Department for Education

Children's homes workforce knowledge and skills

Rapid evidence assessment

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Authors: Dr Claire Baker and Ellie Mendez Sayer

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Contents

Executive summary

This Rapid Evidence Assessment (REA) brings together what is currently known about the knowledge and skills required within the children's homes workforce, and places these requirements within the wider context of how children's homes are used and understood in England. Recent national reviews (Independent Review of Children's Social Care and Baroness Casey's audit of group-based child sexual exploitation) have highlighted variation in practice, gaps in specialist knowledge, and the need for a more confident, better supported workforce.

In response, the Department for Education commissioned an expert-led review examining the purpose of children's homes alongside professional development, qualifications, training and workforce pathways. This REA is independent of that review but intended to inform it.

The REA drew on searches of the literature published between January 2015 and April 2026 and nine stakeholder interviews. Fifty-eight sources met the quality threshold, but none directly examined the core knowledge and skills required of the workforce. Instead, relevant insights were embedded within broader studies of residential care. This pattern highlights that the evidence base is fragmented and under-developed, which limits the ability to draw definitive conclusions. Nonetheless, clear themes emerge.

Firstly, children's homes are complex environments that require a confident, skilled and well-supported workforce, operating within settings that have a clear purpose, a coherent model of care and the organisational conditions to deliver it. The evidence highlights the importance of children's homes themselves, showing that despite persistent narratives positioning them as a last resort, they are an integral part of the children's social care landscape and, for some young people, the setting best able to provide safety, stability and the therapeutic relationships they need.

The REA highlights that England lacks a shared national understanding of the purpose of children's homes. Homes are used for a wide range of purposes, including crisis-led and availability-driven use, safety-driven placements and structured or therapeutic support, but these purposes are not consistently defined or aligned with commissioning decisions. Several sources describe conceptual fragmentation, unclear Statements of Purpose, inconsistent terminology and limited theoretical underpinning. The evidence does not suggest that children's homes should have a single universal purpose; instead, it shows that homes can meet different purposes for different children. The evidence shows that there is no coherent national framework that clearly explains these purposes, situates them within the wider care system, or supports homes to deliver them.

Within this context, the evidence on workforce knowledge and skills is consistent in emphasising that effective practice in children's homes is fundamentally relational. Staff need deep understanding of trauma, attachment, child development and behaviour in

context, and must be able to use relationships purposefully as the primary mechanism through which children experience stability, healing and developmental growth. The practitioner's use of self, moment-to-moment judgement, emotional regulation, attunement and reflective capacity, is also central to safe and effective practice. These practice requirements highlight the need for training and supervision that support personal learning and reflective capability, not only technical skill acquisition.

Children's homes workers require a broad and integrated knowledge base, including child and adolescent development, trauma and maltreatment, neurodivergence, mental health, exploitation, communication, children's rights, education pathways and the regulatory frameworks governing residential care. They must also understand the everyday operational realities of children's homes and the wider systems shaping children's lives. Skills emphasised across the evidence include building trust, staying connected through conflict, de-escalation, creating safe group environments, supporting participation, working with families, collaborating across agencies and exercising confident professional judgement. Values and personal qualities, such as empathy, curiosity, non-judgement, patience and emotional responsiveness, are consistently highlighted by both literature and REA interviewees.

Children in children's homes have diverse and intersecting needs, and the REA examined evidence in relation to how best to support different groups of children (for example, children with disabilities and children from diverse gender, ethnic and cultural backgrounds). Findings show that staff must combine an understanding of trauma, relational and communication skills with specialist knowledge of neurodivergence, mental health, exploitation and cultural identity. Identity-aware, anti-discriminatory practice is essential, enabling staff to recognise how racism, migration, gender diversity and disability shape children's experiences and needs.

The REA also examined evidence on multi-agency working, safeguarding and leadership. Children's homes cannot meet all needs alone; coordinated input from social care, health, education, police and therapeutic services is essential. Effective collaboration strengthens outcomes and staff confidence, while poor communication and misaligned practice models undermine care. Safeguarding in residential settings is relational, contextual and multi-agency. Staff must combine knowledge of trauma, exploitation and local risk environments with dynamic risk assessment, safe relational boundaries and coordinated planning. Risks such as going missing, exploitation, aggression or self-harm emerge differently for different groups of children, making curiosity, emotional availability and contextual understanding essential. Skilled practice involves dynamic risk assessment, early identification of exploitation, safe relational boundaries and coordinated multi-agency planning.

Despite their pivotal role, leadership evidence is sparse, but what exists shows that effective managers model relational, values-led practice, hold and manage risk, contain emotional intensity and create the conditions in which staff can build trusted relationships.

Given the complexity of residential care, qualifications are intended to provide a foundation for effective practice. However, evidence suggested significant development and improvements are needed. Current qualifications provide a baseline theoretical foundation but are viewed as insufficiently aligned with the relational and therapeutic capabilities required. They are described as overly theoretical, generic and insufficient preparation for the practice required in children's homes. As a result, there is some evidence that qualifications risk functioning as a compliance exercise rather than a meaningful development pathway.

Training and continuing professional development are essential for strengthening staff knowledge, confidence and relational practice but provision is uneven and often compliance-driven, surface-level and disconnected from the complexity of residential childcare. Effective training and CPD requires protected reflective space, organisational cultures that value learning and delivery modes that support staff to integrate new knowledge into everyday practice. Approaches that prioritise relational reflection, experiential learning and supervision-linked development are viewed as particularly impactful and supportive of workforce retention.

Across the evidence base, organisational and systemic conditions constrain staff's ability to apply knowledge and skills. Compliance-heavy cultures, risk-averse decision-making, high turnover, inexperienced staff, limited progression routes, inconsistent supervision and reactive placement decisions all undermine purposeful, relational practice. These structural barriers mean that even when staff possess the appropriate knowledge, skills and values, the conditions required for effective residential care are not consistently in place.

Significant gaps in the evidence base limit understanding of what effective residential practice looks like and how best to develop the workforce. Research on children's homes in England remains sparse, often methodologically weak, and rarely focused directly on workforce knowledge and skills. Key concepts such as 'quality', 'therapeutic residential care', 'complex needs' and 'trauma-informed practice' are inconsistently defined. There is little research on how values and personal qualities are nurtured, how knowledge and skills are enacted in practice, or which training and supervision models are most effective.

Taken together, the REA findings highlight several themes about the factors that shape and influence the children's homes workforce. First, clarity of purpose is foundational. The evidence shows that England currently lacks a coherent national framework that defines the distinct purposes of residential care and supports purposeful placement decisions that match each child to a home whose model of care aligns with their assessed needs. In the absence of such alignment, homes struggle to organise their practice, workforce expectations and training around a clear and coherent purpose. Second, across the REA evidence base, a recurring finding was that workforce development does not consistently centre relational practice, reflective capacity or the practitioner's use of self, and that existing qualifications and specialised CPD are not always rooted in day-to-day practice.

Third, the REA found that organisational conditions are as influential as individual capability. Many homes reported that cultures valuing learning, protected time for reflection, high-quality supervision and relational, thoughtful leadership are essential to supporting the development of skills and knowledge. Finally, the findings pointed to a broader systemic risk. Evidence showed that placement decisions, commissioning, regulation and workforce development frequently operate separately, constraining the conditions needed for skilled practice. This lack of alignment extended across the continuum of care, with children's homes not always coherently connected to foster care, kinship care and community-based support. These combined gaps contribute to children experiencing a system that can feel fragmented rather than connected and purposeful.

Introduction

The Rapid Evidence Assessment (REA), undertaken alongside stakeholder interviews, was commissioned by the Department for Education (DfE) to identify what current evidence says about the knowledge and skills required within the children's homes workforce to provide effective support to children and young people. It also situates these workforce requirements within the wider context of how children's homes are used in practice and the purpose they are intended to serve. This matters because clarity of purpose is fundamental to determining which knowledge and skills staff need, how homes should operate, and how placements should be commissioned.

Background

In 2024, the estimated size of the children's homes workforce in England, including managerial and care staff, was 46,330, an increase from 39,300 in 2023 and 20,000 in 2014 (Verian and NCB, 2025). The number of children in residential care in England has also increased substantially over the same decade. In March 2024, 16,150 children were living in residential care (National Audit Office, 2025), compared with 6,930 children in March 2014 (Department for Education, 2014). However, this long-term rise sits alongside a recent year-on-year decrease: between 2023 and 2024 the number fell by 9.5%, from 17,840 to 16,150 children (National Audit Office, 2025). Ensuring that this growing workforce is equipped with the right knowledge and skills, receives high-quality training, and is supported to provide safe and effective care is central to protecting and promoting the welfare of children. Yet there is currently no agreed set of expectations about the knowledge and skills required to be an effective worker in a children's home, nor an overarching curriculum to guide the qualification framework.

Recommendations to strengthen safeguarding and improve the quality of provision through workforce development have been made in the Independent Inquiry into Child Sexual Abuse (IICSA), the Independent Review of Children's Social Care, and Baroness Casey's audit of group-based child sexual exploitation and abuse. These reviews highlight variation in practice, gaps in specialist knowledge, and the need for a more confident, better supported residential workforce.

Within this wider policy context, Government have signalled their ambition that enduring, loving and stable relationships are not an optional extra in providing homes for children in care and care leavers, but the core purpose of care (Department for Education, 2026a). Alongside this, a separate policy commitment aims to recruit 10,000 additional foster placements so that more children can be supported in family settings. Increasing foster care capacity is intended to reduce pressure on residential provision and enable children's homes to focus more consistently on those whose needs are best met in these settings, including children requiring specialist, structured or therapeutic support (Department for Education, 2026b).

Against this backdrop, the Department for Education has commissioned an expert-led review of professional development for the children's homes workforce in England. The review focuses on the purpose of residential care; knowledge and skills; qualifications and apprenticeships; ongoing training; career pathways; and accountability. The outcomes of the review will inform both the practice of new DfE funded children's homes and any future changes to national standards.

Given the scale of workforce growth and the range of recent national recommendations, there is a need for a consolidated, up-to-date synthesis of the evidence. To support understanding of what is known, where evidence is strong, and where gaps remain in relation to the core knowledge and skills required within the children's homes workforce. This Rapid Evidence Assessment (REA) is being carried out independently from the expert-led review but is designed to inform and support it.

For both the REA and the expert-led review, 'children's homes' are defined as all settings registered with Ofsted as children's homes. In 2024-2025 this included 4,010 children's homes, including 49 residential special schools that are registered as a children's home, 13 secure children's homes (SCHs), and 1 secure 16 to 19 academy (Ofsted, 2025b). Unless otherwise stated, the term 'children's homes' in this REA refers to all of these settings. It is important to note that much of the literature uses the terms 'children's homes' or 'residential care' without specifying which types of settings are included or providing a clear definition.

Report outline

Following the introduction, which sets out the aims, background and methodology for the REA, Chapter 1 examines the purpose and use of children's homes, recognising that clarity of purpose is foundational to defining workforce knowledge and skills. Chapter 2 then outlines the core knowledge and skills required to support children effectively in residential settings. Chapters 1 and 2 draw on relevant international comparative evidence that includes England. Chapters 3, 4 and 5 build on this foundation, focusing in turn on the knowledge and skills needed to support children's diverse needs, to work effectively across multi-agency and multi-disciplinary systems, and to safeguard children living in children's homes. Chapter 6 turns to the knowledge and skills required of leaders, recognising the central role of leadership in shaping practice and culture. Chapter 7 reviews evidence on the effectiveness of the mandatory Level 3 and Level 5 qualification framework, while Chapter 8 examines the effectiveness of wider workforce training and professional development. The report concludes by drawing together the key findings and implications for future research.

REA methodology

The review used Rapid Evidence Assessment (REA) methodology (Government Social Research Service, 2014), which applies structured reproducible methods to search for and critically appraise existing research. REAs offer a more pragmatic way to consolidate evidence when limited time or resources make a full systematic review unfeasible. They provide a timely synthesis of the available evidence to support policy development. The REA was conducted between April and June 2026.

Review questions

The REA explored a set of questions grouped across three domains: the purpose and use of children's homes; the knowledge and skills required within the workforce; and the effectiveness of qualifications and continuing professional development.

1. How are children's homes used currently?
    a. To what extent are placements being used as a purposeful intervention to meet children's needs?
    b. What international evidence is there on the research question above, limited to comparative reviews that include England.
2. What does the evidence say are the core knowledge and skills required to effectively support all children in children's homes?
    a. What international evidence is there on the research question above, limited to comparative reviews that include England.
3. What does the evidence say are the knowledge and skills required to:
    a. effectively support children with multiple and complex needs,
    b. effectively support children with special educational needs,
    c. effectively support children with disabilities and health conditions (including mental health),
    d. effectively support children from diverse ethnic and cultural backgrounds, different genders and age and asylum-seeking status,
    e. effectively support children with experience of abuse, exploitation, neglect and trauma.
4. What does the evidence say are the knowledge and skills required to:
    a. enable good multi-agency and multi-disciplinary working;
    b. effectively lead and manage staff in a children's homes.
5. What does the evidence say are the knowledge and skills needed to safeguard children living in children's homes, including protecting them against harm from criminal and sexual exploitation?

6. What does the evidence say about the effectiveness of the mandatory qualifications (i.e. Level 5 Diploma in Leadership and Management for Residential Childcare and Level 3 Diploma in Residential Childcare), including:
    a. how the qualifications equip staff with the required knowledge and skills
    b. how the qualifications equip staff to apply the required knowledge and skills in practice
7. What does the evidence say about the effectiveness of training and continuing professional development (CPD), including:
    a. how training and CPD contributes to the skills and knowledge of children's homes staff;
    b. how training and CPD is delivered.
8. What does the evidence say about how access to funding impacts on the quality and use of professional development for children's homes staff?
9. What does the evidence say about the role of professional development in the recruitment and retention of children's homes managers and staff?

Review methods

The review used systematic and reproducible searches of the literature published between January 2015 and April 2026, applying pre-defined inclusion and exclusion criteria to identify relevant studies and a framework to assess their quality. The number of databases and organisational websites searched, as well as the depth of quality appraisal, was restricted by the short timescale (April to June 2026). Full details of the REA's search and screening strategy are provided in Appendix 1.

Data management

In total, 3,422 items were identified through database searches and a further 116 through searches of organisational websites. Following title screening (and abstract screening where necessary), 3,395 items were excluded, primarily due to duplication, lack of relevance to the review, or failure to meet the inclusion criteria.

A total of 143 sources proceeded to full-text screening and methodological appraisal, resulting in a further 85 exclusions. Quality appraisal followed a two-stage process: studies were first screened using titles and abstracts, and those meeting the inclusion criteria were then assessed in full for both relevance and methodological quality. Full-text appraisal considered standard criteria such as whether the research design appropriately addressed the study's aims and whether the data-analysis process was adequately described and sufficiently rigorous, with only studies scoring 60% or above included in the final review. Overall, 58 sources met the inclusion and methodological standard criteria and were included in the REA (Appendix 2 provides more information on these sources).

Limitations in the REA method

As with all Rapid Evidence Assessments, this work has a number of limitations. It is important to hold onto these when considering the findings and their implications.

Firstly, the REA is limited in scope. The authors' decision to apply a 10-year search window reflects the constraints and purpose of a Rapid Evidence Assessment. REAs are designed to balance rigour with proportionality, and limiting the search period is a standard way of ensuring the volume of material remains manageable while still capturing contemporary evidence. A 10-year parameter allows the review to focus on research that reflects current policy, practice and workforce conditions, and enables timely synthesis within the accelerated REA timeframe. Older studies were therefore excluded unless already incorporated into more recent reviews.

Secondly, decisions made when developing the search strategy introduced further limitations. Four databases were selected, meaning some relevant sources may not have been indexed within them. Although search terms were broad, additional sources using alternative terminology may not have been identified. In addition, the review did not systematically search the grey literature due to timescales. Grey literature refers to research and evidence produced outside traditional academic publishing, such as government reports, policy documents, inquiries, evaluations, guidance, and materials from charities or professional bodies. This means that potentially valuable learning from Ofsted reports, serious incident reports, and other grey literature may not be fully reflected in the findings.

Thirdly, although the review process and REA tools were designed to minimise misinterpretation, differences in interpretation between the two researchers may have influenced how information was recorded. To reduce this risk, the researchers used shared coding frameworks and held regular discussions to check and align coding decisions.

Finally, the results presented in this review are necessarily removed from their individual contexts and summarised with limited methodological detail. While the REA includes some differentiation between sources, readers will need to consult the original studies to fully understand their context, methods, and limitations.

Taken together, these limitations mean the findings should be interpreted as indicative rather than exhaustive, highlighting patterns in the evidence rather than providing definitive conclusions.

Gaps in the evidence base

The review aimed to explore the knowledge and skills required to effectively support children in children's homes. It identified a scarcity of robust research on children's homes

in England. Many sources highlight that the field is small, at times methodologically weak, and lacking service-level or long-term outcome data (Parry et. al, 2021a; Cameron and Das, 2019; Fortems et. al, 2026; McGimpsey et. al, 2024; Research in Practice and NCB, 2025). This wider weakness in the evidence base also contributes to a corresponding lack of research focused specifically on the workforce.

This is compounded by the absence of shared definitions and conceptual clarity. International reviews confirm that key terms such as ‘quality’, ‘therapeutic residential care’, ‘complex needs’ and ‘trauma-informed care’ are used inconsistently or not defined at all (Eriksson et. al, 2025; Hart et. al, 2015). Difficulties in defining the purpose and objectives of residential care make it hard to determine which staff knowledge or skills matter most or how to measure them. Inconsistent terminology, both nationally and internationally, limits comparability across studies (Fortems et. al, 2026).

This conceptual fragmentation contributes to the broader problem that residential care remains what one evidence source in Castro et. al’s (2024) international systematic review termed a “black box”: Outcomes may be reported, but explaining why change occurs or what staff are doing that contributes to it remains poorly understood (Cameron and Das, 2019).

Reflecting these gaps, no studies were identified that exclusively examined the core knowledge and skills required of the children’s homes workforce. Included sources tend to refer to knowledge and skills only indirectly, embed them within broader discussions of residential care, or present them as recommendations rather than primary research findings.

A notable proportion of the available evidence comes from one particular children's home provider (The Mulberry Bush), which has a long-standing research culture. As a result, there are a number of examples from this single organisation in the REA and should be understood as reflecting its strong research orientation rather than the sector as a whole.

Each section in the report builds on the challenges noted here, examining the specific evidence gaps and methodological issues relevant to that topic.

1. Purpose and use of children's homes

Why purpose matters

The purpose of a children's home fundamentally shapes how it operates: how staff understand their role, how children perceive themselves, how parents engage, and how placements are commissioned and matched. Yet across the evidence base, England lacks a clear and consistent understanding of what children's homes are for, with national policy, local commissioning, and everyday practice often pulling in different directions (Holmes et. al, 2018; Giraldi et. al, 2022; Westlake et. al, 2025b; What Works for Children's Social Care, 2022; Hart et. al, 2015). This absence of shared purpose creates fragmentation across the system and underpins many of the challenges identified in the literature, including inconsistent use of residential care and misaligned commissioning and practice.

What children's homes can be: the range of potential purposes

Children's homes in England can serve a wide range of purposes, reflecting the diverse needs of the children they accommodate. The 2015 National Children's Bureau (NCB) review of qualifications, skills and training in children's homes pointed to the National Centre for Excellence in Child Care (NCERCC) classification that identifies seven types of provision: short-term homes; long-term homes; homes for children with disabilities; therapeutic communities; short-break homes; residential special schools and secure children's homes (White et. al, 2015). More broadly, the NCB review notes that residential care can provide care and upbringing, temporary care, emergency shelter, preparation for permanence, assessment, treatment, or a bridge to independence (White et. al, 2015).

In contrast, Ofsted categorises children's homes according to the types of needs they are registered to meet, such as emotional or behavioural difficulties, physical or learning disabilities, mental disorders (excluding learning disability), sensory impairment, or present drug or alcohol dependence. Providers may hold more than one registration category, or none, and these categories form part of the conditions that limit the care a home is permitted to provide (Ofsted, 2026). These statutory categories are set out in the Care Standards Act 2000 (Registration) Regulations 2010, and Ofsted is legally obliged to categorise homes in this way. However, the categories are more than a decade old, and as such they may no longer reflect the complexity of children's needs or contemporary practice, making reform necessary.

International evidence highlights long-standing uncertainty about what residential care is fundamentally for, whether it is a temporary refuge, an alternative to family life, a therapeutic intervention, or a set of differentiated models designed to meet distinct needs (Castro et. al, 2024; Parry et. al, 2021b; Burbidge et. al, 2020). However, across these sources, a consistent message emerges high-quality residential care depends on homes

having a clear and explicit purpose, supported by strong leadership and a skilled workforce. In England children's homes are required to set out an underpinning ethos, values and approach to care in their Statement of Purpose. But evidence suggests homes can have vague Statements of Purpose and unclear aims, meaning homes may lack a coherent understanding of what they are trying to achieve (Westlake et. al, 2025b; Hart et. al, 2015).

A recurring theme across the literature is the tension between placement type and placement purpose. England continues to classify provision primarily by type, such as "children's home", "residential special school", "secure children's home", rather than by the purpose the placement is intended to serve. Several sources argue that the sector would benefit from a clearer classification system based on purpose, echoing international moves toward purpose-led frameworks that distinguish between generalist, specialist and therapeutic provision (Hart et. al, 2015, White et. al, 2015; stakeholder interviews).

The literature also identifies a shift in discourse across the sector, with increasing emphasis on defining placement purpose rather than placement type, to better align provision with children's developmental needs (Holmes et. al, 2018; Cordis Bright, 2018). One example of this shift is Cordis Bright's international evidence review which maps the range of residential care models across the UK and internationally. Rather than categorising homes by structural type, the review identifies five models of residential care based on the outcomes they aim to achieve: health and wellbeing; educational achievement and developing skills; improving relationships; reducing "high-risk" behaviours; and transitions from residential care (Cordis Bright, 2018). The intention is to support the sector to measure effectiveness more meaningfully, by clarifying the outcomes to be achieved and the scale of change expected relative to the level of resources invested (Cordis Bright, 2018). This approach exemplifies the broader argument that residential care should be understood and commissioned according to its purpose, not its form.

Ultimately, the evidence does not point to a single, universal purpose all children's homes should fulfil. Instead, it shows that children's homes can meet different purposes for different children, and that the central issue is whether placements are purposeful, clearly aligned with a child's assessed needs, and supported by an appropriate model of care. At present, however, the lack of a shared national understanding of residential care means that the potential purposes of residential care remain broad, contested and inconsistently applied (Westlake et. al, 2025b; Hart et. al, 2015, Andow, 2024). This ambiguity underpins many of the challenges children's homes face that are identified later in this section, including crisis-led use, inconsistent therapeutic provision, and widespread mismatch between children's needs and available placements.

REA stakeholder interviewees strongly reinforced this point, emphasising that while children's homes do not have a single universal purpose, every placement must be purposeful. They stressed that purpose should be child-specific, grounded in the young

person's care plan, what they need to achieve, and what the particular home can offer not a generic label or a default option used when other placements fail.

How children's homes are perceived in England

Residential children's homes in England continue to be shaped by a powerful and persistent narrative that positions them as a last resort, often perceived as only suitable when family-based placements are unavailable or after repeated placement breakdowns (Schaub et al, 2024; Price et. al, 2018; Westlake et. al, 2025b; 1.0, Holmes et. al, 2018; Narey, 2016; What Works for Children's Social Care, 2022; Göbbels-Koch and Gupta, 2025; Abraham et. al, 2022; RTK Ltd, 2021; Price et. al, 2023). This perception is reinforced by concerns about abuse, high costs, limited attachment opportunities and poorer outcomes for care leavers (Steckley, 2020), as well as longstanding policy preferences for family-based care (Holmes et. al, 2018; What Works for Children's Social Care, 2022; Purcell et. al, 2025; Schaub et al, 2024; Göbbels-Koch and Gupta, 2025; Westlake et. al, 2025b). Together, these factors contribute to a stigma that continues to shape commissioning decisions, placement pathways and public understanding of what children's homes are for.

Yet the evidence base increasingly challenges this narrow framing. Firstly, whilst outcomes for children who have ever lived in residential care tend to be relatively poor compared to average outcomes for all children in care, analysis of national data does not suggest that residential care homes or placements are causing children's poorer outcomes (What Works for Children's Social Care, 2022). A qualitative study of The Mulberry Bush, (a residential primary school providing specialist therapeutic support and education for children aged 5 to 13 who have suffered severe early years trauma, neglect, and abuse), shows that for some young people, particularly those whose early experiences have made close, family-like intimacy feel unsafe, residential care plays a vital developmental role (Price et. al, 2023). The study argues that residential settings can offer a uniquely therapeutic resource: the shared, team-held relational work allows staff to stay connected to children's lived experience, tolerate the emotional risks of deep engagement, and provide consistent, thoughtful relationships through which change becomes possible (Price et. al, 2023).

This point, that high-quality, evidence-based care, rather than the type of placement, drives children's outcomes is strongly supported by international reviews that find no inherent advantage of foster care over residential care when quality is controlled for (Giraldi et. al, 2022; Hart et. al, 2015). Residential care can be a more appropriate intervention for young people who feel conflicted by the intimacy or "replacement family" expectations of foster care (Holmes et. al, 2018;). In these cases, the non-traditional familial environment of a children's home, combined with trained, relational staff, can provide a sense of safety, predictability and belonging while challenging narrow assumptions about the nuclear family as the ideal model of care (Holmes et. al, 2018).

REA interviewees also highlighted emerging evidence (unpublished at the time of the interview) challenging the hierarchy that positions foster care as inherently preferable for adolescents with complex needs, indicating that high-quality residential care may be the most appropriate option depending on the identified needs of a child (Hood et. al, 2026a; Hood et. al, 2026b; Hood et. al, 2026c).

For some children, the structured routines, predictable boundaries and 24-hour staffing of residential settings provide a level of containment and emotional safety that family-based placements struggle to sustain (Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023; Cordis Bright, 2018). This is particularly evident for adolescents, who form the majority of the residential population (Parry et. al, 2023; Westlake et. al, 2025a; Westlake et. al, 2025b; What Works for Children's Social Care, 2022; National Audit Office, 2025; Ofsted, 2025b). Adolescents may find the intimacy of foster care overwhelming or unsafe, especially when they have experienced trauma, disrupted attachments or multiple placement breakdowns (Price et. al, 2023; Narey, 2016). Residential care can therefore offer a developmentally attuned environment that meets their need for relational distance, structure and skilled therapeutic engagement.

The Narey review reinforces this point, arguing that children's homes can act as a stepping-stone to fostering, giving children time, safety and support to make a later family placement work (Narey, 2016). This challenges the assumption that residential care is inherently inferior to foster care; instead, it positions residential provision as part of a continuum of care that can stabilise children, support recovery and prepare them for future relationships.

The Narey review identified the No Wrong Door model as an example of how residential care can act as a deliberate and effective bridge to fostering, particularly for adolescents who have previously struggled in family settings (Narey, 2016). In this model, residential hubs provide stabilisation, relationship-building and continuity through a single key worker, and prospective foster carers spend time in the residential home to build familiarity before placement. Narey notes that this approach can support better matching, allow slower and more considered transitions, and provide more sophisticated preparation for family life, helping to reduce the likelihood of placement breakdown. He also highlights emerging evidence of improved stability and significant cost savings associated with these residential-to-foster pathways (Narey, 2016).

Young people's own perspectives further complicate the "last resort" narrative. Several sources note that some young people prefer residential care to foster care, particularly when living with another family feels unsafe, painful or disloyal (Ofsted, 2022b; Holmes et. al, 2018; Westlake et. al, 2025b; Narey, 2016; Hart et. al, 2015). For these young people, residential care is not experienced as second-best but as a better and more lasting option, offering a wider range of adults to relate to, a more predictable relational environment, and a sense of belonging that does not depend on replicating family life.

Taken together, this evidence shows that the dominant perception of children's homes as a last resort does not reflect the lived experiences of many young people or the emerging research base. Instead, it obscures the ways in which residential care can provide safety, stability, therapeutic relationships and developmental opportunity, particularly for adolescents and for children who find family-based intimacy emotionally unsafe.

Another key point made by REA interviewees is how the stigma surrounding children's homes, intensified by persistent narratives that frame them as a "last resort", has direct emotional consequences for children. Interviewees described young people experiencing shame, embarrassment and fear, often internalising a sense of being "not good enough for a real family" after multiple rejections from birth families and foster carers. Several interviewees explained that this stigma shapes children's everyday lives: young people may hide where they live, avoid bringing friends home, or withdraw from mainstream school because of the pressure and anxiety associated with being "found out." Social media was described as amplifying these fears, making children feel constantly exposed to judgement.

Some REA interviewees emphasised the importance of language in countering stigma, noting that calling it a *home* rather than a *placement* helps reinforce dignity, identity and belonging. They stressed that children's voices must be actively included in decisions and conversations about their care, rather than bypassed, to ensure that residential care is experienced as a valued and legitimate part of the care system rather than a marker of failure.

How children's homes are actually used in practice

Current understanding of how children's homes are used relies heavily on national administrative data, which cannot capture the full picture of why children enter residential care or how placement decisions are made. Very little is known, particularly from qualitative research, about the reasons children are placed in children's homes, as current data collections do not record this information. As a result, it is currently not possible to answer fundamental questions such as: why are children placed in residential care; are placements purposeful; how are decisions made; what needs children have; and to what extent those needs are met? The literature and stakeholder interviews consistently highlight this gap, with many sources arguing that it is still not currently possible to determine whether, and to what extent, children's homes are meeting the needs of the children they say they can accommodate (stakeholder interviews; What Works for Children's Social Care, 2022; McGimpsey et. al, 2024; Ofsted, 2022a; Ofsted, 2022b).

Despite these limitations, the evidence still allows us to identify several clear patterns in how children's homes are currently used in England, and the factors that shape placement decisions.

Crisis-led and availability-driven use

Despite their potential, children's homes in England are frequently used as a crisis response. Many children enter residential care following multiple placement breakdowns, often linked to trauma, neurodiversity or emotional dysregulation (What Works for Children's Social Care, 2022; Ofsted, 2022b). Emergency moves and short-notice placements are common, particularly for adolescents (Ofsted, 2022b). Residential care frequently becomes the default option when no other placement is available, reinforcing its association with the "hardest to place" cohort (Parry et. al, 2023; Holmes et. al, 2018; Price et. al, 2018; Göbbels-Koch and Gupta, 2025; Westlake et. al, 2025a; Westlake et. al, 2025b; Bardis and Dunsmuir, 2025; Narey, 2016; What Works for Children's Social Care, 2022; Hart et. al, 2015; RTK Ltd, 2021; Ofsted, 2022b).

England's continuum of care is viewed as unusually rigid compared with other countries, many of which operate far more permeable systems where children move flexibly between foster, residential, respite and community-based supports (Hart et. al, 2015). This rigidity, combined with shortages of specialist provision, contributes to a widespread mismatch between children's needs and available placements, driving out-of-area moves and crisis-led decisions (What Works for Children's Social Care, 2022; National Audit Office, 2025; Ofsted, 2024).

Specialist or therapeutic use

Children's homes in England are also used as specialist or therapeutic interventions, particularly where trauma-informed practice, behavioural support or support for those with special educational needs is required (Whittaker et. al, 2016; Giraldi et. al, 2022; Santos et. al, 2023; Burbidge et. al, 2020; Price et. al, 2023; Ofsted, 2024; La Valle et. al, 2016). These settings are designed to offer structured, intensive support for children with complex needs, and in some cases to provide stabilisation, recovery-focused work and multi-agency input as part of a planned therapeutic approach (Whittaker et. al, 2016; Burbidge et. al, 2020; Research in Practice and NCB, 2025).

England lacks a national consensus or framework for defining or assessing therapeutic care in children's homes, while several international systems have developed clearer definitions, accreditation standards and workforce expectations for therapeutic residential care (Whittaker et. al, 2016; Santos et. al, 2023; Hart et. al, 2015). Fewer than half of children's homes in England offer therapy as an in-house or linked service, and access is frequently dependent on external statutory provision such as Child and Adolescent Mental Health Services (CAMHS) rather than integrated into everyday practice (Ofsted, 2022a). Provision is uneven, and many children with specialist needs are placed in non-specialist homes due to gaps in sufficiency (National Audit Office, 2025; Ofsted, 2024; Council for Disabled Children, 2022). Because residential care is not defined as a permanent placement by regulation or policy, and because Statements of Purpose are often vague or

behaviour-focused, evidence suggests homes frequently lack a clear therapeutic role, shaping how staff work and how children understand their place in the system (Hart et. al, 2015). Distinctions between “generalist”, “specialist” and “therapeutic” provision are often blurred and inconsistently applied, used as marketing labels rather than meaningful descriptors, leaving much mainstream provision characterised by unclear purpose, weak theoretical underpinning, limited training and short expected stays (White et. al, 2015; Hart et. al, 2015).

REA interviewees also emphasised that the term *“therapeutic”* is used inconsistently and, at times, misleadingly across children’s homes. Several interviewees described homes presenting themselves as therapeutic simply because external therapy is available, or to justify higher fees, rather than because the home operates a coherent therapeutic model. They argued that national criteria are needed to define when the term can legitimately be used, and some suggested that if placements are to be genuinely purposeful and needs-led, then all children’s homes should offer therapeutic care as part of their core practice.

International evidence provides a clearer articulation of what therapeutic residential care can and should involve. The International Work Group for Therapeutic Residential Care convened a global Summit to clarify what is known about therapeutic residential care, aiming not to define a single model, but to develop a shared language. They defined therapeutic residential care as “the planful use of a purposefully constructed, multi-dimensional living environment designed to enhance or provide treatment, education, socialisation, support, and protection to children and youth with identified mental health or behavioural needs in partnership with their families.” They emphasise that therapeutic care is a values-led, relationship-centred intervention, grounded in safety, family connection, cultural anchoring and everyday relational practice (Whittaker et. al, 2016). This aligns with wider evidence from an international systematic review that residential care requires specialised, evidence-based interventions delivered by well-trained staff who act as therapeutic agents, with trusting relationships central to children’s outcomes (Santos et. al, 2023).

There is also evidence from England of children’s homes that explicitly follow a therapeutic approach. A case-study of three local authority-led homes for children with complex needs found a shared therapeutic purpose: to stabilise, support recovery and keep children local (Research in Practice and NCB, 2025). Staff focused on creating safety and emotional security so children could settle and engage with education, mental health and substance-use support. These homes emphasised intensive recovery work, not just containment, to prevent placement breakdown, enable step-down to lower levels of care and, for those on Deprivation of Liberty orders, reach a point where restrictions could be safely ended. A core principle was maintaining school links and family relationships to support reunification or prevent future crises.

The ‘milieu’ in a children’s home is the whole living environment: the relationships, routines, atmosphere, team culture and physical space that together create the home’s “feel” and support children’s safety, stability and development. In therapeutic settings like The Mulberry Bush, a milieu-based approach uses a safe and structured environment as the foundation for healing, allowing staff to build relationships through play, shared activities, and stable routines (Price et. al, 2023). Across such settings, the therapeutic milieu and everyday relational practice are recognised as central to helping children develop psychosocial competencies and meaningful relationships (Parry et. al, 2021b).

Taken together, this evidence shows that while England lacks a coherent national framework for therapeutic residential care, there are clear principles and emerging practice models that demonstrate what purposeful, relationship-centred therapeutic provision can look like in practice.

Safety-driven use of children’s homes

A recurring theme across the literature is the use of residential care as a safety-driven intervention, where the primary purpose of the placement is to protect children from immediate harm (either from themselves or from others). Children’s homes are frequently used to safeguard young people from sexual or criminal exploitation, going missing, violence, or self-injury (Holmes et. al, 2018; Westlake et. al, 2025a; Lawrence et. al, 2025; Parry et. al, 2021b; Ellis and Curtis, 2021; What Works for Children’s Social Care, 2022; Ofsted, 2024; Council for Disabled Children, 2022; La Valle et. al, 2016). In these cases, residential care is often commissioned not because it is the most developmentally appropriate setting, but because it is perceived as the only environment capable of providing constant supervision, structured routines and the level of containment that family-based placements cannot sustain.

National data shows how this plays out in practice. An Ofsted study found that half of all single-gender homes for girls stated they could accommodate children who had experienced sexual exploitation, compared with one in six single-gender homes for boys (Ofsted, 2022a). Only 39 homes (2%) explicitly mentioned criminal exploitation, although a much larger group, 333 homes (16%), reported offering care for children who displayed offending behaviour, without specifying whether this included exploitation. This suggests that the system relies heavily on residential care to manage risk, but lacks a clear or consistent framework for identifying or categorising homes that work with exploited children. Some sources also highlight the widespread but unproven assumption that placing children affected by sexual exploitation in remote locations increases safety, despite no evidence that distance from home reduces risk (La Valle et. al, 2016).

Safety-driven use is also evident in the growing number of children placed in residential settings under Deprivation of Liberty (DoL) orders. Analysis of the first 208 applications to

the national DoL Court identified three broad groups of children (Research in Practice and NCB, 2025):

1. children with learning and physical disabilities requiring supervision
2. children experiencing or at risk of sexual or criminal exploitation
3. children with multiple complex needs typically linked to responses to chronic trauma

Children's homes are increasingly used for these children because there are too few suitable placements in secure settings, mental health provision or specialist residential care. As a result, children are sometimes placed in bespoke or unregistered arrangements that struggle to manage high-risk behaviours, while others wait months for an appropriate registered placement (Research in Practice and NCB, 2025). This reflects the wider pattern in which residential care is used to contain risk in the absence of sufficient, appropriate alternatives (Andow, 2024; Thomas et. al, 2025; What Works for Children's Social Care, 2022; Ofsted, 2022b).

Secure children's homes (SCHs) occupy a unique and contested position within the secure estate. As registered children's homes, they accommodate children deprived of their liberty under section 25 of the Children Act 1989 for welfare reasons (Andow, 2024) alongside those detained through the justice system, creating a hybrid form of detention in which children who pose a risk to others are held alongside those at risk of harm to themselves. Ethnographic research highlights a profound lack of shared understanding about their purpose: senior managers describe SCHs as places of safety and stabilisation, while some frontline staff and children characterise them as "holding pens" or punitive environments (Andow, 2024). Policy frames SCHs as a therapeutic, welfare-led alternative to custody, yet some academic literature positions them as mechanisms for managing structurally disadvantaged children, and in practice they often function as holding spaces for young people with increasingly complex needs in the absence of a clear rehabilitative purpose (Andow, 2024; Ellis and Curtis, 2021). Some sources argue that secure care should instead be understood as a therapeutic environment where safety is created through consistent, empathetic, trauma-informed relationships rather than control (Thomas et. al, 2025; Walker et. al, 2025), though an international systematic review found the nature and quality of psychotherapeutic provision varies significantly across units internationally (Thomas et. al, 2025).

Taken together, the evidence shows that safety-driven use of residential care is shaped less by a coherent therapeutic or developmental rationale and more by system gaps, risk management pressures and the absence of clear national frameworks for how safety, care and treatment should be balanced.

Bridge to permanence or independence

Children's homes are also used as a bridge to permanence or independence, particularly for adolescents who form the majority of the residential population (Parry et. al, 2023; Westlake et. al, 2025a; Westlake et. al, 2025b; What Works for Children's Social Care, 2022; National Audit Office, 2025; Ofsted, 2025b). As noted earlier, several sources note that children's homes can act as a stepping-stone to fostering by providing time, stability and support to make a later family placement work (Narey, 2016). Case-study evidence from local authority-led therapeutic homes reinforces this, showing that stabilisation, recovery work and the creation of emotional security are often explicitly intended to enable a move to lower-intensity placements, including fostering or semi-independent accommodation (Research in Practice and NCB, 2025).

Children's homes can also support continuity for children by keeping them local, maintaining school places and sustaining family relationships, with some homes working directly with families to prevent future crises or support reunification (Research in Practice and NCB, 2025). For many adolescents, residential care offers a developmentally appropriate environment for building autonomy: structured routines, predictable boundaries and 24-hour staffing provide containment while supporting the development of emotional regulation and independence skills (Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023; Cordis Bright, 2018).

However, the absence of national data on why children enter residential care means it is not currently possible to determine how far this transitional use is intentional, effective or aligned with children's needs (stakeholder interviews; What Works for Children's Social Care, 2022; McGimpsey et. al, 2024; Ofsted, 2022a; Ofsted, 2022b).

Emerging evidence on the distinct functions of children's homes

Several REA interviewees highlighted research led by Professor Rick Hood (Kingston University), funded by NIHR and delivered in partnership with Ofsted and the National Children's Bureau. Although unpublished at the time of the interviews, interviewees described the study as offering a clearer, more structured way of understanding how children's homes are used in practice. The research will analyse anonymised data from more than 25,000 children who lived in children's homes between 2014 and 2023, alongside lived-experience insights from young people, parents, care staff and decision-makers.

Since the completion of the REA interviews the research has now produced a series of papers based on analysis of national administrative data, alongside qualitative research with young people, parents, residential care staff and professionals involved in placement decisions. Rather than treating children's homes as a single form of provision, the research examines how they are used at different points in children's care trajectories, the

circumstances in which they may provide stability, and how children's experiences and outcomes vary according to placement and provider characteristics.

The emerging evidence supports a more differentiated understanding of the roles performed by children's homes. Four principal functions are identified. These should be understood as an interpretive framework rather than as a fixed typology, since individual homes and placements may perform more than one function and their purpose is not always explicitly planned within current commissioning and sufficiency arrangements. These functions closely mirror those identified in the literature, but interviewees viewed this structured articulation as a welcome addition to the evidence base and one that may support future policy moves toward a more needs-led commissioning framework:

- **Crisis and emergency care:** providing immediate care and safety following family breakdown, placement disruption or an escalation in risk, often in circumstances where there is limited time or choice available to those making placement decisions.
- **Stabilisation:** providing relational and practical continuity following a period of instability. Longitudinal findings from the programme indicate that indicators such as placement changes, school exclusion and missing episodes commonly increase before entry to a children's home and tend to decline following entry, suggesting that residential care can represent a stabilising stage within an otherwise disrupted care trajectory.
- **Specialist or intensive support:** meeting combinations of need that may be difficult to accommodate in family-based care, including experiences of trauma, exploitation, emotional and behavioural difficulties, neurodivergence and mental ill health. The evidence also indicates, however, that the label 'specialist' does not in itself guarantee that a placement has the workforce, therapeutic input or multi-agency support required to meet these needs.
- **Preparation for adulthood:** supporting older adolescents to develop practical skills, autonomy and sustained relationships as they approach adulthood. The research suggests that this function needs to extend beyond preparation for independent living to include continuity of care, education, health support and dependable relationships during the transition from care.

The research also shows that outcomes cannot be attributed solely to the type of placement or to children's individual characteristics. Stability and other outcomes are associated with the conditions in which care is provided, including the timing and quality of placement decisions, workforce and leadership continuity, reliance on agency staff, solo placements, placement distance, inspection judgements and access to education and multi-agency support. Its central policy implication is therefore that children's homes should be commissioned and evaluated according to the purposes they are expected to fulfil, the needs of the children they serve, and the organisational conditions required to

deliver those functions, rather than being treated as a residual or undifferentiated placement category (Hood et. al, 2026a; Hood et. al, 2026b; Hood et. al, 2026c).

Who, where and how many?

Children's homes in England are used predominantly for children with the highest and most complex needs, and the profile of children entering residential care reflects this. Across the literature, children entering residential care are consistently described as having multiple, overlapping needs, including trauma histories, mental health difficulties, self-harm, exploitation risk, learning disabilities and behaviours that challenge (Parry et. al, 2023; Holmes et. al, 2018; Westlake et. al, 2025a; Westlake et. al, 2025b; Santos et. al, 2023; Burbidge et. al, 2020; Thomas et. al, 2025; Price et. al, 2023; What Works for Children's Social Care, 2022; National Audit Office, 2025; Ofsted, 2024; Council for Disabled Children, 2022). These needs often emerge in the context of placement instability: children entering residential care have experienced an average of 2.2 prior placements, most commonly following the breakdown of foster or kinship care (What Works for Children's Social Care, 2022). Residential care is therefore frequently used when family-based placements can no longer sustain a child's level of need or risk.

Between March 2021 and 2025 the number of children placed in children's homes (including secure homes) has increased by 27% to 9,480 (Department for Education, 2025) , and the number of children's homes has grown by 48% since 2021, reaching 4,010 homes by March 2025 (Dialogue, 2025; Ofsted, 2025a). The vast majority (98%) are standard children's homes, with small proportions registered as residential special schools (1%) or secure children's homes (less than 1%) (Ofsted, 2025a). Despite this expansion, demand continues to outstrip supply for children with the most complex needs.

Demographically, residential care is used primarily for older children and adolescents. The average age of children living in homes is 14.6 years, with an average placement start age of 12.9 years (Ofsted, 2022a). Children aged 10 to 15 make up the largest group, and 16 to 17 year-olds represent a significant and growing share (Ofsted, 2025b). Girls are less likely to enter residential care overall, with a roughly 60/40 split (boys to girls) across homes (What Works for Children's Social Care, 2022). Children with special educational needs are heavily over-represented: 92% of children in residential care have received SEN provision at some point (What Works for Children's Social Care, 2022), and 80% had special education needs in 2020 compared with all children looked after (52%) and all children (around 15%) (Ofsted, 2022a). Children who enter care due to disability or illness are also over-represented in residential care, with 15% of children living in residential care for disability or illness, compared with a much smaller proportion of all children in care (What Works for Children's Social Care, 2022).

Ethnic disproportionality is evident, though relatively slight. Analysis of 2020 data found that around 80% of children living in children's homes were White, compared with 74% of

all children in care (Ofsted, 2022a). Black children, meanwhile, were over-represented in "other residential" placements, which Foundations' analysis showed to be largely constituted by unregulated accommodation (What Works for Children's Social Care, 2022). This data comes from 2020, and it should be noted that the rules around unregulated accommodation have since changed (and unregulated accommodation no longer exists - only unregistered accommodation). More recent DfE data (2024) shows a very similar pattern: 80% White, 10% Mixed or Multiple ethnic groups, 5% Black, African, Caribbean or Black British, 3% Asian or Asian British, and 2% from other ethnic groups. This remains only slightly different from the looked after population in 2024 (White 71%, 10% Mixed or Multiple ethnic groups, 7% Black, African, Caribbean or Black British, 5% Asian or Asian British, and 5% from other ethnic group) indicating that while disproportionality persists, its scale has changed little over time.

Geographically, children's homes are unevenly distributed, and do not align with demand. 2025 Ofsted data shows that the North West hosts 26% of all homes and 22% of all places, but only 18% of looked-after children (Ofsted, 2025a). London and the South West have the fewest homes and places (Ofsted, 2025a). This mismatch between supply and demand contributes to high levels of out-of-area placements: only one-third of children live in homes within their own local authority (Ofsted, 2022a), and 47% are placed more than 20 miles from their family home. As a result, many children are separated from their schools, peers, communities and support networks (Holmes et. al, 2018; What Works for Children's Social Care, 2022; Ofsted, 2022a; National Audit Office, 2025; Ofsted, 2024; Council for Disabled Children, 2022; Ofsted, 2025b). Commissioners aim to secure placements close to home, but this is not consistently achievable within the current residential care landscape (Narey, 2016).

What needs do children's homes support in practice?

As previously described, the evidence indicates that children who move into children's homes typically have complex, intersecting needs, often shaped by instability and multiple placement disruptions. In this context, residential care functions as an environment capable of delivering intensive, staffed, relationship-centred support (Westlake et. al, 2025a; Castro et. al, 2024; Alves et. al, 2024; Cameron and Das, 2019; Fortems et. al, 2026).

Children's homes describe supporting a wide range of needs. Ofsted's analysis of 2,146 Statements of Purpose found that homes group needs into eight categories: complex needs, abuse and neglect, learning difficulties, autism spectrum, mental health problems, physical disabilities, complex health needs and sensory impairment (Ofsted, 2022a). The most common category of need that homes state they support is complex needs (93%), while sensory impairment (4%) and complex health needs (5%) are least common. However, "complex needs" functions largely as an umbrella term rather than a specific descriptor, with homes typically referring to issues such as going missing, emotional and

behavioural difficulties, or communication challenges (Ofsted, 2022a; Ofsted, 2024). When local authorities and providers were asked what they understood "complex needs" to include, all six categories, behavioural, mental health, learning, safeguarding, physical and social needs, were selected by 75–97% of respondents, suggesting that complexity is understood as the accumulation of multiple needs, rather than a discrete category (Ofsted, 2024). Since 2023, more homes report being able to meet complex needs, abuse and neglect, and mental health problems (Verian and NCB, 2025), but this expansion appears to reflect broadening labels rather than clear and distinct specialisation (Ofsted, 2022a; Ofsted, 2024).

In practice, evidence suggests the needs that children's homes can support are far more limited than their Statements of Purpose imply. Local authorities report that 91% 'often' or 'always' struggle to find suitable homes for children with complex needs (Ofsted, 2024), with those presenting behavioural needs (48%) and mental health needs (38%) the hardest to place. Yet only 22% of homes state they can support mental health needs (Ofsted, 2024), creating a significant placement gap, particularly for children just below Tier 4 thresholds or recently discharged from inpatient care.

Local authorities also note that homes frequently reject referrals because children's behavioural or physical needs may pose risks to existing residents, or because homes lack the specialist staff required (Ofsted, 2024). Providers additionally report their belief that accepting highly complex children may jeopardise their Ofsted ratings, creating a disincentive to take those with the greatest needs (Narey, 2016; Ofsted, 2024). For children with disabilities, complex health needs or behaviour that challenges, professionals describe major difficulties securing specialist placements, often resulting in out-of-area or unsuitable arrangements that heighten vulnerability and safeguarding risks (Council for Disabled Children, 2022; Council for Disabled Children, 2023).

Collectively, the evidence shows a persistent mismatch between the needs of children entering residential care and the needs that homes can reliably support. While homes describe themselves as able to meet a wide variety of needs, most operate as generalist provision, and true specialism is rare (Ofsted, 2022a). This raises a fundamental question for the system: not simply what needs children's homes say they support, but whether children are being matched to homes that can meet their needs in practice (Ofsted, 2022b).

Placement decision-making and matching

A central question for this Rapid Evidence Assessment is the extent to which placements in children's homes are used as purposeful interventions to meet children's needs. This question sits at the heart of debates about how residential care is conceptualised, commissioned and experienced, and whether children's homes function as intentional, needs-led provision or as reactive responses to system pressures.

Despite its importance, this question cannot be effectively answered with existing data. Data is not collected on why children are placed in residential care, whether placements are intended to be therapeutic or stabilising, or whether they are planned, emergency or crisis-driven. Nor does national data record whether children are matched to homes on the basis of assessed need, or whether the child's needs align with the children's home in which they are placed (stakeholder interviews; What Works for Children's Social Care, 2022; McGimpsey et. al, 2024; Ofsted, 2022a). As a result, it is currently not possible to determine, at a system level, whether children's homes in England are used as purposeful interventions.

The evidence included in this REA suggests that children's homes in England are rarely used as planned, purposeful interventions. Across multiple sources, residential care is found to be commissioned reactively, typically following crises, multiple placement breakdowns or a lack of alternatives (Parry et. al, 2023; Holmes et. al, 2018; What Works for Children's Social Care, 2022; Bardis and Dunsmuir, 2025; Hart et. al, 2015). Ofsted's study, based on a small sample of 83 homes and 112 children, found that around one-third had foster care, not residential care, identified as the intended placement in their care plans (McGimpsey et. al, 2024; Ofsted, 2022b). Residential care was part of the intended plan for just over half. This might suggest (but does not prove) that residential placements are often not the planned destination, but become the default when other placements cannot be secured or have broken down. However, the same study found that for almost half of 112 children, the home was chosen because it could meet the child's needs, and only in six cases was the placement noted to be made because no other placement was available (Ofsted, 2022b). This underlines the complexity of placement decision-making and the difficulty of drawing firm conclusions from currently available data.

This reactive use is reinforced by the persistent "last resort" narrative embedded in policy, practice and professional culture (Schaub et al, 2024; Price et. al, 2018; Göbbels-Koch and Gupta, 2025; Abraham et. al, 2022). This narrative both reflects and perpetuates the limited intentional use of residential care, making it harder for practitioners to consider residential provision proactively as a needs-led option.

For children's homes to function as a purposeful intervention, placements need to be based on careful assessment and thoughtful matching, ensuring that a child's needs align with the home's purpose, model and capacity (Westlake et. al, 2025b). The evidence, however, shows that this alignment is often weak. Matching requires a clear understanding of both the child's needs and the home's offer, but research shows that decisions are frequently made at speed and driven by availability rather than need (Narey, 2016). Furthermore, many homes have Statements of Purpose that are too broad or generic to guide decision-making and England lacks the type of structured assessment models that are more commonly used internationally to support consistent placement decisions (Hart et. al, 2015; Narey, 2016).

Several studies included in an international systematic review highlight the consequences of this: staff in secure care describe children being placed in units unsuited to their needs (Thomas et. al, 2025), and a DfE review found that weak matching led to children being placed in settings that did not meet their education, health or care needs, with some placements judged unsafe (Council for Disabled Children, 2022).

The wider constraints described in the previous section, particularly gaps in specialist provision and the difficulties homes face in accepting children with high levels of need, mean that matching can become a process of locating any available bed rather than identifying the most appropriate setting (Narey, 2016, Ofsted, 2024). As a result, children with complex, overlapping needs are sometimes placed in homes not designed to meet them (Parry et. al, 2023; What Works for Children's Social Care, 2022; National Audit Office, 2025), and high levels of out of area placements further disrupt education, relationships and therapeutic continuity (Ofsted, 2022a; National Audit Office, 2025; Ofsted, 2024).

Findings from Ofsted's small-scale matching study offer a snapshot of how inspectors and registered managers judge the suitability of children's placements. The study found that around three-quarters of children were judged, by inspectors and registered managers, to be well matched to their homes (Ofsted, 2022b). For most children, the move was planned; for a minority it was unplanned or an emergency response to breakdown. Notably, even though almost half of these children were originally intended for placements other than residential care, most were still considered well matched once placed. This highlights the flexibility of many homes to adapt to children's needs, even when placements arise from crisis rather than planning.

Several structural factors undermine the possibility of purposeful placement decision-making:

- sufficiency challenges: shortages of suitable foster placements, specialist provision and therapeutic homes (Holmes et. al, 2018; National Audit Office, 2025; Ofsted, 2024; Council for Disabled Children, 2022; Ofsted, 2022b)
- rising demand and falling foster capacity: a 10% rise in children in residential care alongside a 9% fall in mainstream foster households between March 2020 and March 2024 (National Audit Office, 2025)
- decisions made at speed, often within "days or hours", driven by availability rather than need (Narey, 2016)
- lack of structured assessment models to guide placement decisions (Hart et. al, 2015)
- provider selectivity, including concerns about Ofsted ratings, which can discourage homes from accepting children with the highest needs (Narey, 2016; Ofsted, 2024)

- out-of-area placements, which disrupt education, relationships and therapeutic continuity (Ofsted, 2022a; National Audit Office, 2025; Ofsted, 2024)
- children's preferences for residential care are seldom incorporated into decision-making (Parry et. al, 2023; Schaub et al, 2024; Westlake et. al, 2025b; Hart et. al, 2015)

These systemic constraints mean that even when practitioners or local authorities intend to use residential care purposefully, the conditions required for intentional, needs-led matching are often absent.

While some homes demonstrate the potential for children's homes to function as a structured, therapeutic intervention, these examples remain the exception rather than the norm. Purposeful use requires clear placement purpose, robust assessment, thoughtful matching and a coherent model of care, conditions that are currently inconsistent across the sector. Emerging work to define placement purpose and develop outcomes-focused models (Cordis Bright, 2018) signals a shift in discourse, but this has yet to translate into widespread practice.

Key takeaway

Across the literature, a clear message emerges: England lacks a shared national understanding on the purpose of children's homes. Many homes have Statements of Purpose that are too vague to guide practice, and mainstream provision often lacks a coherent theoretical framework or consistent therapeutic intent. Workforce instability further limits the capacity of homes to function as purposeful, needs-led interventions.

Unlike countries where residential care is defined as a specialist service for children who cannot benefit from foster care, England does not provide this consistently. Instead, children's homes operate simultaneously as crisis response, specialist provision and default option, reflecting systemic ambiguity rather than intentional design. Children's homes are often used to manage risk rather than to support children's development or recovery.

The literature suggests that a purposeful system requires a coherent national framework that defines the role of children's homes within the wider care landscape. This includes structured assessment models, clearer placement purpose, consistent therapeutic expectations, workforce stability and outcomes-focused commissioning. Several REA interviewees argued that this framework cannot be developed in isolation: residential care and foster care need to be understood as parts of a single, integrated system rather than separate silos. They described the importance of shared workforce development, shared financial planning, flexible staffing models and more fluid movement between settings, so that children experience continuity rather than fragmentation across different forms of care.

Without these foundations, intentional, needs-led matching will remain the exception. Emerging work to clarify placement purpose and develop outcomes-focused models signals progress, but evidence suggests that this has yet to translate into consistent practice across the sector. These systemic conditions shape what children's homes can offer, but it is the knowledge and skills of staff that determine how this purpose is enacted day-to-day, a focus explored in the next chapter.

2. Core knowledge and skills to effectively support children in children's homes

Residential care practice in children's homes is shaped by the interplay between workers' knowledge, skills, and personal qualities. Knowledge provides the theoretical grounding for practice, while skills are the means through which this understanding is translated into effective action. Grant et. al. (2025) note, 'knowing that' refers to the knowledge base and 'knowing how' refers to how this knowledge is used in practice. While this REA focused primarily on workforce knowledge and skills, the evidence consistently highlighted a third, equally critical dimension: the qualities and values that workers bring to the role.

This chapter therefore begins by outlining the evidence on core knowledge, moves on to examine essential skills, and concludes with the personal qualities and values that underpin effective support. Across the evidence base, however, these distinctions are not always clear-cut, knowledge, skills and values frequently overlap, and themes cut across all three domains (Steckley, 2020).

Core knowledge required

Child and adolescent development

Staff working in children's homes need a solid grounding in child and adolescent development to understand the needs of the young people they care for (White et. al, 2015, Walker et. al, 2025; Giraldi et. al, 2022; Porter et. al, 2020; Holmes et. al, 2018). Evidence from case studies of 20 children's homes, including discussions with staff about future training curricula, highlight expectations that staff should have strong knowledge of child development and related frameworks (White et. al, 2015), including attachment theory, parenting styles, primary care, neuroscience and models like Maslow's hierarchy of needs. This knowledge helps staff to recognise developmental milestones and understand the role they play as care-givers in supporting them (Giraldi et. al, 2022). Evidence from an international review of secure care indicates that staff must understand key features of adolescent development, such as heightened emotional reactivity, growing autonomy and developing decision-making skills, to tailor their responses in ways that are both compassionate and developmentally appropriate (Walker et. al, 2025).

REA interviewees reinforced the importance of this knowledge, highlighting the need for understanding adolescent neurobiology, including the different stages of development and sleep patterns, and how these shape everyday interactions in residential settings.

Understanding trauma

Children's homes staff require an understanding of trauma and practices that promote recovery in order to understand children's needs and the reasons behind children's

behaviour (Ofsted, 2024, Bardis and Dunsmuir, 2025; Porter et. al, 2020; Rice et. al, 2022; Santos et. al, 2023; Walker et. al, 2025; Parry et. al, 2021a; Research in Practice and NCB, 2025). This includes understanding how abuse and neglect shape emotional development, coping strategies and relational patterns (Giraldi et. al, 2022; Porter et. al, 2020; Hart et. al, 2015), and how maltreatment continues to influence development and behaviour over time (Cameron and Das, 2019).

Research in a therapeutic children's home and specialist school (The Mulberry Bush) using a milieu-based approach shows that staff build relationships through group and individual play, shared activities and stable daily routines. The study emphasises the importance of understanding the bidirectional dynamics of trauma-affected relationships, highlighting the need for staff knowledge on how trauma shapes both young people's responses and the relational exchanges between children and adults (Price et. al, 2023). Similarly, an international systematic review of therapeutic residential care emphasises the importance of staff working to strengthen the milieu (trusting relationships, family involvement and relationship continuity) to create the safety young people need to heal (Castro et. al, 2024).

Careful and thoughtful language around children's needs is important. Work focused on children in complex situations shows the need for strengths-based, non-pathologising language that focuses on what children need rather than what is "wrong" with them (Ofsted, 2024). Staff who interpret behaviour through an attachment-informed and trauma-aware lens are better able to intervene with compassion and support the redevelopment of attachment patterns (Rice et. al, 2022; Price et. al, 2023). Greater understanding of the reasons behind behaviour improves the quality of relationships between carers and young people (Hamilton et. al, 2026).

Psychologically informed consultation deepens staff insight into young people's behaviour and provides access to independent expertise, new skills and enhanced knowledge through a deeper understanding of a young person and their family (Cameron and Das, 2019; Hamilton et. al, 2026; Lawrence et. al, 2025). One study of a structured consultation model in two children's homes shows how structured psychological consultation can help staff apply an understanding of trauma knowledge in practice. The model assumes that those who spend the most time with children are best placed to support change, but only when they have the psychological understanding needed to interpret behaviour and respond helpfully. A psychologist consultant works with residential staff to integrate their child-specific insights with applied psychological theory, generating tailored support plans and translating core components of high-quality care into everyday practice. Evidence from the study shows significant improvements in children's personal, interpersonal and emotional development, alongside increases in staff empathy, optimism and reflective practice (Cameron and Das, 2019).

The Children and Residential Experiences (CARE) model offers another example of embedding an awareness of trauma across a whole setting. CARE provides a shared

theoretical grounding through six principles; relationship-based, trauma-informed, developmentally focused, competence-centred, family-involved and ecologically oriented. Evidence from the US and Northern Ireland shows that CARE strengthens staff insight, reflective capacity and confidence, reduces aggressive incidents and restrictive practices, and improves children's emotional, social and interpersonal development. Implementation support, including co-created training and structured reflective practice, helps ensure trauma-informed knowledge becomes a consistent, team-wide approach (Cordis Bright, 2018).

Systematic reviews (including international evidence) of secure care reinforce the importance of knowledge to recognise trauma responses such as hypervigilance, emotional dysregulation and heightened reactivity (Thomas et. al, 2025; Walker et. al, 2025). Such knowledge helps staff to shift from punitive responses to therapeutic, developmentally attuned engagement (Walker et. al, 2025).

The evidence shows that an understanding of trauma is a core knowledge requirement for children's homes staff: workers need a solid grasp of how trauma shapes development, behaviour and relationships, and how to apply this knowledge consistently to create safety, promote recovery and strengthen everyday practice.

De-escalation and conflict resolution

Children's homes staff need knowledge of behaviour management, de-escalation strategies and conflict-resolution methods to respond safely and therapeutically to challenging situations approaches (Porter et. al, 2020; Narey, 2016). As outlined before, the foundation for this includes knowledge that enables staff to understand the underlying reasons behind children's behaviour (Ofsted, 2024, Porter et. al, 2020). Staff also identify, when asked about ideal training, the need for knowledge of early intervention approaches that help them recognise signs of distress before behaviours escalate, enabling more proactive and supportive responses (White et. al, 2015).

REA interviewees described how recognising behaviour as communication is central to de-escalation, noting that aggression, shutdown or going missing often reflect emotional overwhelm rather than intentional defiance.

Evidence from secure care internationally shows that effective conflict resolution relies on calm, empathetic engagement and responding with empathy rather than reactivity (Thomas et. al, 2025), underscoring the need for staff to apply an understanding of children's experiences and use strategies that calm situations, reduce escalation and support young people's regulation.

Knowledge on importance of physical environment

Staff need knowledge of how the physical environment can support children's wellbeing, safety and emotional regulation. Young people value spaces that offer both privacy and opportunities for connection, including calming natural settings, personalised bedrooms and safe communal areas (Westlake et. al, 2025b; McGimpsey et. al, 2024). Well-designed environments therefore play an important role in supporting safety, privacy and emotional regulation and staff need to know how these environmental features influence children's experiences.

Staff also need knowledge of the importance of normalcy, connection and everyday experiences that matter to children, helping residential care feel safe, predictable and rooted in the rhythms of ordinary life (McGimpsey et. al, 2024). This includes understanding how daily routines, shared spaces and familiar activities contribute to emotional stability and a sense of belonging.

Disability, neurodivergence and mental health needs

Children's homes staff need a strong understanding of disability, neurodivergence and mental health to meet the needs of the young people they care for. This includes knowledge of autism, ADHD, neuropsychiatric disorders and other diverse needs that shape how young people communicate, learn and respond to stress (White et. al, 2015, Thomas et. al, 2025). Staff must also have knowledge that enables them to recognise early signs of poor mental health (Verian and NCB, 2025) and understand common difficulties such as anxiety, depression and emotional dysregulation (Hendry et. al, 2022; Bardis and Dunsmuir, 2025). Evidence from secure care internationally highlights the importance of specialist knowledge to respond safely to self-harm, substance misuse and criminalised behaviours (Thomas et. al, 2025), while staff themselves emphasise the need for understanding addiction, eating disorders and the wider landscape of physical and mental health issues (White et. al, 2015).

Children's rights

Residential workers in children's homes need a strong understanding of the importance of young people's participation; as a right (for example, under the Convention on the Rights of the Child), as a key part of healthy maturation, and as fundamental to wellbeing (Göbbels-Koch and Gupta, 2025; Giraldi et. al, 2022; Porter et. al, 2020). An international scoping review outlined that staff therefore need knowledge of how to create environments and relationships that enable young people to express their views, influence decisions, including in the running of the home, and take an active role in their own care (Eriksson et. al, 2025).

Knowledge of education and career pathways

Supporting young people's learning and progression requires staff to understand the education system, including the national curriculum, education programmes and post-16 transitions (White et. al, 2015). This knowledge can help staff advocate for young people, navigate school and college systems, and ensure that educational plans align with each child's developmental needs and future goals.

Professional practice and standards

Understanding the policy, regulatory and professional frameworks that shape residential care is an essential part of the knowledge required for the children's homes workforce. A solid grounding in safeguarding, risk assessment and child protection that underpin safe practice and risk management is essential (Bhagat, 2023; White et. al, 2015; Giraldi et. al, 2022; Porter et. al, 2020). Staff must also be familiar with the Quality Standards, Children's Homes Regulations (2015) and understand how Ofsted operates, as these structures guide expectations, accountability and quality assurance in children's homes (Porter et. al, 2020; White et. al, 2015).

However, these expectations sit against a backdrop of uncertainty about what the children's home role entails. Research highlights the need for greater clarity about the role of the children's home worker, which is often poorly defined; this lack of definition, combined with a fragile professional identity, creates uncertainty for both staff and young people (Parry et. al, 2021b; Abraham et. al, 2022;). Residential workers also report that their role is widely misunderstood and undervalued beyond the home, with limited recognition from the wider community for the complexity and importance of their work (Abraham et. al, 2022).

Core skills required

Relational skills

Across the evidence base reviewed for the REA, relational capability, the professional capacity to build, sustain and use relationships as a purposeful part of practice, emerges as the most frequently emphasised requirement for children's homes staff. In international reviews residential staff's relational presence, affect and behaviour are consistently identified as key dimensions of quality in residential care (Santos et. al, 2023; Porter et. al, 2020). Children's experience of their relationship with residential carers is described as central to their wellbeing, participation, emotional regulation, recovery and sense of safety (Porter et. al, 2020). Part of the therapeutic potential of residential care lies in the workers' ability to establish secure relationships with young people and to respond in a sensitive manner to their emotional needs (Santos et. al, 2023).

Evidence consistently highlights the importance, and quality of, trusting, reciprocal and emotionally attuned relationships between children and staff, which help children feel safe, valued and understood (Steckley, 2020; Göbbels-Koch and Gupta, 2025; Castro et. al, 2024; Rice et. al, 2022; Giraldi et. al, 2022; Parry et. al, 2021b; Westlake et. al, 2025b; Eriksson et. al, 2025; McGimpsey et. al, 2024; Porter et. al, 2020; Hart et. al, 2015; Walker et. al, 2025; Narey, 2016; Research in Practice and NCB, 2025). Quality relationships have been associated with staff members' individual qualities (trustworthiness, helpfulness, and sensitivity) and skills (treatment skills, ability to set appropriate limits and discipline, and ability to provide feedback to young people) (Eriksson et. al, 2025). In one small-scale study, young people described trust as a core foundation of reciprocal relationships, built through two-way interaction between young people and their care workers (Göbbels-Koch and Gupta, 2025).

Key relational skills include trust-building through honesty, reliability, motivation and emotional availability (Rice et. al, 2022; Porter et. al, 2020; Abraham et. al, 2022). Commitment, consistency and perseverance from staff enable children to form relationships and feel confident expressing their views about their care (Eriksson et. al, 2025;, McGimpsey et. al, 2024; Ofsted, 2024). Acceptance, non-judgement and compassion are also essential (Rice et. al, 2022; Ellis and Curtis, 2021; Westlake et. al, 2025b), as is the ability to offer shared time and presence, moving beyond task-focused care towards genuine connection (Castro et. al, 2024; Rice et. al, 2022). Within this, staff must be able to tailor caregiving to individual needs, recognising that not all young people respond to affection in the same way (McGimpsey et. al, 2024). Relational practice therefore requires staff to demonstrate honesty, acceptance, empathy, reliability and emotional availability, alongside the capacity to spend meaningful time with young people and create a sense of belonging (Castro et. al, 2024; Rice et. al, 2022; Ellis and Curtis, 2021; Abraham et. al, 2022). A study with a small participant group (n= 5) found young people were clear about their needs: spending time together with their worker was not 'wasting time' and staff should be supported to create more opportunities inside and outside the home to build relationships (Rice et. al, 2022).

In parallel, residential carers need to balance warmth, sensitivity, affection and playfulness during everyday caregiving activities, while also providing structure and boundaries through routines and ensuring safety in ways that still support autonomy (Castro et. al, 2024; Giraldi et. al, 2022; Westlake et. al, 2025b; Santos et. al, 2023; Eriksson et. al, 2025; Porter et. al, 2020). An international rapid review emphasises the implementation of daily routines, rules and boundaries helps children develop trust and can reduce experiences of uncertainty while supporting growth in self-esteem and agency (Porter et. al, 2020).

REA interviewees emphasised relational skills centred on creating safety, trust and connection through everyday interactions. They highlighted techniques such as creating connection through shared activities ("common third"), strengths-based approaches and

using ordinary moments to reduce power imbalance and build trust. Interviewees stressed the importance of attunement: forming safe, responsive relationships and adapting relational style to what each child finds regulating, whether quiet, jokey, calm or energetic. They also described the skill of staying connected through conflict, including repairing ruptures and persevering relationally when young people withdraw or become distressed. Across interviews, relational warmth, sensitivity and attunement were seen as active safety-creating skills that help young people feel understood and emotionally held.

International work shows the relationship between children and their main caregiver has been associated with lower levels of youth's externalising problems. Furthermore, homes with plenty of activities and stable routines tend to have less violence (Eriksson et. al, 2025). Children should feel that rules are there to protect them, not to control them (Eriksson et. al, 2025). However, ethnographic work in secure care shows staff may disagree on the appropriate balance between nurture and risk aversion, highlighting the complexity of this aspect of relational practice (Ellis and Curtis, 2021).

Supporting young people's voice in residential care relies less on formal participation processes and more on the quality of their relationships with staff. These relational capabilities can only flourish when organisational conditions (time, workload, culture and values) allow staff to be present and responsive; without this supportive "capability space," children's rights to express their views and influence decisions are weakened (Göbbels-Koch and Gupta, 2025).

Relational skills are not peripheral; they are described as the core mechanism through which children experience stability, healing and developmental growth. Giraldi et. al's international review of 111 sources emphasised that delivering relationship-based care requires deliberate cultivation and depends not only on the skills and qualities of staff but is also influenced by organisational factors (culture, climate and routines) and the physical environment (Giraldi et. al, 2022; Santos et. al, 2023).

However, evidence also shows that organisational procedures can hinder relationship building (Rice et. al, 2022). Even when staff have the appropriate knowledge and skills, systematic barriers can prevent them from using these effectively. Some evidence highlights how regulatory reforms have improved safety but also created compliance-heavy cultures that restrict autonomy and constrain relationship-based practice (Purcell, 2025). Staff report fear of allegations, risk-averse organisational cultures, and pressure to prioritise documentation over meaningful engagement with children (Purcell, 2025; Ellis and Curtis, 2021). This can undermine workers' relational presence, emotional regulation and reflective capacity, all of which the evidence suggests are essential for effective practice (Santos et. al, 2023; Burbidge et. al, 2020; Abraham et. al, 2022;). In the UK, the proliferation of rules linked to regulatory standards has increased compliance demands, unintentionally reducing worker autonomy and creating further barriers to applying relational knowledge and skills in meaningful ways with children and young people (Purcell, 2025).

Whilst evidence in this REA recognises that forming and sustaining relationships with children is a central skill in residential care, far less is written about how children's home practitioners actually do this well in practice (Price et. al, 2018).

Use of the 'self'

Some of the evidence emphasised that residential care is a field in which the self is the primary instrument of practice; the relational nature of working in children's homes with children in care means workers see themselves as their own toolkit for the job (Steckley, 2020; Parry et. al, 2021b; Burbidge et. al, 2020). Staff must therefore develop skills that support a high level of self-awareness, emotional regulation and reflective capacity (Steckley, 2020; Parry et. al, 2021b). This includes the ability to remain calm and attuned in the face of pain-based or trauma-driven behaviours, and the resilience to 'not give up' on children even when relationships are challenging (Cameron and Das, 2019).

Research in four children's homes described as trauma-informed highlights the theme of the 'self within the system', showing how staff draw on both their personal and professional selves to meet the emotional and practical demands of the role. This includes building close, restorative relationships, working collaboratively with colleagues who share consistent values and expectations, and skilfully managing children's behaviour within a therapeutic environment (Burbidge et. al, 2020).

The evidence highlights that these skills are not simply taught but require staff to undergo transformative learning, involving shifts in identity, worldview and habitual responses. Threshold concepts such as relational practice and use of self require practitioners to "undo habits and beliefs" and tolerate discomfort as part of their development (Steckley, 2020).

Drawing on focus groups and interviews with participants who had studied, practised and/or taught in the UK, Canada or the US, Steckley (2020) argues that learning in residential children's care is not simply a matter of acquiring knowledge or skills; it requires deep personal reflection and change. Because the work draws so heavily on the self of the practitioner, learners often encounter challenges such as discomfort in talking about themselves, confronting their own past experiences, limited support for reflective thinking, uncertainty about whether decisions are child or adult-centred, and the risk of becoming overwhelmed by excessive self-reflection. These demands can make it difficult for practitioners to integrate theory with real-world relational practice, as the learning process is deeply personal, emotionally demanding and sometimes uncomfortable. This highlights the need for education that develops "praxis" (the integration of knowing, doing and being) rather than focusing on knowledge or skills acquisition alone (Steckley, 2020).

REA interviewees emphasised that effective use of the self depends on sustained reflective practice, including analysing one's own responses, adjusting approach accordingly and maintaining reflective curiosity. They highlighted the importance of

calibration and reflexivity: responding skilfully in the moment, choosing the right interaction, language, tone and intervention during crises, and judging what will be most meaningful and safe for each young person. Across interviews, participants described use of the self as an active, moment-to-moment discipline that requires emotional regulation, attunement and the ability to think clearly under pressure.

Staff also need robust self-care skills to replenish themselves physically, mentally and emotionally, recognising that sustaining therapeutic presence depends on ongoing self-care and access to reflective space (Parry et. al, 2021b).

Together, this evidence shows that the core skills required in children's homes extend beyond technical competence: they centre on the practitioner's use of self (self-awareness, emotional regulation, reflective capacity, relational presence and sustained resilience) as the foundation of effective practice.

Creating safe environments

Staff need the capacity to manage complex peer dynamics and prevent harm within group living environments, navigating the social and emotional tensions that naturally arise (Castro et. al, 2024; Westlake et. al, 2025b). This ability to facilitate group dynamics is a core component of creating a safe and predictable environment for children. Central to this is the ability to maintain stability, continuity and a sense of dependable presence, an 'optimum professional proximity' rather than professional distance, which young people consistently describe as essential for their recovery and emotional security (Rice et. al, 2022). Such relational steadiness helps anchor the group. Ofsted's national survey of local authorities and children's homes supporting children with 'complex needs' found that the most reported contributor to children's stability was the commitment and consistency of staff around the child (Ofsted, 2024). This highlights that safe environments are built not only through procedures but through everyday reliability.

Helping children feel safe

As explored previously, children's homes staff require a deep understanding of how trauma, loss and disrupted attachment shape behaviour, emotions and relationships. Core skills arising from this knowledge include the ability to interpret behaviour in light of trauma, recognise emotional distress and respond in ways that support co-regulation and recovery (Cameron and Das, 2019; Rice et. al, 2022; Parry et. al, 2021b; Porter et. al, 2020). Staff also need the skill to provide everyday therapeutic responses, particularly during "golden opportunity moments" when children seek reassurance, insight or comfort (Cameron and Das, 2019). These responses are central to helping children feel safe and understood.

Attachment-informed skills are equally essential. Staff play a crucial role in offering corrective emotional experiences, repairing disrupted attachments and supporting children

to build trust in adults (Rice et. al, 2022). This requires confidence, psychological insight and the ability to tailor responses to individual needs. By combining trauma knowledge with attachment-aware practice, staff create relational safety that enables children to recover and begin to trust the care environment.

Implementing practice models

Practice models are theoretically-informed ways of working that guide how care is thought about and delivered in everyday practice. Where a specific practice model is in place in a children's home, staff need the skills to deliver that model as intended, supported by appropriate training and ongoing implementation support (Giraldi et. al, 2022; Eriksson et. al, 2025; Porter et. al, 2020; Cordis Bright, 2018; La Valle et. al, 2016). Evidence from a rapid review looking at the international evidence on child sexual exploitation in children's homes found all staff who provided day-to-day care in a children's home, including managers, key staff and education staff, were expected to apply the home's agreed model of practice. Consistency was said to be critical so that messages and approaches were reinforced and information shared. Staff needed to understand the practice model used, how their own work, and the work of other professionals, fitted within that framework, and how to work in a 'therapeutic way' with the children. Staff relied heavily on managers and the psychologists to provide the contextual framework and support. While practice had to be grounded in the broad approach used by the home, staff also needed the ability to apply the framework flexibly and informally, including weaving awareness-raising into everyday interactions to help change children's perceptions (La Valle et. al, 2016).

An international systematic review of 17 training programmes and interventions designed to strengthen the emotional and mental-health capacity of workers in children's homes identified a set of common skill areas across models. These programmes aimed to build staff capability in a range of areas: de-escalation and mental-health support, enhancing staff wellbeing and self-regulation, and improving social dynamics and overall care quality. They drew on social-cognitive, attachment, trauma-informed principles, behavioural, mindfulness, positive-psychology and playful approaches to equip care workers to provide more therapeutic, developmentally attuned support (Santos et. al, 2023).

This evidence highlights a core skillset: staff must be able to understand practice models conceptually, deliver them consistently, and integrate the models into everyday practice in ways that feel natural and matched to children's needs.

Professional judgement and decision-making

Insights drawn from an international review shows staff in children's homes must exercise strong professional judgement as they navigate complex responsibilities that sit at the intersection of care, safeguarding and multi-agency coordination. This includes the ability to share sensitive information appropriately while still maintaining the trust and confidence of the young people they support (Castro et. al, 2024). Professional judgement is therefore

central to creating safe, rights-respecting environments where children feel protected and listened to.

Drawing on an example scenario from practice to illustrate this, staff need a clear understanding of the legal and ethical boundaries around preventing a child from leaving the home when they are at immediate risk of harm (for example, from exploitation), including when restraint or locked doors may be lawful and necessary La Valle et. al, 2016). They must be confident in applying proportionate, rights-respecting safety measures and require up-to-date knowledge of guidance to ensure they can act decisively to keep children safe without exceeding their legal powers (Narey, 2016). Such decision-making requires staff to balance risk, rights and relational trust in real time, often under pressure. There is some evidence that restraint may be used more frequently to manage children's behaviour in inappropriate settings or by inexperienced staff (Research in Practice and NCB, 2025), highlighting the importance of skill, experience and reflective judgement in pressured situations. REA interviewees emphasised that professional judgement also requires flexible, contextual intervention: selecting the right tool or approach for the child, moment and environment, and avoiding "one-size-fits-all" practice.

Together, these capabilities demand clarity of role, confidence in decision-making and strong organisational backing to ensure staff can act decisively and protect children's safety and wellbeing.

Working with others

Effective practice also requires close collaboration with social workers, educators, health professionals and families, particularly in situations where needs are high and risks are dynamic (Bhagat, 2023; Castro et. al, 2024; Eriksson et. al, 2025; Bardis and Dunsmuir, 2025). This multi-agency coordination is a core skill, ensuring support around the child is aligned. REA interviewees emphasised that this also demands professional confidence: the ability to assert residential expertise in multi-agency contexts where the role is often undervalued, and to confidently assert oneself with young people when offering guidance, boundaries or support.

Communication skills

Young people highlight the importance of staff who listen deeply, understand their meaning (not just what they say) and support their voice and agency (Göbbels-Koch and Gupta, 2025; Castro et. al, 2024; Westlake et. al, 2025b; White et. al, 2015). Participation is not simply a procedural requirement; it is relational. Staff must create the conditions in which children feel safe to express their views, influence decisions and understand the reasons behind changes in their lives (Ofsted, 2024; Thomas et. al, 2025). Key communication skills include attentive listening and genuine understanding and advocacy within and beyond the home (Rice et. al, 2022). Such skills are essential for upholding children's rights and promoting their wellbeing (Göbbels-Koch and Gupta, 2025). REA

interviewees emphasised that skilled communication also requires validating feelings, explaining boundaries clearly and adapting communication moment-to-moment to each child's developmental level and emotional state.

Little research has examined how children with complex communication needs in residential care are supported to express their views, participate in decisions about their lives or signal when they are unhappy or worried. One study identified several features of good practice: taking an individualised approach to communication; using technology where possible; creating a culture of respect; recognising behaviour as communication; involving children in decision-making; and supporting communication with families (Franklin and Goff, 2019).

A core message is that all children can communicate when given the right support and when adults are willing to recognise communication in all its forms. This requires staff to understand communication theory, including non-verbal communication and specialist systems such as Makaton or PECS (White et. al, 2015), and to have the confidence and skill to tailor communication to developmental stage, neurodiversity and emotional state (Walker et. al, 2025; White et. al, 2015; Alves et. al, 2024; Council for Disabled Children, 2023).

Ensuring children have access to a communication method, people who understand it, and support to build their capacity is not only a right and a safeguarding mechanism (Council for Disabled Children, 2023); it is also essential preparation for adulthood and leaving care (Franklin and Goff, 2019). Skilled communication is therefore a core skill within the children's homes workforce.

Working with families

Staff in children's homes need to appreciate the importance of family origins and ties. They require skills to promote family relationships and navigate the complex emotional and relational dynamics involved (Bhagat, 2023; Castro et. al, 2024; Porter et. al, 2020; Thomas et. al, 2025; White et. al, 2015; La Valle et. al, 2016; Alves et. al, 2024). This may include multi-agency liaison, safeguarding, mediation and providing advice and emotional support to young people and practical guidance to families.

However, evidence from a small-scale study of four children's homes in England focused on family support shows that relying on under-prepared residential keyworkers to undertake family relationship work risks inconsistency and role strain, recommending the need for specialist training and dedicated family support roles within children's homes (Bhagat, 2023). This highlights that while working alongside families is a core skill, it requires targeted development and clear role expectations to be delivered effectively.

Supporting independence and transitions

As part of their work, staff need skills to support young people to work towards their goals, such as building personal resilience, progressing in education and developing independence skills (Castro et. al, 2024; McGimpsey et. al, 2024; Bardis and Dunsmuir, 2025; White et. al, 2015; Porter et. al, 2020). Young people in research studies emphasise the importance of staff who can help them develop practical life skills such as budgeting, cooking, cleaning, using public transport and preparing for independent living (Castro et. al, 2024; Porter et. al, 2020; White et. al, 2015). This requires patience, encouragement and the ability to scaffold learning in everyday contexts. These development skills are central to helping young people feel capable, confident and ready for adulthood.

Staff also need to support educational engagement, provide differentiated learning support and help children navigate transitions and life after the children's home (Castro et. al, 2024; Ellis and Curtis, 2021; Ofsted, 2025b; Parry et. al, 2021a). Small-scale research with young people shows they want staff to support transitions and endings with sensitivity, recognising how challenging and painful these times can be and acknowledging young people's desire for continued connection through, and sometimes beyond, these transitions (Westlake et. al, 2025b). Research based in secure care notes the skill needed to navigate endings, after carefully constructing close relationships, staff are expected to prepare children to move on (Ellis and Curtis, 2021). This highlights the emotional and practical complexity of transition work.

Qualities and values in the workforce

While the REA focused on knowledge and skills, the evidence from both the literature and interviews showed a third, integral category: the values and qualities of the workforce.

An international review of 111 sources on the function, quality and outcomes of residential care (Giraldi et. al, 2022) emphasised the importance of assessing carers' underlying values at recruitment. For example, a strong 'belief in a just world', where 'individuals deserve what they get and get what they deserve', may lead to a higher tendency for disciplinary responses (Giraldi et. al, 2022). This shows how values shape practice, especially in moments of intensity.

Qualitative interviews with staff and in case studies of children's homes also stressed the importance of employing staff with attributes such as empathy, resilience, willingness to learn and the ability to communicate with young people. Personal skills and attributes were generally considered more essential than previous employment history (Verian and NCB, 2025). Other research similarly shows that managers look for staff who can genuinely care, show commitment and passion, and demonstrate emotional maturity, intelligence and resilience, alongside the knowledge and skills needed for residential work. The right attitudes and valuing for working with children was seen as critical, assessed through

strengthened safe-recruitment and values-based interviewing (Council for Disabled Children, 2023).

In case studies of 20 children's homes, staff and young people were asked what makes a good worker. A consistent set of values, attitudes and personal qualities were described as essential. Staff emphasised being caring, compassionate and empathetic; bringing emotional maturity, resilience and self-awareness to the role; and maintaining a calm, patient and steady presence even under pressure. They highlighted honesty, respect, openness and a *"firm but fair"* approach, alongside creativity, flexibility and a positive, encouraging outlook.

Young people echoed many of these themes, focusing on qualities that made workers feel safe, human and relatable. They valued staff who were friendly, kind and "like part of the family"; fun, active and good to be around; understanding, approachable and genuinely interested in them. They stressed the importance of workers who listened well, were reliable and hard-working, and who balanced warmth with fairness (White et. al, 2015).

REA interviewees reinforced these findings, emphasising a consistent set of values and personal qualities that underpin effective practice in children's homes. They highlighted empathy and emotional responsiveness, self-awareness of one's triggers, limits and emotional history, and authenticity, including being real, consistent and appropriately self-disclosing when helpful. Interviewees stressed the importance of resilience and stamina, patience, non-judgement and curiosity, alongside a deep respect for children's dignity, identity and lived experience. They also described the value of a confident and engaging presence that helps staff hold a room and connect with young people. They emphasised a strong commitment to participation, ensuring children's views shape decisions and daily practice. Together, these insights underline that the personal qualities workers bring to relationships are foundational to safety, trust and therapeutic connection.

While research describes desirable qualities, evidence on how these are identified, nurtured and developed remains limited. What does emerge clearly is that who staff are in their relationships with young people is as important as what they do (Steckley, 2020).

Gaps in the evidence base

Across the literature, there is broad recognition that residential childcare is complex, relational and emotionally demanding work requiring a skilled, knowledgeable and emotionally capable workforce (Steckley, 2020; Santos et. al, 2023; Burbidge et. al, 2020; Abraham et. al, 2022; Price et. al, 2023). Staff require a wide-ranging body of knowledge and a diverse skill set to meet the needs of the young people they care for. In relation to knowledge, this spans practical, specialist and theoretical understanding across multiple areas (Giraldi et. al, 2022; Bardis and Dunsmuir, 2025; White et. al, 2015, Porter et. al, 2020). In relation to skills, the evidence highlights the need for a rich blend of relational,

emotional and practical capabilities (Steckley, 2020; Price et. al, 2018; Castro et. al, 2024; Cameron and Das, 2019; Rice et. al, 2022; Parry et. al, 2021b; Thomas et. al, 2025; Bardis and Dunsmuir, 2025). Values and personal attributes are also described as fundamental to effective practice. However, despite this broad consensus, the evidence base to guide the sector on how to train, support and develop the necessary skills and knowledge required remains under-developed (McGimpsey et. al, 2024; Research in Practice and NCB, 2025).

This gap is compounded by the limited research attention given to the workforce itself. Residential staff are described as an under-researched professional group (Parry et. al, 2021b). Their voice is not always included in research. Workforce working conditions, hours and pay are documented (Parry et. al, 2021b), but the implications for knowledge and skill development are less examined (Parry et. al, 2021b; Santos et. al, 2023). As a result, the evidence often describes what staff do, but rarely explores how they learn, develop or are supported to do it well.

In this REA, no recent studies were identified that focused exclusively on the core knowledge and skills required of children's homes staff in England to effectively support children. Instead, most included sources refer to knowledge and skills only indirectly, either as part of broader examinations of residential care or embedded within recommendations rather than as primary research findings. Extracted data may therefore be considered peripheral to the key findings reported by some authors, rather than the central focus of their studies.

Finally, methodological weaknesses across the evidence base (for example, small samples or single-site studies) further limit confidence in the findings (Parry et. al, 2021a; Cameron and Das, 2019; Research in Practice and NCB, 2025). These weaknesses make it difficult to isolate which staff knowledge, skills and competencies are needed to effectively support children.

Considered as a whole, the invisibility of the workforce in research and the gaps in evidence significantly limit the ability of the REA to confidently articulate the core knowledge and skills the workforce needs, and how these should be developed and supported in practice. Strengthening this evidence base, conceptually, methodologically and practically, is essential for building a workforce equal to the importance of the task of caring for children in children's homes.

Key takeaway

Working in children's homes demands extensive knowledge and skilled practice but the evidence shows this is not simply about a checklist of techniques; it is the values underpinning practice that make the knowledge useful and skills effective.

Children’s homes workers need a broad and integrated base of core knowledge that helps them understand children’s needs, experiences and development. This includes a solid grounding in child and adolescent development, from attachment theory and developmental milestones to adolescent neurobiology and sleep patterns, so staff can tailor responses in ways that are compassionate and developmentally attuned. They also require an understanding of how abuse, neglect and maltreatment shape behaviour, relationships and emotional regulation, and how to use strengths-based, non-pathologising language when interpreting children’s needs. Knowledge of de-escalation, early-intervention approaches, and the role of the physical environment in supporting safety and regulation is essential, alongside specialist insight into disability, neurodivergence and mental health. Staff must also understand children’s rights, participation, education pathways and the regulatory frameworks that govern residential care. Residential care is its own system with its own pressures, and practitioners must understand both the everyday operational realities of the home and the wider context shaping children’s lives.

The skills emphasised from the sources included in the REA are primarily relational. Workers use themselves as the primary tool of practice; drawing on self-awareness, emotional regulation, reflective capacity and resilience. Staff must be able to build trust, stay connected through conflict, and use communication that validates, explains and de-escalates. They need the ability to think and respond reflexively in the moment, judging tone, timing and intervention with care. Core skills also include creating safe group environments, skilled communication, supporting participation, working with families, collaborating across agencies and exercising confident professional judgement. Skilled residential practice is flexible rather than formulaic: choosing the right approach for the child and the specific context.

Values shape how workers relate to children. Values were described as intrinsic to core skills and knowledge. Across the evidence, qualities such as empathy, patience, emotional responsiveness and authenticity are described as foundational. Self-awareness protects against reactive practice; resilience helps adults through intense moments. A commitment to dignity, participation and identity-affirming practice ensures children feel seen and heard. The ability to bring genuine presence and human connection helps create environments where young people feel safe enough to trust.

3. Knowledge and skills for supporting children's diverse needs

The REA examined the knowledge and skills required for children's homes staff to work effectively across five pre-defined areas of practice. These domains reflect the breadth of need within residential care and the expertise required to provide developmentally supportive care. The REA explored what staff must understand and be able to do to effectively support children with: multiple and complex needs; special educational needs; disabilities and mental health difficulties; diverse ethnic, cultural, gender and age identities (including those seeking asylum); and experiences of abuse, exploitation, neglect and trauma.

Building on the core knowledge and skills required for all children's homes staff, the capabilities needed to support specific groups of children do not replace these foundations but deepen and extend them. The cross-cutting knowledge and skills outlined in the previous chapter, including understanding of trauma and attachment-aware practice, relational attunement, communication competence, psychological thinking and collaborative working form the bedrock on which more specialised knowledge and skills are built.

REA interviewees emphasised that some children's specialist needs cannot be met within all children's homes, regardless of staff training. They stressed that specialist provision is sometimes required, and that recognising service limitations and advocating for alternative placements is an essential professional responsibility for children's homes.

Working with complexity

Across the evidence there didn't appear to be a shared understanding or fixed definition of 'complex needs'; different sources used varied definitions or did not include a clear explanation of the terminology.

The conceptualisation of 'complex needs' has evolved from locating complexity within the child to recognising that their needs place them in contact with multiple, often poorly coordinated systems across health, social care, education and justice (Research in Practice and NCB, 2025).

Research in four children's homes operating a multisystemic model of care shows staff supporting children in complex situations benefit from trauma-informed knowledge and highly relational, clinically supported practice (Parry et. al, 2021a). Evidence shows that children deprived of their liberty typically have overlapping needs linked to developmental trauma, neurodivergence, communication difficulties and fragmented system involvement. These intersecting needs mean staff must draw on a broader skillset and, in some cases, access to specialist training (Ofsted, 2024).

Case study evidence from three children's homes highlights that effective care relies on stable, trusting relationships with well-trained staff supported by multidisciplinary clinical expertise, including psychology, speech and language therapy, occupational therapy and mental health (Research in Practice and NCB, 2025). Core skills include using psychologically informed formulation to build shared understanding of a child's story, tailoring communication, and responding to behaviour in relational ways that are as least-restrictive as possible.

One home's data suggests that investment in relationship-based and trauma-informed workforce development improved child–staff relationships and reduced behavioural incidents, demonstrating that skilled, consistent teams, supported by clinical expertise and a coherent practice model are essential to stabilisation, recovery and children's safety (Research in Practice and NCB, 2025).

Alongside these broader therapeutic models, targeted models such as non-violent resistance (NVR) can enhance staff confidence and skills. NVR is a systemic approach for working with young people displaying aggression and harmful behaviour. A small-scale qualitative implementation evaluation (with some insights into perceived impacts) explored staff experiences in one children's home (Mackinnon et. al, 2023).

Rather than focusing on changing the child, NVR strengthens the caregiver's presence, boundaries and agency so they can calmly resist violence and shift interactional patterns (Mackinnon et. al, 2023). As caregivers become more consistent, present and emotionally regulated, young people's behaviour may also change. Staff described NVR as a fundamentally different way of working that required "unlearning" previous approaches. They felt it improved their confidence, relationships with young people and ability to manage challenging situations. However, it was time-intensive and difficult to integrate into daily routines. This illustrates both the potential of targeted models to build staff skill and the practical challenges of embedding these within everyday residential care.

These findings underline that supporting children with complex needs is not an add-on but a core professional skillset, requiring consistent teams who can integrate therapeutic practice and clinical guidance.

Supporting children with special educational needs

Research centred on The Mulberry Bush's therapeutic residential primary school for children with severe social, emotional and behavioural difficulties describes a psychodynamic model of reflective practice that creates a "staff therapeutic milieu" mirroring the relational environment offered to children. Staff make sense of their own reactions and behaviours as sources of insight into the emotional dynamics of the setting.

Pivotal to this approach is the shared belief that behaviour is communication. Staff consistently read children's actions as expressions of inner, often unconscious or

overwhelming emotional states. This understanding goes beyond recognising that traumatised children may “act out.” Staff are expected to tolerate and think about the intense feelings that surface in the child, the group and in themselves, and to work with the emotional “pace” of these processes. Simply allowing feelings to emerge is not enough, they must be reflected on and used to support the child’s developing capacity for understanding.

The study shows that models like The Mulberry Bush approach rely on a reflective organisational culture where staff collaborate, manage shame and emotional intensity, and use reflective practice to transform explosive behaviour into opportunities for insight and relational growth. Strong therapeutic relationships are described as the mechanism of change, but they depend on organisational conditions; leadership commitment, alignment with The Mulberry Bush principles of psychodynamic practice (including reading ‘behaviour as communication’, sustaining a reflective culture and maintaining collaborative working) and structures that support staff through transitions and experiences of loss (Price et. al, 2018).

REA interviewees highlighted the importance of understanding ADHD, autism, sensory profiles and communication differences, noting that special educational needs often intersect with trauma and requires staff to tailor communication, routines and expectations to each child’s assessed needs. They emphasised that adjusting communication, including through using visual supports, simplified language and sensory-aware approaches, is essential for supporting neurodivergent children effectively.

Supporting children with disabilities, health and mental health conditions

Supporting children and young people in residential care who have disabilities, health and mental health needs or communication differences requires a workforce with a broad set of competencies. Young people in one of the studies included in Research in Practice and NCB’s review (2025) on supporting children with complex needs reported that staff don’t always have the skills to support their mental health, neurodiversity, or disabilities.

An international systematic review focused on the characteristics and outcomes of children with disabilities in residential children’s homes highlights several core areas of knowledge and skill (Alves et. al, 2024):

- relational skill, to build warm, consistent and safe relationships;
- mental health literacy, to recognise early signs of distress and support access to specialist support;

- physical health knowledge, including common medical conditions and how to communicate with health professionals, along with supporting children to manage their own health;
- disability competence, including the social model of disability, inclusive language and practical support skills (from personal care to navigating education and specialist services);
- advocacy for young people, to ensure children receive the adjustments, participation and support they are entitled to;
- communication competence, including individual communication plans;
- understanding the lived experience of children and impact of disability and mental health on children's lives;
- support for the transition to adulthood; support for children to build agency and interdependence.

Alves et. al's international review (2024) reinforces that high quality residential care for children with disabilities depends on the conditions in which staff work. Residential services need strategies that value and retain staff through ongoing training, reflective supervision and meaningful recognition, enabling them to build and sustain the specialist skills needed to support children with disabilities.

REA interviewees also spoke directly about mental health support, emphasising the need for staff to respond confidently to crises such as self-harm episodes, emotional dysregulation and suicidal ideation. They highlighted the importance of emotional containment, clear escalation pathways and therapeutic responses that prioritise safety and relational connection.

Supporting children from diverse gender, ethnic and cultural backgrounds

Research identified in the REA which focused on secure children's homes outlines that the ratio of girls to boys referred for places is broadly equal, but staff need to understand the gendered and racialised patterns in referral origin so they can recognise bias, respond to distinct risks and ensure equitable decision-making (Research in Practice and NCB, 2025). For example, girls are more often admitted than boys with needs linked to self-harm and sexual exploitation. Black and mixed ethnicity children are disproportionately referred into secure children's homes (Research in Practice and NCB, 2025), which is important to note because White children are slightly disproportionality referred into children's homes as a whole (Ofsted, 2022a).

An international review, that systematically synthesises qualitative studies on young people's experiences of secure care, highlights a difference between male and female experiences (Walker et. al, 2025). Some boys were noted to express feelings of fear of negative consequences from both staff and peers if they expressed their true feelings. Males also spoke of the perception that staff could enforce sexist stereotypes, for example when deterring 'laddish' behaviour (Walker et. al, 2025). Girls reported feeling scared at times during contact with peers, particularly boys, linking this fear to their previous harmful experiences (Walker et. al, 2025).

Further evidence from an international review of secure care reinforces these gendered patterns: boys' units tend to focus on externalising behaviours such as violence and substance use, while girls' units more often manage internalised distress, including complex emotional needs (Thomas et. al, 2025). In response to girls' heightened risk of self-harm, staff sometimes rely on restrictive safety measures which, while intended to protect, often fail to address underlying psychological distress and leave young people feeling misunderstood (Thomas et. al, 2025).

A study with LGBTQ+ young people that had lived in a residential care placement in England for longer than 3 months found that staff often lacked the knowledge needed to support them well, particularly around transgender and gender-diverse identities. Young people described workers unintentionally reinforcing cis or heteronormative assumptions (Schaub et al, 2024). They stressed how important it was to have relationships with SOGIE-affirming (Sexual Orientation, Gender Identity, and Expression) staff. Findings were echoed in a national survey of local authorities where lack of staff confidence and knowledge was viewed as a key barrier to the provision of effective support to LGBTQ+ young people in care. Mandatory, competency-based LGBTQ+ training paired with reflective supervision or ongoing coaching was recommended (Cossar and Belderson, 2024).

Although some of the evidence in this section comes from secure care settings, it offers important insight into the need for identity-aware practice across all children's homes. The evidence shows that when children's identities intersect with gender, race or sexuality, their experiences in residential care can look markedly different. Staff therefore require cultural competence, gender awareness and LGBTQ+ affirming practice, with the ability to interpret behaviour through the lens of identity and lived experience. They need to challenge discriminatory assumptions, and create emotionally safe environments where all young people can express feelings without fear (Walker et. al, 2025; Thomas et. al, 2025).

REA interviewees reinforced the importance of culturally responsive practice, noting that staff must adapt approaches to each child's identity, culture and lived experience. They emphasised curiosity, openness and an anti-discriminatory stance as essential, and highlighted the importance of avoiding assumptions and recognising how identity, racism, migration, asylum processes and gender diversity shape children's needs.

Across these diverse contexts, a core skill emerges: the ability to work in identity-aware ways that recognise distinct experiences, avoid reinforcing stereotypes and respond sensitively to gendered and identity-related expressions of distress.

Supporting children who have experienced abuse, exploitation, neglect and trauma

Experiences of abuse, exploitation, neglect and trauma shape how children understand the world, regulate emotion and form relationships. These experiences can lead to adaptive changes in brain development. As a result, many care-experienced children present with neurodevelopmental difficulties, including challenges with executive functioning (EF). Yet despite staff routinely supporting children with developmental trauma, there remains a gap in supporting staff knowledge and skills in how EF difficulties shape behaviour, affect and cognition (Hendry et. al, 2022).

A feasibility study explored an online training course for residential childcare workers focused on the impact of trauma on executive functioning. The training aimed to improve staff understanding of the physiology of the frontal and prefrontal cortex, the principles of executive functioning, and why EF difficulties are common among care-experienced children. Staff reported increased insight into children's behaviour and significant learning gains, although the research did not fully assess changes in practice or long-term knowledge retention. Overall, the findings suggest that online neurodevelopmental trauma training is feasible and acceptable for the residential childcare workforce (Hendry et. al, 2022).

Alongside understanding the impact of trauma and adversity, an international review emphasises the importance of understanding resilience and post-traumatic growth (PTG) among children in care (Parry et. al, 2023). Resilience is understood as a dynamic developmental process shaped by individual, contextual and environmental factors that influence a young person's ability to cope, adapt and recover. PTG refers to the capacity to move beyond pre-trauma functioning, integrating learning and developing enhanced agency. Understanding resilience alongside trauma helps practitioners identify the features of care environments, relationships and practices that enable children not only to stabilise but to thrive. For the workforce, this means developing the knowledge, skills and reflective capacity to create environments where resilience can emerge.

A service improvement study explored how staff understood drill music in the context of exploitation and county lines (Elgie et. al, 2024). Drill is a sub-genre of rap that originated in Chicago and developed a distinct UK style from around 2012, initially emerging in areas such as Brixton before spreading nationally. It is known for its dark, minimalist beats, heavy basslines and direct lyrical delivery. UK drill often reflects young people's experiences of their local environments, including themes of conflict, pressure, identity and peer dynamics. Public debate around drill has grown in recent years because some lyrics

and videos reference violence, weapons or drug activity. This has led to media coverage, police attention and, in some cases, restrictions placed on artists or the removal of videos from online platforms. However, many artists and youth practitioners emphasise that drill is a form of creative expression that describes the realities young people face rather than causing them. For some, drill offers a sense of community, a way to process difficult experiences, or a route into positive opportunities such as music production, performance and income generation (Children's Society, 2021).

Children's homes workers in the study saw drill as a valuable way to build connection, but also expressed concerns about links to gang culture. Improving understanding was viewed as essential. The study recommended developing safer-use guidance, so staff feel confident supporting young people who engage with it, alongside mandatory training and the creation of "youth culture champions" to help staff stay informed about evolving youth culture and to promote culturally competent, identity-affirming practice (Elgie et. al, 2024).

The literature suggests that implementing trauma-informed care (TIC) in children's homes requires more than assigning a key worker as an attachment figure; it depends on a stable, skilled and well-supported workforce able to offer consistent relational safety despite shift patterns, turnover and complex trauma. One study shows that multisystemic models like the 'Restorative Parenting Recovery Programme' only work when staff receive ongoing training, reflective clinical support and a solutions-focused framework that builds confidence and helps them understand behaviour as communication. Strong therapeutic relationships are the main mechanism of change, but they rely on organisational conditions such as committed leadership, alignment with TIC principles and the use of data to sustain good practice (Parry et. al, 2021a).

Evidence shows that supporting children who have experienced trauma, abuse and exploitation requires staff who can think psychologically, work relationally and draw on knowledge of trauma to create environments where safety, recovery and resilience can emerge.

Gaps in the evidence base

Overall, the REA found surprisingly little detail on the specific additional knowledge and skills required to work effectively with children's diverse needs and experiences. Most studies are small-scale, one-off pieces of research, often focused on single homes, individual interventions or narrow groups of children. As a result, the evidence base lacks depth, consistency and transferability. There are also gaps in what is covered and who is included. For example, the REA found few studies focused on supporting children with special educational needs or disabilities. In addition, it did not find research on the knowledge and skills required to support asylum-seeking children living in children's homes, despite their distinct experiences of displacement, cultural transition and legal uncertainty. This absence may be because only 1% of UASC live in children's homes.

Evidence is also limited on how staff develop identity-aware practice, what organisational conditions sustain it, and which training approaches lead to lasting changes in practice. There appears to be little intersectional analysis exploring how gender, race, sexuality and disability combine to shape children's experiences in children's homes, and the skills staff require.

These gaps highlight the need for more research that examines everyday practice, workforce development and organisational enablers, so that future policy and training can be grounded in a stronger and more coherent evidence base covering the full diversity of children's lived experience.

Key takeaway

Children in residential care have diverse and intersecting needs, and the evidence shows that awareness of trauma alongside strong relational and communication skills remain foundational. Building on this staff also need knowledge of neurodivergence, mental health, exploitation, cultural identity and the ways these factors interact. They must be able to tailor support plans, adapt communication, respond safely to crises and practise in culturally and identity-aware ways. This combination of specialist knowledge, flexible skills and values of curiosity, anti-discrimination and non-judgement is essential for enabling staff to respond effectively to diverse needs.

4. Knowledge and skills for multi-agency and multi-disciplinary working

Importance of partnership working

Children's homes do not operate in isolation but within a wider network of professionals and services, requiring children's home staff to navigate multiple layers of a complex system that surrounds each child (Parry et. al, 2021b). Responsibility for meeting children's needs is shared across a wide range of professionals, meaning residential care depends on the skills and knowledge of this wider network as well as its own staff (Cordis Bright, 2018; Research in Practice and NCB, 2025). Despite this, an international scoping review found that research on intersectoral collaboration in residential care is scarce (Fortems et. al, 2026). The evidence that does exist indicates that effective collaboration across the network surrounding a child is fundamental to meeting their needs (Price et. al, 2018; Alves et. al, 2024; White et. al, 2015; La Valle et. al, 2016). Conversely, poor communication and inconsistent information-sharing between agencies can undermine children's homes' ability to meet the needs of the children they care for (Parry et. al, 2021a; Ofsted, 2024; Fortems et. al, 2026).

Survey data reinforce these challenges. Around half of children's homes and local authorities responding to a national survey in England reported that 'a lack of coordination between agencies can result in homes not being able to meet children's complex needs' at least 'some of the time' (Ofsted, 2024). Examples include different agencies holding partial or outdated information and no single professional having a full understanding of a child's needs (Ofsted, 2024). As a result, managers often need to identify missing information, challenge inconsistencies and verify referral details to ensure staff have accurate, up-to-date records to guide day-to-day practice (Ofsted, 2024).

Practice models adopted by children's homes can create friction when partners across the wider system are not familiar with them or trained in their use (Cordis Bright, 2018). For example, staff trained in non-violence resistance (NVR) describe feeling like a 'lone voice' when partners continued to operate from a different framework, resulting in inconsistent support for young people (Mackinnon et. al, 2023). This shows that practice change in one organisation is limited unless the wider professional network is aligned and shares a common skill set and understanding.

REA interviewees also stressed that children's homes cannot and should not be expected to meet all needs alone. Even with clinicians on site, homes rely on external expertise from health, education, therapeutic services, police and social care, making strong multi-agency working skills essential. Interviewees described how effective coordination across this wider ecosystem enables children to receive timely, specialist support, and noted that these relationships are easier to build and sustain when the home is located within the

child's local authority area, where established networks and shared knowledge already surround them.

Barriers to effective joint working

Concerns about transparency in the referral and commissioning process can complicate joint working. Local authorities report that children's homes are not always clear about the criteria they use when deciding whether to accept a referral, while homes say local authorities sometimes provide incomplete information about children's needs (Ofsted, 2024). This mutual lack of clarity can erode trust and limit collaboration. For managers, this highlights the importance of being explicit about the home's model of care, capacity and decision-making criteria, while also challenging incomplete information. For staff, it reinforces the need for skills in accurate record-keeping and clear communication to support shared understanding across agencies.

Both children's homes and local authorities emphasise the need for stronger partnership working with each other and with partner services such as CAMHS, education, youth offending teams and other providers (Ofsted, 2024; Bhagat, 2023). Survey responses highlight persistent barriers, including inconsistent communication, difficulty convening all relevant professionals and delays in accessing specialist services, particularly mental health support. These issues limit effective joint planning and coordinated decision-making (Ofsted, 2024).

Young people recognise the hierarchies shaping decisions around them, noting that while staff in children's homes may advocate for them across the wider system, they often do so from a position of limited authority, with key decisions ultimately dependent on other professionals in the care system (Göbbels-Koch and Gupta, 2025).

Skills and knowledge needed to strengthen partnership working

The findings of an international scoping review of studies on the effects, barriers and good practices of intersectoral collaboration for children in residential care, mostly qualitative and largely from the perspective of staff, suggest that shifting from siloed practice to collaborative working is challenging. However, when intersectoral collaboration functions well in residential settings it is associated with a range of positive outcomes, including improved placement stability and permanency outcomes, enhanced staff skills, confidence and wellbeing (Fortems et. al, 2026).

These system pressures have direct implications for the knowledge and skills the workforce needs. Staff require confidence in navigating multi-agency systems: knowing who to contact, how to escalate concerns and how to advocate for timely support. Managers play a critical role in building and sustaining relationships with external partners,

and in ensuring staff receive reflective supervision, emotional support and training to manage the additional pressures created when specialist services are unavailable or delayed.

REA interviewees reinforced these findings, noting that the perspectives of children's home staff are often undervalued in multi-agency forums, which can limit practitioners' influence in wider decision-making. Consequently, they emphasised the importance of professional assertiveness: communicating with clarity and confidence, asserting their expertise, and challenging unsafe decisions to ensure the realities of residential care are properly understood. Interviewees described how this involves explaining the relational intensity, trauma exposure and operational pressures that shape day-to-day practice, particularly when other professionals hold different assumptions about risk or behaviour. They also stressed that effective multi-agency working is not only procedural but relational, shaped by trust, reliability and transparency between partners.

Gaps in the evidence base

These insights are necessarily limited, as relatively few evidence sources examined multi-agency or multi-disciplinary working in depth, and this was not a central focus of much of the literature reviewed.

Key takeaway

Effective residential care depends on strong partnership working across the wider professional network surrounding each child. The evidence shows that children's homes cannot meet all needs alone; coordinated input from social care, health, education, police and therapeutic services are important components. When collaboration functions well, it supports children's positive outcomes and strengthens staff confidence. Conversely, poor communication, inconsistent information sharing and misaligned practice models can undermine care and leave staff managing risk without the right support. Intersectoral collaboration is supported by trust-based relationships, clear procedures, joint planning, shared training, pooled resources and cross-sector consultation. This makes confident communication, professional assertiveness, accurate record-keeping and the ability to build relationships with partners essential skills for the workforce.

5. Knowledge and skills needed to safeguard children in homes

Understanding vulnerability and risk in context

Children in residential care often face heightened exposure to risks such as going missing, substance misuse or criminal exploitation. Analysis of assessment data for over 1,000 children shows that different groups experience different patterns of vulnerability. Specifically, older children and those with multiple recent stressful life events are more vulnerable to external harm, while girls with a higher number of stressful life events face higher risks of self-harm (Westlake et. al, 2025a). These patterns matter because they shape what staff need to notice, understand and respond to in daily practice.

These insights point towards a model of safeguarding that is relational, attuned to context and personal history of each child, and responsive to how vulnerability shows up in daily interactions.

REA interviewees strongly reinforced this point, consistently describing safeguarding as contextual, relational and multi-agency rather than procedural. They emphasised that staff must be curious, emotionally available and able to interpret trauma-linked behaviours, such as running away, aggression or withdrawal, as survival strategies rather than defiance. This contextual and relational vigilance was described as the foundation for recognising early signs of exploitation or harm.

Relational safeguarding

Evidence from specialist models such as Safe Steps illustrates what effective safeguarding can look like in children's homes. Developed as an alternative to placing girls in distant secure accommodation, Safe Steps trains staff in a Social Pedagogy approach that emphasises positive relationships and personalised risk assessment. Young people respond well to this relational style, valuing staff who are boundaried yet relaxed and willing to spend time alongside them rather than relying solely on formal interactions (Cordis Bright, 2018). The model also faces challenges with staff recruitment, retention and management, and researchers note that 'managing risk differently' only works when there is shared understanding of the approach and sustained commitment from commissioners, providers and staff (Cordis Bright, 2018). For children's homes, these insights highlight the importance of skilled, relationally attuned practice: safeguarding depends not only on procedural responses but on staff who can interpret behaviour, notice early signs of risk and create the trust needed for children to disclose concerns.

REA interviewees echoed this, emphasising that safeguarding is inseparable from relational practice and rooted in a culture of curiosity, care and connection. They

highlighted the central importance of non-judgement, empathy and the ability to support children through feelings of shame and fear. Alongside these relational qualities, interviewees pointed to specific knowledge gaps, such as understanding grooming processes, local risk environments and peer-on-peer harm, that staff must be trained in to make relational safeguarding effective.

Trauma, attachment and collaborative safeguarding

As outlined earlier, staff need strong knowledge of attachment and trauma to understand how past experiences shape vulnerability, behaviour and help-seeking. This includes recognising factors that increase risk, understanding trauma responses, and working collaboratively with other services to safeguard effectively.

This knowledge enables staff to have open, non-judgemental conversations about distress, self-harm and exploitation. Through these interactions, they reinforce children's stability and belonging, the relational foundations that underpin effective safeguarding (Westlake et. al, 2025a).

Gaps in the evidence base

Despite the centrality of safeguarding in residential care, the evidence base offers limited detail on the specific knowledge, skills and decision-making processes staff rely on in practice. Much of the literature describes what needs to happen, but far less explains how staff develop these capabilities, how they are supported or what organisational conditions enable consistent safe practice. This gap limits sector understanding of the precise competencies required for effective safeguarding and how they can be strengthened.

Key takeaway

Effective safeguarding in children's homes is relational, contextual and multi-agency, not simply procedural. The evidence shows that staff must combine knowledge of trauma, attachment, exploitation and local risk environments. Risks such as going missing, exploitation, aggression or self-harm emerge differently for different groups of children, making curiosity, emotional availability and contextual understanding essential. Skilled practice involves dynamic risk assessment, early identification of exploitation, safe relational boundaries and coordinated multi-agency planning. Crucially, safeguarding depends on a culture of care and connection, where staff build the stable, trusting relationships that allow children to disclose harm and feel protected. Values such as empathy, non-judgement, professional courage and an unwavering commitment to children's rights underpin this work, enabling staff to challenge decisions and advocate effectively within the wider safeguarding system.

6. Knowledge and skills for effective leadership in children's homes

Leadership matters

Every children's home must have a Registered Manager (RM) with the qualifications, experience and skills to manage the home effectively and lead the care of children. The manager's suitability is assessed through a 'fit person interview' as part of the registration process.

However, the sector faces a significant leadership gap: in 2025, 740 homes (19%) in England were operating without a RM (Dialogue, 2025). This shortage matters because leadership shapes culture, practice, safety and the quality of children's daily experiences.

The complexity of the role

Research included within McGimpsey et. al's scoping review shows that managing a residential children's home is a complex social process that cannot be fully standardised. The effectiveness of a home depends on the manager's ability to cultivate a stable, collaborative team dynamic aligned with their practice approach (McGimpsey et. al, 2024). International evidence emphasises clear roles and expectations are essential, but so too is the manager's active role in developing their own and their team's knowledge, skills and values (Porter et. al, 2020).

What effective leaders do

Managing a children's home is not simply an administrative task but a deeply relational and emotionally demanding role. The evidence base offers little direct guidance on the skills and knowledge required of leaders, but it does illuminate some actions and approaches that characterise effective leadership.

Leading practice and developing staff

Effective managers create the conditions for staff to build caring relationships with children, rather than simply working to meet external standards. They recognise when staff are struggling and provide individualised support, 'checking in, not checking on' (Parry et. al, 2021b). They manage group dynamics, foster collaboration (Purcell, 2025; Göbbels-Koch and Gupta, 2025; Hart et. al, 2015) and support staff to become fluent in the 'language of emotions', a consistently identified cornerstone of effective practice (McGimpsey et. al, 2024).

International work emphasises strong leadership also involves balancing administrative demands with time spent directly with children, modelling relational practice and nurturing a learning culture (Eriksson et. al, 2025). Evidence from UK research (mostly from the 2000s) shows that when managers fail to provide adequate training and guidance, staff can become disillusioned, particularly when responding to children's distress or trauma (Purcell, 2025).

The Children's Homes (England) Regulations 2015 reinforce this responsibility. The registered person must maintain a workforce plan that can meet all staffing and practice requirements of the home, ensuring there are sufficient, skilled staff to meet each child's needs. They are also required to drive continuous improvement in the quality of care (Council for Disabled Children, 2023). These requirements highlight the manager's central role in ensuring skilled practice and a stable environment for children.

REA interviewees also described how leaders who 'lead by example', including participating in frontline tasks and demonstrating consistent, values-led relational behaviour, strengthen staff trust, confidence and belief in their own expertise. They emphasised that effective leadership involves modelling safe practice, holding risk and containing the emotional intensity experienced by staff and children. Leaders must guide staff in building trusted relationships with highly vulnerable young people, maintaining clear boundaries and fostering a reflective, values-based culture. Together, these insights highlight that relational, values-led leadership is central to supporting staff through the emotional demands of residential care and strengthening their confidence in practice.

Building cohesion, trust and belonging

Staff emphasise the importance of strong peer support and close-knit team dynamics as a core coping mechanism (Abraham et. al, 2022). Collaboration is essential for managing emotionally intense situations (Thomas et. al, 2025) and leadership is central to enabling this. Managers shape workloads, nurture positive team relationships and create opportunities for growth, helping staff feel supported, valued and connected.

Leaders also play a crucial role in cultivating belonging among staff. When leaders show care for their team and offer consistent support, they can help protect workers' wellbeing, confidence and sense of safety. When this relational need is unmet, staff report reduced professional pride, diminished belief in their skills and a decline in overall wellbeing (Dialogue, 2025; Parry et. al, 2021b). Work describing The Mulberry Bush approach highlights the importance of epistemic organisational trust, a culture where staff feel psychologically safe, theoretically anchored and confident in organisational support (Price et. al, 2023). This trust enables staff to build the deep, consistent relationships children need.

While organisations often prioritise belonging and trust for children, cultivating belonging among the workforce should be given equal organisational focus (Parry et. al, 2021b).

Modelling ethics and values

Research evidence highlights that the attitudes and behaviours of leaders, managers and staff are essential for creating an organisational culture in which good quality care and effective safeguarding flourish. Across studies, effective leaders are seen as leading by example. They treat staff and children with warmth, respect and value (Council for Disabled Children, 2022).

Interviewees in Kantar Public's research (2018) emphasised that good managers are driven by a commitment to children and a desire to make a positive difference. They look beyond behaviour to see children's potential. They bring resilience, creativity, strong communication, and draw on their frontline practice experience.

REA interviewees also emphasised the importance of personal qualities alongside technical knowledge, noting that leaders require resilience, courage, authenticity and a strong commitment to children and staff. They described how leaders need 'calmness through chaos', emotional stamina and a strong values base to guide ethical decision-making, including challenging unsafe practice or unsuitable admissions.

Safeguarding

Effective leadership is essential for creating a safe, reflective and accountable culture. Where management fails to implement safeguarding policies, challenge harmful practice or model values-led behaviour, a culture of abuse can take hold as both recent and historical cases of abuse starkly show (Council for Disabled Children, 2022).

The need for system-level support

The manager role is extensive. It spans regulatory compliance, organisational leadership, safeguarding, staff, inspections, workforce development and the day-to-day care and progress of children (Dialogue, 2025). Given this breadth, managers require supportive networks beyond the home to help them navigate operational demands and their wider role within the residential care system (McGimpsey et. al, 2024). There is some evidence that managers' positivity about their role is strengthened by mentoring and developing a committed, passionate staff team, and by the pride and meaning they derive from the work (Dialogue, 2025).

Gaps in the evidence base

Despite their pivotal role, the evidence base provides very little detail on the specific skills and knowledge required of managers, highlighting a significant gap in sector understanding. No studies were found that focused exclusively on managers in children's homes, and the available evidence did not distinguish between different levels of

management. For example, there was no research specifically examining the role of the Responsible Individual, who supervise the Registered Manager and monitors the quality of the home, or Deputy Managers, whose responsibilities vary across settings.

Key takeaway

With almost one in five homes operating without a Registered Manager, the sector faces a significant leadership gap. Effective leaders do more than manage compliance: they model relational, values-led practice; hold and manage risk; contain emotional intensity; and create the conditions in which staff can build trusted relationships with vulnerable young people. They set clear boundaries, guide staff, and create reflective cultures. Leadership involves complex decision-making around admissions, balancing risk, suitability and long-term outcomes, while staying grounded in child-centred principles. Crucially, leaders bring resilience, authenticity and a commitment to staff wellbeing.

7. Effectiveness of Level 3 and Level 5 qualifications

Given the complexity of residential care, qualifications are intended to provide a foundation for effective practice. They offer formal, externally recognised assurance that an individual meets defined standards of competence and are typically required to fulfil regulatory or role-specific expectations. However, despite their central role in the workforce system, evidence on the effectiveness of the qualification framework remains insufficient. This chapter outlines the current qualification framework, reviews the available evidence on its effectiveness, and highlights areas for further development.

The qualification framework

All care staff in children's homes must hold or be working towards the Level 3 Diploma for Residential Childcare (or equivalent qualification, evidenced through a statement of equivalence). This must be completed within two years of starting in role (Purcell, 2025). There are no formal entry requirements beyond working or volunteering in a residential setting (Narey, 2016). Registered persons in a children's home must judge equivalence and ensure any gaps are addressed promptly (Council for Disabled Children, 2023).

When the Level 3 Diploma for Residential Care was introduced in 2015, over a decade ago, completing it was estimated to require 466 learning hours (around four hours a week over two years) with most staff beginning after their six-month probation and completing within 12 to 18 months (Narey, 2016). This gives a sense of the scale of learning expected alongside full-time residential work.

Children's homes must also have a Registered Manager approved by Ofsted. Regulation 28 of the Children's Homes Regulations (England 2015) requires at least two years' relevant experience within the last five, at least one year supervising staff, and completion (or progress towards) the Level 5 Diploma in Leadership and Management for Residential Childcare within three years (Dialogue, 2025; Purcell, 2025).

Ofsted inspectors investigate the recruitment and vetting of staff in English homes, as well as any induction and training they receive. However, care staff are not required to be registered in the same way as managers.

Why qualifications matter

Residential childcare demands a robust combination of skills, knowledge and personal resilience. Qualifications are intended to provide a theoretical foundation, support understanding of children's needs, and contribute to a workforce capable of meeting the complexity of delivering residential care.

This need is sharpened by the profile of applicants entering the sector. In a Department for Education commissioned attempted census of all children's homes (703 homes took part, 19% of all eligible homes in England) managers report significant challenges when recruiting, with many applicants lacking the right experience (74%), the right skills (66%) or the right attitude or motivation (57%) (Verian and NCB, 2025). As a result, assessing suitability and identifying transferable skills is a critical part of the recruitment process, and qualifications play an important role in developing staff once in post. Narey's review (2016) emphasised recruiting staff with the right qualities, and then building their understanding through training, including the mandatory qualification.

Evidence on effectiveness

Uptake and compliance

The DfE commissioned census survey data show high compliance with qualification requirements in 2024 (Verian and NCB, 2025).

- **Level 5:** 81% of registered managers hold the qualification, 17% are working towards it, and 2% neither hold nor are working towards it.
- **Level 3:** 59% of care staff hold the qualification, down from 63% in 2023, and 30% are working towards it, up from 24% in 2023. Only 11% neither hold nor are working towards Level 3.

Where staff lack Level 3, the most common reason is being in probation period (58%). Other reasons include being relief or bank staff (8%), not wanting to do the qualification (3%), starting but leaving before completion (2%), and lacking time due to resource constraints (1%) (Verian and NCB, 2025).

Views on qualifications

Early views (shortly after its introduction) of the Level 3 were mixed. Some staff felt it did not stretch them or simply confirmed existing knowledge; others valued aspects of the learning (Narey, 2016). Many emphasised that on-the-job experience was more useful than the Diploma (Narey, 2016). Later (around four years after its introduction), sector views remained divided, with equal numbers agreeing and disagreeing that Level 3 was sufficient (Horne and Rome, 2021)

The Level 5 was generally viewed more positively and seen as more demanding than Level 3 (Narey, 2016). More than half of respondents agreed it was sufficient for Registered Managers (Horne and Rome, 2021).

Overall, the feedback suggested that while the qualification provided a theoretical foundation, many felt staff, particularly at Level 3, needed additional training to develop the full range of skills required for effective practice (RTK Ltd, 2021; Kantar Public, 2018).

Challenges with the current qualification offer

Across sources, qualifications are consistently viewed as providing a baseline, not full preparation for practice. Early stakeholder interviews conducted shortly after the qualifications were introduced suggested that both the Level 3 and Level 5 “fell short” of equipping staff with the full range of skills needed in residential care, particularly therapeutic skills. While they offered a reasonable theoretical foundation, they were not sufficient to enable staff or managers to operate confidently in practice, and interviewees emphasised the importance of continued professional development and experience gained ‘on the ground’ (Kantar Public, 2018).

REA interviewees agreed that while the qualifications provide some baseline knowledge, this foundation is partial, overly theoretical and insufficient for the relational and therapeutic demands of residential care. They described the content as generic and lacking residential-specific depth, and strongly reinforced that the qualifications do not equip staff with trauma-informed relational practice, crisis competence, emotional-regulation skills or reflective capacity.

Concerns about duplication and relevance were also raised. Some staff felt the Level 5 repeated learning they had already completed (Kantar Public, 2018), while more recent interviews with managers highlighted that mandatory qualifications could devalue prior knowledge and experience, including higher-level or practice-based expertise. For experienced staff, the qualifications were sometimes viewed as a tick-box requirement rather than meaningful development (Verian and NCB, 2025).

Expert roundtables echoed these points, noting that both of the qualifications are overly generic and as such, must be paired with well-planned, well-supported workplace learning to build the skills required for residential work (Council for Disabled Children, 2023).

A review of the literature similarly found that additional qualification requirements alone are unlikely to be effective unless accompanied by broader systemic changes, such as strengths-based approaches, coordinated multi-professional working, consistent key working, and flexible, reflective direct work with young people (RTK Ltd, 2021).

Across sources, qualifications are therefore seen as setting the floor, not the ceiling, for a skilled and confident workforce. Continued professional development and practical experience remain essential complements to formal qualifications.

REA interviewees also described widespread problems with how the qualifications are delivered, noting that staff often “blitz” the Level 3 or Level 5 online with minimal engagement and limited reflective development. They characterised this as part of a broader “tick-box culture” driven by distance learning, inconsistent tutor support and limited opportunities for discussion or reflection. Interviewees highlighted significant variation across providers, optional and uneven tutor input, and the absence of structured classroom time, peer learning or cohort-based delivery. They stressed that these delivery issues are compounded by deeper structural problems: there is no meaningful practice assessment, little or no observation of staff working with children, and assessors often lack residential care experience. These weaknesses mean the qualifications are not contextual, do not support staff to apply knowledge and skills in practice, and fail to assess the relational or therapeutic competence required for residential care.

REA interviewees also noted that workforce shortages significantly weaken how qualification requirements operate in practice. Homes often recruit staff who are very inexperienced or emotionally unprepared, and many work for years before completing the mandatory qualification, meaning it cannot function as a gatekeeping or quality-assurance mechanism. Interviewees also described how employers sometimes “vouch” for unqualified staff because they cannot recruit, and homes retain staff who are not well-suited to the work simply because they cannot afford to lose them. Workforce shortages therefore mean regulatory requirements are routinely diluted or circumvented, with staff working long periods without the knowledge or skills the qualification is intended to provide.

Appropriate qualification levels: sector perspectives and evidence

There is long-standing debate in the literature about whether current qualification levels are appropriate.

- Some argue the Level 3 requirement is too low given the complexity of residential care, especially compared with higher minimum requirements in European countries (Purcell, 2025).
- Some reviews have recommended that managers should hold a social work degree rather than a Level 5 (Narey, 2016), while others question whether social work training is the best preparation for residential care (Purcell, 2025).
- Concerns exist that raising qualification requirements could deter capable but less academic staff from entering or staying in the sector (Purcell, 2025).
- Recruiters emphasise the importance of practical experience and the need for qualifications to accommodate diverse learning styles (Purcell, 2025).

There is no clear consensus on the appropriate qualification level, but broad agreement that formal learning must be balanced with practical experience and accommodate diverse learning needs.

Alternatives

The Level 4 Practitioner in Children's Residential Care apprenticeship was established in 2018. It offers a funded training route that includes the Level 3 Diploma as its core qualification and adds structured workplace learning, assessment and employer involvement. A national survey found that awareness and understanding varies, but managers who use it describe it positively (Verian and NCB, 2025). Managers reflect that the content of both the traditional qualification route and the apprenticeship scheme were of similar relevance to the job and provided similar levels of assistance in completing day-to-day activities. However, the apprenticeship scheme is described as more comprehensive and academically advanced, but also more time-intensive, with implications for staffing capacity (Verian and NCB, 2025).

REA interviewees contrasted mandatory qualifications with the 18-month Graduate Diploma in Residential Work (Children's) launched by Kingston University, describing it as a more rigorous, relationally grounded and practice-assessed pathway that better reflects the realities of residential care. They highlighted its extended duration, higher academic level and structured opportunities for practice observation, feedback and reflective learning. Interviewees emphasised that the curriculum is trauma-informed, psychologically coherent and developed by practitioners with extensive residential expertise, enabling staff to integrate theory with day-to-day relational work. They also valued the dual pathways (management and social pedagogy) and the strong emphasis on research-informed practice, noting that the model demonstrates what meaningful, practice-rooted professional development could look like for the sector.

Future direction for qualification reform

Across the evidence base, there is strong support for strengthening the qualification framework so that it better reflects the realities of residential care. Stakeholders emphasise the need for qualifications that are more flexible, more closely aligned with the work of individual homes, and more responsive to the needs of the children they care for (Council for Disabled Children, 2023; Thomas et. al, 2025). This includes ensuring that learning pathways accommodate different learning preferences and abilities, and that they recognise the diverse backgrounds and prior experience staff bring to the role (Council for Disabled Children, 2023).

A recurring theme is the importance of integrating theory and practice. Stakeholders argue that qualifications should move beyond knowledge transmission to support the development of practical judgement, relational skills and the ability to apply therapeutic

principles in everyday interactions. This requires trainers who have direct residential experience and can model the integration of “knowing, doing and being” that characterises effective residential practice (Steckley, 2020; White et. al, 2015). REA interviewees agreed that reform of the qualification system must address gaps such as the lack of practice assessments, observations and relational skill development.

There is also a call for qualifications to be more practice-rooted, with stronger links to in-home training, reflective supervision and structured opportunities to learn through doing. Evidence suggests that staff develop most effectively when formal learning is reinforced by well-planned, well-supported workplace learning that is embedded in the culture of the home (White et. al, 2015; Council for Disabled Children, 2023).

Finally, stakeholders emphasise that qualification reform cannot be separated from wider efforts to professionalise the workforce. Raising the status, pay and recognition of residential childcare staff is seen as essential to attracting and retaining skilled practitioners, and to ensuring that qualifications are valued as part of a coherent professional development pathway rather than a compliance exercise (White et. al, 2015).

REA interviewees cautioned that professionalisation carries significant risks if pursued without a clear theory of change or empirical foundation. They spoke about the fine balance required when improving the qualification system: strengthening the relational, therapeutic and practice-based elements of learning whilst avoiding procedural or academic escalation. Interviewees warned that raising academic requirements may exclude relationally skilled practitioners with limited academic confidence, and highlighted that qualifications can create a false sense of competence when they do not assess practice. They also noted that additional mandatory learning could increase pressure on an already fragile workforce. Across interviews, there was a consistent message that reform must avoid deepening procedural focus and instead strengthen reflective, trauma-informed practice, ensuring professionalisation enhances rather than inadvertently weakens the workforce.

Taken together, the evidence points towards a qualification system that is more flexible, more practice-aligned and more integrated with ongoing professional development, one that supports staff not only to acquire knowledge but to apply it confidently and consistently in the complex environment of residential care.

REA interviewees also highlighted that the sector lacks a shared understanding of “what good looks like” in qualifications for residential childcare. They noted the absence of national standards for what effective learning should involve, calling for clearer expectations across providers, cohort-based learning models, shared pedagogical frameworks and a shift from compliance-driven to practice-driven development.

Gaps in the evidence base

Despite the qualifications being introduced in 2015, the REA found no recent evaluation or research on their effectiveness. The available evidence is sparse, dated and largely descriptive, offering limited insight into whether the Level 3 or Level 5 qualifications are effective.

Most studies focus on perceptions of the qualifications rather than measurable impact on practice. Early reflections from stakeholders provided useful indications of how the qualifications were experienced in practice, but these accounts were gathered shortly after implementation and do not constitute systematic evaluation. More recent evidence, primarily interviews with managers, continues to highlight concerns about relevance, duplication and the limited practical value of the qualifications, but again does not assess their effectiveness in a structured way.

Crucially, the REA identified no studies that examine:

- whether completing Level 3 or Level 5 leads to improved practice
- whether the qualifications strengthen staff confidence, capability or retention
- whether they contribute to better experiences or outcomes for children
- how qualification content translates into day-to-day practice in homes
- whether different delivery models (e.g., apprenticeship vs diploma) produce different impacts

This lack of evaluative evidence means it is not possible to draw firm conclusions about the contribution of the current qualification framework to workforce quality.

Key takeaway

The evidence shows that the current Level 3 and Level 5 qualification framework are viewed as insufficient. They provide a basic theoretical foundation and do not equip staff with the relational or practice-based skills required for residential childcare. Across the evidence, they are described as generic, inconsistently delivered, assessed by people without residential experience, poorly aligned with the realities of the work, and structurally incapable of assessing whether staff can apply knowledge in real-world children's homes settings. As a result, there is some evidence that qualifications risk functioning as a compliance exercise rather than a meaningful development pathway. Evidence (especially from REA interviewees) point to alternative models (such as Level 6 qualification) as evidence of what rigorous, practice-rooted learning could look like. Overall, the sector lacks a shared understanding of "what good looks like," in terms of a qualification framework.

8. Effectiveness of workforce training and continuing professional development

Given the mixed evidence on the effectiveness of the Level 3 and Level 5 qualifications, there is broad agreement in the literature that staff need to be on a continual developmental journey. The expert-led review of professional development for the children's homes workforce defines continuing professional development (CPD) as the planned, ongoing process through which staff develop, maintain and enhance the knowledge, skills, values and professional judgement required to meet the needs of children in their care. CPD encompasses formal learning, coaching, supervision, reflective practice, peer learning, and situational learning embedded in day-to-day work. This section therefore explores the evidence on effectiveness of training and CPD in supporting that ongoing growth.

Training and CPD strengthen staff knowledge, skills, confidence and relational practice

Across the evidence base, a number of studies highlight the potential of training and CPD to strengthen staff capability in children's homes. Staff describe training as "really helpful" and directly transferable to day-to-day practice, particularly in behaviour management and relational work, with several studies showing that well-designed training helps staff understand behaviour, apply theory and feel more capable in navigating the emotional and interpersonal demands of working in residential care (Burbidge et. al, 2020; Bardis and Dunsmuir, 2025; White et. al, 2015). Research in trauma-informed children's homes shows training is associated with improvements in staff knowledge, confidence and practical skill, including enhanced behaviour-management skills and reduced stress (Burbidge et. al, 2020).

A theme to emerge from the literature is that training helps staff interpret behaviour through trauma-informed and attachment-informed frameworks. Programmes such as PACE, CBT-informed approaches, attachment-based training and RESuLT have been found to strengthen relational attunement, communication and emotional understanding (Bardis and Dunsmuir, 2025; Narey, 2016; Walker et. al, 2025). Staff report that such training enables them to understand behaviour as communication, apply psychological theory in practice and respond more thoughtfully to trauma-related behaviours (Price et. al, 2018; Burbidge et. al, 2020; Bardis and Dunsmuir, 2025). Trauma-informed and relationship-based training is associated with improved staff–child relationships, more predictable emotional climates and reductions in behavioural incidents (Research in Practice and NCB, 2025; Walker et. al, 2025). Evaluations of intensive workforce development programmes such as SECURE STAIRS have similarly found them to improve staff knowledge, confidence and trauma-informed practice across secure settings (Research in Practice and NCB, 2025).

CPD plays a critical role in supporting staff emotional resilience and wellbeing. High-quality CPD, particularly when combined with reflective supervision, strengthens staff's ability to regulate their own emotions, manage stress and maintain emotional availability in demanding situations (Thomas et. al, 2025; Dialogue, 2025). Staff report that ongoing development helps them remain grounded, reflective and able to respond therapeutically to children's needs (Burbidge et. al, 2020; Bardis and Dunsmuir, 2025; White et. al, 2015). CPD that includes structured opportunities for reflection, debriefing and peer support enhances emotional regulation, reduces burnout and contributes to safer, more consistent practice (Giraldi et. al, 2022; Parry et. al, 2021a; Price et. al, 2018; Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023; Bhagat, 2023; Schaub et al, 2024; Abraham et. al, 2022).

Several studies link training to improvements in the overall emotional climate of homes. Trauma-informed and attachment-based training is associated with calmer environments, improved staff–child relationships and reductions in behavioural incidents (Research in Practice and NCB, 2025; Walker et. al, 2025). Staff report that training helps them respond more predictably and consistently, supporting children's emotional regulation and reducing conflict (Parry et. al, 2021a; Research in Practice and NCB, 2025). Although evidence is not yet extensive and relies on self-reported perceptions, these findings suggest that training can contribute to safer, more therapeutic residential settings.

Finally, an international systematic review found that many training programmes improve staff knowledge and attitudes, though evidence of sustained behavioural change is more mixed due to methodological limitations such as small samples, poor reporting and limited attention to relational or organisational outcomes (Santos et. al, 2023). Nonetheless, the review reinforces that training can strengthen staff understanding and confidence, even if long-term impact remains under-evaluated.

Training and CPD are essential components of effective residential care. The evidence shows that when well-designed and psychologically informed, they strengthen staff knowledge, relational practice, emotional capacity and the ability to work therapeutically with children.

Training is inconsistent, unevenly delivered and often insufficiently specialised

Despite clear evidence that training and CPD can strengthen practice, provision across the sector is highly variable (White et. al, 2015; Dialogue, 2025; Verian and NCB, 2025; Cordis Bright, 2018; RTK Ltd, 2021). CPD is often inconsistent, with limited structured pathways beyond Level 3/5 and few opportunities for progression (White et. al, 2015; Dialogue, 2025). Many staff feel that training is too basic or generic and lacks the depth required to meet the complexity of children's needs (RTK Ltd, 2021). Research suggests that access

is uneven: bank staff[1] frequently receive minimal training despite holding similar responsibilities (White et. al, 2015; Verian and NCB, 2025), and managers report variable access to training and supervision, calling for national leadership programmes and clearer development pathways (Dialogue, 2025). Training models also vary widely, from on-site to off-site, online to in-person, short to extended, individual to group-based, and delivered by internal or external providers, contributing to a fragmented landscape (Cordis Bright, 2018). Although most homes have CPD budgets, offers remain inconsistent and lack standardisation (White et. al, 2015).

REA interviewees described CPD requirements as minimal, inconsistent and disconnected from the complexity of residential childcare. They noted stark variation across nations in relation to number of hours per year of training required or content. Several interviewees emphasised that current CPD expectations bear no relationship to the depth of knowledge, therapeutic skill and emotional competence required to work with children in residential care.

Given this variability, the sector requires clearer and more standardised expectations for CPD, supported by protected time for staff to participate (White et. al, 2015; Verian and NCB, 2025; Dialogue, 2025), and role-specific development pathways, including structured leadership training and access to clinical supervision for managers (Dialogue, 2025; Thomas et. al, 2025; Price et. al, 2023; Price et. al, 2018; Parry et. al, 2021b; Burbidge et. al, 2020).

Across the literature, staff consistently identify gaps in training related to the specific needs of children and young people. They request deeper training in trauma, mental health, neurodiversity, self-harm, exploitation and challenging behaviour (Purcell, 2025; 11; Parry et. al, 2021a; White et. al, 2015; La Valle et. al, 2016; Council for Disabled Children, 2023). Staff also report limited preparation for emerging areas such as criminal and sexual exploitation, gangs, drill music, county lines and youth culture (Purcell, 2025; Elgie et. al, 2024). Training on neurodiversity, communication and delegated clinical care is similarly underdeveloped (Schaub et al, 2024; Cossar and Belderson, 2024; White et. al, 2015; Council for Disabled Children, 2023). In secure settings, an international review found staff emphasise that young people's needs often exceed the scope of standard training, requiring more specialised preparation (Thomas et. al, 2025).

REA interviewees reinforced these gaps, describing most CPD as surface-level and compliance-driven. Mandatory modules such as food safety or fire safety were frequently cited as dominating CPD records, despite offering "no skills" relevant to therapeutic residential practice. Interviewees stressed that effective CPD must include trauma understanding, behaviour as communication, de-escalation, relational responses and reflective practice, areas they felt were largely absent from national requirements.

[1] Bank staff refers to a pool of people an employer can call on as and when work becomes available. The employer is not obligated to provide work for these staff, nor are they obliged to accept it (White et. al, 2015)

Specialist training needs identified across studies include:

- aggression and challenging behaviour (Purcell, 2025; Elgie et. al, 2024; La Valle et. al, 2016)
- criminal and sexual exploitation (Purcell, 2025)
- drill music, gangs, county lines and youth culture (Elgie et. al, 2024)
- LGBTQ+ competency, which are often superficial or embedded within broader diversity modules (Schaub et al, 2024; Cossar and Belderson, 2024)
- neurodiversity, communication and delegated clinical care (Council for Disabled Children, 2023; White et. al, 2015)
- mental health and adolescent development (Schaub et al, 2024; Thomas et. al, 2025)
- transitions, loss and endings (Parry et. al, 2021a)

International evidence highlights inadequate training leaves staff feeling unprepared for the complexity of children's needs, particularly in responding to trauma, neuropsychiatric conditions, self-harm and behavioural crises (Thomas et. al, 2025). Studies show that when staff lack the knowledge, confidence and emotional tools to understand behaviour as communication, they are more likely to rely on control-based or reactive practices, which can escalate distress, undermine relational safety and negatively affect children's developmental outcomes (Thomas et. al, 2025; 22; Price et. al, 2018; Parry et. al, 2021b). Staff in secure settings report that the acuity of young people's needs routinely exceeds the scope of standard training, leaving them without the specialist preparation required to respond therapeutically (Thomas et. al, 2025). These gaps contribute to emotional strain, reduced attunement and inconsistent care, particularly during high-risk moments such as transitions, where trauma histories can be reactivated (Parry et. al, 2021a).

REA interviewees repeatedly emphasised that training alone cannot prepare staff for residential care. Core competencies such as co-regulation, crisis response, trauma-informed behaviour interpretation and relational repair must be developed through experience, supervision and reflective spaces. They stressed that CPD must be embedded within a coherent practice model, not delivered as isolated "bolt-on" courses that sit outside the home's therapeutic approach. Without alignment between training, supervision and daily practice, staff struggle to integrate learning, leading to inconsistent application and limited impact on children's experiences.

Given this, CPD must be specialist, psychologically informed and tailored to the complexity of children's needs, rather than limited to generic or mandatory modules. Evidence across the literature emphasises that staff require more extensive training in trauma, mental

health, neurodiversity, exploitation, self-harm and challenging behaviour (Purcell, 2025; Hendry et. al, 2022; White et. al, 2015; La Valle et. al, 2016; Council for Disabled Children, 2023), alongside structured opportunities for reflective practice and emotional support (Price et. al, 2018; Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023). Specialist CPD that integrates psychological theory, relational approaches and formulation-led practice is essential for enabling staff to provide consistent, attuned and therapeutic care, and to sustain the emotional resilience required for work in residential and secure settings (Thomas et. al, 2025; Dialogue, 2025).

Enablers of effective CPD: reflective practice, organisational culture and delivery modes

Across the literature, several conditions consistently emerge as enablers of effective training and CPD, influencing how staff access learning, how it is delivered, and how well it becomes embedded in day-to-day practice.

Reflective practice, supervision and emotional support

A dominant theme across the evidence is that training alone is insufficient. Staff require ongoing reflective spaces, emotionally attuned supervision and psychologically safe environments to process the intensity of the work. Reflective practice, defined as the process of thinking critically about experiences to improve practice (Price et. al, 2023), is essential for maintaining emotional availability, managing complex feelings and working therapeutically with traumatised children.

Reflective supervision protects against burnout (Giraldi et. al, 2022; Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023; 5), supports emotional resilience (Parry et. al, 2021a; Price et. al, 2018; Parry et. al, 2021b; Burbidge et. al, 2020; Price et. al, 2023; Bhagat, 2023; Schaub et al, 2024; Abraham et. al, 2022), and enhances staff capacity for emotional attunement (Parry et. al, 2021a). Staff need safe, confidential spaces to think, talk, process feelings and understand their own reactions (Price et. al, 2018; Parry et. al, 2021b; Abraham et. al, 2022; Thomas et. al, 2025; Price et. al, 2023). When staff feel supported and emotionally ‘held’ by their organisation, they are found to provide safer and more consistent care (Price et. al, 2018; Price et. al, 2023).

REA interviewees strongly reinforced the centrality of reflective practice, describing it as the single most important component of effective CPD. They emphasised that reflective supervision, clinical consultation and emotionally safe team spaces are essential for helping staff interpret behaviour, regulate their own emotions and respond therapeutically. Several interviewees noted that without reflective practice, training becomes superficial and staff revert to reactive or control-based approaches.

For reflective practice to be effective, it must be regular, protected and clearly distinguished from appraisal or performance management. In some settings, reflective forums occur at least twice a week and are considered essential for enabling staff to confront painful aspects of the work safely (Parry et. al, 2021a). Exploration of The Mulberry Bush model illustrates how a deeply embedded reflective culture, supported by mandatory psychodynamic training, shared experiential learning and structured reflective spaces, strengthens trust, emotional resilience and professional growth (Price et. al, 2018; Price et. al, 2023).

Where reflective support is absent, staff experience demoralisation, empathic failure and burnout (Price et. al, 2018). Conversely, structured debriefs, peer support groups and reflective supervision reduce emotional strain, improve team relationships and enhance job satisfaction (Thomas et. al, 2025; Dialogue, 2025). Yet despite its centrality to therapeutic work, reflective practice is often not foregrounded in residential care training (Price et. al, 2023).

Organisational culture

Training effectiveness depends heavily on the organisational environment. Across the literature, supportive cultures, characterised by team cohesion, shared vision, psychological safety and a focus on learning rather than blame, are consistently associated with stronger transfer of training into practice (Giraldi et. al, 2022; Abraham et. al, 2022; Hart et. al, 2015; Dialogue, 2025). These cultures value staff wellbeing, encourage open discussion of uncertainty and create “liminal spaces” where discomfort, ambiguity and identity-level shifts are treated as normal parts of learning (Steckley, 2020). In such environments, staff feel able to experiment, reflect and integrate new approaches, rather than defaulting to compliance or defensive practice (Purcell, 2025).

Evidence from an international rapid review shows that while some features of a learning organisation are present, many staff do not feel supported to take risks, innovate or learn from mistakes (Hart et. al, 2015). Evidence shows a disconnect between how managers and practitioners experience their organisation, with many staff reporting a culture of blame. Such environments restrict psychological safety and hinder the development of genuine learning and reflective practice (Hart et. al, 2015; RTK Ltd, 2021). Poor organisational cultures, including risk aversion, blame and lack of psychological safety, undermine CPD effectiveness and restrict staff’s capacity to be physically, psychologically and emotionally available to children (Giraldi et. al, 2022; Hart et. al, 2015; RTK Ltd, 2021).

Conversely, research finds that high-quality supervision, strong leadership and clear expectations increase the likelihood that training is used in practice (McGimpsey et. al, 2024; Dialogue, 2025; Research in Practice and NCB, 2025). Homes with clinical input and multidisciplinary teams show stronger integration of training into daily work, with therapeutic models more consistently embedded across staff groups (Research in Practice

and NCB, 2025). Positive organisational cultures, cohesive teams, supportive managers and shared approaches, amplify the impact of training and create conditions in which new knowledge and skills can take root (McGimpsey et. al, 2024; Abraham et. al, 2022).

Leadership is particularly critical. REA interviewees repeatedly emphasised that the quality of the manager is the single biggest determinant of effective CPD. Effective managers identify team needs, link training to children's needs, embed reflective practice, ensure supervision is meaningful and connect staff with clinical expertise. Conversely, weak management leads to fragmented CPD, inconsistent practice and limited integration of training into daily work. The literature echoes this: supportive managers who model reflective practice, prioritise staff wellbeing and foster a shared therapeutic ethos create environments where training becomes meaningful and sustainable. Yet many Registered Managers lack structured CPD pathways or access to clinical supervision, limiting their ability to lead learning cultures effectively (Dialogue, 2025). High staff turnover further disrupts the embedding of new approaches and weakens organisational memory, making it harder for training to translate into consistent practice (Research in Practice and NCB, 2025; Thomas et. al, 2025).

In summary, CPD is only effective when embedded within a learning culture that supports risk-enabled practice, reflection and shared practice. Training effectiveness is not just about content, it depends on team cohesion, leadership, psychological safety and a culture oriented towards learning rather than blame.

Delivery mode: interactive, practice-based and experiential approaches

In the reviewed evidence, staff overwhelmingly preferred in-person, interactive, group-based training delivered by practitioners with real experience of working in children's homes (Abraham et. al, 2022; White et. al, 2015; Verian and NCB, 2025). These formats are described as more engaging, memorable and directly relevant to relational work. Online training is valued for flexibility but is often experienced as a "one-way transaction" that is harder to retain and less applicable to the emotional and interpersonal demands of the role (White et. al, 2015). "Bite-size" e-learning is thought to be feasible for simple or procedural content, particularly in a 24-hour workforce with limited time for whole-team learning, but must be balanced with face-to-face sessions for complex relational skills (Hendry et. al, 2022). REA interviewees described widespread reliance on online modules, often completed alone and without discussion. They emphasised that meaningful learning requires interaction, reflection and practice-based modelling, conditions rarely present in online formats. Structured training, when combined with reflective supervision, can also improve staff wellbeing and the quality of care (Thomas et. al, 2025).

Whole-team and cross-disciplinary training further strengthen the impact of CPD. Evidence shows that training delivered to entire staff groups, and across professional boundaries, builds shared language, coherence and consistent approaches for children (Narey, 2016;

Cordis Bright, 2018; RTK Ltd, 2021). Multidisciplinary input from psychology, occupational therapy, speech and language therapy and social care deepens understanding of trauma, neurodiversity and the reasons behind behaviour (Research in Practice and NCB, 2025). Inter-agency training can also support shared vision and trust across systems (Fortems et. al, 2026). Models of residential care emphasise the importance of whole-team training and regular top-ups to maintain consistency (Cordis Bright, 2018).

Experiential learning emerges as a core mechanism of effective CPD. Across studies, staff emphasise that they learn most through working alongside experienced colleagues, observing practice, asking questions in real time and jointly problem-solving during day-to-day interactions with children (Abraham et. al, 2022; White et. al, 2015; Verian and NCB, 2025). Shadowing, modelling and shared decision-making help staff translate theory into practice and build confidence in responding to complex behaviours. Informal, accessible support from managers, clinicians and senior practitioners is described as particularly valuable, especially when it is embedded within the rhythms of the home (Verian and NCB, 2025). Staff consistently report that these practice-grounded forms of learning are more impactful than formal training alone, especially when tailored to the needs of specific children and delivered within the home environment (Parry et. al, 2021a; Abraham et. al, 2022).

A systematic literature review of studies exploring psychological consultation for social work and residential staff found it to be a particularly valued and useful form of in-house CPD (Hamilton et. al, 2026). Psychological consultation involves a psychologist supporting the adults around a child, such as social workers or residential carers, by offering expert advice, reflective space, and deeper understanding to help them respond more effectively to the child's needs. Delivered by clinical or educational psychologists, consultation links theory to daily practice, deepens understanding of children's needs, supports decision-making and strengthens reflective capacity (Hamilton et. al, 2026). It encourages trauma-informed thinking, helps staff interpret behaviour in the context of past experiences and can improve confidence and relationships with young people. Staff value consultation when it is regular, accessible, jargon-free and psychologically safe, with clear purpose and responsive facilitation. Barriers include limited time, infrequent sessions and difficulties finding private space within homes (Hamilton et. al, 2026).

Effective CPD prioritises interactive, relational, experiential and whole-team learning delivered by people with practice expertise. Online modules can supplement this, but cannot replace the depth and relational richness of in-person, practice-grounded training.

Barriers to effective CPD

The literature reviewed highlights organisational capacity as the most consistent barrier to effective CPD. Lack of time on shift, staffing shortages and operational pressures routinely prevent staff and managers from attending training (Verian and NCB, 2025; Dialogue,

2025; White et. al, 2015; 11). Because protected time is so limited, many staff complete training outside working hours (Dialogue, 2025). This is reflected in Verian and NCB's census of children's homes in England (2025): over half of managers (53%) reported challenges in providing CPD, most commonly a lack of staff time to undertake training (30%). With so little protected time available, these pressures are further exacerbated by the fact that events within the children's home often take priority, leading to training being postponed, interrupted or cancelled (Dialogue, 2025; Verian and NCB, 2025). Studies show that these pressures are compounded by workforce instability, which further limits the sector's capacity to embed learning.

High turnover and burnout further undermine the continuity required for training to embed in practice. When teams are unstable, new approaches struggle to take root, organisational memory is lost, and homes must repeatedly "start again" with new staff (Hendry et. al, 2022; Price et. al, 2018; Thomas et. al, 2025; Research in Practice and NCB, 2025). This disrupts culture change and weakens the impact of even high-quality CPD.

Operational constraints also limit opportunities for whole-team and multidisciplinary learning. Homes often cannot release multiple staff at once, despite strong evidence that whole-team and cross-disciplinary training builds coherence, shared language and consistent practice (Cordis Bright, 2018; Narey, 2016; RTK Ltd, 2021). Twenty-four-hour staffing patterns make it difficult to release staff for shared learning (Hendry et. al, 2022), further reducing opportunities for collective training and reflective practice. Alongside these operational pressures, financial constraints also shape whether homes can provide consistent, high-quality CPD.

Funding and budget constraints further restrict access to CPD. Across the evidence base, limited budgets and organisational resources are repeatedly identified as barriers to uptake (Santos et. al, 2023; Dialogue, 2025; White et. al, 2015; Kantar Public, 2018). Some homes are reluctant to release staff for training because of the time costs involved (Hendry et. al, 2022), and several studies highlight the sustained organisational investment required to embed specialist approaches such as non-violent resistance (Mackinnon et. al, 2023). Survey data reinforce these pressures: in a national census, insufficient budget was cited by 13% of managers reporting CPD challenges (Verian and NCB, 2025). A national survey of local authorities similarly found that nearly 20% identified budget constraints as a barrier to training on working with LGBTQ+ young people (Cossar and Belderson, 2024). Local authority-run homes were more likely than private homes to report budget constraints (38% compared with 10%), indicating variation in how financial pressures affect access to CPD (Verian and NCB, 2025).

REA interviewees also highlighted that funding constraints significantly limit access to meaningful CPD. Many providers expect staff to complete training in their own time, and some homes cannot afford therapeutic or specialist training at all. Interviewees described widespread reliance on cheap online modules, limited supervision capacity and

inconsistent induction processes, particularly in settings with tight budgets or high turnover. Several noted that some large private providers charging high fees nonetheless choose not to invest in staff development, resulting in minimal CPD despite the complexity of children's needs. These funding pressures directly shape the quality, depth and consistency of training available across the sector.

Other barriers also limit uptake. Bank and relief staff often lack access to training despite holding similar responsibilities (White et. al, 2015). Staff report training fatigue from multiple mandatory courses, which can crowd out opportunities for deeper, specialist learning (Verian and NCB, 2025). Academic components of training can disadvantage staff with lower literacy or academic confidence, creating additional barriers to participation (Mackinnon et. al, 2023).

Overall, the evidence is clear: without protected time, sufficient funding, staffing stability and organisational commitment, CPD cannot achieve its intended impact.

Professional development and workforce retention

The evidence directly linking professional development to recruitment and retention is limited; however, this sits alongside a broader evidence base highlighting persistent challenges in retaining staff (Parry et. al, 2021b). Turnover in children's homes is high. In a 2024 study, the staff turnover rate was 29%, and homes reported an average of 3.1 staff members leaving in the prior 12 months (Verian and NCB, 2025).

Against this backdrop, several studies point to the potential of professional development to support retention. Surveyed managers reported that more opportunities for continuous professional development (28%) and more flexibility in qualification requirements (28%) would help to retain care staff in the children's homes sector. Local authority homes were more likely than private homes to cite better career progression (50% compared with 25%) and more opportunities for CPD or training (43% compared with 25%) as factors that would help retain care staff (Verian and NCB, 2025).

REA interviewees strongly reinforced the link between professional development and retention. They emphasised that without meaningful opportunities for development, progression or improved pay, staff leave the sector, directly undermining stability for children. A major barrier identified by interviewees is the absence of a career ladder: skilled practitioners can only progress into team leader or management roles, meaning those who wish to remain in practice have no pathway or recognition. Pay does not reflect skill or experience, so highly capable practitioners eventually leave for better-paid work. Interviewees described this as a systemic loss of expertise. Without progression routes, experienced practitioners 'disappear into the wilderness', taking relational skill and tacit knowledge with them.

This loss directly weakens CPD. New staff rely on experienced colleagues for modelling, supervision and shared ethos, but high turnover means homes experience a constant influx of people who haven't been doing the job for very long, reducing opportunities for experiential learning and weakening reflective practice. REA interviewees stressed that this erosion of organisational memory makes it harder to embed therapeutic models, sustain consistent practice or maintain a stable emotional climate for children.

The wider evidence base reinforces the importance of professional development within a supportive organisational culture. Residential care requires staff who are carefully selected, valued and well supported, including through meaningful development opportunities that sustain satisfaction, reduce burnout and protect relationship continuity for children (Castro et. al, 2024; Lawrence et. al, 2025; Price et. al, 2023; Thomas et. al, 2025). The emotionally and physically demanding nature of the work makes staff particularly vulnerable to burnout, which is repeatedly identified as a contributor to turnover (Burbidge et. al, 2020; Hamilton et. al, 2026).

Training quality also appears to influence retention. One study cited in Thomas et. al's international review of secure care (2025) found that staff who perceived their training as inadequate reported higher levels of emotional exhaustion, suggesting that insufficient or poorly aligned training may undermine confidence and increase the likelihood of leaving. Conversely, case-study homes supporting children with complex needs reported stronger retention where recruitment emphasised skills and resilience, and where staff had access to enhanced supervision, wellbeing support, specialist training and progression opportunities (Research in Practice and NCB, 2025). These examples indicate that professional development, when embedded within a wider supportive culture, can contribute to stronger retention.

Some turnover may also be inadvertently driven by structural factors. Funding models that rely on fixed-term contracts, such as those used in piloting practice models, were found to create uncertainty and negatively affect staff (Cordis Bright, 2018).

Overall, the evidence tentatively suggests that professional development is one component within a broader set of organisational, cultural and structural factors that influence staff retention.

Gaps in the evidence base

Although the evidence base identifies clear themes about the value of training and CPD, it is also characterised by significant gaps, uneven quality and limited evaluative research (RTK Ltd, 2021; White et. al, 2015; Dialogue, 2025; Thomas et. al, 2025). Much of the existing literature is descriptive, based on staff perceptions, not sector-specific, or focused on individual programmes rather than sector-wide effectiveness (RTK Ltd, 2021; White et.

al, 2015; Hart et. al, 2015; Dialogue, 2025). An existing REA highlighted that evidence of training and CPD impact is promising but remains limited (RTK Ltd, 2021).

Across studies, there is little robust evaluation of which training components lead to improved practice, how learning is sustained over time, or how CPD influences outcomes for children (RTK Ltd, 2021; White et. al, 2015; Dialogue, 2025; Thomas et. al, 2025). Many findings rely on self-report, case studies or small-scale qualitative research, with few controlled or longitudinal studies (RTK Ltd, 2021; White et. al, 2015; Hart et. al, 2015; Dialogue, 2025). Evidence on reflective practice, organisational culture and experiential learning is conceptually strong but empirically underdeveloped (Price et. al, 2023; Hart et. al, 2015; RTK Ltd, 2021).

There is almost no research linking CPD to measurable child outcomes such as placement stability, emotional wellbeing or long-term development. Existing studies tend to focus on staff knowledge, confidence or perceived competence rather than observable changes in practice or children's experiences (Burbidge et. al, 2020; Bardis and Dunsmuir, 2025; Research in Practice and NCB, 2025).

Evidence on specialist training is particularly thin. While staff consistently request deeper training in trauma, neurodiversity, exploitation, LGBTQ+ inclusion and delegated clinical care (Purcell, 2025; 11; Schaub et al, 2024; Cossar and Belderson, 2024; White et. al, 2015; Council for Disabled Children, 2023), there is limited evaluation of specialist modules or their effectiveness in residential settings. Training on youth culture, drill music and county lines is especially under-researched (Elgie et. al, 2024).

Finally, the literature provides little insight into how CPD can be delivered equitably across a 24-hour workforce, including bank and relief staff, or how literacy, confidence and workload barriers shape access to training (White et. al, 2015; Verian and NCB, 2025).

There is a need for systematic, high-quality evaluation of CPD models, including comparative studies of delivery modes, longitudinal research on the sustainability of learning and how it impacts on staff practice, and studies linking CPD to child outcomes. Research is also required to understand the effectiveness of specialist training, the role of organisational culture in embedding learning, and the CPD needs of managers, bank staff and the wider network of staff across the sector that support children in children's homes. A stronger evidence base is essential for developing coherent national CPD pathways and ensuring that training meaningfully improves the quality of residential care.

Key takeaway

Training and CPD can strengthen staff capability, relational practice and emotional resilience, but provision across the sector remains uneven and often too generic for the complexity of residential care. REA interviewees reinforced that CPD requirements are minimal, training is frequently compliance-driven, and meaningful development depends

heavily on individual managers, organisational culture and access to reflective, therapeutic supervision. Funding constraints, reliance on online modules, limited induction and the absence of structured CPD pathways further restrict access to high-quality learning.

Effective CPD requires coherent practice models, specialist therapeutic training, reflective supervision, strong leadership, clinical input and protected time, conditions that are not consistently present. Interviewees emphasised that some core competencies cannot be taught through training alone: they must be developed through experience, modelling and emotionally attuned supervision. The lack of progression routes and recognition for experienced practitioners also undermines retention, erodes organisational memory and weakens the reflective cultures needed to embed learning.

In essence, training works when the system enables it. A coherent national approach to CPD, grounded in therapeutic practice, reflective supervision, specialist knowledge, structured progression and supportive organisational conditions is essential for strengthening the workforce and improving outcomes for children in children's homes.

9. Concluding thoughts

Residential childcare is complex, relational and emotionally demanding work. It requires a workforce that is not only technically skilled and knowledgeable, but also emotionally capable and grounded in strong professional values. The REA found that staff need a broad and interconnected body of core knowledge, practical, specialist and theoretical, alongside relational, emotional and practical skills to support children with diverse and often intersecting needs. Qualities such as empathy, curiosity, self-awareness and an anti-discriminatory stance are central to effective practice. Yet knowledge, skills and values alone are not enough: practitioners also require time, reflective space, supportive supervision and access to high-quality professional development to apply these capabilities consistently and effectively in practice.

The REA shows that children's homes are currently used in varied and inconsistent ways. There is no clearly stated national purpose for children's homes, and this lack of clarity contributes to conceptual fragmentation, variation in commissioning decisions and weak alignment between children's assessed needs and the placements they receive. The issue is not about defining a single universal purpose for residential care, but about ensuring that every placement is purposeful and grounded in a coherent model of care. The evidence shows that without a shared framework clarifying the different purposes of children's homes commissioners struggle to match children to settings that fit their needs. This misalignment leads to uneven staff expectations, training and workforce development, which affects the consistency of support children receive.

Although rapid evidence assessments are designed to synthesise information quickly to inform policy, this REA was constrained by gaps in the published evidence base. Of the 58 sources meeting the quality threshold, most were descriptive rather than evaluative, offering limited insight into measurable effectiveness or 'what works' in relation to workforce knowledge and skills. Several notable gaps were evident: there is little research exploring staff perspectives on their own knowledge, skills and experiences; limited insight into children's views on staff capabilities; and minimal evidence on how knowledge and skills are enacted in everyday practice. Leadership knowledge and skills remain under-examined, as does effective practice for particular groups of children, including unaccompanied asylum-seeking children and those with complex and overlapping needs.

Taken together, the evidence base remains under-developed, and the findings should therefore be interpreted with caution. Nonetheless, they indicate a clear direction of travel; practice needs to centre relational work, identity-aware approaches and emotionally attuned care. Workforce development requires coherent qualification and CPD pathways that blend theory, practice wisdom and specialist knowledge, alongside investment in leadership development and organisational conditions that allow practitioners to use their skills well. System-level clarity about the purpose of children's homes is essential to

underpin these efforts and ensure consistency across commissioning, training and practice.

Future research has a critical role to play especially studies that amplify staff and children's voices, examines leadership practice, and explores effective knowledge and skills for specific groups of children. It also needs evaluative research that examines how staff knowledge, skills, training and CPD relate to better outcomes for children, including how these capabilities are enacted in everyday practice and supported by organisational conditions.

Taken together, the REA findings highlight several themes about the factors that shape and influence the children's homes workforce. First, clarity of purpose is foundational. The evidence shows that England currently lacks a coherent national framework that defines the distinct purposes of residential care and supports purposeful placement decisions that match each child to a home whose model of care aligns with their assessed needs. In the absence of such alignment, homes struggle to organise their practice, workforce expectations and training around a clear and coherent purpose. Second, across the REA evidence base, a recurring finding was that workforce development does not consistently centre relational practice, reflective capacity or the practitioner's use of self, and that existing qualifications and specialised CPD are not always rooted in day-to-day practice. Third, the REA found that organisational conditions are as influential as individual capability. Many homes reported that cultures valuing learning, protected time for reflection, high-quality supervision and relational, thoughtful leadership are essential to supporting the development of skills and knowledge. Finally, the findings pointed to a broader systemic risk. Evidence showed that placement decisions, commissioning, regulation and workforce development frequently operate separately, constraining the conditions needed for skilled practice. This lack of alignment extended across the continuum of care, with children's homes not always coherently connected to foster care, kinship care and community-based support. These combined gaps contribute to children experiencing a system that can feel fragmented rather than connected and purposeful.

Appendix 1: Searching and screening strategy

The review was based on rapid evidence assessment methodology (Government Social Research Service, 2014). This involved identifying a series of review questions, undertaking systematic and reproducible searches of the literature, identifying relevant studies and assessing their quality.

Searches were conducted between April and June 2026.

The following databases were searched: SOCindex; PsycInfo, Scopus and Google Scholar.

Eligibility criteria

A search date of January 2015 to April 2026 was used; this reflects changes in policy and practice guidance following the introduction of the Children's Homes Regulations and quality standards, and the Level 3/Level 5 diploma in Residential Childcare as mandatory qualifications.

The review was restricted to English language studies. For search string 1 and 2 international evidence limited to comparative studies that included England were included.

Inclusion and exclusion criteria are outlined in Table 1.

Table 1: Exclusion and Inclusion criteria

	Inclusion criteria	Exclusion criteria
Date	Published from 2015 to 2026	Published 2014 and before
Language	English	All other languages
Geography	England (not UK) Cross country comparison that include England Countries to include: Scotland, Wales, Northern Ireland, Sweden, Norway, Denmark, Netherlands, Germany, Australia, New Zealand, USA, Canada NB: restricted to REA Q1 and Q2 only	Literature from countries not listed (where residential care models are not comparable to UK practice) Literature from countries listed that does not include England comparison
Type of literature	Peer reviewed, grey and unpublished literature, policy documents, monitoring reports, empirical data, conference proceedings, primary and secondary studies (e.g. reviews), specific book chapters	Opinion and commentary pieces, blogs, conference abstracts, editorials, and media articles, student dissertations and papers, full books
Setting	All settings registered with Ofsted as children's homes	Unregistered children's home; supported accommodation; adult residential care, foster care, hospital or inpatient settings etc
Population	Core staff working in children's homes i.e. registered managers and support workers (i.e. those required to have L3)	Residential staff in non-care roles e.g. cleaners; maintenance staff, cook, social workers, IROs, other professionals i.e. visiting part time psychologist, foster carers, kinship carers etc
Accessibility	Full text available within REA timeframe	Full text not available within REA timeframe

Keywords

To manage the review process, the review questions were consolidated into four search string areas (see Table 2).

Table 2: REA interviews

Research questions	Search string number	Format of search string
1. How are children's homes used currently? To what extent are placements being used as a purposeful intervention to meet children's needs? What international evidence is there on the research question above, limited to comparative reviews that include England?	1	("children's home" OR "residential care" OR "residential childcare" OR "residential placement" OR "therapeutic residential care" OR "out of home care") AND ("children" OR "young people" OR "youth" OR "children in care" OR "looked after children" OR "child in care" OR "care leaver" OR "care experience*") AND ("use*" OR "role*" OR "purpose*" OR "current practice" OR "quality" OR "function*" OR "intervention*" OR "placement*" OR "therap*" OR "reason*" OR "model*" OR "trend*" OR "pattern*" OR "path*" OR "inten*" OR "character*" OR "need*" OR "outcome*" OR "service*" OR "character*") AND ("UK" OR "United Kingdom" OR "Great Britain" OR "Eng*" OR "Scot*" OR "Northern Ir*" OR "Wales" OR "Welsh" OR "Internat* OR "Compar*")
2. What does the evidence say are the core knowledge and skills required to effectively support all children in children's homes? What international evidence is there on the research question above, limited to comparative	2	("children's home" OR "residential care" OR "residential childcare" OR "residential placement" OR "therapeutic residential care" OR "out of home care") AND ("children" OR "young people" OR "youth" OR "children in care" OR

Research questions	Search string number	Format of search string
reviews that include England? 3. What does the evidence say are the knowledge and skills required to: • effectively support children with multiple and complex needs; • effectively support children with special educational needs; • effectively support children with disabilities and health conditions; • effectively support children from diverse ethnic and cultural backgrounds, different genders and age and asylum-seeking status; • effectively support children with experience of abuse, exploitation, neglect and trauma; • enable good multi-agency and multi-disciplinary working; • effectively lead and manage staff in a children's homes. 4. What does the evidence say are the knowledge and skills needed to safeguard children living in children's homes, including protecting them against harm from criminal and sexual exploitation?		"looked after children" OR "child in care" OR "care leaver" OR "care experience*") AND ("knowledge" OR "skill*" OR "capabilit*" OR "competenc*" OR "expertise" OR "understand*" OR "approach*" OR "support*" OR "protect*" OR "safeguard*" OR "multiagency" OR "partnership*" OR "lead*" OR "manage*" OR "trauma") AND ("disabilit*" OR "health condition*" OR "impair*" OR "mental health" OR "autism" OR "neurodiver*" OR "complex need*" OR "multiple complex" OR "special education*" OR "SEN" OR "deprivation" OR "divers*" OR "background" OR "ethnic*" OR "demograph*" OR "asylum" OR "refugee*" OR "abuse" OR "harm" OR "sexual abuse" OR "sexual exploitation" or "criminal exploitation" OR "neglect" OR "trauma" OR "social, emotional and mental health" OR "SEMH") AND ("UK" OR "United Kingdom" OR "Great Britain" OR "Eng*" OR "Scot*" OR "Northern Ir*" OR "Wales" OR "Welsh" OR "Internat* OR "Compar*")

Research questions	Search string number	Format of search string
5. What does the evidence say about the effectiveness of the mandatory qualifications (i.e. Level 5 Diploma in Leadership and Management for Residential Childcare and Level 3 Diploma in Residential Childcare), including: • how the qualifications equip staff with the required knowledge and skills; • how the qualifications equip staff to apply the required knowledge and skills in practice. 6. What does the evidence say about the effectiveness of training and continuing professional development (CPD), including: • how training and CPD contributes to the skills and knowledge of children's homes staff; • how training and CPD is delivered.	3	("children's home" OR "residential care" OR "residential childcare" OR "residential placement" OR "therapeutic residential care" OR "out of home care") AND ("qualification*" OR "level 5" OR "diploma" OR "level 3" OR "continuous professional development" OR "professional development" OR "CPD" OR "learn*" OR "mandatory qualification" OR "practice model*" OR "standard*" OR "delivery" OR "train*" OR "registered manager" OR "manag*" OR "leader*" OR "staff*" OR "work*" OR "support" OR "professional*" OR "practi*" OR "knowledge" OR "skill*" OR "capabilities" OR "competen*" OR "expertise" OR "develop*") AND ("effective*" OR "impact*" OR "outcome*" Or "improv*" OR "develop*" OR "quality" OR "standard*" OR "equip*" OR "prepar*" OR "capacity" OR "support" OR "practice" OR "appl*" OR "use" OR "implement*" OR "learn" OR "behav*" OR "embed*" OR "transfer" OR "change" OR "deliver*" OR "model" OR "approach" OR "format" OR "coach*" OR "mentor*")
7. What does the evidence say about how access to funding impacts on the quality and use of professional development for children's homes staff? 8. What does the evidence say about the role of professional development in the recruitment	4	("children's home" OR "residential care" OR "residential childcare" OR "residential placement" OR "therapeutic residential care" OR "out of home care") AND ("registered manager" OR "manag*" OR "leader*" OR "staff*" OR "workforce" OR "support" OR "professional*" OR "practi*" OR

Research questions	Search string number	Format of search string
and retention of children's homes managers and staff?		"professional development" OR "CPD" OR "training" OR "learn*" OR "workforce development" OR "learning and development" OR "development" OR "fund*" OR "access*" OR "availa*" OR "use" OR "uptake" OR "particip*" OR "barrier*" OR enable*" OR "recruit*" OR "retain*" OR "retent*" OR "turnover" or "stabili*")

To ensure the REA included grey literature and policy sources on children's homes' workforce skills and knowledge that sit outside academic journals, the following organisational websites were searched: Gov.uk; Ofsted; Local Government Association; Association of Directors of Children's Services; What works for children's social care/Foundations evidence reviews; Children's Commissioner for England; Children's Homes Association; Barnardos; NCB; Research in Practice; Action for Children; Coram; Become; Nuffield Foundation including Nuffield Family Justice Observatory; National Centre of Excellence for Residential Child Care; NSPCC library.

Quality appraisal

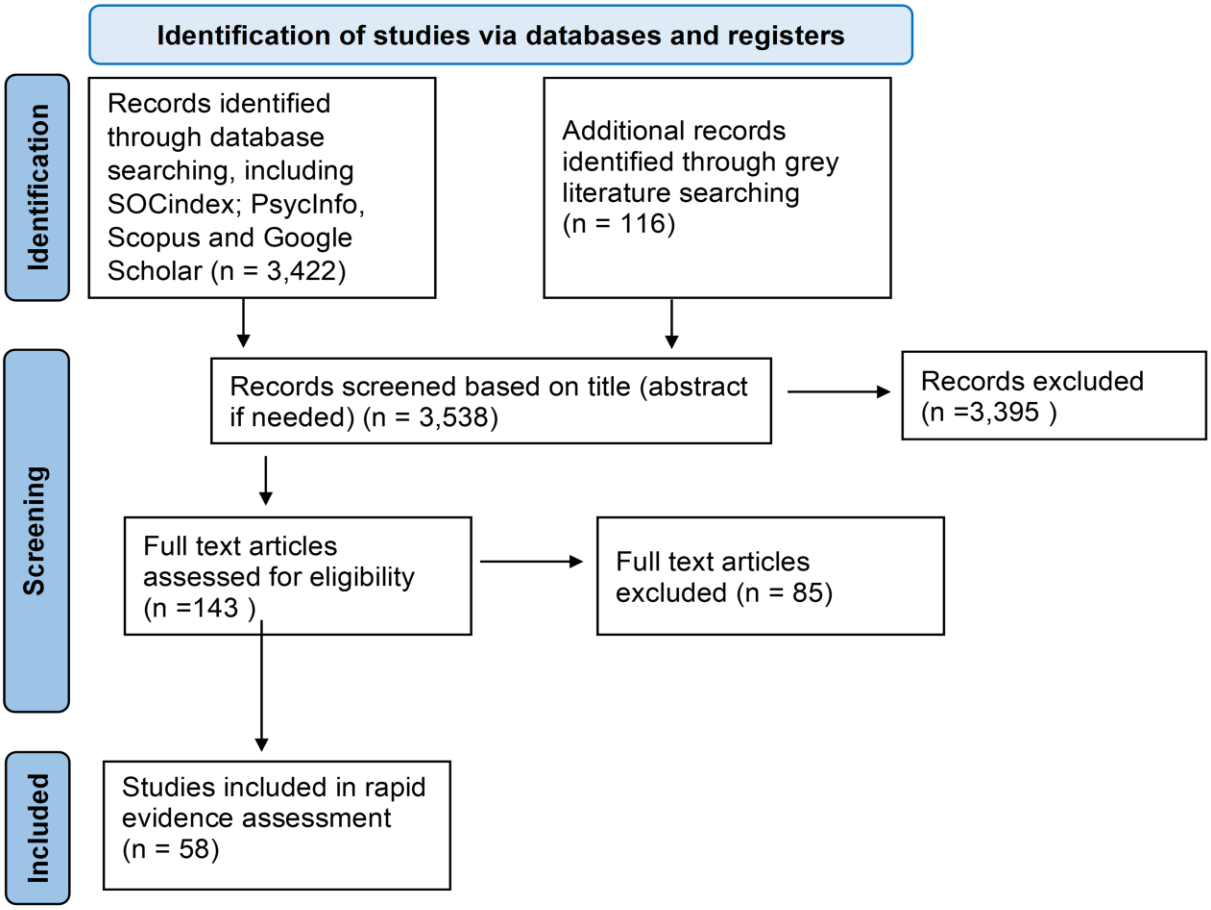
Inclusion of literature was based on a two-stage process. First, inclusion criteria were applied to title and abstracts only.

If the study appeared to meet the criteria, full texts were accessed and assessed against inclusion criteria. This involved assessing 1) the relevance of the study for answering the review question and 2) methodological quality of the study being considered. If the source included relevant evidence to answer the review question(s) it progressed to quality appraised. Each included study was appraised against the following criteria:

- Are aims and objectives of the research clearly stated?
- Was the research design appropriate to address the aims of the research?
- Was the methods section, including the data collection, recruitment clear and transparent?
- Have ethical issues been taken into consideration and suitably addressed?
- Was the data analysis process adequately described and sufficiently rigorous?
- Is there a clear statement of findings?
- Did the authors present a clear limitations section?
- Has the study captured service user and residential staff perspectives?

Included studies were appraised using a 1 or 0 rating system (with “1” signifying yes, and “0” no). A score was calculated (out of a maximum of 8). NB: if the quality appraisal was not relevant no score was entered and the baseline number for scoring adjusted. For each evidence source an overall percentage was awarded. Studies that met the threshold of 60% or above were included.

PRISMA diagram illustrating flow of studies through the review process



Interviews

To supplement the REA, interviews with stakeholders who have expertise in workforce skills, knowledge and training and qualifications were conducted. All interviews were conducted online (Microsoft Teams or Zoom), recorded and transcripts auto-generated with the participant’s permission. Eight interviews with nine individuals were completed (Table 3). Interview data were managed (in Excel) and analysed thematically to deductively and inductively develop themes and sub-themes.

Table 3: REA interviews

Sector or role represented	Number of interviews (interviewees)*
Academic / research	3
Practice / management in children's homes	3 (4)
Workforce development / Training	2
Total number of interviews (interviewees)	8 (9)

* Includes individual and paired interview, therefore the total number of interviewees exceeds the total number of interviews

Data analysis

Each included literature source was read in full by one researcher, who extracted relevant evidence points into a structured analysis chart (Excel). The chart was designed to mirror the review questions, enabling consistent recording of information across diverse sources. For every source, the researcher summarised key findings, noted key methodological features, and identified any implications for workforce knowledge and skills.

Once all sources had been charted, a narrative thematic analysis was conducted. Evidence points were grouped and compared across the dataset, allowing patterns, recurring concepts, and areas of divergence to be identified. Themes were developed inductively from the data but guided by the overarching review questions. This approach supported the synthesis of findings across an uneven evidence base.

Appendix 2: Evidence source information

Source	Information on methodology	Quality appraisal score (%)
Abraham et. al (2022)	Five focus groups with residential care workers (n=22)	100%
Alves et. a. (2024)	(International) systematic review	100%
Andow (2024)	Ethnographic case study of a secure children's home	100%
Bardis and Dunsmuir (2025)	Interviews with residential staff (n=12)	100%
Bhagat (2023)	Interviews with residential staff (n=9) across 4 children's homes	75%
Burbidge et. al (2020)	Interviews with 12 staff from 4 trauma-informed children's homes	87%
Cameron and Das (2019)	Analysis of data on 53 children in children's homes in 2 local authorities	87%
Castro et. al (2024)	(International) systematic review	100%
Cordis Bright (2018)	(International) evidence review	67%
Cossar and Belderson (2024)	Survey of local authorities (n=118)	75%
Council for Disabled Children (2022)	National review (interviews with stakeholders n=51; data on children; literature review)	62%
Council for Disabled Children (2023)	National review (systematic review; events for expert stakeholders; inspection data analysis)	75%
Dialogue (2025)	Survey of professionals (n=378); review national data	62%
Elgie et. al (2024)	Focus groups with 21 staff from 11 homes	75%

Source	Information on methodology	Quality appraisal score (%)
Ellis and Curtis (2021)	Ethnographic fieldwork and interviews with residential staff (n=5) and children (n=15)	75%
Eriksson et. al (2025)	(International) scoping literature review	83%
Fortems et. al (2026)	(International) scoping literature review	83%
Franklin and Goff (2019)	Case studies of 10 children's homes: observations; stakeholder interviews and analysis of documentation	100%
Giraldi et. al (2022)	(International) rapid review	100%
Göbbels-Koch and Gupta (2025)	Focus groups with 9 young people	75%
Hamilton et. al (2026)	Systematic review	100%
Hart et. al (2015)	(International) review	100%
Hendry et. al (2022)	Feasibility study (survey n=237)	75%
Holmes et. al (2018)	Conceptual paper	100%
Horne and Rome (2021)	Analysis of responses to call for evidence (n=90)	100%
Kantar Public (2018)	Stakeholder interviews (n=20)	75%
La Valle et. al (2016)	International (rapid review); interviews stakeholder (n=10); case studies children's homes (n=4)	62%
Lawrence et. al (2025)	Focus groups with staff in secure care (n=24)	87%
Mackinnon et. al (2023)	Evaluation (interviews n=8 staff)	75%
McGimpsey et. al (2024)	Scoping literature review; observations & interviews with staff & children	75%

Source	Information on methodology	Quality appraisal score (%)
Narey (2016)	National review (evidence submissions; visits to children's homes; survey children n=242)	50%
National Audit Office (2025)	States 'range of evidence sources'	67%
Ofsted (2022a)	Analysis of children homes' Statement of Purpose (n=2,146)	67%
Ofsted (2022b)	Analysis of inspection data and survey (n=83 children's homes; n=113 children)	62%
Ofsted (2024)	Survey (n=885); 10 children homes case studies; 39 stakeholder interviews	100%
Ofsted (2025a)	Ofsted inspection data	33%
Ofsted (2025b)	Ofsted inspection data	75%
Parry et. al (2021a)	Interviews with staff (n=12); monthly monitoring data on children (n=26) in 4 children's homes	87%
Parry et. al (2021b)	Survey of professionals (n=30)	75%
Parry et. al (2023)	(International) narrative literature review	86%
Porter et. al (2020)	(International) rapid evidence review	83%
Price et. al (2018)	Case study of one site; observations (n=30(and interviews (n=36)	87%
Price et. al (2023)	Case study of one site; interviews and focus groups (n=26 staff)	75%
Purcell et. al (2025)	Non-systematic evidence review	100%

Source	Information on methodology	Quality appraisal score (%)
Research in Practice and NCB (2025)	Systematic evidence review; case law review; case file review (n=21 children); case studies of children's homes (n=3; n=25 interviews)	87%
Rice et. al (2022)	Narrative synthesis of literature; interviews with young people (n=5)	100%
RTK Ltd (2021)	Literature review	83%
Santos et. al (2023)	(International) systematic review	100%
Schaub et. al (2024)	Systematic scoping review; interviews with young people (n=20)	100%
Steckley (2020)	(international) interviews and focus groups with practitioners / educators (n=29)	75%
Thomas et. al (2025)	(International) systematic review focused on secure care	86%
Verian and NCB (2025)	Interviews (n=64) across 20 children's homes; survey of children's homes in England (n=703)	75%
Walker et. al (2025)	(International) systematic review (secure care)	100%
Westlake et. al (2025a)	Analysis of data on children (n=1,114)	75%
Westlake et. al (2025b)	Peer researcher interviews with young people (n=3)	100%
What Works for Children's Social Care (2022)	Analysis of child-level national data (n=10,046)	100%
White et. al (2015)	Case studies of 20 children's homes	83%
Whittaker et. al (2016	(International) experts working group	75%

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