



Department
for Education

Defining the purpose of residential care

Dialogue – South-West RI network
meeting

Department for Education

March 2026

Key Facts



- There are currently 9,480 children placed in open and secure children's homes (12% of care population), compared to 54,820 foster care (67%).
- 56% of children who experienced residential care had previously been in foster placements, suggesting foster placement breakdown.
- Only 25% of children in children's homes go on to a subsequent foster care placement, whilst 45% go on to another children's homes placement and others into other residential settings, residential health or kinship arrangements (Foundations, 2022). This suggests more should be done to support step-down to family settings.

Background and scope



Background

- We want to **keep families together wherever possible**. That is why we are significantly investing in earlier intensive help through Families First Partnerships and enhancing kinship arrangements to enable more children to stay with their wider family network. Where children cannot remain with their families, and their **needs can be met in a family setting, they should be placed in foster care** – and we have recently published plans to provide 10,000 more foster places. Residential care still plays a crucial role - some children face **repeated foster placement breakdowns or escalating needs** without the right support.
- There is currently a **lack of a clearly articulated purpose for residential care** within the wider care system - who it serves, when to use it, and why – contributing to residential care being used as a placement of last resort and to fill gaps in foster care sufficiency.
- We know that there are many examples of excellent residential care, and we want this to continue. Our long-term aim is for residential care to be **purposeful, of consistently high quality** and to work alongside a sufficient number of quality foster placements. With fostering sufficiency work underway, we must clarify residential care's role, and which children could benefit most from it.
- Defining the role of residential care in the wider system is a ministerial priority, as it will **inform policy development** around placement planning, children's homes workforce, and market shaping. We will be commissioning an expert-led review of professional development for the children's homes workforce. The review will define high quality care and the knowledge and skills staff require to deliver it.
- We would like to use this session to gain input around what residential care means to you.

Scope

- Overall, we aim to define the purpose of all residential care types, including secure children's homes, supported accommodation and provision for children with complex needs. However, as these are already better understood, the **current session will focus on open children's homes** and the cohorts they are best designed to support.

Project Objectives



To define the purpose of residential care, we will:

- Synthesise evidence on what constitutes high-quality, therapeutic residential care.
- Consider what a residential placement could offer children for whom foster care isn't suitable or available and how it could support future step-down into fostering, re-unification or transition into adulthood.
- Assess whether other indicators suggest a residential placement is the best option for a child's holistic needs, including on a shorter- or longer-term basis.
- Identify what constitutes good outcomes for children in residential care.

Once we have better defined the purpose of residential care this will go on to inform how we can support improvements to care planning and children receiving the right care at the right time for them.

Synthesis of existing research



Prior to entering residential care, children have on average 2.2 placements and a substantial proportion experience many more – 7% of children have 4 placements and 16% have 5-9 placements before moving to a residential setting (Foundations, 2022). Children often enter children's homes due to some form of interruption with their previous care, of which 41% were foster breakdowns. The most common risks that led to a child moving to a children's home were child sexual exploitation, going missing, criminal exploitation and staff/ foster carers unable to manage behavioural needs (Ofsted, 2022).

Research suggests that residential care should be seen as part of a 'continuum of care', and part of a system that identifies the right care placement at the right time. It should not be framed as a 'last resort' (DfE research report, 2015).

High quality residential care includes therapeutic care models (Whittaker et al, 2016), and a multisystemic approach to providing care (as emulated through the No Wrong Door model).



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Discussion statements

“Children’s homes should operate as part of a continuum of care rather than a ‘last resort’ placement option”

- By ‘continuum of care’, we mean that a child’s needs are regularly assessed and monitored in order to flexibly provide a child with the right services, for example a residential placement, at the right time.
- Sub questions:
 - How do we determine that residential care may be the best option for a child based on their needs and at that point of their care journey?
 - Can/ should residential care be used as a first choice placement in the right circumstances? What might the circumstances be and how do we assess this before placement breakdown?

“The greater and more complex a child’s need, the more likely they are to require residential care”

Sub questions

- Can children with high levels of need be cared for in foster care? If yes, what might distinguish a child that needed residential from a child that could be cared for by a foster family?
- Is it the "level" of need or the "type" of need that is important? And what "types" of need are best catered for in residential?
- Are there factors that are not about needs that would factor into a decision to place in residential – for example location, sibling unification?

“An aim of all children’s homes should be to support step-down into foster care”

Sub-questions

- What does effective support to step-down to fostering look like?
- How much should foster carers be supported by the residential care sector?
- What might indicate that a child is in the position to step down to foster?
- Do children’s homes and the prospective foster family need to work together to facilitate a smooth transition?
- Can children’s homes support ‘step down’ to reunification in the same way?

“A child’s stay in a residential setting should always be time-bound”

“Staff working in residential care should support every child to have enduring relationships with people who care about them as a core part of their role”

“High-quality residential care utilises specialist, multi-systemic practitioners to support children's physical, emotional and mental health need”

Sub questions:

- Is it too much to expect children's homes staff to provide more specialist support around their day-to-day role?
- Is there specific training that all staff should have?
- Is there benefit to having in-house specialists vs using external services?
- What external input do you receive to deliver care in your homes?

“Outcomes around educational attainment, employment and convictions are sufficient in measuring how successful a residential placement has been”

Sub questions

- What in your view constitutes good outcomes for children leaving residential care?
- Is it ever fair to compare residential outcomes to outcomes of the wider care population?
- How can outcomes from residential care be more fairly measured?

“Residential care should be reserved for children aged 13 and over”

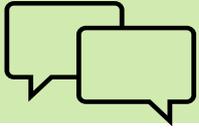
Sub questions

- The residential care population is generally older than the overall CLA population. What do you think drives this?
- What needs are more prevalent in older children?
- In what instances might residential care be appropriate for younger children?
- Should homes aim to accommodate a range of age groups? Are there any challenges associated with this?

“A child not wanting to live in a foster family is a valid reason to place them in residential care”

Sub questions:

- For what reasons might a child not want to/ not feel comfortable in a foster setting?
- How can residential respond to these children's experiences/ trauma?



Discussion: What are your thoughts on our **draft** purpose statement? Do you think anything is missing?

“Residential care in a children’s home should be a specialist component of the care system, designed to meet the needs of children that have, or are likely to, experience significant challenges or instability within family-based settings. Its purpose should be to provide a safe, stable, and therapeutic environment for children with complex emotional, behavioural, or health needs - often older children and to avoid multiple placement breakdowns.

Residential care in a children’s home should operate within a continuum of care, complementing fostering and supported accommodation. In most instances, it should be used as a planned intervention that supports step-down to family-based care, rather than being used as a last resort. High-quality provision is characterised by:

- *Integrated, multi-agency support*
- *Skilled, well-supported staff delivering relationship-based care*
- *A nurturing, family-like environment that promotes stability, enduring relationships, and prepares children for future transitions or independence.*

Residential care should play a critical role in improving outcomes and preparing children looked after for successful adult life by ensuring the right support at the right time, supported by robust assessment, proactive planning, and alignment with wider care planning strategies.”