University of Sunderland

Investigating the demand on the children's home accommodation provided for the looked after population in Sunderland City

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Executive summary

Together for Children (TfC) was established in 2017 and was commissioned by Sunderland City Council to deliver holistic services to children, young people and families (TfC, 2021). The aim of this research project was to investigate the demand on the children's home accommodation provided for the looked after population in Sunderland City. TfC has five residential care homes with Ofsted ratings ranging from 'good' to 'outstanding' in their accommodation portfolio. This evaluative research was undertaken as part of the Transformation Strategy programme for 2015-2020 (TfC, 2019) across their services that included children's homes. The research was funded by the DfE and commissioned by TfC, to ensure there is sufficient accommodation for children who are cared for or on the edge of care in Sunderland as part of their Sufficiency Duty (Children Act, 1989, s.22).

Nationally, children's social care faces increasing and significant financial pressures. The DfE (2021a) reported total spending on children services at £10.5 billion in 2019/20, leaving LAs little to no budget to improve services. Considering this, it is expected that children's social care could encounter a £3 billion funding gap by 2025 if trying to maintain the current level of support (Local Government Association, 2019). The National Audit Office reported that, although LA spending power slightly increased in 2020/21, it was over 26.3% lower in real terms than in 2010/11 (National Audit Office and Ministry of Housing, Communities and Local Government, 2021). While there are significant burdens on LAs, it is important to keep in mind the real cost of providing care, which includes the impact on life outcomes for those cared for (MacAlister, 2021).

For this study, three administrative datasets - the 'Children Looked After (903) Return', 'Foster Care Return' and 'School census' – were analysed for the years 2018 and 2019, together with capacity and financial data regarding children's home provision provided by TfC. 2018-2019 data was used rather than more recent data to avoid the risk of skewed data due to the COVID-19 pandemic. The key data source was the "episode" file, held as part of the return, which sequentially listed all episodes of care with start and end dates, and data extracted from this file was cross-linked with the other data sources to provide a complete picture for each child looked after; in particular, detail for those within children's home accommodation.

This analysis reveals that the current administrative data held is not sufficient to produce an explanatory model of the demand and capacity of children's home provision. However, it does reveal that the system is permanently highly utilised with more children requiring placement outside of the Sunderland LA area than within during each week studied. This appears to be partly due to an overall lack of capacity or more specifically the use of existing capacity by long stay or permanent residents, irrespective of there being notional capacity in the fostering system to accommodate many of these children. From the data provided, it is not possible to determine any differences between "long-stay" children and those who quickly move on, nor any meaningful differences between those placed within as opposed to out of area. The reasons for the dataset being unable to reveal differences lie partly in the nature of the data recorded including: data at episode and foster household level being insufficiently child-centred, statutory coding not sufficiently detailed to show the "real" reasons for differences between children and, for many cases data is not recorded with regard to educational needs. Some of the datasets are recorded at set census points; this static data collection does not reflect the dynamic complexity of the situation or allow many firm conclusions to be drawn. In addition to drawing attention to the issue of long-stay or 'unplaceable' children creating static high levels of demand within the children's home system, the report also notes that the current pool of foster carers is dominated by an elderly and aging group, which may have significant consequences for the capacity to provide care for children in future.

Recommendations

Recommendation 1: To investigate the reasons for gaps in the in the administrative data returns for children in residential children's homes. For example, primary and secondary type of SEN (school census), episodes of care and health checks (Children Looked After (903)).

Recommendation 2: To carry out a qualitative study (that includes the child's voice) to determine if, how and when the holistic needs and circumstances of children in children's homes have been assessed and identified, as this data is not captured sufficiently in administrative data returns.

Recommendation 3: To review systems and processes for deciding the type of accommodation for cared for children. Consider the use of a decision-making panel to determine the most suitable placement, based on the holistic needs and circumstances of the child.

Recommendation 4: To evaluate the effectiveness of review processes for children living in long term residential care to determine if each child's accommodation is appropriately suited to their holistic needs.

Recommendation 5: To determine the barriers to children in long term residential care moving to other accommodation. For example, unsuccessful attempts at early intervention, insufficient or unsuitable foster carers, complexity of need, or the right accommodation for them given their needs and circumstances.

Recommendation 6: To reduce the reliance on external children's home placements, by both freeing up capacity in existing children's homes and exploring other cared for options; adding new capacity if required.

Recommendation 7: To monitor Ofsted judgements on both internally and externally commissioned children's homes, to determine if they are providing value for money in terms of outcomes for individual children.

National recommendation: To improve the administrative dataset capture, to ensure they include relevant information to support LAs in better understanding the holistic needs of their cared for population, and to consider more dynamic and timely data capture to allow a better understanding of flow and demand across time. For example, in the Children Looked After (903) data return, the code CARPL, 'change in line with care plan', offers no detail on what the change was.

Background

In England, the number of new children's homes continues to rise, with an 11% increase in the number of homes and an 8% rise in the number of places in March 2021, compared with March 2020 (DfE, 2021b). Since 2009/10, there has been a 34% increase in the number of children placed in children's homes in England (DfE, 2021c). There is a longstanding trend illustrating that the need for new places in homes is rising faster than new occupancy availability is being created (ibid). The types of placements in Sunderland (2020) were as follows:

Table 1. Types of care placements in Sunderland

Type of placement	Number of children	Percentage of total
Together for Children Sunderland foster carers	254	42.69%
Connected carers	64	10.76%
Independent fostering agencies (IFAs)	92	15.46%
Adoption placements	13	2.18%
Supported accommodation	36	6.05%
TfC residential children's homes	23	3.87%
Externally commissioned residential placements	44	7.39%
At home	36	6.05%
Hospital or secure unit	1	0.17%

(Together for Children, 2020, p.6)

Due to concerns about placement shortage for cared for children and the prohibitive costs paid by Local Authorities for placements, The Competition and Markets Authority (2021) carried out a market study to examine the supply of social care placements in England, Scotland and Wales. The interim findings raise concerns that there are insufficient appropriate places to ensure that accommodation fully meets the needs of children and young people (CYP). Similarly, the independent review of children's social care interim report, the 'case for change' (MacAlister, 2021), highlighted that the challenges in the children's home market and increasing number of children placed in these homes places a dominant strain on local authority budgets. They add, 'it is important that decisions about where a child lives are based on what is right for them' (p. 63). The fact is that there is more demand than supply, so consequently the price charged by providers increases (Holmes, 2021).

Numerous studies have pointed to the detrimental impact on children in long-stay care with regard to educational difficulties experienced (Cook, 1994; Jackson, 2001; Harker et al., 2004; Courtney and Dworsky, 2006; Berridge, 2008; Fernandez, 2008; Sebba et al., 2015; López and Del Valle, 2015), lower levels of qualifications and challenges accessing employment (Biehal et al., 1995; Reilly, 2003; Miller and Porter, 2007; Del Valle et al., 2008; Sala et al., 2009). Studies have noted significant factors precipitating long-stays in residential care such as complex and psycho-social challenges by children's former caregivers (Del Valle et al., 2009; López and del Valle, 2015; Devaney, 2009). However, for some children, residential care gives them the best chance of positive outcomes and a route to permanence (Holmes et al., 2018). Narey (2016) offers a care leaver's perspective:

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.

Special thanks

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Glossary of acronyms

Acronym	Definition
CYP	Children and Young People
CiN	Children in Need
DfE	Department for Education
DPIA	Data Privacy Impact Assessment
GDPR	General Data Protection Regulation
HM	Her Majesty's
JASP	Jeffrey's Amazing Statistical Program
LAC	Looked After Children
Ofsted	Office for Standards in Education
RO	Research objectives
RQ	Research questions
SDQ	Strengths and difficulties questionnaire
SEN	Special Educational Need
SEND	Special Educational Need and/or Disability
SPSS	Statistical Package for the Social Sciences
TfC	Together for Children
UoS	University of Sunderland
UASC	Unaccompanied asylum-seeking children

Definitions

Term	Definition
Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children (HM Government, 2018, p. 102).
Adoption	The legal process of a child becoming a permanent member of a new family. Once an adoption order has been made, the child is no longer legally related to their birth family. Legal parenthood, which encompasses all parental rights, passes to the adopter. This can only happen if a court orders it (MacAlister, 2021).
Care order	An order granted by a court under section 31 of the Children Act 1989, placing a child in the care of a local authority. This requires the local authority to provide accommodation for the child, to maintain and safeguard them, to promote their welfare and to act in accordance with the other welfare responsibilities set out in the Children Act 1989. It gives the local authority parental responsibility for the child (MacAlister, 2021).
Child	Anyone who has not yet reached their 18th birthday.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm (HM Government, 2018, p. 102).
Child sexual exploitation	Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they're given things like gifts, drugs, money, status and affection, in exchange for performing sexual activities (NSPCC, 2020).
Children in Need	Is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker.
Emergency protection order	An EPO, made by the court, gives authority to remove a child and places them under the protection of the applicant (HM Government, 2018, p. 33).
Emotional abuse	Emotional abuse is any type of abuse that involves the continual emotional mistreatment of a child. It's sometimes called psychological abuse. Emotional abuse can involve deliberately trying to scare, humiliate, isolate or ignore a child (NSPCC, 2020).
Harm	Harm is defined under the Children Act 1989 to include ill treatment or impairment of health or development.
Looked-after Children	A child who is looked after by a local authority (referred to as a looked-after child), as defined in section 22 of the Children Act 1989, means a child (0-18 years of age) who is subject to a care order (or an interim care order), or who is accommodated by the local authority (Children Act 1989).
Neglect	Neglect is the ongoing failure to meet a child's basic needs and is the most common form of child abuse (NSPCC, 2020).

Definitions continued

Term	Definition
Permanence	Within children's services, the term permanence is used to describe the emotional, physical and legal conditions that give looked after children a sense of security and continuity in their placements (Thomas, 2013).
Physical abuse	A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child (HM Government, 2018, p. 102).
Previously looked-after children	Children who are no longer looked after by a local authority in England and Wales (as defined by the Children Act 1989) because they are the subject of an adoption, special guardianship or child arrangements order; or; were adopted from 'state care' outside England and Wales. 'State care' is care provided by a public authority, a religious organisation, or any other organisation whose sole or main purpose is to benefit society (DfE, 2018).
Non-looked after child	A child who has not been looked after continuously for 12 months as at the 31 March census date. This will include both children who have never been looked after and also those who have been looked after but who have not met the 12 months criteria (DfE, 2020a). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/885676/CLA_Statistics_Guide_Version_1.5.pdf.
Sexual abuse	When a child or young person is sexually abused, they are forced or tricked into sexual activities.
Special guardianship order	An order appointing one or more individuals to be a child's 'special guardian'. It is a private law order made under the Children Act 1989 and is intended for children who cannot live with their birth parents and who would benefit from a legally secure placement (MacAlister, 2021).

Technical glossary

Term	Definition
ANOVA test	The statistical test of difference where there are more than two groups
Chi-square test	The statistical measure of association between categorical variables
Cohen's d	A standard measure of the effect size of a difference expressed as a proportion of the pooled standard deviation of both groups
Confidence interval	95% CI means that there is a 95% chance that a value from the sample will fall between two specific minimum and maximum values
Episode of care	A single period of care as enumerated in the 903 return "Episode file"
Fisher's exact	Method of calculating probability values for association in a 2x2 table
Mann-Whitney Test	The test of difference between two independent groups where the data is nonparametric
Mean	The arithmetic average of the numbers
Median	The midpoint of a frequency distribution
Mode	The commonest value in a frequency distribution
Monte Carlo simulation	A method of computationally estimating probability values for non-parametric statistic tests where datasets are large
Standard deviation	The average variability of values within a dataset
Statistical significance	Within the frequentist tradition, the concept that probability relates to the finding not being simply due to chance. In this report, the standard alpha level of $p<.05$ is used throughout as the threshold of significance
Tukey post-hoc testing	The method of correcting significance values where multiple tests are done to follow up ANOVA, to prevent inflated type 1 error rates
Welch's T test	A version of the statistical test to compare two independent groups where the Welch-Scatterthwaite correction is applied to the student t-test to correct for differences in variability and group size.

Method

This research used secondary data held by Together for Children (TfC) (see appendix 1 for requested administrative dataset and variables). It included information on the demography of the cared for children population, such as their residential status, basic health information and whether they have been identified as having Special Educational Needs and/or Disability (SEND). This information was extracted from statutory censuses: 'Children Looked After', 'Foster Care Return' and 'School census'. The research also analysed performance and financial information on the cared for population and the accommodation options provided by TfC and external authorities.

The aim of the research project was to 'investigate the nature and appropriateness of internal and external accommodation provided for the looked after population in Sunderland City'. The research objectives and research questions are shown in Table 2.

Table 2. Research objectives aligned to the research questions

Research objectives (RO)	Research questions (RQ)
RO1. To identify and quantify all internal and external residential provisions commissioned by TfC and Sunderland City Council.	RQ1. What is the historical and current cared for children demand/ population in Sunderland? RQ2. What are the current internal and external accommodation options available to meet the current demand?
RO2. To evaluate whether TfC's accommodation portfolio meets the historic and present demand for accommodation for looked after children.	RQ3. Do the current accommodation options/types of care currently in place meet the current demand? RQ4. Does TfC have the right provision in place given the types of demand? RQ5. Do the current accommodation options assist in reducing the number of cared for children and reduce potential placement instability?
RO3. To examine the range of provisions children and young people access to determine pressure points of placement instability	RQ6. How can understanding the movement and needs of cared for children impact on the demand for and improve the outcomes for children?
RO4. To identify trends in demands of accommodation services for looked after children and young people.	
RO5. To identify key demand indicators from performance and administrative data and use these to forecast demand on services.	RQ7. How does data held (performance/finance) help TfC to reduce the number of cared for children and potential placement instability? RQ8. What are the proxy signals around supply/demand management?
RO6. To investigate demand and flow models that can be applied to children's residential services - priority.	RQ9. Is it possible to create a supply-demand flow model with the data available?

Ethics

The research ethics application was approved by the University of Sunderland Ethics Committee in June 2020 (ref. 006852). As the research used secondary sourced data, consent from primary sources, such as children, was not required. Instead, consent was sought via TfC as the data controller. As the types of data requested from TfC included personal data and special category data of children, a data protection impact assessment or DPIA was carried out as a requirement under Article 35(3)(b) of the General Data Protection Regulation (General Data Protection Regulation, 2018).

As part of the Data Privacy Impact Assessment, the research team carefully considered the variables required to analyse and meet the objectives of research. Only necessary and up-to-date variables were requested (see appendix 1), and immediately identifiable information was not requested. The data was shared by TfC via a secure Microsoft Teams channel, where it was uploaded to the University of Sunderland OneDrive services in Microsoft 365, which is protected by the institutional agreement for data protection in the UK. The data was only accessible to the research team and IT administrators. Administrative information related to the ethics application for this project, DPIA and Data Management Plan will be retained for 10 years in line with the Retention Schedule for the University of Sunderland (UoS) Ethics Committee Records (UoS, 2013).

Participants/data

The data requested from TfC included excerpts from three statutory censuses, residential performance data and financial information. An example of the some of the variables requested from each dataset is given in Table 3. Data was provided for the years 2018 and 2019 in the form of the 903 dataset and the foster care return. The 903 dataset included: header information (details of each child), episode information (details of each episode of care arranged chronologically), details of unaccompanied asylum-seeking children (UASC), adoption data (AD1), details of children who should/should no longer be placed for adoption, details of return to care from previous arrangement and details of children missing from care. For those children who had been continuously in care for 12 months at 31 March, the annual census of children cared for more than 12 months (OC2 data) was included, and for those leaving care the details of children leaving care (OC3) data was provided.

Analysis was performed at both the level of episode of care (as listed in the episode file), and child and details of the numbers of each of these are given in the results section.

Table 3. Excerpts of data requested from three statutory censuses held by Together for Children

'Looked after Children'	'Foster Care Return'	'School Census'
Age	Number of foster carers in household	Primary and secondary identified special educational need and/or disability (SEND)
Gender	Number of children in placements	
Ethnicity	Number of vacant placements	
Legal status	Fostering experience	
Category of need	Number of incidents of physical restraint	
Residential status		
Adoption information		
Health check information		
Hospital or secure unit		
Health check information		

Source: DfE (2019; 2020b); Ofsted (2019).

Data analysis

Data preparation, manipulation and analysis were performed in Microsoft Excel, SPSS v27.0, JASP v0.16.1 and using bespoke scripts written using Visual Studio 2022 by the authors. Throughout, a frequentist approach was taken with statistical significance taken at the standard alpha level of $p = .05$ i.e. probabilities reported below this level are deemed significant and the findings considered unlikely to be due to chance. Findings are reported in terms of categorical frequencies and measures of central tendency (means, medians and modes as appropriate), together with measures of dispersion (standard deviation, range) and precision (95% Confidence Intervals). Associations between categorical variables were evaluated using the Pearson chi-squared test, with probability calculated exactly using Fisher's exact method for 2x2 tables and estimated using a Monte-Carlo estimation technique (100,000 samples) for larger tables. For numerical variables, differences between groups were evaluated using the Welch corrected version of the student t-test (where parametric) and the Mann-Whitney test (where non-parametric), and using ANOVA in cases of more than two groups. Correction for repeated testing in post-hoc analysis of more than two groups was performed using the Tukey test. Where appropriate, effect sizes of group differences are expressed in standard format using Cohen's d.

Results

The following section presents an analysis of the placements and episodes of care extracted from the data provided. Most of the data extracted is from elements of the Looked After Children (903) return but, where possible, child identifiers were linked to the school census and data on primary and secondary needs. An episode of care for this report is one continuous period of being looked after as determined by an entry in the 903 return "episodes" file, and each of these were cross-linked to the child-level data held in the other data sources provided. Episodes from across 2018 and 2019 were merged to analyse the two periods as one time interval. An analysis of the foster care return is provided following this analysis.

Looked after Children (903) return

From 31st March 2018 to 31st March 2019, analysis of the Looked After Children (903) return shows a total of 1707 episodes of care covering a total of 927 children. The mean number of episodes per child is 1.84 (95% C.I. (confidence interval) 1.77 – 19.90), with a median and modal value of 1, suggesting most children have one episode with a relatively small number of children requiring repeated episodes (see Table 4).

Table 4. Episodes of care* per child in the 2018-2019 period

Number of episodes	Number of children	Percentage
1	478	51.6
2	232	25.1
3	145	15.6
4	40	4.3
5	24	2.6
6	6	0.6
7	2	0.2
Total	**927**	**100.0**

*An episode of care is one entry in the 903 return "episodes" files for 2018 and 2019. Where the same episode occurs in both files (i.e. began before or ended after the year in question), these episodes were merged to form one longer episode

The Children Looked After (903) category of 'need per episode of care' is broken down into eight areas of 'Need' (see table 5). Need categories are unequal; N1 and N5 are significantly more frequent than anticipated, with the remaining categories notably less frequent ($\chi 2(6) = 2457.5, p<.001$ [Monte Carlo 100,000 simulations]).

Table 5. Category of need code recorded per episode of care

Category of need	Number of episodes	Percentage
N1 Abuse or Neglect	776	45.5
N2 Child's Disability	14	0.8
N3 Parental illness/Disability	27	1.6
N4 Family in acute stress	181	10.6
N5 Family Dysfunction	611	35.8
N6 Socially Unacceptable Behaviour	77	4.5
N7 Low Income	0	0
N8 Absent Parenting	21	1.2
Total	**1701**	**100.0**

Legal status by episode of care is illustrated in Table 6. Reasons C1, C2 and V2 are notably more frequent than other reasons ($\chi 2(5) = 1168.3, p<.001$ [Monte Carlo 100,000 simulations]).

Table 6. Legal status by episode of care

Legal status	Number of episodes	Percentage
C1 Interim Care Order	488	28.5
C2 Full Care Order	483	28.4
E1 Placement Order Granted	126	7.4
L1 Under Police Protection	35	2.1
V2 Single period under s20	574	33.6
V4 Series of agreed breaks	1	<0.1
Total	**1701**	**100.0**

Types of placement per episode are shown in Table 7 and placement provider in Table 8. The majority of episodes of care involve some form of fostering (1,199 (70.2%) episodes, 59 children were placed for adoption (3.5% episodes), while 125 episodes involved a category K2 children's home (7.3% episodes). Sunderland LA was the responsible placement provider for 65.4% of episodes followed by private provision (14.2% episodes).

Table 7. Type of placement per episode of care

Legal status	Number of episodes	Percentage
A4 Placed for adoption	3	0.2
A5 placed for adoption (foster carers)	7	0.4
A6 Placed for adoption (not current foster carers)	49	2.9
H5 Semi-independent living	89	5.2
K1 Secure Children's Home	7	0.4
K2 Children's Home	125	7.3
P1 Placed own parents	84	4.9
P2 Independent living	24	1.4
R2 NHS	37	2.2
R3 Family centre	1	<0.1
S1 Residential School	1	<0.1
U1 Foster placement – relative /friend. Long term	1	< 0.1
U3 Fostering with relative / friend	418	24.5
U4 Fostering other foster carer long term	53	3.1
U5 Fostering with other – fostering for adoption	15	0.9
U6 Fostering with other – not fostering for adoption	712	41.7
Z1 Other	81	4.7
Total	**1701**	**100.0**

Table 8. Placement provider by episode of care

Placement provider	Number of episodes	Percentage
PR0 Parents / parental authority	84	4.9
PR1 Own provision	1116	65.4
PR2 Other LA provision	16	0.9
PR3 Other public provision	97	5.7
PR4 Private Provision	243	14.2
PR5 Voluntary / 3rd sector provision	70	4.1
Missing Data	81	4.7
Total	**1707**	**100.0**

Of the 927 children, there were 493 (53.2%) male and 434 (46.8%) female; 859 (92.7%) were recorded as white British, 18 (2%) as white Irish or other, 10 (1.1%) as mixed other, with all other ethnicities recorded at very low frequencies.

The reasons for the start of this episode of care are recorded in 607 (35.6%) cases, as shown in Table 9 with data missing for 1100 episodes (64.4%).

Table 9. Reason given for the start of this episode of care

Code/description	Number of episodes	Percent
ALLEG Allegation	3	0.2
APPRR Approval Removed	51	3.0
CARPL Change to implementation of care plan	398	23.3
CHILD at child's request	15	0.9
CREQB Change at carer's request - behaviour	57	3.3
CREQO Change at carer's request - other	14	0.8
LAREQ LA requests placement end	2	0.1
OTHER	2	0.1
PLACE change in status of placement only	59	3.5
STAND Standard of care concern	6	0.4
Missing Data	1100	64.4
Total	**1707**	**100.0**

There is no significant association between the reason for start of care episode and need code ($\chi 2(54) = 70.3$, $p=.07$ [Monte Carlo 100,000 simulations]). There is a significant association between the reason for starting care and placement provider ($\chi 2(60) = 139.9$, $p=.002$ [Monte Carlo 100,000 simulations], though it is worth noting that many of the expected frequencies here are <5, reducing the reliability of this finding), which appears to be strongly driven by placements provided by Sunderland LA being associated with the code CARPL – change to implementation of care plan.

Where episodes of care are recorded as ending during the 2018-2019 period (1111 episodes – 65.1%) the reasons given are shown in Table 10.

Table 10. Reason for end of episode of care

Reason for end of episode of care	Number	Percentage
E11 Adopted (unopposed)	3	0.3
E12 Adopted (consent by court)	34	3.1
E13 Left care	78	7.0
E3 Care to another LA	3	0.3
E41 Residence Order	43	3.9
E45 Special Guardianship order (relative former fosterer)	33	3.0
E46 Special Guardianship order (other former fosterer)	1	0.1
E47 Special Guardianship order (relative not former fosterer)	25	2.3
E4A Returned home (part of care plan)	80	7.2
E4B Returned home (not part of care plan)	7	0.6
E5 Independent Living – with support	38	3.4
E6 Independent Living – no support	6	0.5
E7 Residential Care adult Social Services	1	0.1
X1 Episode end, new start, any reason.	759	68.3
Total	**1111**	**100.0**

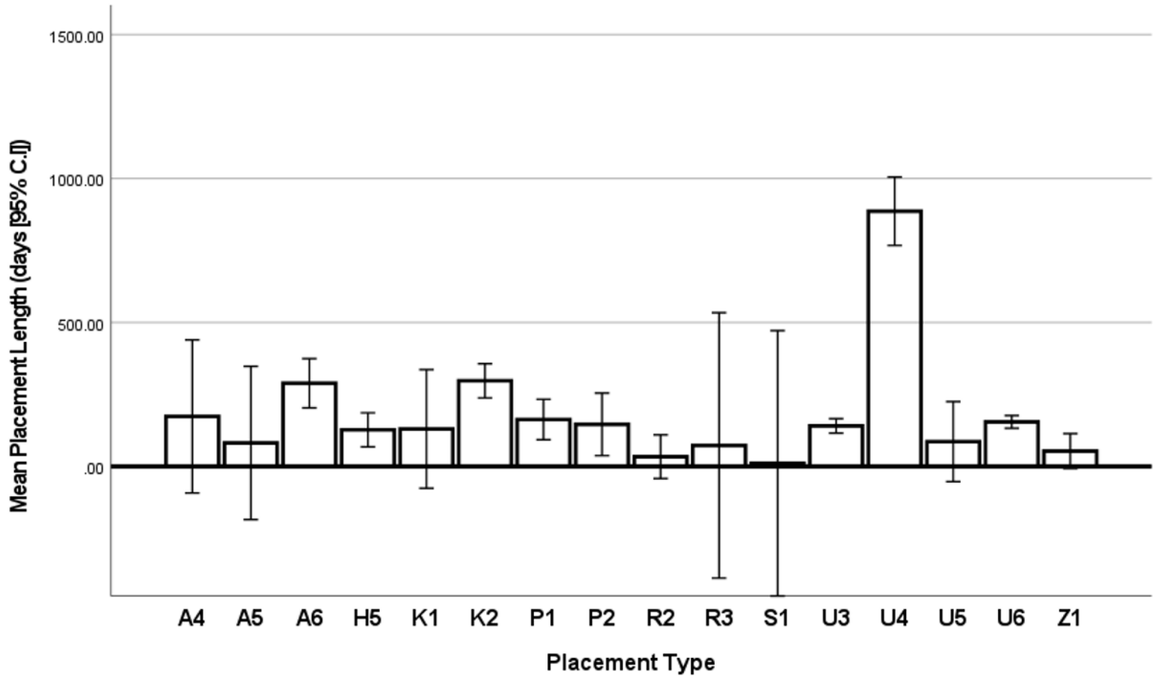
Of the 1707 episodes that are recorded during the 2018-2019 period, 1313 (79.6%) began before 1/1/2018 and 596 (34.9) continued after 1/1/2020. Only 183 (10.7%) episodes began and ended within that two-year period. For those episodes that ended during the census period, the mean length of episode was 160 days [95% C.I. 145 – 175] with a median of 88 days [range: 1-2365 days]. Average length of completed episode by type of placement is shown in Table 11.

Table 11. Average length of completed episode of care (ended during 2018-2019) by type of placement

Legal Status	Mean (SD) length - days	Number
A4 Placed for adoption	173.7 (69.8)	3
A5 placed for adoption (foster carers)	81.7 (17.0)	3
A6 Placed for adoption (not current foster carers)	288.8 (155.1)	29
H5 Semi-independent living	127.2 (123.5)	61
K1 Secure Children's Home	130.4 (97.6)	5
K2 Children's Home	297.6 (343.2)	60
P1 Placed own parents	163.0 (226.2)	43
P2 Independent living	146.2 (149.7)	18
R2 NHS	33.9 (85.2)	37
R3 Family centre	73.0	1
S1 Residential School	11.0	1
U1 Foster placement – relative /friend. Long term	-	-
U3 Fostering with relative / friend	141.0 (204.1)	336
U4 Fostering other foster carer long term	886.6 (860.7)	15
U5 Fostering with other – fostering for adoption	86.3 (62.5)	11
U6 Fostering with other – not fostering for adoption	53.3 (54.4)	430
Z1 Other	53.4 (54.4)	58
Total	**159.8 (254.8)**	**1111**

There is a significant difference in length of placements by placement type ($F(15,1095) = 13.41$, $p<.001$), with placements coded as U4 being significantly longer than all others. However, the large number of categories and the small numbers in each category obscure clear differences between other placement types, as shown in Figure 1.

Figure 1. Mean length of placement (days) [95% Confidence Intervals] for placements completed during the 2018-2019 period. Type of placement codes are as given in Table 11



For each child who had an episode of care beginning, ending or spanning 2018-2019, the remaining documents were cross-checked by child number to determine records of the primary and secondary need in the school census data. The primary need field was blank for 555 children (59.9% of records) and recorded simply as "0" for a further 218 children (23.5%). Secondary need was given for 63 children (6.8%) and was otherwise blank. Table 12 shows the relative frequencies of primary and secondary need where recorded.

Table 12. Recorded primary and secondary need for each child who had an episode of care during the 2018-2019 period

Category	**Primary need**		**Secondary need**	
	Number	**Percentage**	**Number**	**Percentage**
Missing	372	55.5	864	93.2
Coded as "0"	218	23.5	-	-
Autistic Spectrum Disorder	16	1.7	4	0.4
Moderate Learning Difficulty	32	3.5	12	1.3
Other	5	0.5	4	0.4
Physical Disability	1	0.1	4	0.4
Profound & Multiple LD	1	0.1	-	-
SEN support	4	0.4	-	-
Severe Learning Difficulty	9	1.0	-	-
Social, Emotional & Mental Health	53	5.7	18	1.9
Specific Learning Difficulty	8	0.9	-	-
Speech, Language and Communication Needs	25	2.7	16	1.7
Visual Impairment	-	-	1	0.1
Hearing Impairment	-	-	4	0.4
Total	**927**	**100**	**927**	**100**

For every child identified as having an episode of care in 2018-2019, their file was cross-linked to the OC2 files provided, and data extracted from that and matched to the ID of the child. The SDQ score is provided for 268 children (28.9%) and details of teeth checks, health assessment, substance misuse and immunisations on 388 (41%).

Demand on children's home capacity across 2018-2019

From the episode file provided for each year, a combined file was produced, removing duplicates and including every episode of care that began, ended or spanned the census period. Of these, those marked as "K2" were selected for further study. It is worth noting that the nature of recording means there appear to be multiple separate episodes for a single child but these are in reality one continuous episode of care split into sub-units. Each sub-unit is separated by the code "X1 Episode end, new start, any reason", which obfuscates the true number of care episodes. Where possible, for bed capacity purposes, these multiple sequential episodes were manually converted into single episodes from the earliest to the latest dates. This process resulted in a total of 115 episodes of children's home care for 111 children. There were a mean of 1.04 [95% C.I. 1.00 – 1.07] episodes per child with median and modal values of 1, implying a strongly skewed distribution ranging from 1 to 2, as shown in table 13. Most apparently multiple episodes other than these were in fact one sequential episode of care separated by the "X1" coding – it is not possible to determine from these records the reasons for recording these as separate episodes of care.

Table 13. Details of episodes of care classified as "K2" – children's home

Episodes	Number of children	Percent
1	107	96.4
2	4	3.6
Total	**111**	**100**

Of these episodes of care, 78 (76 children) were in homes outside Sunderland and 37 (37 children) within Sunderland, broken down in Table 13.

There was no significant association between geographical placement and an episode that began before 2018 ($\chi 2(1) = 0.47, p=.64$ [Fisher's exact]), continued after 2019 ($\chi 2(1) = 0.07, p=.84$ [Fisher's exact]) or spanned the entire period ($\chi 2(1) = 0.01, p>.99$ [Fisher's exact]).

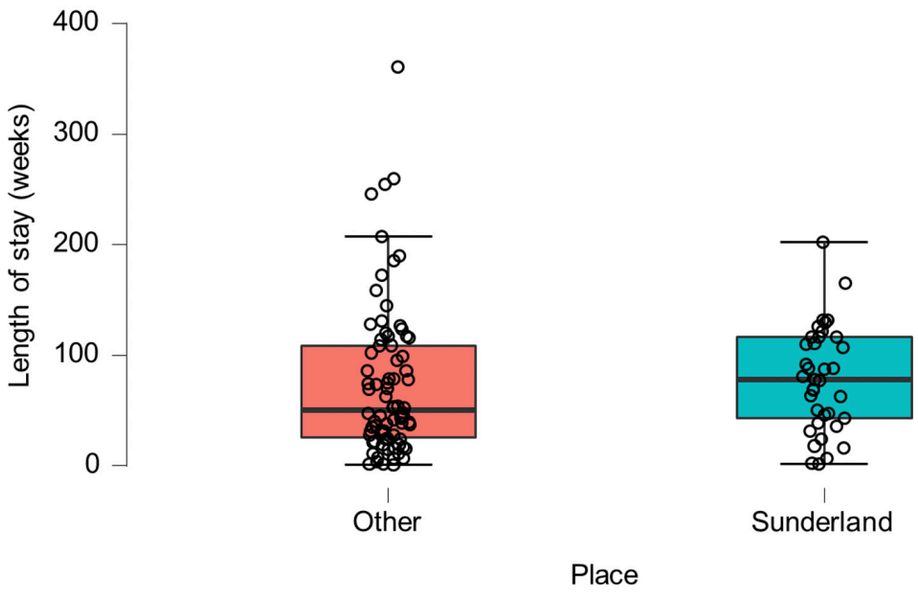
For episodes (58 out of 115) that extended beyond the cut-off date of 1/1/2020, this was given as their notional end date so that a length of each episode could be calculated. In addition, the data was transformed such that start date and end date of each episode were converted into a weekly bed occupancy score divided by geographical placement and children's home code for each of the weeks from 1/1/2018 to 31/12/2019.

Table 14. Breakdown of episodes of care by geographical location (within / outside Sunderland) by average length, age and gender of child

	Mean (SD) and Median length (weeks)	Mean (SD) age years	Gender
Within Sunderland	78.6 (47.3) Mdn = 78	14.1 (1.1)	28 Male 11 Female
Outside Sunderland	74.9 (69.4) Mdn = 50	12.6 (2.7)	48 Male 23 Female

Differences between episodes within/outside Sunderland are shown in Table 14. Length of stay is strongly skewed and comparison of median lengths of stay using a Mann-Whitney test indicate a non-significant geographical effect (U = 1230, n = 115, z = 1.28, p = .20 [Monte Carlo 100,000 simulations]), with a small to moderate effect size *d* = 0.24. Figure 2 shows length of stay by geographical placement, demonstrating the wide variance in stay length with the suggestion that despite the non-significant difference in median length of stay, those stays outside Sunderland tend to cluster towards the lower end.

Figure 2. Boxplot illustrating range of lengths of episodes of care by geographical location (heavy line = median, box = central 50%, whiskers = 95% confidence intervals, circles = individual data point).



For the subset of children whose age at the start of placement could be calculated (n=110), those placed outside Sunderland are significantly younger than those placed within the local authority (Welch's *t* (107.9) = 3.92, *p*<.001), with a moderate to large effect size *d* = 0.61 [99% C.I. 0.20 – 1.03]. There is no association of geography of placement with gender of child ($\chi 2$(1) = 0.21, *p*=.67 [Fisher's exact]).

Bed demand by week is shown in Figures 3 and 4 for 2018 and 2019 respectively. Demand appears remarkably flat week on week for places within Sunderland but outside the area, there appears to be an increase in need for places at the start of 2018 and a relative fall back towards this level throughout 2019.

Average weekly place demand is shown in table 15. There has been a non-significant change in demand for places across years within Sunderland (Mann Whitney U = 1215, z= 0.91, p=.37 [Monte Carlo 100,000 simulations], *d* = 0.18) but a significant fall in demand for places outside Sunderland (Mann Whitney U = 583.5, z= 5.03, p<.001 [Monte Carlo 100,000 simulations], *d* = 1.1).

Table 15. Average place occupancy per week in 2018 and 2019 divided by geographical location

	2018 Mean (SD), Median, range places per week	**2019 Mean (SD), Median, range places per week**
Sunderland	21.9 (1.8) Mdn = 21.5 [17-26]	20.9 (1.2) Mdn = 22 [19-23]
Outside Sunderland	38.7 (3.4) Mdn = 40 [30 - 42]	36.0 (2.8) Mdn = 36 [30-41]

Figure 3. Children's home occupancy by week 2018

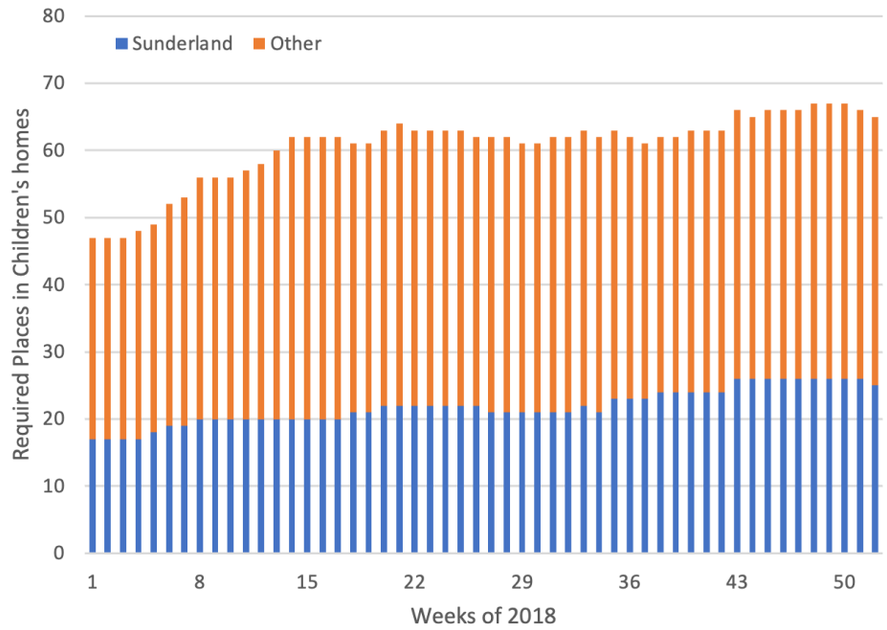
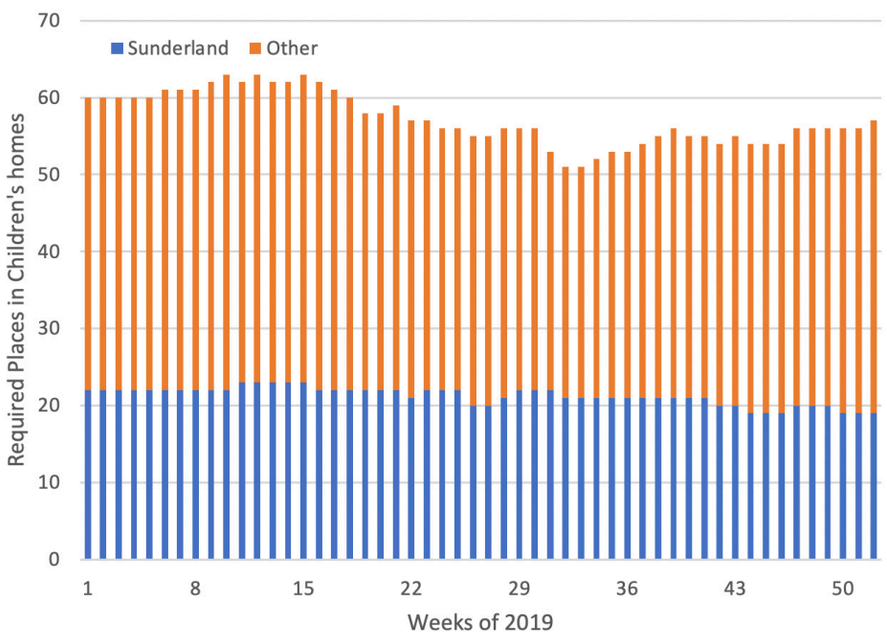
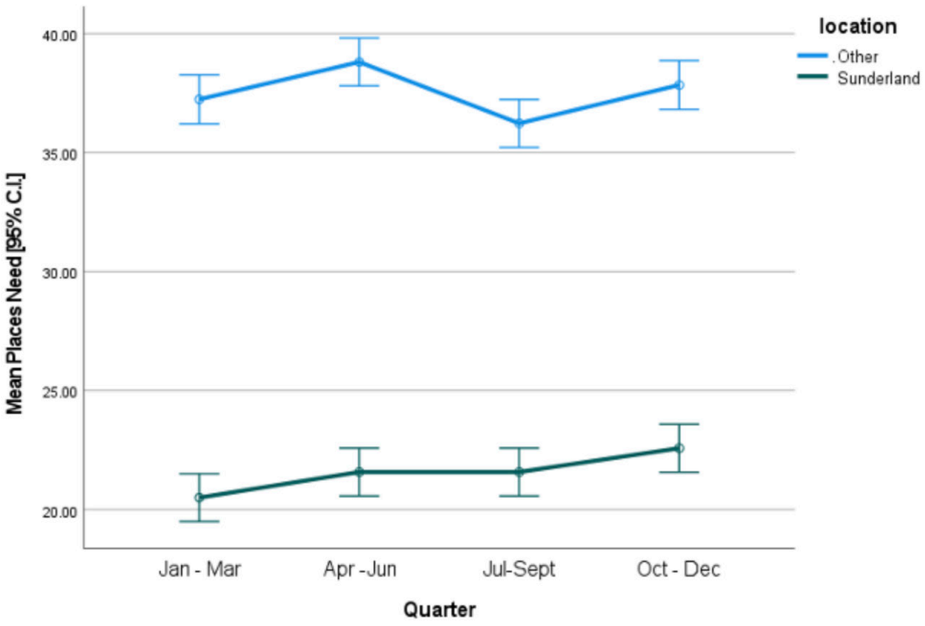


Figure 4. Children's home occupancy by week 2019



To further investigate the effect of season and year on bed occupancy requirement, mean bed occupancy in three-month intervals for each site was calculated. Averaging across both years, there is a significant effect of location ($F(1,198) = 1943.4$, $p<.001$) with a greater number of beds utilised outside Sunderland (M = 37.5 [37.0 – 38.0] beds) than within Sunderland (M = 21.6 [21.0 – 22.0] beds). There is a significant effect of time of year ($F(3,198) = 4.38$, $p=.005$) with Tukey post-hoc testing showing that bed requirement is lower in quarters 1 and 3 (28.7 [28.1 – 29.6] and 28.9 [28.2 – 29.6] beds respectively) than quarters two and four (30.2 [29.5 – 30.9] and 30.2 [29.5 – 31.0] beds respectively). The interaction between location and time period is significant ($F(3,198) = 2.82$, $p = .04$), suggesting that the quarterly differences in bed requirement are driven by differences required outside Sunderland, with the demand in Sunderland remaining broadly flat.

Figure 5. Mean (95% C.I.) quarterly beds required within/outside Sunderland across 2018/2019



Figures 6 and 7 show the quarterly need broken down by location and year, and further three-way ANOVA suggests a significant effect of year ($F(1,190) = 84.7$, $p<.001$ with a reduction of mean beds required from 30.4 [30.2 – 30.7] in 2018 to 28.6 [28.4 – 28.9] in 2019 however a significant three-way interaction $F(3,190) = 24.1$, $p<.001$), as illustrated in the below figures suggests no clear seasonal or yearly pattern is apparent and the main conclusions of this analysis should be:

- Across both years, significantly more beds are needed outside Sunderland than within Sunderland
- There is a small but significant drop in this outside LA bed usage from 2018 – 2019
- Bed usage within Sunderland remains remarkably stable

Figure 6. Mean (95% C.I.) quarterly beds required outside Sunderland separated across 2018 and 2019

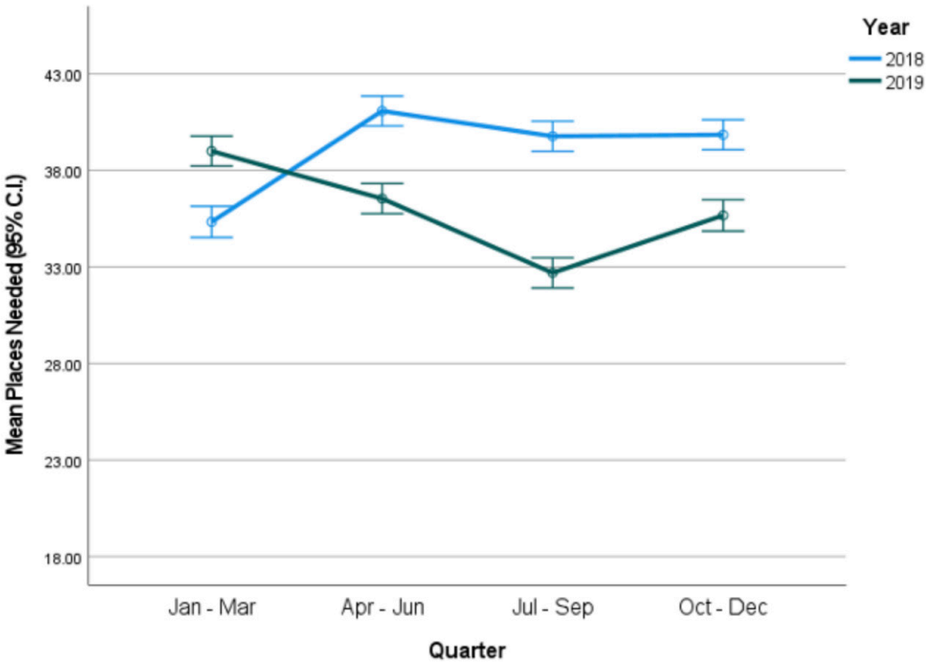
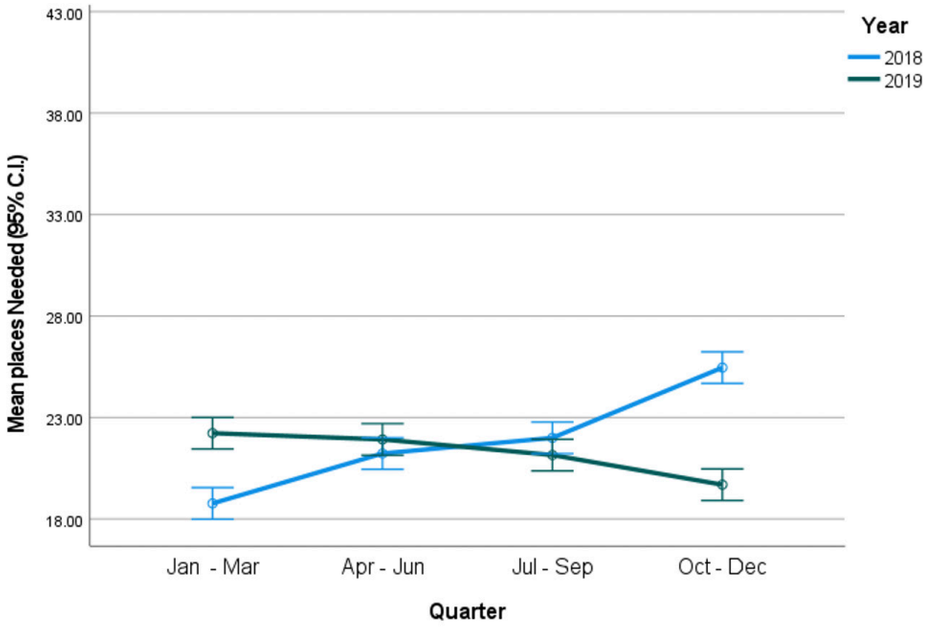


Figure 7. Mean (95% C.I.) quarterly beds required within Sunderland separated across 2018 and 2019



Comparing episodes that require placement within/outside Sunderland, there is no significant difference in the reason for new episode of care ($\chi 2(2) = 0.22$, p=.95 [Monte Carlo 100,000 simulations]), legal status of child ($\chi 2(3) = 3.26$, p=.36 [Monte Carlo 100,000 simulations]), CIN code ($\chi 2(5) = 6.86$, p=.26 [Monte Carlo 100,000 simulations]) or reason for place change where given ($\chi 2(6) = 10.0$, p=.08 [Monte Carlo 100,000 simulations]). These are summarised in Table 16.

Table 16. Differences in within/outside Sunderland care home episodes: reason for new episode, legal status of child, Children in Need Code and Reason for placement change

		Sunderland	Outside Sunderland
Reason for New Episode	L change of legal status only	4	9
	P change of placement and carer(s) only	25	55
	S started to be looked-after	8	14
Legal Status	C1 Interim Care Order	3	14
	C2 Full Care Order	24	41
	E1 Placement Order Granted	0	2
	V2 Single Period under s20	10	21
CIN Code	N1 Abuse or Neglect	15	35
	N2 Child's Disability	0	9
	N4 Family in acute stress	7	7
	N5 Family Dysfunction	13	24
	N6 Socially Unacceptable Behaviour	1	2
	N8 Absent parenting	1	1
Reason for Place Change	Missing	23	40
	CARPL Change to implementation of care	6	28
	CHILD at child's request	4	1
	CREQO at carer's request - other	0	1
	CREQB at carer's request - behaviour	1	5
	PLACE change in status of placement	2	3
	LAREQ LA requests placement end	1	0

Data for primary and secondary needs is mostly missing and is insufficient for any meaningful analysis. A breakdown of the data provided is given in table 17. Primary need data is only provided for 11% of children in Sunderland homes and 4% of those placed outside the area.

Table 17. Primary and Secondary needs (where given) for children in homes within/outside Sunderland

Category	Primary need		Secondary need	
	Sunderland	Outside	Sunderland	Outside
Missing	28	59	34	71
Coded as "0"	4	7	0	0
Autistic Spectrum Disorder	0	3	0	1
Moderate Learning Difficulty	1	1	1	1
Other	0	0	0	0
Physical Disability	0	0	0	0
Profound & Multiple Learning Difficulties	0	0	0	0
SEN support	0	0	0	0
Severe Learning Difficulty	0	3	0	0
Social, Emotional & Mental Health	3	5	1	2
Specific Learning Difficulty	0	0	0	0
Speech Language and communication needs	1	0	1	2
Visual Impairment	0	0	0	0
Hearing Impairment	0	0	0	1

Capacity within Sunderland children's homes

To understand the pressure on the beds in Sunderland homes in particular, these are looked at it more detail below. The following plots show the distribution of episodes of care (beds occupied by week) based on geographical position for the entire period and each year individually. As is clear in both regions small numbers of children remain the entire 104 weeks (13 out of 78 episodes (16.6%) for outside Sunderland and 8 out of 36 (24.2%) within Sunderland, while for those placed outside Sunderland, there is a larger cluster of shorter stays. Thus, almost one-quarter of provision in Sunderland is permanently occupied by the same children across the two-year period. Children in homes were categorised as short stay (<13 weeks), up to 1 year, 1-2 years and permanent episodes in order to further investigate whether reasons for the differences in length of stay could be determined from the data

Figure 8. Boxplot illustrating range of lengths of episodes of care by geographical location per child, expressed as weeks occupied out of total 104 weeks in 2018 and 2019 (heavy line = median, box = central 50%, whiskers = 95% confidence intervals, circles = individual data point)

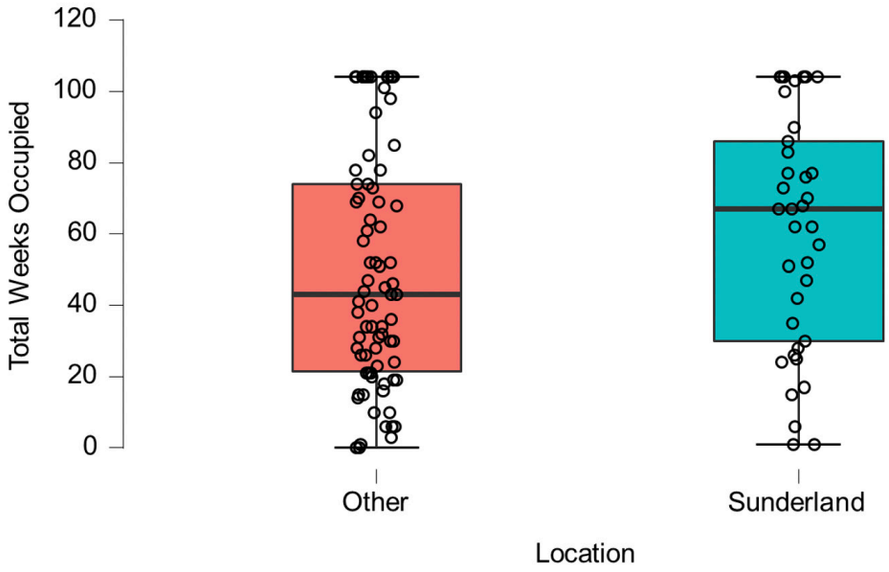


Figure 9. Boxplot illustrating range of lengths of episodes of care by geographical location per child expressed as weeks occupied out of total 52 weeks in 2018 (heavy line = median, box = central 50%, whiskers = 95% confidence intervals, circles = individual data point)

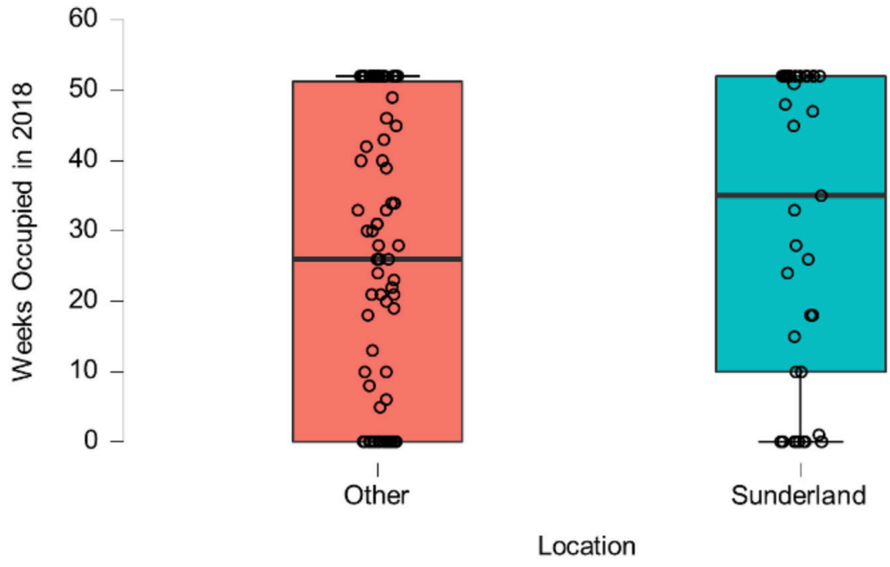


Figure 10. Boxplot illustrating range of lengths of episodes of care by geographical location per child expressed as weeks occupied out of total 52 weeks in 2019 (heavy line = median, box = central 50%, whiskers = 95% confidence intervals, circles = individual data point).

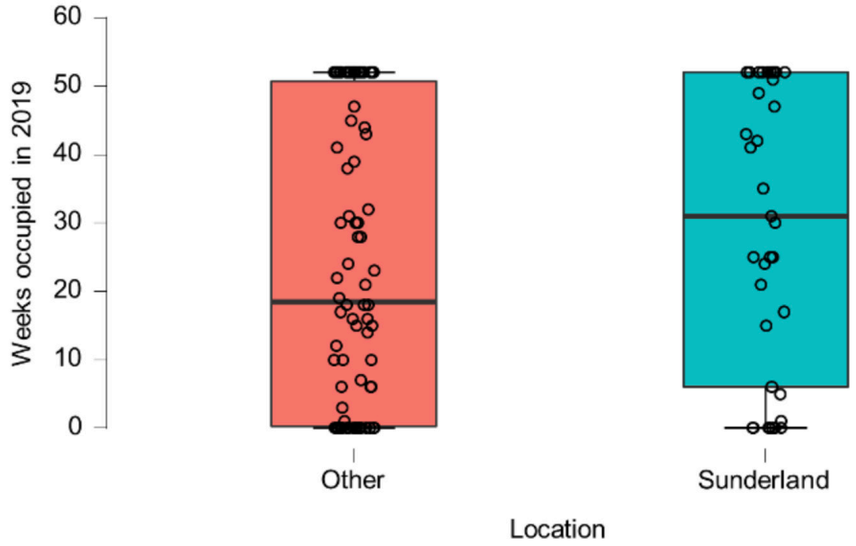
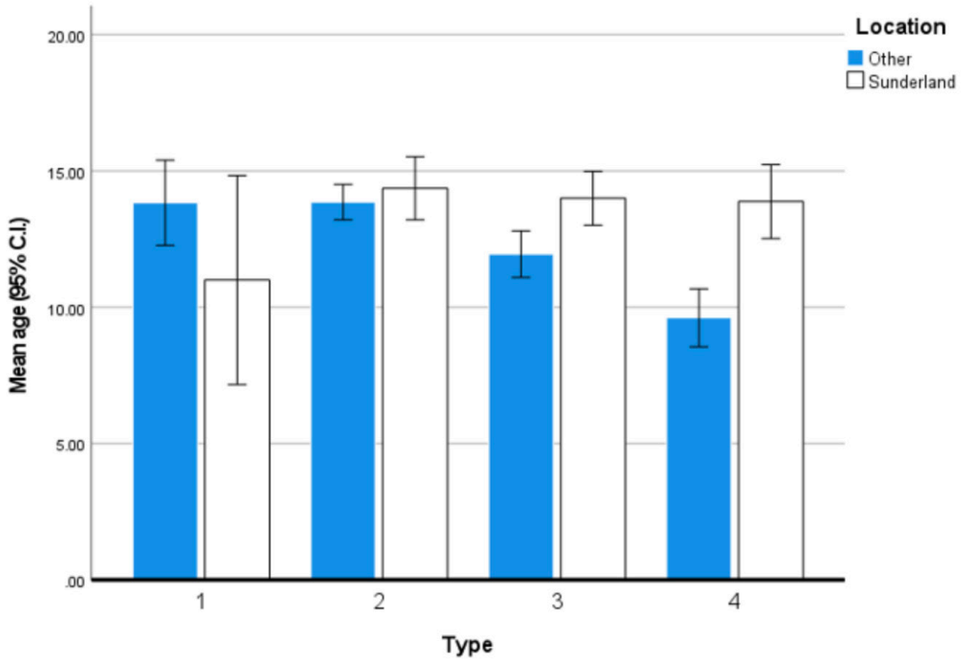


Table 18. Breakdown of type of episodes of care by geographical location

	type 1 (<13 week)	type 2 (up to 1 year)	type 3 (1-2 years)	type 4 (entire period)	Total
Other	9	30	18	21	78
Sunderland	3	10	11	13	37
Total	**12**	**40**	**29**	**34**	**115**

Although there appears to be a larger proportion of permanent residents within Sunderland homes, this is not statistically significant ($\chi 2(3) = 2.24$, p=.52 [Monte Carlo 100,000 simulations]) and there is no significant association of gender with type of stay ($\chi 2(3) = 0.93$, p=.81 [Monte Carlo 100,000 simulations]). Ages of children at the start of the episode are shown in Figure 11. There is a significant interaction of location and type of placement on age ($F(3,101) = 5.6$, p=.001), with those children in categories three and four outside Sunderland being significantly younger at the start of the placement than all other categories – though to some extent this is to be expected, since a longer episode of care is more likely to have started at a younger age.

Figure 11. Mean (95% C.I.) age of child at start of episode of care broken down by type of episode and geographical location.



Looking at the data recorded for children in Sunderland homes, there is no significant association between type of stay and: CIN code ($\chi 2(12) = 7.64$, p=.78 [Monte Carlo 100,000 simulations]), reason for new episode of care ($\chi 2(6) = 5.71$, p=.44 [Monte Carlo 100,000 simulations]), legal status of child ($\chi 2(6) = 2.15$, p=.94 [Monte Carlo 100,000 simulations]) or reason for change of placement ($\chi 2(15) = 11.91$, p=.50 [Monte Carlo 100,000 simulations]).

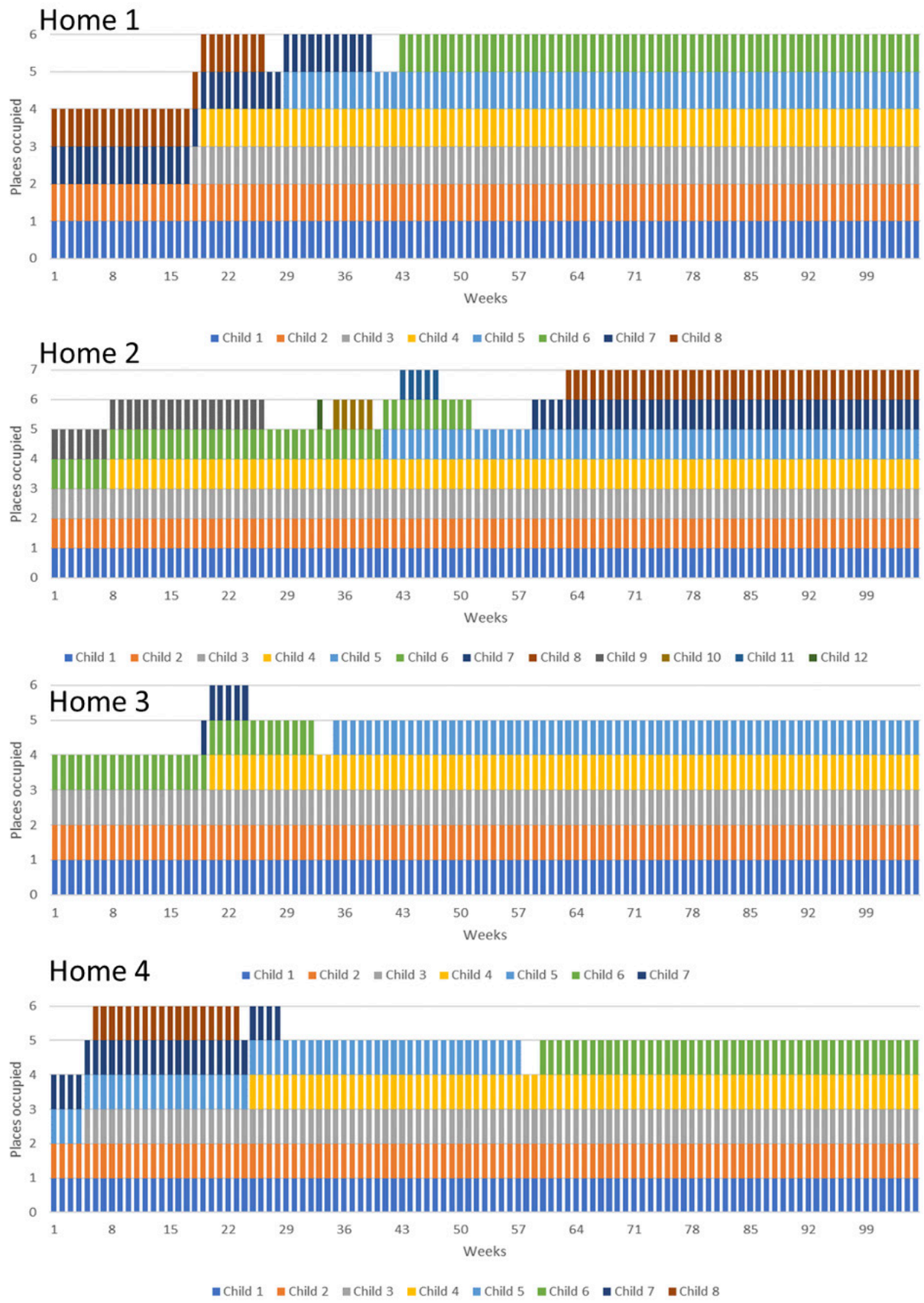
For the 2018-2019 period, there were four children's homes available in Sunderland, each with 6 places. The weekly bed occupancy figures suggest a mean occupancy of 89.8% (range 71 – 108%) across 2018-2019. For each week during the period studied, the demand for places far outstripped provision, with a median of 60 beds required per week (range 47 – 67). Across both years, the total bed occupancy provided by Sunderland equates to 43.1 CYP, while that provided externally equates to 74.8 CYP and the approximate financial cost of this is shown in Table 19.

Table 19. Financial costs of placements within/outside Sunderland

Children's home location	Average quarterly cost per CYP	Average annual cost per CYP	Calculated cost over 2018-2019
Internal (TfC)	£30,256.00	£121,024.00	£5,216,134.40
External	£56,116.00	£224,464.00	£16,789,907.20

The pressure on children's homes within Sunderland is graphically illustrated in Figure 12. Here, the four homes are shown separately with place occupancy by each child shown in a different colour. As is clearly shown, the majority of the capacity of the children's homes are taken up by long stay residents with relatively few short placements.

Figure 10. Place occupancy by individual children in each of the four children's homes in Sunderland across the 104 weeks in 2019 and 2019



The Foster Care Return

The 2018 and 2019 returns summarise the foster care capacity as of 31st March in the year following the year referenced. Table 20 shows that although the number of fostering households fell across the two years, the number of children fostered increased and, in both years, there were vacant places within the system.

Table 20. Details of fostering household 2018-2019

	Number of households	Number children placed	Number vacant places
2018	271	274	43
2019	217	322	34

For 2019, age details of the foster carers are provided and where given these are shown for the primary (or only) fosterer in table 21. 65% of fosterers are aged 50 or above, with a substantial proportion above the age of 60, suggesting that the fostering resource is relying on an ageing pool and this may limit its future capacity. These fosterers aged above 50 care for 65% of children fostered during this period.

Table 21. Age breakdown of fostering households 2018-2019

Age of Fosterer	Number	Percentage	Number of children	Percentage
20-24	3	1.4	4	1.2
25-29	3	1.4	4	1.2
30-34	9	4.1	8	2.5
35-39	15	6.9	26	8.1
40-44	21	9.7	32	10.0
45-49	25	11.5	39	12.1
50-54	36	16.6	54	16.8
55-59	40	18.4	56	17.4
60-64	42	19.4	67	20.8
65+	23	10.6	32	9.9
Total	**217**	**100.0**	**322**	**100**

Discussion

It is clear that the demand for places in children's homes in Sunderland outstrips capacity and this has significant financial consequences. However, from the data provided, it is not possible to determine the reasons for this nor identify any reasons for particular points of maximum demand. This is primarily a consequence of the data sources, which do not include the level of granularity required to investigate the issues in any depth for a number of reasons.

First, coding in these official returns results in categories that are quite broad and, while they may be useful for central government, they do not provide enough detail, for example, for demand and flow within a single care home to be evaluated. This is particularly seen with the use of the code "X1 – other" for a reason of change of placement or "CARPL" indicating that the change was in line with care plan. Neither of these reasons help the understanding of issues such as placement instability or pinch points. The problem with coding of "X1" was notable for children who had consecutive sequential periods of care within the same home – it is impossible to tell if this really represented a new episode of care (and was therefore a point of crisis, which would influence capacity) or simply a change in recording. Again, the code "CARPL" may obscure a range of underlying reasons for the change of care episode.

A second issue is that of missing data. For the vast majority of children in care homes, the data for their primary and secondary need is not recorded. For data such as the SDQ, health and teeth records, the OC3 record only requires this to be recorded for children who have been in care for 12 months on the census date, and for many children, this data is not available, and cannot be used to understand demands on the care system.

Data for primary and secondary needs is mostly missing or is insufficient for any meaningful analysis. Primary need data is only provided for 11% of children in Sunderland homes and 4% of those placed outside the area. In a notable number of cases, the code

"0" was entered, which is not in the list of approved codes – it is unclear what this coding represents. It is suspected it might indicate "no need" but it is not possible to ascertain this from the data provided.

While the statistical differences are not robust, it appears that a particular issue with children's home capacity is the issue of long stay and "permanent" residents who outnumber the shorter stay children and who tend to be situated more in the Sunderland homes. Unfortunately, given the small numbers alongside the large numbers of categories required in official returns and the missing data, it is not possible to determine any reasons as to why these children are placed in long term residential care. However, it is likely from this analysis that the major capacity limitation in children's home provision is due to these long stay children, particularly in the Sunderland homes. Further work should be undertaken to understand this problem.

There is capacity within the fostering system to accommodate more children, with some unused capacity each year (though in neither year was this sufficient to completely accommodate the children's home population). The fostering return data is focussed on the nature of the fostering households and numbers of children accommodated, so it is not possible to tell from this data why capacity is spare and why (or even if) fostering has been tried and failed for those children who remain long term residents in the children's homes. What is noticeable from this data is that the pool of fosterers is an aging resource and this could have potential implications for the future capacity of the system.

Taking each research question in turn:

RQ1. What is the historical and current cared for children demand/population in Sunderland?

This is summarised and evaluated above.

RQ2. What are the current internal and external accommodation options available to meet the current demand?

During 2018-2019 there were four children's homes in Sunderland, each with 6 beds, giving a total capacity of 24 beds.

RQ3. Do the current accommodation options/types of care currently in place meet the current demand?

It is clear that demand outstrips provision of children's home places, necessitating use of outside provision at considerable financial cost

RQ4. Does TfC have the right provision in place given the types of demand?

This question is difficult to answer given the data sources provided, as demand type is not clearly delimited. However, given the need for placements outside the area at a rate of almost double those provided within, it suggests not. There is obviously some capacity within the fostering system but it is not possible to tell from the data provided why this capacity is not used to reduce the children's home population – particularly of long stay and permanent resident children.

RQ5. Do the current accommodation options assist us to reduce the number of cared for children and reduce placement instability?

The preponderance of long stay and "permanent" residents in children's homes means that the pool of available accommodation within Sunderland is limited at any one point in time. This suggests that placement instability cannot easily be accommodated and results in the placement of children in homes outside the area.

RQ6. How can understanding the movement and needs of cared for children affect demand and improve outcomes for children?

Long-term stays within children's homes are not ideal for outcomes, so it is vital that the reasons for these are investigated. Reducing long stay residents within Sunderland would also free up considerable short-term capacity, requiring fewer children to be placed outside the area in the event of placement instability and short-term need. It is also unclear as to why spare capacity in the fostering system is not matched to demand for outside area places to reduce this requirement. The suspicion here is that the static nature of data provided for fostering (places as on a single date annually) cannot be used to understand or explain the dynamic need for places, which occurs at a fluctuating level across the year.

RQ7. How does the data held (performance/ finance) help TfC to reduce the number of cared for children and placement instability?

A major issue here is that the data provided is of generally low quality, with many missing values. As such it cannot be used to understand placement instability or reduce the number of cared for children. A particular issue here is that much of the data required is focussed on the episode of care or household of the foster carer, and lacks a significant child-centred element. Even when data is collected, it is of a static nature and does not reflect the changing demand from week to week. Statutory codes are broad and fail to reflect the complexity of the needs of children or the "real" reasons for placement instability – for example coding such as "CARPL" – in accordance with care plan or "X1" – other for a change of episode cannot be used to understand why certain children remain in children's homes for the long term. The recording of primary and secondary need is particularly patchy, and it is not possible to tell if missing values reflect 'no need ascertained' or just a failure of recording.

RQ8. What are the proxy signals around demand management?

These are not readily determinable from the data provided.

RQ9. Is it possible to create a demand and flow model with the data available?

No it is not possible. It is possible to determine capacity and demand on a weekly basis, demonstrated above. However, the datasets held are not sufficiently detailed for any explanatory model to be constructed. A major issue appears to be that there is no flow within the children's home system in Sunderland – demand is constant and high, and the homes are mostly saturated with long-stay or permanent residents.

Recommendations

Recommendation 1: To investigate the reasons for gaps in the in the administrative data returns for children in residential children's homes. For example, primary and secondary type of SEN (school census), episodes of care and health checks (Children Looked After (903)).

Recommendation 2: To carry out a qualitative study (that includes the child's voice) to determine if, how and when the holistic needs and circumstances of children in children's homes have been assessed and identified, as this data is not captured sufficiently in administrative data returns.

Recommendation 3: To review systems and processes for deciding the type of accommodation for cared for children. Consider the use of a decision-making panel to determine the most suitable placement, based on the holistic needs and circumstances of the child.

Recommendation 4: To evaluate the effectiveness of review processes for children living in long term residential care to determine if each child's accommodation is appropriately suited to their holistic needs.

Recommendation 5: To determine the barriers to children in long term residential care moving to other accommodation. For example, unsuccessful attempts at early intervention, insufficient or unsuitable foster carers, complexity of need, or the right accommodation for them given their needs and circumstances.

Recommendation 6: To reduce the reliance on external children's home placements, by both freeing up capacity in existing children's homes and exploring other cared for options; adding new capacity if required.

Recommendation 7: To monitor Ofsted judgements on both internally and externally commissioned children's homes, to determine if they are providing value for money in terms of outcomes for individual children.

National recommendation: To improve the administrative dataset capture, to ensure they include relevant information to support LAs in better understanding the holistic needs of their cared for population, and to consider more dynamic and timely data capture to allow a better understanding of flow and demand across time. For example, in the Children Looked After (903) data return, the code CARPL, 'change in line with care plan', offers no detail on what the change was.

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Appendices

Table 22. Requested variables and data types

No	Data source 1: Children Looked After (903)	
	Header information	**Data Type**
1	2.1.1 Child identifier	Categorical/Nominal
2	2.1.2 Gender	Categorical/Nominal
3	2.1.3 Date of birth	Date
4	2.1.4 Ethnic origin code	Categorical/Nominal
5	2.1.5 UPN	Categorical/Nominal
6	2.1.6 Motherhood status	Categorical/Nominal
7	2.1.7 Date of birth of mother's child	Date
	Episode information	**Data Type**
8	2.2.1 Date episode commenced	Date
9	2.2.2 Reason for new episode of care	Categorical/Nominal
10	2.2.3 Legal status	Categorical/Nominal
11	2.2.4 Category of need code	Categorical/Nominal
12	2.2.5 Home postcode	Categorical/Nominal
13	2.2.6 Placement postcode	Categorical/Nominal
14	2.2.7 Placement unique reference number (URN)	Categorical/Nominal
15	2.2.8 Placement type	Categorical/Nominal
16	2.2.9 Placement provider	Categorical/Nominal
17	2.2.10 Date episode ceased	Date
18	2.2.11 Reason episode ceased	Categorical/Nominal
19	2.2.12 Reason for placement change	Categorical/Nominal
	Unaccompanied asylum-seeking children	**Data Type**
20	2.4.1 UASC status	Categorical/Nominal
21	2.4.2 Date UASC status ceased	Date
22	**2.5 Adoption Data (AD1)**	**Data type**
22	2.5.8 Date of decision child should be placed for adoption	Date
22b	2.5.9 Date of matching child and prospective adopters	Date
22c	2.5.10 Whether the child is adopted by former foster carers	Categorical/Nominal
22d	2.5.11 Number of adopters	Categorical/Nominal
22e	2.5.12 Gender of adopters	Categorical/Nominal
22f	2.5.13 Legal status of adopters	Categorical/Nominal

23	2.6 Children who should/should no longer be placed for adoption	Data type
23a	2.6.1 Date of decision that the child should be placed for adoption	Date
23b	2.6.2 Date of decision that the child should no longer be placed for adoption	Date
23c	2.6.3 Reason why the child should no longer be placed for adoption	Categorical/Nominal
24	**2.7 Return to care after or during previous permanent arrangement**	**Data type**
24a	2.7.1 Previous permanence option	Categorical/Nominal
24b	2.7.2 Local authority code where previous permanence option was arranged	Categorical/Nominal
24c	2.7.3 Date of order	Date
25	**2.8 Children missing from care**	**Data type**
25a	2.8.1 Missing	Categorical/Nominal
25b	2.8.2 Missing episode start date	Date
25c	2.8.3 Missing episode end date	Date
26	**2.9 OC2 (to be collected for children continuously looked after for 12 months at 31 March)**	**Data Type**
26a	2.9.3 Child convicted during the year	Categorical/Nominal
26b	2.9.4 Health surveillance checks up to date	Categorical/Nominal
26c	2.9.5 Immunisations up to date	Categorical/Nominal
26d	2.9.6 Teeth checked by a dentist	Categorical/Nominal
26e	2.9.7 Annual health assessment up to date	Categorical/Nominal
26f	2.9.8 Child identified as having a substance misuse problem	Categorical/Nominal
26g	2.9.9 Child received intervention for substance misuse problem	Categorical/Nominal
26h	2.9.10 Child offered intervention for substance misuse problem	Categorical/Nominal
26i	2.9.11 Strengths and difficulties questionnaire (SDQ) score	Continuous Interval
27	**2.10 OC3 (care leaver's information)**	**Data Type**
27a	2.10.3 Local authority in touch	Categorical/Nominal
27b	2.10.5 Main activity	Categorical/Nominal
27c	2.10.6 Accommodation	Categorical/Nominal
27d	2.10.7 Suitability	Categorical/Nominal
	School Census	**Data type**
28	Primary type of SEN	Categorical/Nominal
29	Secondary type of SEN	Categorical/Nominal

	Data source 2: Foster Care Return	Data type
30	A1 Fostering household identifier	Categorical/Nominal
31	A2 Number of foster carers in household	Discrete Interval
32	A3-4 Ethnicity	Categorical/Nominal
33	A5-6 TSD: status	Categorical/Nominal
34	A7-8 Age	Continuous Interval
35	B1 Date of approval	Date
36	B2 Terms of approval: max children	Discrete Interval
37	B3 Placement offer: primary designation	Categorical/Nominal
38	B4 Placement offer: additional	Categorical/Nominal
39	B5 Exemption in operation during 2019-20	Categorical/Nominal
40	C1 Number of children in placements	Discrete Interval
41	C2 Number of vacant places	Discrete Interval
42	C3 Number of places used for SB care (do not count ShC here)	Discrete Interval
43	C4 Number of not available places	Discrete Interval
44	C5 Description of not available places	Text/String
45	D1 Number of incidents of physical restraint of CYP	Discrete Interval
46	E7 Application status	Categorical/Nominal
47	E9 Fostering experience	Categorical/Nominal
48	F2 Reason for deregistration	Categorical/Nominal
49	M1.1 Brothers and sisters assessed together	Categorical/Nominal
50	M1.2 Placed according to their plan	Categorical/Nominal
51	M1.3 NOT placed according to their plan	Categorical/Nominal
	Data source 3: Additional performance information	**Data type**
52	Financial information relating to residential care (not available at present)	Continuous Interval
53	List and type of residential provisions internal and external and postcode	Categorical/Nominal
54	Provision level data on the number of placements available	Discrete Interval

Table 23. Unreported data within administrative dataset returns

The administrative dataset	The data source	Quality of data
Children Looked After (903)	The reasons for the start of an episode of care	35.3% of recorded episodes of care included a reason for the start of the episode
School census	Primary need field	Blank for 59.9% of records and recorded simply as "0" for a further 23.5%
School census	Secondary need field	Secondary need was given in 6.8% of records and was otherwise blank
Children Looked After (903)	SDQ score	SDQ is provided for 28.9%
Children Looked After (903)	Details of teeth checks, health assessment, substance misuse and immunisations	These health details are recorded in 41% of cases
Children Looked After (903)	Number of care episodes	There are sometimes multiple separate episodes for a single child but these are in reality one single continuous episode of care which obfuscates the true number of care

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