposes, evidence currently encompasses different types of data, including qualitative accounts of practice, recording incidents, progress and outcomes measurements, and trend analysis.
- **Role-specific values regarding evidence:** People in different roles conceptualise evidence differently and differ in their sense of what can be valuable or problematic about evidence. In general, practitioners in homes view authentic evidence as grounded in rich qualitative accounts of the daily experiences of the young people they support, capturing the feel of homes and caring relationships, and the progress young people make that can be incremental, non-linear and subjective. Those in managerial and strategic roles want to produce more generalizable claims, often quantitative, that can guide the development and management of practice across multiple homes, and make robust claims about the outcomes and impacts of their services. These differences have been managed through long-running discussion within Action for Children that has promoted a shared appreciation of different types of evidence and the importance of balancing detailed, qualitative accounts with broader, quantitative outcome measures. These conversations are also influenced by the implementation of a new information system, Eclipse, which is changing how information can be recorded, collated, and used.
- **The relationship of evidence to practice and quality:** There is concern that evidence production will overlook significant aspects of the quality of care and may create pressure for standardization and reduce practitioner responsiveness to young people. Practitioners and mangers were concerned about their ability to capture evidence regarding the 'feel' of care in homes, including the family-like atmosphere in homes, a sense

of normalcy and belonging, and how practice judgements can be responsive to intangible, emotive aspects of their relationships with young people. These qualities are not reducible to identifiable, systematised practices or interventions. Practice is, rather, methodological in the sense of orientations, approaches and sensitivities that can and should be learned and shared among staff. Staff at all levels acknowledged the significance and value of this whole-home approach to residential care provision, and were concerned that it may be at odds with a desire for evidence-based practice and interventions connected to pre-defined outcomes. Similarly, all staff were concerned to avoid reducing evidence production and recording to a performative display that fails authentically represent provision. These tensions reflect a broader debate in the field about the contribution of feel, ethos, and relationships to quality in residential care and the push towards generalizable practices with measurable relation to outcomes.

- **Challenges in measuring progress:** Progress forms part of the concept of quality residential care for staff at all levels. Daily notes, behaviour monitoring forms, and personal plans serve as tools for setting and reviewing targets. These targets are connected to personalized incentives and reviewed monthly, integrating feedback from therapists, social workers, and educational providers. The approach to setting targets and observing progress is personalized and embedded in the relationships between staff (particularly link workers) and the young people. The organisation has an account of desirable outcomes connected to its theory of change. However, it is difficult to make systematic use of available data from records to provide a robust account of the impacts of residential care on outcomes. The assignation of quantitative values to young people's development is based on subjective judgment and concerns were raised over its consistency and meaning beyond the context of the relationship. Given the diversity and complexity of young people's needs, it is also difficult to offer a general or predetermined specification of what outcomes from residential care should be. Staff in homes express some ambivalence about the possibility of capturing evidence of progress which may consist in small details which only become significant in retrospect, be non-linear, may take a long time or never manifest directly in a home, and may be unpredictable in its outcomes. There is reasonable concern therefore that, although recording cultures are good in the homes we visited, there are limits to the recording and analysis of evidence for progress through residential care. Trend data which analyses recorded incidences of behaviour over time was seen as an under-utilized approach with potential to represent progress more objectively.
- **The central role of operational management:** Operational managers of residential care are lynchpins in evidence production and use. They are responsible for the use of evidence to support the progress of children and young people, guide practice in the home, to ensure that recording is undertaken in support of child protection processes, regulatory compliance, inspection and other risk management. They are also central in establishing positive and creative cultures of evidence recording and use to be implemented across their teams, and the operationalisation of Eclipse.

6.4. Recommendations

The current state of evidence in the field is such that does not provide a widely accepted evidential account of residential care that can speak to:

- the impacts residential care can seek to have,
- the comparative effectiveness of different residential care provision

- which children and young people are most likely to benefit from residential care
- what outcomes are valid indicators of impacts,
- how those outcomes can be measured (Knorth et al., 2008).

The inability to answer these questions creates important limits in the ability of Action for Children to base their decision-making and practice development on evidence, or to use evidence to advocate for their own provision, for the sector, and crucially for children and young people.

The lack of widely accepted or industry-standard definitions for key terms that could be operationalised in research is one reason these limitations exist. These key terms include residential care, quality, and outcomes. Such a shared language would be required to support meaningful comparison between providers and the accumulation of evidence of what works.

Another significant limitation is the incompatibility between i) the methodological preference of policy-makers for evidence focussed on the effectiveness of specified interventions produced through experimental forms of research, and ii) a widespread view of practice in the field that is irreducible to narrow practices or interventions. Further, there are challenges with respect to the collection of data from people once they have left residential care which limits evidence available regarding longer-term outcomes.

Therefore, Action for Children face significant exogenous challenges in moving further towards being evidence-informed in its residential care provision. The recommendations below are intended to support the organisation in meeting these challenges.

6.4.1 Assessing opportunities and mitigating limitations and threats

Our research suggests Action for Children has clear strengths that create opportunities for the organisation to become better evidence informed. There is evidence of:

- alignment across children and young people, staff in homes, operational managers and strategic staff regarding the value of the programme-level therapeutic approach to practice in north Wales, that connects quality to an ethos and culture founded on caring, responsive relationships and the importance of the voice of children and young people,
- a commitment to understanding and valuing progress,
- staff teams that are stable, work well as a team, and strong operational management
- recording cultures that go beyond minimum requirements and support involving young people and improving understanding of their experiences of care and progress to outcomes
- a long-running organisational discussion about evidence
- the introduction of Eclipse creating new opportunities regarding data collection and analysis

These six strengths indicate the presence of factors which the literature indicates are supportive of good quality residential care (1-3) and the capacity to produce evidence to inform practice and strategic decision-making (4-6).

At the same time, limitations in the field affect Action for Children's ability to work with evidence and to relate to certain external audiences:

- A programme-level or whole-home account of practice is poorly aligned with the forms of evaluative evidence regarded as

highest quality by policy makers, though it does not move the organisation out of line with the wider field

- Although there is a shared commitment to progress, the way progress is enacted and recorded does not enable Action for Children to develop an account of impact that has currency outside the context of practice or to use impact to systematically compare provision
- The anxieties of colleagues regarding evidence point to the risk that the alignment described above could be undermined by the wrong approaches to evidence production.

We recommend that Action for Children move towards becoming more evidence-informed cognisant of these strengths and threats by:

- **Building on its strengths to develop capacity to systematically evidence the quality and outcomes of its provision** – there are opportunities to develop a distinctive account of quality that is systematically informed by evidence produced by Action for Children. Realising these opportunities will require further research and development.
- **Using existing knowledge to support operational and strategic management** – use the evidence from this report on quality, outcomes, the environment of homes and team-work to inform and support operational management of residential care homes
- **Critiquing and challenging the evidential status quo** - The conventional preference in policy for research based on experimental study designs such as randomised control trials are exclusionary. It is in effect not possible for the services supporting the most marginalised and vulnerable children and young people to produce research policy-makers will readily accept. This creates the risk of further marginalisation for these children and young people. There are broad parallels to be drawn with other critiques of methodological marginalisation, including of black communities that could be explored further (cf Tukufu Zuberi & Bonilla-Silva, 2008).

These recommendations are linked. At the centre of our recommendations is the proposal that Action for Children seeks to build on its existing strengths to develop its capacity to produce evidence regarding the quality of its provision and the outcomes from that provision. Flowing from this, we propose that Action for Children seek to use this capacity to support the operational managers who are lynchpins in the provision of quality residential care, and to address high-status external audiences including policy makers on the subject of evidence.

6.4.2 Developing a more systematic approach to quality

To develop a more systematic approach to quality we recommend pursuing four connected areas of development that together underpin the creation of a more evidence informed account of quality in Action for Children's residential care homes.

Clarity about provision

We recommend that Action for Children produce a clear and multi-dimensional account of their residential care provision. This would include but not be limited to existing descriptions of the approach as therapeutic and based on HOMES. The purpose would not be to change the existing model in north Wales but to describe more systematically what the approach consists of and to establish a basis for future research into its effectiveness. This process should be consultative with children and young people and staff in homes.

We recommend that a description of the home refer to the following factors which were evident in primary research conducted in homes *and* are resonant with the research literature on quality:

- **Length of stay** – the needs and situations of children and young people vary, and homes have limited control of the length of placements. Nevertheless, longer stays are *in general* supportive of better outcomes, and the culture of homes in north Wales is supported by placements that are comparatively long
- **Culture and ethos** – founded in affectionate, family-style relationships of care and responsiveness to young people that are supportive of normalcy, belonging, and progress
- **Methodology of practice** – this emphasises the values, cultures and orientations to young people that can be learned, and that have a relationship to bodies of knowledge such as the psychology of trauma and attachment and therapeutic practices, but that are responsive and do not narrowly define practice in advance
- **Integration of operational and strategic management** – the quality of operational management of is linked to quality of care, and evidence suggests that operational management is best served by congruent strategic support for aims, values and approach
- **Positive cultures of recording** – including guidance on recording evidence of outcomes
- **Team working** supported by recruitment and training
- **Consistency and stability in staffing** through appropriate support
- **Quality of environment** including mix of communal and private indoor spaces, outdoor spaces that offer access to natural settings, personalising practices of space linked to aesthetics and individual connection to spaces
- **Quality of physical environment** including well-equipped outdoor settings with access to nature
- **Facilitating on-going relationships** with friends, family
- **Provision of opportunities for young people to care for others** by integrating living things into the setting, for example for plants and pets

Children and young people's voices

We recommend Action for Children develop a staff-led, qualitative internal evaluation process that provides evidence of the felt quality of culture, relationships and the space of the home. This would be undertaken regularly as a means of 'taking the temperature' in a home, providing qualitative evidence from children and young people and staff of how it feels to live there and to experience the space. This would focus on:

- quality of relationships, and presence of close, caring family-style relationships with staff and friendship with peers
- normalcy of life that supports personal identity, including things to do, calmness and safety
- personal belonging in home

It is suggested that research tools include a focus on:

- sense of place,
- intra-home relationships (human and non-human),
- extra-home relationships (family, friends, other provision),
- safety and basic needs,
- continuity and personal fulfilment including a sense of making progress

In terms of methods, we recommend the research builds on our learning from research in homes and from the literature to:

- incorporate questions on recommended measures from the government's response to the MacAlister report
- work in a participatory fashion, offering choice of engagement, support and opportunities to comment on and shape analysis of data
- ask young people to not only record responses verbally but to undertake creative tasks and particularly to engage in visual methods such as photography

Robust Outcomes

The implementation of Eclipse creates capacity to undertake more systematic analysis of case files looking at incidence of events or behaviour, and changing patterns over time.

We recommend further original research to develop and trial a coding frame for recorded incidence of low-level behaviours as means to measure outcomes. This would be broadly comparable to the Stars approach, but less reliant on subjective judgements of progress.

Such an approach would:

- Provide criteria for outcomes that is shared and explicit
- Be based on records of incidence weighted by significance
- Be developed in consultation with expertise in relevant fields, notably education, health and psychology

Meaningful comparison

We recommend Action for Children explore a, to the best of our knowledge, novel means of statistical analysis intended to compare the outcomes of children and young people who have experienced Action for Children's provision with wider populations of care-experienced children and young people. The intention would be to compare the effectiveness of Action for Children's residential care based on relative odds analysis to other populations of care-experienced children and young people in areas where data is available. The analysis would establish comparator populations of care experienced and non-care experienced CYP and select a small number of standardised measures (for example key stage outcomes) for comparison.

This would involve exploring the availability of national databases holding data on children and young people with tags to indicate care experience, which are accessible for population level analysis and to which children and young people can request access to their own data. A known example of such a database in the National Pupil Database. Such an analysis would require an academic partner with approval to access these databases, and the child or young person in question to provide consent to access their individual record.

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