



Centre for
Homelessness Impact

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Homelessness and Children's Social Care in England

by Michael Sanders and Ella Whelan

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The Centre for Homelessness Impact champions the creation and use of better evidence for a world without homelessness. Our mission is to improve the lives of those experiencing homelessness by ensuring that policy, practice and funding decisions are underpinned by reliable evidence.

Person-first language

This report uses person-first language, putting a person before their circumstances. This is to avoid defining an individual by homelessness, which should be a temporary experience.

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Introduction

The past decade or so has seen rising levels of state intervention in family life, prominently through the rising number of young people who are the subject of a Child in Need or Child Protection Plan, or who have been, either temporarily or permanently, taken into care. Opinions differ as to whether or not this reflects a change in risk preferences on the part of social workers and other professionals making decisions about family life, or rising need for support. There is of course, no reason why both cannot be true.

Whatever the cause, these decisions have lasting implications for a young person's later life. Many young people are in foster care placements, or residential placements outside of the local authority that they are from, weakening, or even severing, social and family ties. While some argue that this severing is a good thing to the extent that it can prevent criminal exploitation of these young people, this only applies for a minority. For the rest, there is good reason to expect that removal from a child's family home is a traumatic experience. However, children are not taken into care lightly. The decision to remove them is often a finely balanced one, and taken only if no other options are available. There is some evidence that the decision to remove a child into care can have positive impacts, for example on their likelihood of succeeding in education and avoiding involvement in crime, either as victim or perpetrator.

The intersection of children's social care with homelessness and housing is an important one. Local authorities have a duty to house any children at risk of homelessness within their local authority. As such, homelessness is not a major problem among children currently in contact with children's services.

At age 18, this changes dramatically. Although local authorities have legal responsibility for young people who have been in care until they turn 25, foster placements and places in residential care will end on or before the child's 18th birthday. Support is then given to young people leaving care by a Personal Advisor. Despite this support, many leaving care in their late teens struggle with managing accommodation, food, employment and training.



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Three factors appear to contribute most of this. First, the lack of a social or economic safety net which many children may have from their birth families. Second, having lived in a more 'institutional' setting, young people leaving care may lack some of the practical skills that are developed in adolescence by others. Third, and perhaps most importantly, young people leaving care are likely to have experienced significant trauma in their childhood, and this may have lasting consequences.

Taken together, it is perhaps unsurprising that many young adults with care experience find themselves impacted by homelessness, including rough sleeping. Moreover, the government's recent move to ban the use of unregulated placements for children under 16 has the potential consequence of all regulated places being used by younger children, forcing more children aged 16-18 into unregulated accommodation. Although they are accommodated, this is often in temporary and unsuitable conditions, including bed and breakfasts, hotels, or caravans. While thought by many to be unsuitable, these are also incredibly expensive for the state compared to a regulated, or standard accommodation for the young person.

In recent years, the government and local authorities themselves have recognised the challenge of high levels of homelessness among young people leaving care, and have in many cases attempted to improve this through changes to the law, and through funding different sorts of provision.

Over the rest of this paper, we will consider the intersection between homelessness and children's social care, in particular looking at the incidence of care experienced individuals - and those with other experiences of children's services - among people affected by homelessness. Next, we will look at the experience of homelessness among adults who spent time in care, and whether this differs from their peers. Finally, we will look at interventions that have aimed to reduce homelessness among this group and the extent to which the evidence supports them.

About Children's Social Care

Children's Social Care in England is governed by the Children Act 1989, albeit with some modifications since. Children's Social Care is a devolved power in Wales, Scotland and Northern Ireland, and so is administered differently in each place. Practice in Scotland in particular is very different to that in England. On the basis of these very different regimes, the majority of the evidence we draw on will be from England, unless otherwise specified.

The English system is administered by top tier local authorities, of which there are 152. Social Workers in these local authorities are responsible for conducting assessments under the Children Act, which must be completed within 45 days of a referral. The terms 'contact' and 'referral' are sometimes used interchangeably, but for the purposes of this report, a contact is any instance when someone - be they a professional, a family member, or a member of the public - makes children's services aware that a child is potentially at risk of harm; a referral happens only if children's services opt to take that forward with an assessment. This distinction means that there are many more contacts than referrals, because some referrals do not pass the threshold for an assessment¹; because some contacts, often by members of the public, cannot be linked to a specific child; and because multiple contacts can lead to a single referral (for example, contacts from schools and health professionals).

Assessments will normally involve multiple discussions with the child, with parents, and with other members of the family, as well as professionals that interact with the family, including school, police, and health professionals.

Social Workers are responsible for conducting assessments under the Children Act within 45 days of a referral.



¹ These include a large number of contacts from the police, who are obliged to contact children's services if they receive a report of domestic abuse from a household where children are present.

At the conclusion of an assessment, local authorities can decide there is no further action to be taken; they can refer the family to 'early help services' which provide non-statutory support. They can proceed with a Child in Need plan, which is voluntary, and puts statutory support around a family (Under Section 17 of the children act), and they can also proceed with a Child Protection plan, which is not voluntary, and also puts statutory support around a family if they deem that the child is 'in need'. This means that;

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- They are disabled.²

"They have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm."

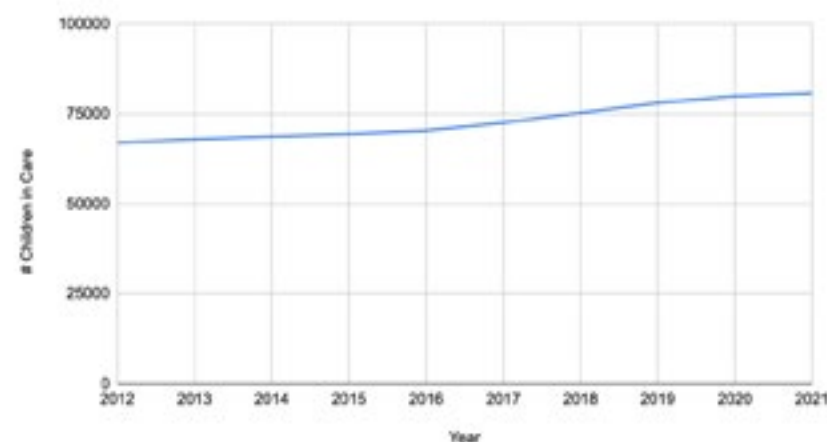
² Children Act, 1989, S.17. Language changed by the authors to use gender neutral terms where the act uses the masculine "he". <https://www.legislation.gov.uk/ukpga/1989/41/section/17>

Finally, they can choose to begin proceedings to take a child into care. This can be done in a number of ways. Emergency protection orders and police powers can be used to temporarily remove a child from their parents' care. A voluntary agreement (under Section 20 of the Act), can allow a child to be placed into foster care with the parents' consent. Finally, a care order can be sought from a court to remove the child from the care of their parents without their consent. In this case, children may be placed in foster care, in the care of an extended family member (kinship care), or in residential care.

It should be made clear that the most common reason for a child to leave care is to return to their parents³, and that a minority will be in care for an extended period of time.

In the most recent year for which data are available, there were 80,000 children in care as of the census date (March 31), as well as 320,000 who were either in need or had a child protection plan. Collectively, we refer to this group as "Young People with a Social Worker". Estimates suggest that one in ten young people will have a social worker over the course of their childhood. Rates of children in care have risen gradually over the past ten years (see figure, below).

³ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020#releaseHeadlines-tables>

Table 1: Number of Children in Care over time

Care experience among people impacted by homelessness

Data quality in the correlation of care experience and homelessness is patchy, but it is possible to piece together a picture from multiple sources of data.

Approximately 10% of people sleeping rough in London in 2018 were in care as a child (Ministry of Housing, Communities & Local Government, 2018).

More than one quarter of the young people whom the charity Centrepoin work with have been in care. Their research conducted in 2017 found that 26% of young people leaving care had 'sofa surfed' and 14% had slept on the street (Gill and Daw, 2017).

In 2019, the Office for National Statistics said that "leaving institutions including prison, hospitals or care is a less common reason cited for homelessness" when compared to factors such as domestic violence, rent, or changes to relationships (Office for National Statistics, 2019, p.42).



In England, it was estimated that 2% of applicants to local authorities requesting statutory relief were reported to have an institutionalised background from October to December 2018 (Office for National Statistics, 2019). There is evidence to suggest that the number of people affected by homelessness who are care experienced is much higher. For example, as mentioned above, in London, the proportion of people observed by outreach workers to be experiencing street homelessness who had experience of the care system was 10% in 2019-20 (582 people) and 11% in 2018-19 (558 people) (CHAIN, 2020). The National Audit Office reports that in 2010, 25% of people experiencing homelessness had been in care at some point in their lives (National Audit Office, 2015). For context, less than 2% of 18 year olds are classed as care leavers.⁴

However, the data available on homelessness among young people, and homelessness in general, does have some potential limitations. These include difficulties collecting data on groups of people experiencing homelessness as they are often transitory and have little contact with services, thus data may only be available for those who are in contact with services. Moreover, in most cases, it is not possible for outreach workers or other professionals working with people who are experiencing homelessness to merge back to some comprehensive dataset of previous children's services involvement. As such, as well as difficulties interpreting the percentage of people sleeping rough who have been in care, there is ambiguity about what is meant by having been 'in care'. People leaving care, as defined in official statistics, are those who cease to be in care after the age of 16, having been in care up until that point. However, 'having care experience', might mean having been in care for a spell prior to this - even potentially a short one - and returning to the family home. There are also informal types of care, most prominently informal kinship care, in which a child is cared for by a member of their extended family without either a care order or a Section 20 agreement. A person who had experienced this might well identify themselves as having been in care, but would not be classed as such by official statistics. Similarly, a person who remembers staying with their grandparents for an extended period of time may not think of themselves as having been in care, but may have been subject

⁴ <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>



of a Section 20 agreement, and so be classed as a person in care statistically.⁵

The differences in the available data illustrate the complexities of recording an accurate picture of prevalence of care experience among people impacted by homelessness. There are in particular likely to be important differences between the stocks and flows of homelessness across different groups. People leaving care, for example, might be more likely to experience short spells of homelessness than other groups, meaning that they will be more prevalent in 'snapshot' census surveys than in data which seeks to measure, for instance, homeless incidents over the course of a year. While there are difficulties in obtaining robust and reliable data on the prevalence of teenage or early pregnancy amongst those young women with care experience, what is available suggests that they are much more likely to become pregnant early or experience an unplanned pregnancy (Fallon and Broadhurst,

2015). In the year 2014, it was estimated that 22% of young women leaving care became teenage parents (National Audit Office, 2015). Of relevance when considering these issues, pregnancy entitles people to emergency housing if they experience homelessness, while the council carries out longer term housing assessments to ensure steps are taken to find a safe place to live.

Overall, the prevalence of young people leaving care experiencing homelessness, housing instability, or otherwise creating a duty for a local authority to support their housing, is argued to emerge from a lack of preparation for adulthood, poor service provision, and the absence of a relationship with their biological parents or extended family, combined with the lack of a national minimum support requirement imposed on local authorities for people leaving care, and the rising use of unregulated (and arguably unsuitable) accommodation.

⁵A care leaver is defined legally as someone who has been in care for a period of 13 weeks spanning their 16th birthday.

The experience of people with a social worker

In this section, we consider the lives of young people who are assigned a social worker, both as children, and as young adults.

Young people with a social worker do systematically worse in school and in other forms of formal education than their peers who do not have a social worker.



For children, we are better able to identify the experiences for the full cohort, particularly in education. Into adulthood, however, data on young people who have had child protection plans or child in need plans is much more scarce. This will hopefully improve in the future through the use of the Longitudinal Education Outcomes (LEO) dataset, and in particular projects on university and employment progression conducted by the Rees Centre at the University of Oxford and funded by What Works for Children's Social Care and the Nuffield Foundation respectively.

Our review of the literature has, by contrast, identified no studies of outcomes for young people who had a social worker in childhood but were not in care (that is, those who were the subject of child in need or child protection plans), into adulthood. This is a glaring omission from our knowledge at this stage, and one that both needs rectifying, and is within the gift of government to fix.

This being the case, we must turn to what we know about young people who have had care experience and are either left care as a result of their age or had a spell in foster care earlier in childhood that led to reunification with their parents.

Disability

People with disabilities are perhaps the only group of people with a social worker but who are not in care about whom we have reliable data on their adult experiences of homelessness, since children with disabilities are automatically eligible for the support of the local authority where they live, as they are classed as children in need in the definition under Section 17 of the Children Act.⁶

⁶ Of course, it is possible for people to become disabled as adults; to lack a diagnosis of their disability until adulthood; or for their parents not to take up any support from the local authority.

Mental Health

Young people in care are much more likely to experience mental illness than their peers. There are a number of reasons for this. First, the precipitating factor of them entering care is in many cases a traumatic event.

The evidence base on whether or not Adverse Childhood Experiences (ACEs) are a useful tool for social workers and other professionals to view young people's experiences through is lacking and inconsistent, but many of the components of adverse experiences are predictive of mental illness, and are more common among young people who are in care.⁷ There are many different Adverse Childhood Experiences, but a clear link is drawn between child maltreatment and victimisation and mental health struggles later in life, and having a large number (four or more) of adverse experiences on later life mental health challenges.

Mental illness can affect people's lives in adulthood in a number of ways, including increased risk of illicit substance use, difficulties in education and in maintaining training, and difficulties in financial management.

Education

Young people with a social worker do systematically worse in school and in other forms of formal education than their peers who do not have a social worker. However, among young people with a social worker, being in care, and in particular being in care for longer - for example, those that were already in care at the end of Key Stage 2, is associated with better grades at GCSE than being in care for a shorter time period, or having a child protection plan⁸.

The relationship between education and homelessness is not straightforward. While it is true that people with lower attainment in education are more likely to experience unemployment, and relatedly to be more likely to experience homelessness, the predictive power of this relationship is fairly low - the vast majority of people who attain poorly in education, by almost any measure, will not experience homelessness at any point in their adulthood.

⁷ <https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next>

⁸ <http://www.education.ox.ac.uk/wp-content/uploads/2019/05/Linking-Care-and-Educational-Data-Overview-Report-Nov-2015.pdf>



Substance Use

Contact with the Criminal Justice System

Given the number of young people with a social worker who engage in other risky behaviours, it is perhaps unsurprising that many also have contact with the criminal justice system, both in childhood and adulthood⁹.

Young people with difficult home environments, those who face exclusion from school, and those who use illicit substances, are known to be especially vulnerable to criminal and sexual exploitation.¹⁰ There has been a rising trend in the UK in recent years of gangs recruiting young people to be part of so-called 'county lines' rings, and there is some evidence that young people with difficult home lives are particularly vulnerable to this type of predation.^{11,12}

This involvement in criminality has longer term consequences, including the risk of death in childhood, which although rare is especially troubling. The National Child Safeguarding Review Panel's first review looked into the death of young people from serious violence, including re-evaluating 22 cases in which children were killed or seriously injured. Notably, only two of these young people were in care - the remainder were subject of child protection plans - and of those two, neither were in care in a conventional sense. One was an unaccompanied asylum-seeking child, and the other was in care under Section 20 of the Children Act, because the child's parents could not manage the child's violent behaviour in the home.¹³

⁹ Moodie, K. (2016). Looked After Children and Crime.

¹⁰ Alderson, K. A. (2016). Child sexual exploitation. Journal of forensic practice

¹¹ Williams, A. G., & Finlay, F. (2019). County lines: how gang crime is affecting our young people. Archives of disease in childhood, 104(8), 730-732.

Firmin, C. E. (2017). Contextual safeguarding: an overview of the operational, strategic and conceptual framework.

¹³ <https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-criminal-exploitation>



Some children in care are accommodated in secure children's homes, which have more than a passing similarity to prisons. Children who are accommodated in the secure estate for 'welfare reasons' - that is, those who are not guilty of any crime - are fairly few: just 319 over 18 months from late 2016 to early 2018. But these young people are fairly likely (7%) to end up in a young person's offending institute within twelve months.¹⁴

This pattern has been seen continuing into adulthood. In the United States, 10% of the prison population has care experience, and although comparable figures for the UK are not available, it is likely to be high.¹⁵ There is evidence that foster care reduces the likelihood of offending and of being sent to prison as an adult¹⁶ - whether that care is permanent or temporary - but this decline is relative to young people at the edge of care, not compared to the general population. Prison has been identified by the Centre for Homelessness Impact's Evidence Note as a cause of homelessness¹⁷.

¹⁴ https://whatworks-csc.org.uk/wp-content/uploads/WWCSC_Unlocking_the_Facts_SCH_technical_report_Dec2020-1.pdf

¹⁵ Bald, A., Doyle Jr, J. J., Gross, M., & Jacob, B. (2022). Economics of Foster Care (No. w29906). National Bureau of Economic Research.

¹⁶ Baron, E. J., & Gross, M. (2022). Is There a Foster Care-To-Prison Pipeline? Evidence from Quasi-Randomly Assigned Investigators (No. w29922). National Bureau of Economic Research.

¹⁷ https://assets-global.website-files.com/59f07e67422cdf0001904c14/61e83e2695ffbaa0ae3ab5c2_CHI.WWC.EvidenceNotes.Discharge.pdf

Young people who identify as LGBTQ+ are more likely to be taken into care as a child than their straight and cisgendered peers.

Sexual Orientation and Gender Identity

Young people who identify as LGBTQ+ are, at least in some places, more likely to be taken into care as a child than their straight and cisgendered peers.¹⁸ In addition, they are more likely to experience multiple placement moves during their time in foster care and/or to experience greater challenges in 'matching' - that is, finding a foster placement at all.¹⁹

LGBTQ+ people are also more likely, all else equal, to experience homelessness as adults, and to experience more adverse consequences of homelessness, including rough sleeping, due to a lack of safe spaces available to them (particularly to trans individuals), and because of reluctance to seek support from services and professionals, due to an (often justified) fear of discrimination (Sanders et al, 2022).

Placement instability

Young people in care are not a monolith, and have very different experiences of their time in care. Children who enter care in their first year of life (a figure which has risen steadily over the last decade) are more likely to be adopted - and hence cease to be in care - than older children. The majority of children who enter care are not in care permanently (the mean duration of a placement in 2017 was 314 days, while the median was 140). However, another cohort will be in care for a long time, and ultimately leave care, normally between the ages of 16-18, and become legally independent. The experiences of these young people also differ. Some young people experience highly stable foster placements, staying with a single foster placement for the duration of their time in care. These young people are likely to enjoy fairly stable childhoods, and are more likely to remain in contact with their foster carers into adulthood, and/or to have a staying put agreement in place. These young people in turn might be less likely to experience homelessness as adults.

¹⁸ Fish, J. N., Baams, L., Wojciak, A. S., & Russell, S. T. (2019). Are sexual minority youth overrepresented in foster care, child welfare, and out-of-home placement? Findings from nationally representative data. *Child Abuse & Neglect*, 89, 203-211.

¹⁹ https://bettercarenetwork.org/sites/default/files/2021-11/WWCSC_Matching_Foster_Care_Systematic_Review_Aug2021.pdf

Many foster placements do not enjoy this stability. Research carried out by the office of the children's commissioner in their "stability index" examined the number of young people in care who experienced placement moves, finding that 32.2% experienced at least one placement move in the 2018-2019 financial year, with 10.4% experiencing multiple placement moves.²⁰ As well as disrupting their home environment, many children in care experience instability in their schooling (with 11.4% experiencing a move in 2018-2019), and in their social worker (59% in 2016-2017^{21,22}). Each of these changes contributes to a lack of trusted relationships and struggles later in life.

Experiences of homelessness after long periods in care

In 2017, a third of young people aged 18-34-year-olds were living with their parents (Centre for Ageing and Demography, 2019). However, for the majority of people leaving care this is clearly not an option, with the 'accelerated and compressed transitions' to adulthood that these young people are forced to make (Stein, 2016, p.vi). Indeed, Bramley and Fitzpatrick (2018), among others, suggest a key protective factor against homelessness appears to be availability of social support networks. They offer the pertinent example of an adult child being able to live 'in the family home', acting as a buffer against homelessness.

²⁰ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/11/cco-stability-index-2020.pdf>

²¹ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/05/Childrens-Commissioners-2018-Stability-Index-Technical-Report.pdf>

²² Figures on social worker stability are not available in the most recent stability indices, which is why we use earlier data for this measure.

As a result, young people leaving care are both at heightened risk of experiencing homelessness, and are likely to experience it differently, and perhaps more acutely, than their peers. The Homeless Link youth homeless survey, conducted in 2014, found that more than a third of young people experiencing homelessness did so because they were no longer able to be accommodated by their parents - something which is a baseline state of affairs for many young people leaving care.

In addition, among young people leaving care the higher likelihood of having experienced trauma in their childhood, of having used drugs illicitly, or of having been institutionalised (either in a care home, secure children's home, hospital or prison), means that they are at especially high risk of Multiple Exclusion Homelessness.²³

Despite this, there are some causes for optimism, with one study of 59 young people at risk of homelessness finding that people leaving care have access to more, and a greater variety, of support to prevent them experiencing homelessness, due to the support they receive from children's services in a local authority as well as housing services.²⁴

²³ Fitzpatrick, S., Bramley, G., & Johnsen, S. (2012). Multiple Exclusion Homelessness in the UK. Briefing Paper, (1).

²⁴ https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-2206.2007.00524.x?casa_token=qwOL7FwHqJMAAAAA:tG_wYS2GliB-h2wXBR-uSrWcV9McBto6e7TQciB2dWxIPcHyf11XRSSI4r6ahIVneeWzfxH7L-JrVA



In 2017, a third of young people aged 18-34-year-olds were living with their parents

What works to reduce homelessness among people leaving care?

Both homelessness and children's social care lack a long history of causal research, including randomised trials. Both are domains of social policy administered at the local level in the UK, with relatively modest numbers of people being affected at any point in time, and with very substantial challenges to data collection. As such, it is perhaps no surprise that there is a lack of high quality causal evidence of how to reduce homelessness for care experienced adults.

Nonetheless, there is a small and growing set of studies which can offer us insights and hope for the future.

Targeted Services

As we have described in this paper so far, care experienced young adults are at particularly high risk of homelessness, and of having especially negative experiences of homelessness where they have experienced greater trauma than their peers, and where they are at the intersection of other risks, including substance use and mental health challenges. A study in San Francisco²⁵ found that young people who were supported by a programme that particularly focused on supporting housing outcomes for young people leaving care, had better outcomes than young people just receiving a more 'standard' model of support. This study is encouraging, but it should be noted that the allocation to the two types of service appears to be endogenous, and there were also baseline differences, making it hard to determine whether the differences were caused by the differences in the programme, or by differences in the participants and their circumstances.

²⁵ https://www.sciencedirect.com/science/article/pii/S0190740910001969?casa_token=RNw4jz2zgcccAAAAA:_7Swglpn2n_B26MY5ak8f7fjOf32NBDb5bwtgaqztkPjaJmqCLpYoYVprmnOAPdW9x-pZ_kt

Preparation for leaving care

There is considerable focus on preparing young people for leaving care.²⁶ The Children's Commissioner for Wales recommended that local authorities deliver training to young people in care to help them prepare for life after care.²⁷ This focuses on a mix of practical skills for living independently, and expectation management. There appears to be relatively little empirical evaluation to back up this theory. What Works for Children's Social Care has an ongoing pilot evaluation of a sixth form college intervention with similar goals.

Lifelong Links

Lifelong Links is an intervention developed and delivered by the Family Rights Group in the UK. The intervention aims to ensure that a child in care has a positive support network around them to help during their time in care and into adulthood. A Lifelong Links coordinator works with a child to find out who is important to them, who they would like to be back in touch with and who they would like to know. The coordinator searches for these people, using a variety of tools and techniques, and then brings them all together in a Lifelong Links family group conference to make a plan of support with, and for, the child.

An evaluation through the Children's Social Care Innovation Programme, conducted by the Rees Centre at the University of Oxford, found positive impacts of the intervention on child outcomes measured within the time period of the evaluation.

²⁶ <https://dera.ioe.ac.uk/32545/1/Report-Provision-for-young-care-leavers-at-risk-of-homelessness-FINAL.pdf>

²⁷ Children's Commissioner for Wales. (2013). Lost After Care Monitoring Report. Available at: <http://www.childcomwales.org.uk/uploads/publications/398.pdf>
<http://www.childcomwales.org.uk/uploads/publications/398.pdf>



Although this evaluation did not reach the stage where young people had progressed into adulthood, and so became at risk of homelessness. Nonetheless, the quasi-experimental evaluation (making use of a fuzzy exact matching process) suggests that this programme could be re-evaluated to look at impacts on homelessness later in the young people's lives.²⁸

Staying Put

Since 2014, the Department for Education has allowed local authorities to arrive at 'staying put agreements' with young people and their foster carers. These agreements allow young people to be supported to remain with the foster carers between their 18th and 21st birthdays. Although they are no longer legally looked after in that period, additional financial support is provided to the foster carers for as long as the child remains in their home (albeit at a reduced rate compared to when the young people had been looked after) and the carers remain able to foster additional children.

An evaluation of the 11 Staying Put pilots concluded that young people who stayed put were more likely to be in employment, education, or training (EET) than young people who did not stay put. Although the evaluation suggests that this is an impact of staying put, this is far from clear, as young people and their foster carers are able to select into staying put, and in some local authorities conditions on the young person's EET status were imposed as a precondition of staying put being approved. More rigorous evaluation, and one that focuses on homelessness, is needed.²⁹

²⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955953/Lifelong_Links_evaluation_report.pdf

²⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/183518/DFE-RR191.pdf

Staying Close

Alongside 'staying put' the Department for Education has also piloted 'staying close', a form of support for young people who were in residential, rather than foster, care. These young people will often be housed in residential care homes which are outside of the local authority that they are originally from, and to which they might expect to return on leaving care (and where professionals such as their personal advisor will be located). Staying close agreements allow them to remain nearby to the place they lived while in care, and where they might have supportive relationships with both professionals and other young people.

Eight Staying Close pilots were funded under the second wave of the Children's Social Care Innovation programme. What Works for Children's Social Care's assessment of the evaluations conducted through that programme³⁰ found that none of these projects had an impact evaluation, although most did report pre-post changes in outcomes, with all Staying Close projects reporting an increase in the levels of stable and appropriate accommodation for young people leaving care within the pilot areas. The Staying Close Programme is currently being expanded by the Department for Education.³¹

Derby Local Area Coordinator

Derby City Council piloted a programme of a coordinator helping young people leaving care to access services and housing informally before they became eligible for formal support. An impact evaluation of 'fairly low' quality found an increase in housing stability for young people leaving care.³²



Mockingbird

The Mockingbird Family Model is delivered in the UK by The Fostering Network, a charity that supports foster carers. The model aims to change the structure of fostering services, by creating a 'hub and spoke' model of foster carers, where a hub foster carer can offer support for the network of foster carers around them. This aims to create an 'extended family' network for young people in care - giving them somewhere to go if they have a disagreement with their foster carers, allowing them to be part of a wider network of young people in care, and meaning that even after they leave care they are able to maintain relationships with the wider network.

An initial high quality quasi-experimental evaluation of this intervention in the UK had positive but inconclusive findings³³, and a second, larger evaluation³⁴ is currently underway. The theory of change for the intervention suggests that, through longer term connections between networks of foster carers and young people, they would have some of the same opportunities for support and housing in the event that they were at risk of homelessness that other young people have from their extended birth families.

The 'Bradford B Positive Pathways project', which was funded through the Children's Social Care innovation programme, was based on the Mockingbird Family Model, had a reasonable quality of impact evaluation, and found an increase in accommodation stability.³⁵

³⁰ <https://whatworks-csc.org.uk/research-report/learning-from-innovation-summaries-of-the-childrens-social-care-innovation-programme-round-two-evaluations/>

³¹ <https://www.gov.uk/government/publications/staying-close-expression-of-interest>

³² https://lacnetwork.org/wp-content/uploads/2020/11/Evaluation-Derby_Local_Area_Coordination.pdf

³³ <https://www.gov.uk/government/publications/mockingbird-family-model-evaluation>

³⁴ <https://whatworks-csc.org.uk/research-project/evaluation-of-the-mockingbird-programme/>

³⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932346/Bradford_BPP.pdf

Conclusion

Young people who have been in care experience difficult childhoods, and many face a range of challenges in outcome, including struggles with employment, mental and physical health, and substance use. Importantly, those that have been in care for an extended period may lack a network around them to support them if they were to experience homelessness. Compared to peers who have never been in care, they are less likely to be able to return home to their parents if things get tough. With 64% of young adults aged 18-24 living at home with their parents³⁶, this is not trivial. As such, it can be no surprise that young people who have been in care are more likely to experience homelessness in adulthood than their peers without care experience. This is further compounded by the higher likelihood among young people who have been in care of being admitted to other institutions - either hospitals or prisons - which themselves lead to higher risks of homelessness.

This problem is stark, and it is hugely problematic that young people for whom the state has acted as parent experience homelessness in such great numbers, so soon after entering adulthood. The case for removing a child from their parents is often finely balanced between the risk of harm to the child if they remain in their parents' care, and the harms that are caused by them entering care. Much of the evidence of impacts on 'concrete' outcome measures like education and criminality is stacked in favour of removing children for whom this judgement is finely balanced.

These decisions are typically focused on outcomes for the child in childhood. However, the severing or weakening of ties between children and their birth families might be an important cause of homelessness in young adulthood by removing them from a family home to which young people might return. If this is so, then the case for removing a child when the decision is a marginal one might be weaker than we realised. There is a pressing need for higher quality data on the rates at which young people who have been in care, and those who have been the subject of a child protection plan, go on to experience homelessness.

We presaged at the top of this paper by saying there is a shortage of high quality, causal evidence on how to prevent or end homelessness for young people leaving care. We have identified a small number of interventions, many of which have been piloted at scale by the UK government and/or What Works for Children's Social Care, whose theories of change suggest a reduction in homelessness as an outcome. Expanding the scope of these evaluations could be a fairly low cost addition to these evaluations and could yield a step change in the evidence base in a cost effective way.



³⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/youngadultslivingwiththeirparents>



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