research in practice

EVIDENCE REVIEW

Reimagining residential children's homes

Residential care for adolescents. Right place, right time?

Dartington Trust

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Contents

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Residential care for adolescents. Right place, right time?

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Introduction

This resource considers the role and purpose of residential care and the strength of the evidence to inform decisions about when, and whether, placing a young person in a children's home might be the 'right placement'. It explores examples of emerging good practice, drawing on recent developments in England, as well as the international evidence.

This is not a full review of the current evidence about residential children's homes, but has been written to offer some considerations about the role and purpose of residential homes for children in care. The focus is on residential placements for adolescents; specialist residential placements for disabled children, residential schools and custodial settings are not included.

Context

As indicated in the preceding resources in this Evidence Review on *Reimagining residential children's homes*, placements in children's homes constitute a relatively small proportion of placements for children in care and, even as the number of children in care has increased in recent years, the proportion of placements in children's homes and other residential settings has remained relatively stable (Department for Education, 2019).

Although the national data indicates that the number and proportions remain relatively low, the use of residential placements is variable between local authorities, and there are some concerns about the increase in 10 to 15-year-olds coming into care, with complex needs and circumstances, and who are likely to need residential placements.

With ongoing debates about the cost differentials between local authority and independent placements, a number of local authorities have developed, or indicated their intentions to (re)establish, local authority residential provision (Holmes, 2021; Newgate Research, 2021). However, in some areas placement insufficiency drives decision-making; thus, context is important, and it is not possible to consider how and when residential placements might be used without understanding the issues that drive supply and demand of placements.

The issues related to lack of placement choice, and variability in the quality of provision, have recently been highlighted by the Children's Commissioner (2020a), building on a series of briefings and reports focused on other fundamental issues for children in care, such as the use of unregulated placements (Children's Commissioner, 2020b; Greatbatch & Tate, 2020). The latest government data shows that the number of children placed in unregulated accommodation is growing, with 12,800 children and young people having spent some time in an unregulated placement in 2018-19 (Children's Commissioner, 2020b).

In addition to these broader issues about placement choice, the role of the independent sector and the growth of unregulated placements, there has also been a focus in recent years on the role and purpose of residential children's homes. This includes a Department for Education commissioned literature review of the place of residential care in the English child welfare system (Hart et al., 2015).

Policy context

Over the past ten years there has been a policy focus on residential care, including the Narey review (2016). This was prompted by historical cases of abuse in residential children's homes and the vulnerability of those in residential care to child sexual exploitation, highlighted by the Office of the Children's Commissioner (2012). The review aimed to explore whether, and how, residential children's homes can best serve the needs of the children placed.

In response to the Narey review, the government committed to implementing a number of the recommendations, including the provision of funding to test innovative ways in which residential care might be used in more dynamic and creative ways to support children.

In addition to the Narey review, a number of policy developments over the past ten years have sought to improve standards in residential care:

- **2010**
  Children's Homes Challenge and Improvement Programme intended to share effective practice and instigate improvements in commissioning, quality and care planning.

- **2011**
  The statutory framework was revised and updated, including the Children's Homes Regulations and the National Minimum Standards (NMS), to place more emphasis on the quality of relationships rather than operational processes (Department for Education, 2011).

- **2013**
  A package of reforms with the first set of regulatory changes delivered in 2014. These were intended to ensure that children's homes were located in safe areas and that local authorities were effectively safeguarding children at risk of going missing.

- **2015**
  New Children's Homes Regulations and Quality Standards (*The Children's Homes (England) Regulations, 2015*).

A placement of last resort?

Recent research has continued to highlight the prevalent view of residential care as 'a last resort', while foster or family-based care are seen as the preferential placement options to best meet the needs of children (Thoburn, 2016; Holmes et al., 2018). The authors argue that this perspective does not progress debates about whether, and how, residential placements might best meet the needs of some children and young people. Furthermore, when comparisons are made between different types of placements, and attempts are made to attribute outcomes to placements, these often do not take account of the needs of children, or the impact of prior care experiences, particularly if residential care is used as a placement of last resort.

Two fundamental issues that are missing in the evidence base are:

a) The degree to which residential care use as a last resort is real or perceived.

b) Whether the timing of residential placements is based on a strategic, values-based decision to focus on 'family first' placements, or is driven by a lack of available, high-quality residential provision.

There has been some funding to test how residential care might be used more creatively to support children and to link their role and purpose with other placements, as part of a care continuum (Department for Education, 2014a). This funding was manifested in a range of residential care innovations and models trialled as part of the Department for Education (DfE) Children's Social Care Innovation Programme (Round 1). Many of these included creative uses of residential care and the testing of children's homes or residential units to support young people on the 'edge of care' (Rees et al., 2017).

Nine projects focused on adolescents on the edge of care. The models and approaches varied, and included the creation of multi-disciplinary hubs as part of North Yorkshire's No Wrong Door; a residential, whole-family provision (Family Learning Intervention Project set up by the London Borough of Hackney) and an off-site residential education provision (Tri-borough Alternative Provision).

Views and experiences of young people

In their 2015 review, Hart and colleagues emphasise that 'what matters' to children and young people should underpin all decisions made about their care and placements. Positive relationships with staff have been cited as the biggest single factor that determines satisfaction with a placement (Hart et al., 2015). The perspective that placement purpose and role should be dominant over the placement type is highlighted in the following quote:

> *Many believe a family environment is a more suitable placement for a young person to grow up in. That may be the case for lots of young people and children in care, but not for all. Unfortunately, there seems to be a big push for foster care as residential care isn't viewed as an ideal option, more of a last resort if they can't find another suitable placement.*
>
> *That attitude needs to change, residential care homes work for a number of young people for reasons that are probably far too complicated than I can ever fully explain. But I do know that for me and a number of other young people, care homes were the BEST option, not the last resort option and they did some amazing work with us during our time there.*
> (Care leaver quoted in Narey, 2016, p. 5)

Schofield and colleagues (2015) also indicated that young people reported positive experiences of residential children's homes and, in some instances, highlighted their preference for a residential setting rather than family-based care. This preference has been highlighted recently in a film produced by a group of young people with experience of living in a children's home:
https://vimeo.com/498055987/38a044e4c1

Continuum of care

A good understanding of the needs of individual children will help to support decision-making about whether a residential placement best meets their needs although, of course, this is predicated on the availability of placements so that choices may be needs-led. As indicated in this resource, there is limited systematic and standardised information about the needs of children and young people in care, certainly in national administrative datasets. What we do know is that studies of residential care have reported high levels of needs, particularly associated with the behavioural and emotional difficulties of young people placed in residential care (Berridge et al., 2012).

There are international examples of evidence-based assessments of needs, for example, the extensively used Total Clinical Outcomes Management (TCOM) and Child and Adolescent Needs and Strengths (CANS) (see Box 1 for a summary). Research has found that children who met the model thresholds benefited more from therapeutic residential placements than those who fell below those thresholds (Whittaker et al., 2014). Although at the very early stages, the TCOM and CANS are being introduced in England[1].

Box 1: International assessment of needs – CANS and TCOM

Child and Adolescent Needs and Strengths (CANS) is a theory-based model developed in the US. It relies on large, clinically-informed databases to determine which children are more likely to benefit from (which types) of residential treatment. CANS provides a comprehensive list of difficulties a child may be facing (for example, psychosis, depression, anxiety, eating disorder) and recommendation to residential treatment (including of a particular type) is based on the combination of the number and types of difficulties identified.

Transformational Collaborative Outcomes Management (TCOM) is the conceptual framework behind the use of the CANS. It is an approach to outcomes management designed to reduce tensions within complex and nuanced child welfare systems. The philosophy underpinning the TCOM is that decisions within child welfare systems should be based on the needs of those being supported.

1 The Centre for Outcomes of Care (OOC) is leading the implementation of Transformational Collaborative Outcomes Management (TCOM) and the Child and Adolescent Needs and Strengths (CANS) assessment in England. Further information is available on their website: **www.outcomesofcare.com/tcom-england-cans**

Understanding needs does not necessarily require a standardised, evidence-based tool. There are also recent examples of referral criteria being used to assess the suitability of a service to meet a specific set of needs and characteristics. Some of these referral criteria also focus on risks, or include a screening tool. For example, Sefton Council introduced a screening tool as part of a new community-based, multi-agency, multi-disciplinary service (Community Adolescent Service – CAS) for young people between the ages of 12 and 25. It was used to identify young people for referral to the service and lists many of the vulnerabilities professionals would recognise as significant contributory risk factors. It includes those associated with wider community risks, as well as characteristics and behaviours associated with the young people (Rees et al., 2017).

The evaluation of the CAS reported mixed findings, and highlighted a number of implementation difficulties, including an overly ambitious plan, with management and supervisory structures still in development when the services were being rolled out (Day et al., 2017). The evaluation also highlighted that changes needed to be made to the service because the risk profile of the young people being referred was higher than anticipated; as such the service was not providing the 'earlier intervention' originally intended.

Despite some of the complexities during the early years of implementation, the CAS is still ongoing in Sefton. For further information see: **www.sefton.gov.uk/social-care/children-and-young-people/concerned-about-a-young-person-speak-to-cas**.

Assessments of needs or screening tools can also help to inform **when** residential care might be the right placement. Analysis published by the Department for Education in 2014 indicated that a children's home was the first placement for only 25% of care entrants, but the sixth placement for 31% of children's homes entrants (Department for Education, 2014b). Earlier analysis by Southwell and Fraser (2010) highlighted that many of the children and young people in their study sample had experienced more than four placement breakdowns.

The emphasis on adolescents on the 'edge of care' as part of the DfE's Children's Social Care Innovation Programme (Round 1) led to new practice to place young people in residential care earlier and as an alternative to a longer-term care episode. The premise for some of these new models of practice was using residential care as a preventative service (Rees et al., 2017).

Arguably, one of the most cited 'edge of care' projects has been North Yorkshire's No Wrong Door' (see Box 2 for a summary). With positive emerging evidence from the independent evaluation (Lushey et al., 2017), No Wrong Door is now being adopted and adapted across a number of other local authority areas as part of the Department for Education's Strengthening Families, Protecting Children Programme[2].

2 The Department for Education is funding £84 million over five years to support up to 20 local authorities to improve work with families to safely reduce the number of children entering care. No Wrong Door is one of three children's social care innovation programme projects included in the initiative. Further information is available here: **www.gov.uk/guidance/strengthening-families-protecting-children-sfpc-programme**

Box 2: No Wrong Door

North Yorkshire's No Wrong Door (NWD) was developed to provide an integrated service for young people, aged 12 to 25, who are either in care, edging to care or on the edge of care, as well as those who have recently moved to supported or independent accommodation.

NWD operates from two hubs in North Yorkshire. These were originally set up in April 2015 and comprise multi-agency teams that include a communications support worker, who is a speech and language therapist; a life coach, who is a clinical psychologist; and a police liaison officer. The integrated team supports the young person throughout their journey to ensure they are not 'passed' from service to service but, instead, are supported by a dedicated team.

Some young people are placed in the hubs and others are supported by outreach. If required, residential respite in the hubs is offered for young people who are already in foster care, or are living with their families. Central to the NWD innovation is that all staff are trained in Signs of Safety, and restorative and solution-focused approaches.

The initial evaluation provided emerging evidence that NWD had contributed to a diversion from the care system for the majority (86%) of the young people referred to the service. The evaluation also identified reductions in criminal activity and high risk behaviours, as well as improvements in wellbeing (as measured by the Strengths and Difficulties Questionnaire).

Further information about No Wrong Door and the evaluation findings are available here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625366/Evaluation_of_the_No_Wrong_Door_Innovation_Programme.pdf

The evidence base

In their review, Hart and colleagues (2015) highlighted the paucity of robust evidence about residential care and indicated that the evidence base on outcomes from children's residential care is undermined by the evidence gaps and methodological weaknesses of studies. Specifically, there are limited or (within the English context) no studies with control groups that facilitate a comparison in outcomes between children in residential care and their peers in family-based placements.

There is also limited contextual information that can help to explain positive or negative outcomes, or associate outcomes with the quality of the placement. Where outcomes from residential care are cited, these are mainly negative, drawing on research from policy areas other than children's social care, such as criminal justice and homelessness. Recent findings and analyses have cited poorer educational outcomes for young people living in residential homes in comparison with other placement types (Berridge et al., 2020). Although the analysis controlled for a range of factors, these poorer outcomes were for young people for whom residential care was a last placement, which again raises the question about a placement of last resort.

More recently, What Works Centre for Children's Social Care (WWCSC) added a review of residential care to its evidence store[3]. It is based on a systematic review, including a meta-analysis (Strijbosch et al., 2015). WWCSC indicate that the evidence is limited and further exploration of the review highlights that the inclusion criteria used by Strijbosch led to the omission of any UK studies.

The review also focuses on comparisons between residential and family-based placements and concludes that better outcomes are attributable to family-based placements. However, the review does not take account of needs at entry to placement and also covers the wide age range of 4 to 17 years old. There are evident differences in the role and purpose of residential placements across such a large age range, and research by Southwell and Fraser (2010) indicated that younger children (particularly those younger than 12) were the least positive about residential placements. This raises questions about the applicability and usefulness of the review for the English context, where residential placement for children under the age of ten would be the exception rather than the norm.

3 WWCSC has created an evidence store based on the EMMIE (Effect, Mechanisms, Moderators, Implementation, Economic impact) evidence standards. The evidence store provides a dashboard view of the interventions they have reviewed to provide information about the overall effectiveness and strength of the evidence. The review for residential care is available here:
https://whatworks-csc.org.uk/evidence/evidence-store/intervention/residential-care

Hart and colleagues (2015) also highlight gaps in the evidence base in terms of 'what works' in residential care and 'for whom', with a lack of evidence that links children's characteristics with quantifiable and attributable outcomes. They also argue that the consequences of getting it wrong can be negative, both in terms of children's lives and also in terms of short and longer-term costs to society. There are also substantial gaps in the literature about the young people for whom residential care has the potential to have the greatest (positive) impact; for example, gender and ethnicity are largely used to provide a description of cohorts of young people, rather than the focus of analysis of outcomes.

So where does this leave us? Despite the evidence gaps, there are certain features and elements of residential care that are associated with a positive care experience. There are also international exemplars of good transferable practice although, of course, these need to be considered within the local context, and it is necessary to recognise the time and resources required to successfully implement new practices. There is also emerging evidence from recent innovative residential care practices and models in England and internationally.

Positive features of residential care

A range of reviews, and existing evidence, cite certain features as being attributable to good quality residential care that can be deemed to be the right placement choice, for the **right** children, at the **right** time (Hart et al, 2015; Narey, 2016). These features, however, come with caveats around the quality of the evidence, but a focus on what we do know, even where the evidence is still emerging or is tentative, will help to inform placement decisions.

A holistic approach

As detailed in Box 2, one of the core components of No Wrong Door is the integrated multi-agency team. Residential children's homes do not, and cannot, operate in isolation, and the integrated approach of No Wrong Door facilitates a holistic perspective of the needs of young people.

There is a recognition that a multi-agency team can bring a wealth of complementary skills and knowledge. It is important to recognise that some young people are not always receptive to separate mental health support and, as detailed earlier, fully integrated clinical psychologists within the No Wrong Door hubs can negate the need for a traditional, formal appointment-based approach to access mental health support. Furthermore, Ward and colleagues (2008) highlighted that young people with the most complex needs, who tend to enter care at a later age, are also the young people who are most likely to turn down mental health support, for example, via CAMHS.

Links with schools, and support via Virtual School Heads, are also vitally important for young people placed in residential children's homes. The *Virtual School Heads Handbook* (National Association of Virtual School Heads, 2018) emphasises the need for the structure of children's homes, and the potential impact of multiple carers' working rota patterns, to be recognised to best support the educational needs of young people (for further information see **https://navsh.org.uk/the-virtual-school-handbook**).

Culture of care

With the premise that residential care can be the right placement for some young people, this should be grounded in a culture of care. One of the 'provocations' that underpins No Wrong Door is 'Would this be good enough for my child?' It is a helpful consideration, with the caveat of the availability of placements. The ability and capacity of the workforce to provide good-quality care is central.

Hart and colleagues (2015) highlight that the strength of the underpinning theoretical model is, to a certain extent, redundant without a staff group who are equipped to deliver it. This premise also speaks to the growing knowledge that a shared ethos across the workforce is of more importance than the underpinning practice model (La Valle et al., 2019).

A number of studies have explored staff morale and job satisfaction within residential care in the UK. These are central to creating and supporting a positive culture of care. Mainey and Crimmens (2006) reported that residential care staff described their roles as a mix of procedural (care planning), supportive (showing concern) and supervisory (keeping order) work. They also highlighted workers' appetite for a greater focus on therapeutic work and opportunities to build and sustain relationships with family members, to support continuity of relationships beyond the placement.

Relationships

The centrality of relationships and relationship-based practice is frequently cited in the broader social work literature. Similarly, the importance of positive relationships between staff and children in residential homes, as well as peer relationships, has been highlighted (Hart et al., 2015). Although there may be barriers to this (for example, staff turnover and a lack of staff training), Schofield and colleagues (2015) reported positive examples of experiences of residential children's homes and indicated that, in some instances, children and young people highlighted their preference for a residential setting rather than family-based care. Furthermore, Schofield and colleagues cite the positive and substantial influence that caring and nurturing relationships with residential care staff can have on positive identity formation for young people.

One of the key features of No Wrong Door was to establish strong, supportive and consistent relationships for children and young people, with an emphasis placed on continuation of relationships beyond the length of stay in the residential placement (Lushey et al., 2017). In addition, No Wrong Door foster carers and supported lodgings carers work as session workers within the hubs when they do not have children placed with them, which results in greater levels of integration and consistency of relationships.

When comparisons are made between foster care and residential care, they are often couched in the language of parenting. Recognition that relationships within residential settings are different to those within fostering households is helpful, and does not necessarily mean that these differences should be negative (Holmes et al., 2018). Using the language of parenting can be complex for children and young people in placements as they will often still have relationships with their biological parents and wider family. For some young people the concept of a replacement family can leave them feeling conflicted (Ward et al., 2008).

A recent qualitative study highlighted the central, and positive, role of relationships between residential workers and children and young people (Moore et al., 2018). The concept of 'professional neutrality', and the positive impact of that neutrality, has been highlighted by Clough and colleagues (2008). They argue that the ethos of positive neutrality provides a safe environment and conditions for young people to explore relationships.

Relationships between young people within residential care are also important, although much of the evidence focuses on the negative impact of children's home environments, associating the peer groups with criminal and deviant behaviours. In a recent publication, drawing on qualitative research with young people in associated residential and foster care settings in Norway, Negård and colleagues (2020) highlight the importance of children and young people being given opportunities to co-produce experiences and stories over time. They further argue the need for these experiences to take place without being pathologised or scrutinised. Although this study focused on children in long-term placements, the premise of recognising the importance of peer relationships within residential settings and avoiding the stigmas often associated with not being part of a nuclear family remain, even for shorter-term residential placements.

Concept of home

An important question is whether the binary distinction between placement types helps or hinders debates and placement decision-making. Gere and MacDonald (2010) argue that a child's internal perception of their surroundings is perhaps more important than the placement type, which leads to the question: what do we know about residential children's homes that can support a child's sense of belonging (Holmes et al., 2018)?

The concept of **home** is well cited in the literature. For example, Berridge and colleagues (2012) emphasised the importance of the 'feel' of a home and how institutional features, such as an office, can negatively impact on the view of the placement as a home. Similarly, Thoburn (2016) described an environment in which the philosophy and characteristics of the care home aimed to build a sense of stability and belonging through the care system into adulthood, whereby young people were able to visit their children's home and seek support after they had left.

In countries with a tradition of social pedagogy, the 'feel' of the living space within children's homes is crucially important. Højlund (2011) undertook an ethnographic study in a group of homes in Denmark that aimed to establish a sense of 'hominess'. The homes tried to instil 'hominess' and also avoided the use of terms such as 'being on duty' and did not have an office within the home. If staff needed to do paperwork, they did it at the kitchen table. However, the study indicated that the young people knew it was a 'job' for the staff. Consequently, Højlund concluded that 'hominess' is perhaps an unattainable ideal, but that there are valid reasons for trying to achieve it.

The complexities associated with the implementation of the pilot programme to introduce social pedagogy into children's homes in England is referred to later in this resource. Many of these relate to the different contexts. There are, however, some social pedagogical concepts that Cameron and Maginn (2009) argue are integral to good quality residential care, and the concept of home and providing a sense of belonging.

Despite the difficulties associated with the implementation of social pedagogy as part of the pilot programme, there continue to be localised examples of social pedagogical practice – these are most evident in Scotland. A recent contribution by Gibb (2020) provides an insightful commentary on social pedagogical perspectives, and a response to the COVID-19 pandemic.

Engagement with families

Statements about working in partnership with families are present throughout children's social care policy, but little is known about how this is interpreted in practice within residential children's care. Bringing together a range of international perspectives, Whittaker and colleagues (2016) identify engagement with families as a key principle of therapeutic residential care. Boddy (2013) also argues that there is a need to go 'beyond contact' and look at ways of actively involving children's lives. There are some positive examples of ways of working constructively with families from many European countries where there are lower rates of legally enforced placements in care.

An example provided by the research of Klap (2008) in Finland is provided in Box 3. This approach is focused on rehabilitation, a concept that is also evident in Israel (Grupper & Mero-Jaffe, 2008). The approach included dynamic workshops for parents within the children's home and family days. The findings were positive: the divided loyalties previously experienced by the children were reduced; parents became more confident; and staff felt more positive about them.

Box 3: Partnership working with families – an example from Finland

A family rehabilitation centre in Finland that provides residential care for children aged 12 and over sets the following tasks for children:

- Resolve issues of maltreatment.
- Form at least one close relationship.
- Improve self-esteem.
- Make peace with their family.

Parents are actively involved in the process and work with the staff, even if there is no plan for the child to return home. They attend family meetings and are invited and encouraged to take part in recreational activities.

Further information about the Suvikumpu Family Rehabilitation Unit is available here:
www.pelastakaalapset.fi/en/our-work-in-finland/suvikumpu-family-rehabilitation-unit

Short-term placements

The use of residential placements earlier, in a targeted way to address specific needs, has also included some approaches which have focused on short-term and intensive placements. There are a range of examples of the use of short-term residential placements, many introduced by local authorities as part of the DfE Children's Social Care Innovation Programme. These are summarised in the thematic review by Rees and colleagues (2017), although they conclude that there was no conclusive or generalisable evidence of the benefits of short-term placements.

The use of residential short-term placements as a form of respite is more firmly established in countries other than the UK (Dixon et al., 2015). Given the gaps in the evidence specifically focused on residential short-term placements, there is scope to consider how other forms of placements are used to provide respite, and whether the outcomes they achieve (for example, diffusing and relieving incidences of crises) can be replicated.

The flexible and integrated approach of No Wrong Door to support children and young people in their families and in foster care suggests that the targeted short-term use of residential care can lead to positive outcomes. Furthermore, decisions related to placements made by the No Wrong Door hub manager help to support transitions between placements and reduce delays associated with decision-making processes.

Therapy or therapeutic?

The concept of a therapeutic environment or milieu is not new, and a pivotal US text about therapeutic milieu celebrated its 50th anniversary in 2019 (Trieschman et al., 1969). At the time of publication the US approach was described as unrealistic by an English reviewer, in terms of the generous staffing levels and availability of daily psychotherapy for residents. More recently, however, some of the overarching concepts, such as the environment of the home, have been recognised as important.

In the promotional materials about children's homes, many independent providers use the term 'therapeutic' without providing a definition or an explanation as to whether the placement is a therapeutic environment, or that specific therapies are offered. Unpacking these is not always straightforward and collaborative working between local authorities and providers has been cited as helping to manage some of the issues (Holmes, 2021).

Commissioners wishing to interrogate these terms might wish to utilise a standardised definition of therapeutic residential care, such as the internationally recognised definition offered by Whittaker and colleagues (2014, p. 24), where an emphasis is placed on the use of the placement in a **planned and purposeful way:**

> *Therapeutic residential care involves the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialisation, support and protection to children and youths with identified mental health or behavioural needs in partnership with their families and in collaboration with a full spectrum of community-based formal and informal helping resources.*

Local authorities might have their own definitions, or want to adapt the one offered above. Moving forward it would help the sector if regions or sub-regions use a consistent definition in their commissioning. This was a prominent discussion at a recent London Innovation and Improvement Alliance summit (see **https://liia.london**).

The evidence base for therapeutic, or treatment, residential care in the UK is sparse, with limited examples of analysis, such as studies for the Mulberry Bush therapeutic community (Gutman et al., 2018). International reviews, such as those by Lee and colleagues (2010), have shown that more specialist residential care is associated with more positive results than generic forms of residential care. A meta-analysis of 27 studies from North America, Western Europe and Australia, which focused on residential treatment programmes (Knorth et al., 2007), found that after a period in this type of setting children's psychological functioning improved, with medium and even large effect increases.

In a rare example of better outcomes from residential (treatment) as opposed to foster care, the US-based Boys Town Family Home programme[4] was found to result in lower placement change rates (in comparison with foster care) following placement and better rates of reunification (Lee et al., 2010). This research provides a useful example of the potential to attribute positive outcomes to residential care, when a commitment is made to the collection and use of high-quality, child-level data.

Using the evidence

This resource provides an overview and summary of some of the existing literature about residential placements for adolescents in care. It provides some headlines about the elements or components of residential care that are associated with positive practice and outcomes, even where that evidence might be tentative. It also recognises and positions the evidence within the current context and the complexities associated with placement sufficiency. Finally, it sets out some of the evidence gaps so these can be considered locally and regionally in any analysis to explore the potential use and role of residential children's homes for adolescents in care.

Large-scale, quasi-experimental studies and Randomised Controlled Trials (RCT) for residential care do not exist within the UK context, but there are moves in that direction; the WWCSC is at the early stages of carrying out a RCT on No Wrong Door in five local authorities[5]. However, qualitative studies, including those that focus on the views and experiences of young people, along with the international evidence and existing literature reviews, provide an indication that residential care can be a positive placement choice if it is used in the right way, at the right time.

4 Boys Town Family Model is founded on five critical elements, which are the principles that underpin their residential programmes. Further information is available here: **www.boystown.org/who-we-help/Pages/boys-town-model.aspx**

5 The protocol for the WWCSC RCT of No Wrong Door is available here: **https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_NoWrongDoor_TP_Final_V1-1.pdf**

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