



National Centre for Excellence in Residential Child Care

A Children's Homes Information and Evidence Factchecker document

NCERCC - independent experts in Residential Child Care and its planning.

NCERCC - independent of governments, local authorities and providers.

NCERCC are experienced knowledgeable informed expert with decades of experience in children's social care theory and practice, policy and research

Birmingham University Becoming evidence informed about residential care

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Explaining this CHIEF document

This quick review of the report presents Birmingham university words in italics and comments in ordinary font. There will be much that has been missed or that requires further attention. No page numbers are given; navigate by extract from the report. Important aspects and section headings are given in bold.

Evaluation: A very useful document

Comment: Required reading by all interested parties employed by government, local authority, private or vol orgs.

Readers will find some of the best summations of 'where things are at'.

A valuable section for the sector to read pages 24 - 35

6.4 Recommendations - A valuable section for the sector to read Pages 36-45

Useful to be read outside of AfC by all providers. It is universally applicable.

Useful for Regulation 45, by Regulation 44 visitors, by RIs.

Should be read by all prospective investors – government, local authority, private or vol orgs.

Ideal for foundation to a training day or conference

[Becoming evidence informed about residential care.pdf](#)

(Note: NCERCC preference is for fullest title of Residential Child Care).

The report's latter stages are especially valuable. The questions posed early in the report are addressed by NCERCC as they were seen as needing prompt responses and so establish a wider informed foundation for readers of the document.

Addressing issues raised early

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

What is the value that is being sought? Defining value is important. Is it alleviation of needs, healing, resolving? The image in the researchers mind determines the evaluation being made, as it does for anyone.

Need to look before – how is the need for and provision of RCC created?

What accounts for the rising demand? What is failing in community and family services?

What accounts for the poor outcomes? The commonly made attribution needs to highlight the contribution made by the services before that frequently compound the unmet needs and raise other co-occurring ones. Necessarily it is not only necessarily the final placement that we need to be studying.

Comparing family and group care is like doing so for apples and steel.

Appropriateness requires deep understanding of needs and provision and a social work/ psychology workforce able to discern, honed knowledge by experience. Currently we do not have this available for the children with higher level co-occurring needs. This leads to their misunderstanding and lesser response to the higher level needs of the children, they are frequently receiving community services until mid teens, none have met the needs and they have matured and been added to, a 'last resort' residential placement, seen as expensive which precludes the intensive investment needed, and a resulting product is a generalised thin and narrow provision. We do not assess correctly, and we do not have the provision the needs demand.

It will be interesting to see how the question of 'which RCC' is addressed.

Also of interest will be to read how the reputational damage that vol orgs felt and led to their exit from RCC some decades ago is considered. Is it to be that lesser needs are to be the focus for the vol orgs? If so it begs the question as to who and where will meet higher needs.

Evidence should be a guide to answering these strategic questions about care, its distinctive impact, and what makes for the best quality provision.... 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.

Evidence is thin and needs to be treated with caution. What is the definition of evidence? There is evidence decades old, but not researched, and informed by experience. The importance of 'know how' has to be included. As does the time frame for the development of performing RCC. It is not a question of setting it up and it will perform. RCC is both a science and an art and a craft, and it takes seasoned people to be able to integrate all of these.

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 approach has potential.

Caution: Translating from international RCC may give insights as to the importance context plays in determining what is RCC and how it operates. RCC is a social construction. It is not the same in all contexts.

2.2 Thematic review of central Government policy

It will be interesting to see how this is evaluated. It is generally seen as having been negatively perceived and this has determined the outcome, and provided obstacles to children having their needs met. The question of 'policy based evidence' (rather than evidence based policy) needs to be considered as a serious impediment to a balanced evaluation of RCC. To be clear NCERCC considered the former is obvious and apparent in the case of the Care Review and CWB+.

2.3 Interviews and observations with Action for Children staff

Needs to be wider and more extensive. A feature of RCC research is the small samples making conclusions tentative for generalisation.

2.4 Qualitative work with children and young people

Two homes is a small sample.

Photo walk

Useful and can be added to by others who have done similar activities.

..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

Indeed

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.

It is salutary to read the acknowledgement of lack of preventative services.

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

Indeed.

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.

Good summary

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

Attribution operative here? RCC is a safe container for the needs of the children to be seen whereas in other contexts/placements they were seen differently.

The Gutterswijk reference has been strongly contested.

Though therapeutic residential care may have broadly agreed meaning², 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.

The definition taken is contested. It is used by the international academics. In England it is seen as a definition describing 'treatment' not 'therapeutic', hence the Bellonci quote. The interventions that are used elsewhere have been tried in England but with no greater outcomes than other eg MDTFCE.

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.

Agreed.

...debate 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)

It has been observed (Harno and Kemp) that the programme has need not to be followed for some children and some time to meet a need that has proven valuable. Hence that latter may be a better direction to follow.

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 8 Becoming evidence informed about residential care by accumulating evidential weight around particular positions and approaches.

Might it not be that diversity is required and to narrow to some programmatic services, needs being made compliant, yet again deprive children of the response that meets the need creatively? Diversity is viewed seemingly perjoratively by some researchers e.g.

inconsistency about how practice is conceptualised, an emphasis on 'theory-building', and discussion about the broad shape of residential care (Bastiaanssen et al., 2012).

"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 being the case why is the NCERCC review of RCC research not included and the NCB Highlight of What works in RCC included in the references?

"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 Becoming evidence informed about residential care 9 well understood, which further complicates the process of measuring positive change" (Parry et al., 2021, p. 994)

Agreed.

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).

Agreed. Also it undermines the claims for other family-based services!

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.

Agreed.

it is important to note that the evidential support for a diagnosis and intervention-focused approach is even less robust.

Indeed and agreed.

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.

Good formulation.

Quality of organisational setting

"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.

An accurate summary of findings over decades.

Summary page 16-17 Good.

The perceived role of children's homes

Good

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

Lacks clarity. Maybe because of the content of the subject matter

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).

It is not a market.

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.

This has been stated for decades. What are the factors that inhibits governments?

A valuable section for the sector to read pages 24 - 35

Primary Data Collection

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.

Summary of findings and recommendations

Another iteration of findings. These are things we know. How is that they do not get known by governments?

6.4 Recommendations - A valuable section for the sector to read

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