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Bringing care closer to home

Disclaimer: This evidence summary includes relevant literature identified from searches on the above topic, it is not an exhaustive list, it presents key finding and not recommendations for practice.

Contents

Please note that some of the findings in this evidence summary are based on research that is older than 10 years, this is due to limited more recent research, this is particularly the case with regards to research covering learning disabilities and mental health. Therefore, caution would need to be used when looking at this information, considering whether these findings are still the case in these areas. Most of the information included in this report is based on research from the UK.

This report looks at the benefits, costs, risks and challenges of bringing care closer to home for different population groups who may require care including children, learning disability, mental health, and older people.

Children

How much care is for profit in the UK?

England has a similar share of profit-making provision as Wales. In 2023, independent fostering agencies made up 47% of filled mainstream fostering places (source: Ofsted), the majority are for-profit. Private children's homes made up 81% of residential placements (source: Ofsted). 12 of the13 secure children's homes are council run, the other is charitable. They plan to tackle residential care profiteering.

Scotland currently prohibits for-profit fostering provision, its secure units are run by charities and a much lower proportion of its children's home places are private sector (35% in 2022) compared with England and Wales (source: Competition and Markets Authority). They are committed to ending profit in the placement of children in care.

Northern Ireland's health and social care trusts run 91.5% of residential care placements and 90.6% of foster carers, as of 2023 (source: Department of Health) a trust runs its only secure unit. All independent fostering services are currently not for profit. There is no ban on profit, but its policy prioritises state provision.[1]

Can we learn from Scotland ending not for profit?

A market study into children's social care found there are still some problems in how the placements market is functioning in Scotland. Despite the elimination of profit from fostering the following issues were still evident:

- Local authorities still have difficulties finding appropriate placements for children with more complex or rare needs
- The largest private providers make materially higher profits, and charge materially higher prices, than would be expected if the market was effective
- Children's homes had lower prices, but prices in fostering appear similarly high, despite independent fostering agencies operating as not-for-profit
- Some of the largest private providers have very high levels of debt, which if they exited the market unexpectedly, could disrupt placements in the future
- The change to not for profit has not resulted in lower placements costs [2]

Why do placements need to be close to home?

Research identified potential consequences of being placed away from home:

- Become disconnected from family / friends / people who matter to them [3–6,6]
- Impact on the continuity of important or loving relationships [3–5]
- Can disrupt education or employment [3–5]
- Can disrupt their lives and relationships [3–6]
- Can create feelings of loneliness, isolation and stigma [3,5,6]
- Can exacerbate existing adversity or trauma [3,6]
- Removes children from potentially protective factors such as communities, groups, hobbies, interests, cultural / religious heritage, or pets [3,4]
- Disrupts support for physical, mental or special educational needs [3]
- Having to build relationships with new professionals [3]
- Having no choice or control makes children feel they have a lack of agency over their lives and that they could be moved again at any time [3,6]
- Impact on self-esteem [3]
- Child may not settle / develop relationship for fear of being moved again [3,4,7]
- More likely to have lower well-being and experience mental health issues [3,5]
- Some local authorities pay more than double for out of area placements [3]
- Can create instability and insecurity for children [3,6]
- More likely to go missing, and consequently increased risk of exploitation [3,5,6]
- It can be frightening for children, a lack of the familiar [7]
- Not having regular contact with their social worker [6,7]
- Loss of connections to their community [4]
- Impact on their sense of belonging [4]
- Care leavers placed out of area often miss out or are not entitled to support / benefits that they would have received if they had stayed close to home [4]
- Isolating the child, can endanger or make them vulnerable to exploitation [5]
- Impact on parents, who can be distressed or lack continued support [5]
- Some experienced new exposure to harmful relationships / location [5,6]
- Without planning and providing support relocation can cause further harm [5]
- Not feeling like a normal child [6]
- More likely to be move placements again [6]
- Feel they are being punished being placed far away from home [6]
- Losing their place on waiting lists when moving area [6]
- May impact social workers ability to monitor child’s progress and well-being [8]

Why might a placement need to be out of area?

It is important to note there can be legitimate reasons for placing children out of area:

- To safeguard the child from exploitation / harm [3–5]
- To place a child with wider family [3]
- To place a child where they have existing support networks [3]
- Because the child themselves has requested to be placed out of area [3]
- If a child placed out of area is happy / settled and wants to remain there [7]

Social Care Wales state children should only be placed out of area if:

- There are no placements in the local authority area that meet their needs
- An out of area placement is better for the child's well-being than a local placement [9]

What challenges are there in finding appropriate placements?

- Rising numbers of children in care [3,10]
- Children with complex needs, or mental health issues, requiring specialist support provisions [3]
- Increasing numbers of older children or those with complex needs who are harder to find placements for [10]
- Workforce issues, recruitment and retention [3,10]
- Lack of the right quantity and mix of appropriate placements [3,10]
- Accurately forecasting future demand / needs [3,10]
- Rising care costs particularly children's homes [3]
- Issues with the private market, a lack of choice or power imbalance [3]
- Lack of transparency over numbers placed out of area due to lack of appropriate placements [3]
- Demand for certain specialist provision is too low to justify a whole service [10]
- Impact of the planning system in Wales on ability to develop provisions [10]

What costs / risks are associated with out of area placements?

- Human costs - impacting lives and life chances [3]
- Financial costs – average cost (England) outside the local authority boundary is almost double those within the local authority boundary, higher placements costs (England) [3]

Other consequences are listed in "Why do placements need to be close to home?"

What costs / risks are associated with unregulated placements?

An regulated placement is defined as:

> "Unregulated provision is allowed in law. This is when children (usually over the age of 16) need support to live independently rather than needing full-time care. Ofsted do not regulate this type of provision. It should be used as a stepping stone to independence, and only ever when it's in a child's best interests. For many children, it's the right choice. Some children do not want to live with foster parents or live in a children's home. For some unaccompanied asylum-seeking children this can be the right option too, but not for all."[11]

The Children's Commissioner for Wales raised their concerns over the use of unregulated placements for children with vulnerable young people being placed in accommodation that varies widely, with no clear standard, and that greater regulation is needed alongside a ban on children under 16 being placed in unregulated accommodation.[12]

Issues with unregulated placements include:

- Quality of accommodation / provision can vary [12,13]
- Lack of regulation / standards [12]
- A lack of data on the use of unregulated placements [12]
- Misuse of placements - children placed in them due to there being nowhere else, and children under 16 being placed in them [12,14]
- Lack of inter-personal interaction can lead to sustained periods of isolation, poor mental health, suicidal ideation, trauma and self-harm [13]

- The immediate and local environment can result in inadequate housing, poverty, and a lack of consistent support from staff [13]
- Impact of pre-existing social inequalities (such as gender or region) are exacerbated, and can lead to increased risk of poor social mobility, criminal and child sexual exploitation [13]
- Young people do not always get the support they need [13]
- Impact on long-term emotional, physical and socio-economic wellbeing [13]
- Depriving children of protections and safeguards [14]

What are the benefits of not-for-profit care over for-profit care?

- Not-for-profit placements are associated with fewer out of area and unstable placements [8]
- Improved continuity and consistency of placements [8]
- Placement permanence benefits children's long-term outcomes [8]
- Many for-profit providers have debt / operate risky business models that threaten to reduce stability of placements [10]
- Not-for-profit children's home providers in England received higher ratings from Ofsted [15,16]
- Not-for-profit services in England violated fewer legal requirements and received fewer recommendations from Ofsted then those for-profit [15,16]
- There is no national oversight or safeguards against poor commissioning practices for for-profit placements, relying on Ofsted [17]
- There is a lack of available data to assess service and commissioning performance of for-profit provisions [17]
- Introducing and becoming more reliant on for-profit provisions has arguably worsened the situation with children's placements [17]
- Some claim not-for-profit are preferred as they are more client orientated [18]
- Public providers were less likely to violate regulations compared with for-profit providers [19]
- For-profit providers were, on average, more likely to violate national care standards [19]
- Not-for-profit providers were more likely to be rated 'high quality' [20]

Could local authorities deliver the same level / quality of care in complex cases?

- Many local authorities currently lack staff and time to deliver, this would require adequate investment and effective sufficiency planning to ensure sufficient placements are available [21,22]

What are the benefits and challenges of the Local Authority providing placements for complex cases?

- Using the voices of care experienced young people to help design residential settings can help them incorporate what is important to young people [23]
- Better control over placements, reducing ‘cherry picking’ placements and being overcharged for these placements that have greater competition [21]
- Potentially save time and resources, as searching for complex placements takes a lot of time and can be costly [21]
- Would require adequate investment and effective sufficiency planning to ensure sufficient placements are available, many local authorities currently lack staff and time to do this [21,22]
- Staff need a broader skillset, or more specialised training, recruitment of staff is already difficult, needing highly skilled and experienced staff adds to this [24]

Learning Disability

How much care is for profit in the UK?

England Could not find this data.

Scotland As of 31 July 2024 there were 98 Local Authority or not for profit providers with 646 beds, and 39 private providers with 611 beds. The private sector makes up 49% of the potential share of placements based on the number of beds they have.[25]

Wales From 2022 – 2023 there were 144 local authority residential or health authority placements, and 1036 private or voluntary residential placements. The private sector made up 88% of the share of placements based on this data.[26]

Why do placements need to be close to home?

NICE guidance on Challenging behaviour and learning disabilities states that care should be provided at home or as close to home as possible.[27]

Research identified potential consequences of being placed away from home:

- Increased risk of neglect, institutional, discriminatory, psychological, sexual abuse, or multiple forms of abuse [28,29]
- Cultural needs not being met such as fasting and dietary requirements [30]
- Distance from family and friends, not seeing them as often, and issues for families travelling to placements [30–33]
- Limited communication with family and friends for those with communication difficulties (for example not being able to use a phone) [30]
- Lack of family involvement in care and discharge planning [30]
- Some had concerns over quality of inpatient environment [30]
- Some had concerns regarding quality of care [30,33]
- Potential breakdown of family relationships / attachment issues [30,34]
- Difficulties in community rehabilitation [30]
- Potential language barriers for some [30]
- Loss of continuity of care [31]
- Incomplete or irregular reviews of the standards and quality of care [31]
- Transition back home can be more problematic, with less input from families and professionals back home, social isolation due to loss of friendships, and no longer linked with local services [35]

- Require additional support when the time comes to move back home [34]
- No longer have parents around to advocate for them [34]
- There may be a lack of family involvement in care planning [34]
- There can be a lack of accurate information on the individuals placed out of area [32]
- Lack of access to meaningful and functional day and vocational activity, person-centred plans, therapeutic programmes, staff training, health action plans, friendships, employment support, adult education, advocacy services, user-friendly information, support to manage finances, and transport [32]
- Some may lack opportunities for personal growth [32]
- Some may not allow for community integration / involvement [32,33]
- Higher costs for family and friends to visit [36]
- Greater use of physical restraint methods [36]
- Settings tend to be larger with lower staff ratios, and less frequent staff training [36]
- Fewer opportunities to see specialists [36]
- Fewer opportunities to attend social clubs and be involved in the community [36]

Why might a placement need to be out of area?

It is important to note there can be legitimate reasons for placing people out of area:

- Complex needs requiring specialist placements [31,34,37]
- Keeping the person away from harm, 'bad influences' [30]
- Local services unable to meet the person's needs [32–34,38]
- It may actually be closer to family or their local area, than a placement 'in area' [32,38]
- The person may choose to move out of area [32]

What challenges are there in finding appropriate placements?

- Many people with learning disabilities also have mental health problems requiring placements in specialist mental health facilities [37]
- Limited places for more complex care [31]
- Lack of local specialist services to meet the person's needs [34]
- One study found local authorities and NHS Trusts struggle to provide local, high quality, value for money placements [39]

What costs / risks are associated with out of area placements?

- Increased risk of neglect, institutional, discriminatory, psychological, sexual abuse, or multiple forms of abuse [28,29]
- Financial costs – out of area placements are more costly [31]
- Another study found little difference in costs between in area and out of area placements [39] and another found in area were more expensive (Wales based study) [36]
- Lower staff ratios and less frequent staff training [36]

Other consequences are listed in Why do placements need to be close to home?

What are the benefits of not-for-profit care over for-profit care?

- NHS inpatient units had lower occupancy and higher staff ratio [40]
- NHS inpatient units had more visits, used less seclusion, physical restraint and had fewer locked areas [40]
- NHS inpatient units had fewer complaints [40]
- More training for staff including condition specific training [31]
- Some claim not-for-profit are preferred as they are more client orientated [18]
- Public providers were less likely to violate regulations compared with for-profit providers [19]
- For-profit providers were, on average, more likely to violate national care standards [19]
- Not-for-profit providers were more likely to be rated 'high quality' [20]

Could local authorities deliver the same level / quality of care in complex cases?

NHS units are already providing care for complex cases (England) with some benefits over independent providers such as lower occupancy, higher staff ratio, more visits, less seclusion, less physical restraint, fewer complaints. However, there were still aspects requiring improvement like the use of agency staff, delays in discharge, appraisals, whistleblowing, and access to GPs and dentists.[40]

Care services have experienced a lack of funding and have staff shortages that could prevent them from providing increased services.[22]

What are the benefits and challenges of the Local Authority providing placements for complex cases?

- NHS inpatient units had lower occupancy and higher staff ratio [40]
- NHS inpatient units had more visits, used less seclusion, physical restraint and had fewer locked areas [40]
- NHS inpatient units had fewer complaints [40]
- NHS assessment and treatment units use more agency staff in assessment and treatment units and provide fewer; appraisals, visits from commissioners, consultations with GPs and dentists, and were less likely to use whistleblowing procedures [40]
- NHS medium secure units use fewer agency staff [40]
- NHS assessment and treatment units had many patients who had finished treatment but had no plan for discharge [40]
- Setting up out-of-area placements for individuals with highly complex problems is often quicker and more straightforward [31]
- Potential cost savings [31]
- Public sector provided more staff training and condition-specific training [31]
- One study found local authorities and NHS Trusts struggle to provide local, high quality, value for money placements [39]

Mental health issues

How much care is for profit in the UK?

England Could not find this data.

Scotland As of 31 July 2024 there were 19 private providers with 534 beds, and 32 voluntary or not for profit providers with 321 beds. The private sector makes up 62% of the potential share of placements based on the number of beds they have.[25]

Wales Could not find this data.

Why do placements need to be close to home?

NICE guidance recommends when placements are out of area practitioners should ensure that the person's current placement lasts no longer than required. This should include reviewing the person's care plan, current placement, recovery goals and discharge plan at least every 3 months, or more frequently according to the person's needs. It also recognises the increased risk of suicide.[41]

Research identified potential consequences of being placed out of area:

- Out of area placements lack a rehabilitation focus [42]
- Some out of areas placements have over-supportive care plans [42,43]
- Placements can have inadequate implementation of the care programme approach [42]
- Placements can have over-restrictive and institutionalised practices that deskill individuals rather than preparing them for independent living [42,44,45]
- Can result in social dislocation from family, friends and local community [42,46]
- Being placed out of area leads to a lack of continuity of care coordination and care management, which results in longer stays than necessary [42]
- Mental health commissioners have been found to have inaccurate data about the individuals they fund in these placements [42]
- Inadequate systems for reviewing ongoing care [42]
- Those with severe mental health problems being subject to stigmatising marginalisation due to being ‘out of sight, out of mind’ [42]
- Reduced contact with family / friends [43–47]
- Can impact on quality of life [44]
- Moving from their local area, can create a sense of loss and isolation [44,45]

- Loss of resources for the local mental health economy [43]
- Inefficient use of staff time, used in coordinating placement etc [43]
- People move less effectively through rehabilitation care pathways [43]
- Can find it difficult to adjust to isolation in remote locations [43]
- Struggle to relocate back in their home area when care packages end [43]
- There can be major difficulties in monitoring more remote placements [43]
- Can result in increased distress and slower recovery [46,47]
- Increased risk of suicide, self-harm and longer hospital stays [47,48]
- Placements are more likely to be inappropriate [47]

Why might a placement need to be out of area?

It is important to note there can be legitimate reasons for placing people out of area:

- Requiring specialist care not available through local authority care [42,45,46]
- Person has requested placement due to previous bad experience or knowing people in an out of area placement [49]
- Acute need, cannot wait for a bed in area [49]

What challenges are there in finding appropriate placements?

- Local placements are more independent and did result in loneliness for some, as they been living in a residential setting previously [44]
- Pressure to free up beds, needing to find a placement quickly [43]
- Inadequate local services, lack of specialist services [43]
- Lack of local placements / beds [49]
- Local unit-related reasons (shortage of staff, lack of skills needed, patient mix) despite bed availability [49]

What costs / risks are associated with out of area placements?

- Financial costs – out of area placements are more expensive than local authority provision and have longer stays costing more [12,16–18,20]
- Transportation costs – providing transport to and from the placement, and the added costs for friends and relatives travelling for visits [46]
- Can lead to a stigmatising marginalisation of those with the most severe mental health problems [42]

- Overprovided for, impeding independence and delaying rehabilitation [42,43]
- People in inappropriate placements [43,47]
- Major difficulties in monitoring remote placements [43]
- Harm to patients, increasing their distress, separating them from family and slowing recovery [47]

Other consequences are listed in Why do placements need to be close to home?

What are the benefits of not-for-profit care over for-profit care?

- Less restrictive and more independent settings [42,44]
- Examples can be seen of cost savings being reinvested into rehabilitation services and high-quality supported housing initiatives, developed through successful collaborations between third-sector providers, commissioners and local mental health services [42]
- When whole-system approaches ‘invest to save’, employing staff to conduct detailed reviews of people placed out of area and can reinvest costs of out-of-area treatments into the local mental health economy [42]
- Reinvestment builds local resources to facilitate service users in achieving greater autonomy and independence [42]
- Develops local confidence in caring for others with similar needs [42]
- Reduces future need for out of area treatments [42]
- Care is tailored to individual needs promoting recovery and social inclusion [42]
- Equally good outcomes from local rehabilitation services [43]
- Investment in local mental health services [43]
- Staff can use their time more efficiently [43]
- People move more effectively through rehabilitation pathways [43]
- Reduces the risk of suicide, self-harm and shortens hospital stays [47,48]
- Some claim not-for-profit are preferred as they are more client orientated [18]
- Public providers are less likely to violate regulations than for-profit providers [19]
- For-profit providers are, on average, more likely to violate national care standards [19]
- Not-for-profit providers were more likely to be rated ‘high quality’ [20]

Could local authorities deliver the same level / quality of care in complex cases?

With reinvestment of cost savings, successful collaboration and good coherent commissioning, care can be provided closer to home, even for more complex cases.[42]

Case study example – Islington

"In Islington, about 40% of individuals who were placed out of area and reviewed as clinically appropriate to be repatriated to a local facility subsequently moved. An estimate of the financial flows that could be reinvested into local rehabilitation services and supported accommodation by repatriating 40% of the individuals currently placed in out-of-area treatments nationally is well over £100 million. This figure includes the costs of local placements that offer a similar level of support to the out-of-area placement. However, in Islington the financial advantages were further enhanced because all those who were repatriated moved to more independent placements."**[42]**

Care provided by local authority could potentially be better, more tailored to the person's needs, resulting in increased independence and inclusion. [42]

Case study example – A London borough (possibly the same as the one above)

"In the first 4 years, the project succeeded in relocating 22 service users to less restrictive environments locally."

Seven interviews with relocated service users found:

" Increased autonomy was the most commonly reported positive outcome, which was welcomed by all; however, many service users also reported feeling lonely in their new local placements. Five out of seven were pleased with their increased contact with family and most concluded that generally, relocation enhanced their quality of life."**[44]**

These examples, however, don't provide the same level of placement, they are moves to independent living which only meets the needs of some people in out of area residential placements.[42,44]

Local services would need funding to provide additional beds that are properly staffed. "To reduce overall pressure on beds the government must also continue the welcome investment and development of community mental health services so that people can get the right support earlier on, reducing the likelihood of reaching crisis point."[47]

When financial flows were reinvested into new local highly supported flats, a significant proportion of individuals placed out of area could be successfully relocated to more independent local facilities.[50]

Social care has been underfunded and has a lack of sufficient staff, that would be needed in order to provide increased services.[22]

What are the benefits and challenges of the Local Authority providing placements for complex cases?

- Cost savings can be reinvested in local mental health services [42,43]
- May result in greater independence, as many placed out of area are over-supported and not actively facilitated to regain independent living skills [42,50]
- Care is tailored to individual needs promoting recovery and social inclusion [42]
- Increased autonomy [44]
- Increased contact with family [44]
- Relocation can enhance quality of life [44]
- Some experienced loneliness, lacked social confidence and social inclusion [44]
- There can be emotional challenges and practical barriers to re-establishing life in society [44]
- More efficient use of staff time, not wasted coordinating placement etc [43]
- People move more effectively through rehabilitation care pathways [43]
- Equally good outcomes when rehabilitation services are located in their area of origin [43]
- A lack of funding and staff shortages make it difficult to provide additional services [22]

Older people

How much care is for profit in the UK?

England Could not find this data.

Scotland As of 31 July 2024 there were 179 local authority, health board and not for profit providers, with 6256 beds, and private 589 private providers with 28907 beds. The private sector makes up 82% of the potential share of placements based on the number of beds they have.[25]

Wales Could not find this data.

Why do placements need to be close to home?

- The value of social relationships and social interactions to older adults [51]
- Experiencing feelings of loneliness and social isolation when losing the ability to sustain relationships or engage in social activities [51]
- Family and friends can visit regularly, many are providing essential care and support to residents as part of their daily lives [52]
- Isolation from loved ones, we saw the impact of this during the pandemic [52]
- Living in a place which supports you to engage with your neighbours and community can help to address isolation and loneliness [52]
- It is what people say they want in consultation (see below) [53–58]

The Dementia listening campaign that took place across North Wales found people want those living with dementia to be able to stay living in their own home for as long as possible. However, when that is no longer possible the care home should be close to home or family.[53–58]

Why might a placement need to be out of area?

It is important to note there can be legitimate reasons for placing people out of area:

- In a crisis, when local placements are not available [59]
- Local services do not meet there needs [59]
- When an out of area placement is closer to family / friends [59]

What challenges are there in finding appropriate placements?

- The local housing options don't meet their needs [52]
- In crisis, finding a placement quickly [59]
- Staff shortages, issues with recruitment and retention [22,59]

What costs / risks are associated with out of area placements?

Other consequences are listed in Why do placements need to be close to home?

- Loneliness and social isolation [51,52]
- Reduced care from loved ones [52]

What are the benefits of not-for-profit care over for-profit care?

Moving a person from a for-profit to not-for-profit may not be beneficial as there are very high switching costs associated with changing care providers, and moving care homes has been linked to increased anxiety, depression and fall risk.[17] Even voluntarily moving could cause distress and possible harm.[60]

Research identified benefits of using not-for-profit rather than for-profit providers:

- Some claim not-for-profit are preferred as they are more client orientated [18]
- Public providers were less likely to violate regulations compared with for-profit providers [19,61]
- For-profit providers were, on average, more likely to violate national care standards [19]
- Not-for-profit providers were more likely to be rated 'high quality' [20,61–63]
- For-profit providers tend to have lower levels of staffing and training, higher staff turnover and lower pay levels [60]
- Not-for-profit care homes are less likely to be forced to close due to CQC enforcements [64]
- It is easier to collect and report information to understand costs, quality and public accountability, in not-for-profit nursing homes [63]
- Large for-profit care homes have received multiple allegations of abuse of the frail elderly [63]

- Using not-for-profit provisions allows for greater financial transparency [63]
- The way for-profit care homes operate could compromise the quality of care and make abuse more likely to occur [65]

It is important to note that the size of the care home impacted ratings, with larger care homes being more likely to have lower ratings.[61]

One study had an unexpected result, conflicting the results of other studies, it found higher quality, more positive, care interactions in for-profit facilities.[66]

Could local authorities deliver the same level / quality of care in complex cases?

One study describes how local authorities in England build very little specialist accommodation, with government priorities curtailing building programmes. With caps on borrowing meaning many local authorities fail to raise sufficient capital for building.[67]

A lack of sufficient funding and staff shortages would make it difficult to provide additional services.[22]

What are the benefits and challenges of the Local Authority providing placements for complex cases?

I couldn’t find evidence to answer this question for this group.

Search strategies

General searches were run using Google, Google Advanced Search and NICE. Database searches were carried out on Scopus, using the search terms below.

Care close to home - "Care placements" OR "care home" OR "care homes" OR "foster placement*" OR "fostering" OR "foster care" OR "foster carers" OR "residential care" OR "supported living" OR "assisted living" OR "childrens home*" OR "nursing home*" OR "retirement home*" OR "rest home*" OR "communal home*" OR "care facility" OR "care faciltities" OR "independent living" OR "specialist housing" OR "shared lives" OR "residential unit*" OR "social care" OR “shared housing” OR “shared living” AND "out of area" OR "out of county" OR "out of country" OR "close to home" OR "far from home" OR out-of-area

Not-for-profit / for-profit care- "Care placements" OR "care home" OR "care homes" OR "foster placement*" OR "fostering" OR "foster care" OR "foster carers" OR "residential care" OR "supported living" OR "assisted living" OR "childrens home*" OR "nursing home*" OR "retirement home*" OR "rest home*" OR "communal home*" OR "care facility" OR "care faciltities" OR "independent living" OR "specialist housing" OR "shared lives" OR "residential unit*" OR "social care" OR “shared housing” OR “shared living” AND "out of area" OR "out of county" OR "out of country" OR "close to home" OR "far from home" OR out-of-area AND “not for profit” OR “for profit” OR “not-for-profit” OR “for-profit”

Unregulated care providers - "unregulated placement" OR "unregulated placements" OR "unregulated accommodation" OR "unregulated setting" OR "unregulated settings" OR "unregulated care" OR "unregulated homes" OR "unregulated home"

Local authority provision of specialised placements - "complex" OR "challenging behaviour*" OR "challenging behavior*" OR specialist OR specialised OR specialized OR "high-level" AND "Care placements" OR "care home" OR "care homes" OR "foster placement*" OR "fostering" OR "foster care" OR "foster carers" OR "residential care" OR "supported living" OR "assisted living" OR "childrens home*" OR "nursing home*" OR "retirement home*" OR "rest home*" OR "communal home*" OR "care facility" OR "care faciltities" OR "independent living" OR "specialist housing" OR "shared lives" OR "residential unit*" OR "social care" OR "shared housing" OR "shared living" AND "local authority" OR "local authorities" OR council* OR "in house"

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