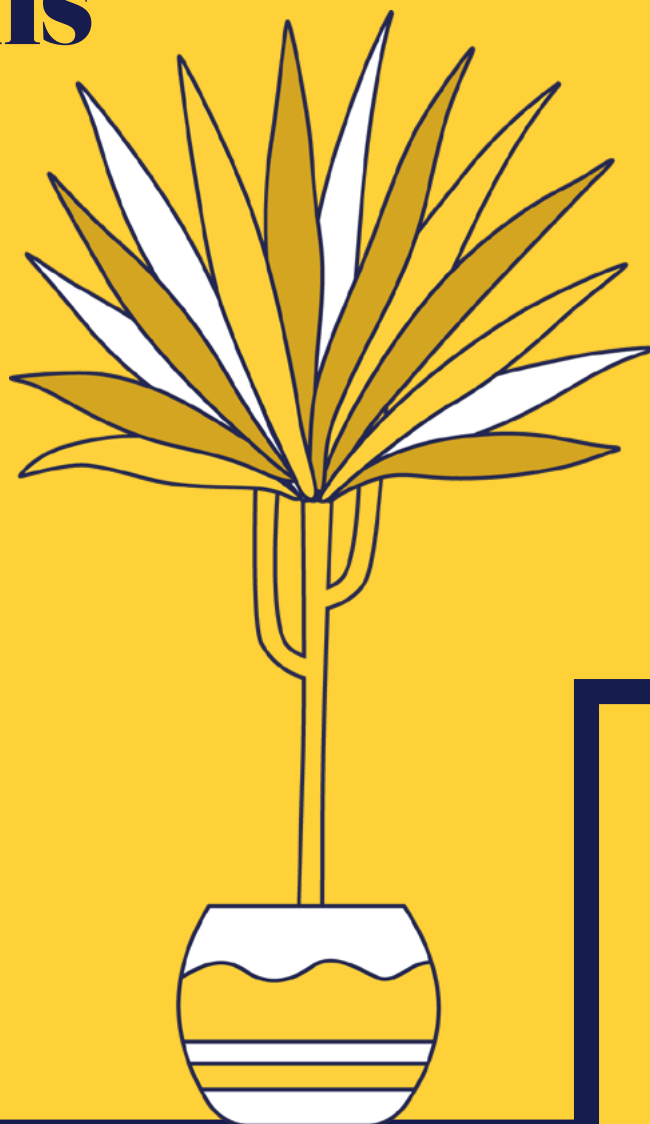


Newborn babies | July 2025

Residential family assessment centres: Data trends and questions



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Briefing

This briefing paper examines the patterns around the increasing number of residential family assessment centres in England. It highlights what we know about practice and policies relating to these centres, outlining questions for stakeholders to consider in this understudied area.

Authors

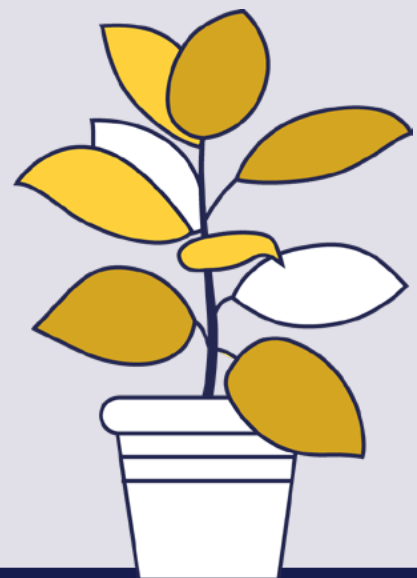
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Disclaimer

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Introduction

There are multiple types of residential provision that the family justice system may look to for families in need of support or assessment. This briefing focuses on one type: residential family assessment centres. The primary purpose of these centres is to provide an environment where professionals can assess parents' ability to safeguard and care for their child – often a newborn baby.¹ The outcomes of these assessments can influence the life-changing decisions within the family courts about whether families stay together and babies remain in the care of their parents.

Ofsted data (2025) highlights a significant rise in new registrations of residential family assessment centres in England in the past 5 years, with numbers doubling between 2019/2020 and 2024/25. Currently, there are 110 residential family assessment centres in England, the highest number in the last 12 years, many of which are clustered in London and the North West.

What residential family assessment centres deliver in terms of support to a new parent and their baby is variable (Munro et al. 2014). Families are typically in the centres for a fixed term (usually up to 12 weeks),² during which time assessments of parenting capacity are made. They can provide positive opportunities for parents and babies who would have otherwise been separated, where families can receive tailored support and parenting guidance alongside assessment. However, they have been criticised for the high levels of scrutiny and stress that the experience can place on new parents, with 24-hour CCTV and monitoring commonplace.

Historically, the use of residential provision for new parents and their babies has, within the child protection system, been marked by stigma, institutional harm and neglect (Joint Committee on Human Rights 2022; McCormick et al. 2021). More recently, specialist residential provision, such as residential family assessment centres, has developed as an option for parents/mothers and babies, alongside

- 1 Provision of this type is usually for mothers and babies but some centres cater for fathers too, so the word 'parent' is used throughout.
- 2 This timeframe has been laid out in House of Lords 2005/6 case known as *Re G*. Baroness Hale emphasised that an assessment should reflect the Children Act's (1989) emphasis on preventing delays and should last 'no more than two or three months' (para 68). *Re G* remains regularly cited in judgments.

foster care. However, the increasing prevalence of these centres raises longstanding questions regarding their effectiveness and the extent to which they ensure the safety, well-being and rights of families.

There is significant variability in the type of accommodation and scope of support offered by this type of placement, and in the legal orders underpinning them. Residential family assessment centres are often referred to interchangeably as residential family support, accommodation or mother-baby units/provision, meaning they are sometimes difficult to distinguish from other types of provision. In Department for Education (DfE) regulations, they are referred to as 'residential family centres', but in order to avoid confusion with other types of provision, we refer to them throughout this briefing as residential family assessment centres, given their primary purpose is to 'provide robust, fair and evidence-based assessments' (DfE 2013).

Residential assessment and post-birth support for families experiencing vulnerability is an understudied area with limited research on parent experiences, outcomes and effectiveness of approaches. The voices of parents within the centres are rarely heard and no data is collected at a national level about the characteristics of families that are referred for assessment (e.g. gender, disability, care experience, age or ethnicity) or their outcomes. This lack of information about who parents are, their experiences, and how their intersecting needs (such as substance misuse, cultural background and care experience) may affect their experience significantly limits the accountability of the system, and raises a number of questions regarding the equity and rights of families in such a sensitive area of practice. There is also a lack of knowledge about the providers operating in this area, the drivers behind the increase in their numbers, and assessment practices within the centres.

This briefing paper examines the patterns around the increasing number of new registrations of residential family assessment centres across the country. It highlights what we know so far about the practices and policies regarding these centres, as well as outlining questions for stakeholders to consider.

What are residential family assessment centres?

When and why are they used?

Families can be referred to residential family assessment centres by a number of professionals. In the family courts, the use of an assessment within a residential family assessment centre is typically authorised by specific legislative provisions: primarily through section 38(6) of the Children Act 1989 during court proceedings, to aid the decision-making of the courts.

Section 38 (6) of the Children Act 1989

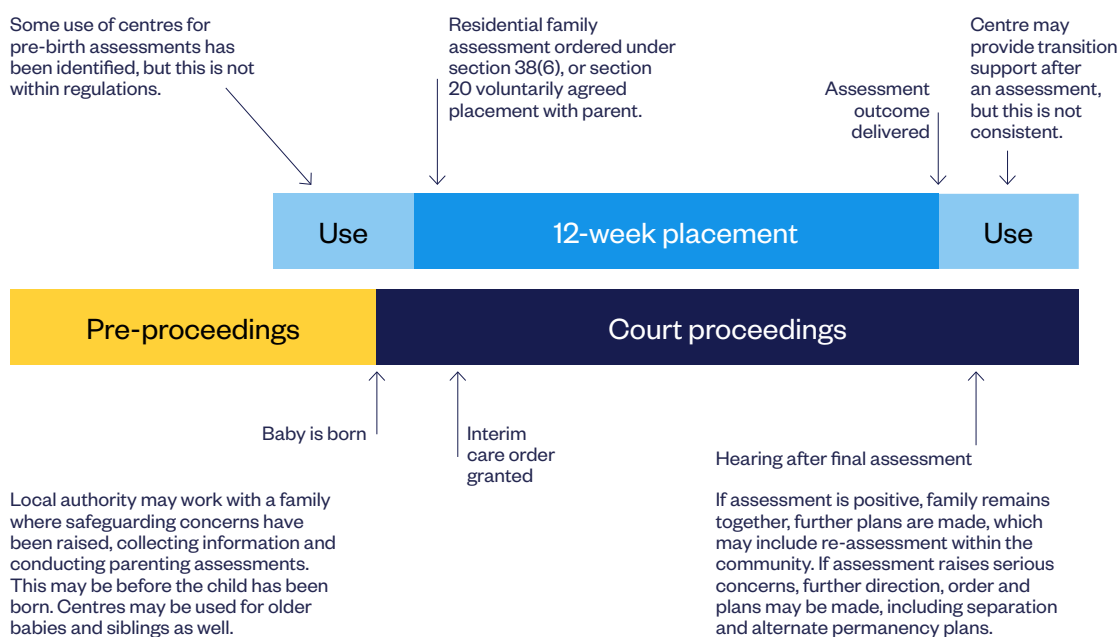
When a child is subject to an interim care order, the court may decide to make a direction for the child to be assessed under section 38(6) the Children Act 1989.

This enables the court to direct where the child should live (e.g. with a parent, relative or in a residential family assessment centre) while an assessment is conducted of their circumstances or their parents' parenting capacity.

When, and how, a residential assessment is ordered or decided is dependent on a number of stakeholders in the family justice system, including local authorities, the judiciary, children's guardians, families and providers: residential family assessment centres are most often used for parents with very young (often newborn) babies, where the state has intervened at birth due to safeguarding concerns.

While residential family assessment centre placements may typically be used during court proceedings, as Figure 1 highlights, their use may overlap with pre-proceedings social work, step-down support or last longer than 12 weeks. However, this is not consistent or standardised with regulatory frameworks or policy.

Figure 1: Use of residential family assessment centres for babies



Regulatory frameworks

The Care Standards Act 2000 defines residential family centres as ‘establishments at which: a) accommodation is provided for children and their parents; b) the parents’ capacity to respond to the children’s needs and to safeguard their welfare is monitored or assessed; and c) the parents are given such advice, guidance and counselling as is considered necessary’. In these regulations, emphasis is put on the purpose of centres to focus primarily on the assessment of parenting capacity and skills.³ The principal minimum standard, as outlined by DfE is to ‘provide robust, fair and evidence-based assessments’ (2013).

Scope of provision

Given the (often acute) therapeutic needs of families in residential family assessment centres, there is debate about the scope to provide wider support and treatment services and go beyond assessment.

Within the regulatory framework, there is a broad remit for the centres’ provision to families based on an ‘assessment of their needs which identifies the purpose and scope of the residential assessment of parenting skill and capacity and any support which will be provided’ (DfE 2013).⁴ However, it appears that there is a lack of clear understanding between local authorities, courts, families and providers about what residential family assessment centres are designed to do, good practice in this area, and therefore to what extent they can effectively support vulnerable families. There are significant policy, practice and regulatory questions for how centres are positioned and used within the broader framework of decision-making in the family courts.

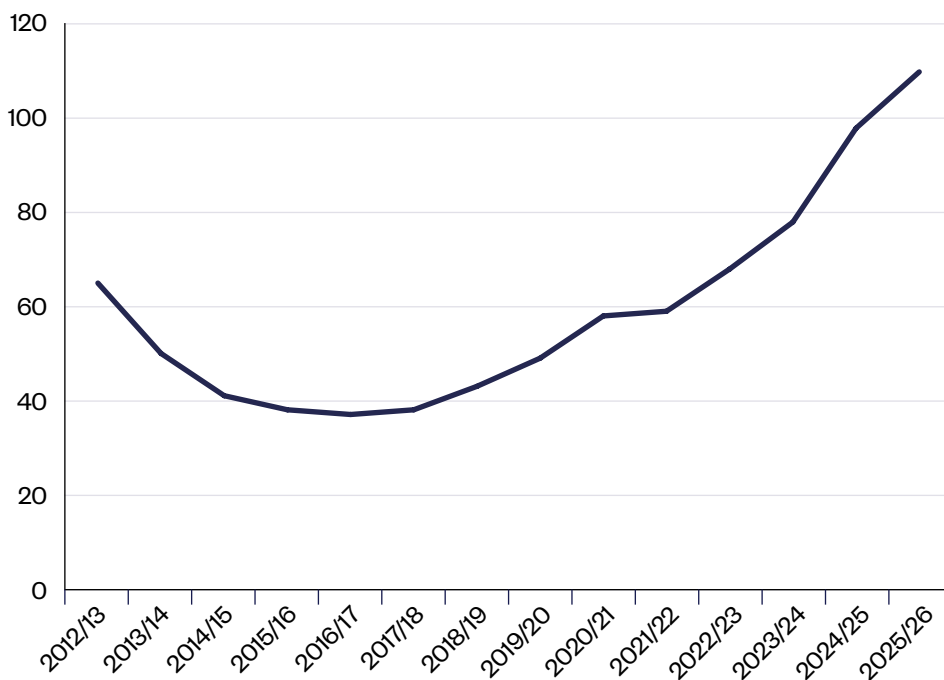
- 3 Establishments that provide accommodation together with other services for families, where assessments of parenting capacity are *incidental* to their main purpose, are exempted from the regulations. This includes most hospitals, care homes, hostels and domestic violence refuges (Residential Family Centres Regulations 2002).
- 4 Regulations emphasise that assessments made within residential family assessment centres should focus on a child’s welfare and needs, particularly the analysis of the child’s relationship with their parents. Case law has established that therapeutic interventions that focus on the parents’ support needs are outside the scope of the provision, and that the court is limited to ordering assessment, not treatment.

Trends in provision

Numbers

Over the past five years, there has been significant growth in the number of residential family assessment centres in England. According to 2024/25 data from Ofsted there are now 110 residential family assessment centres – an increase of 12 (11%) since 2023/24.

Figure 2: Number of residential family assessment centres in England, 2012–2025 (as at 31 March)

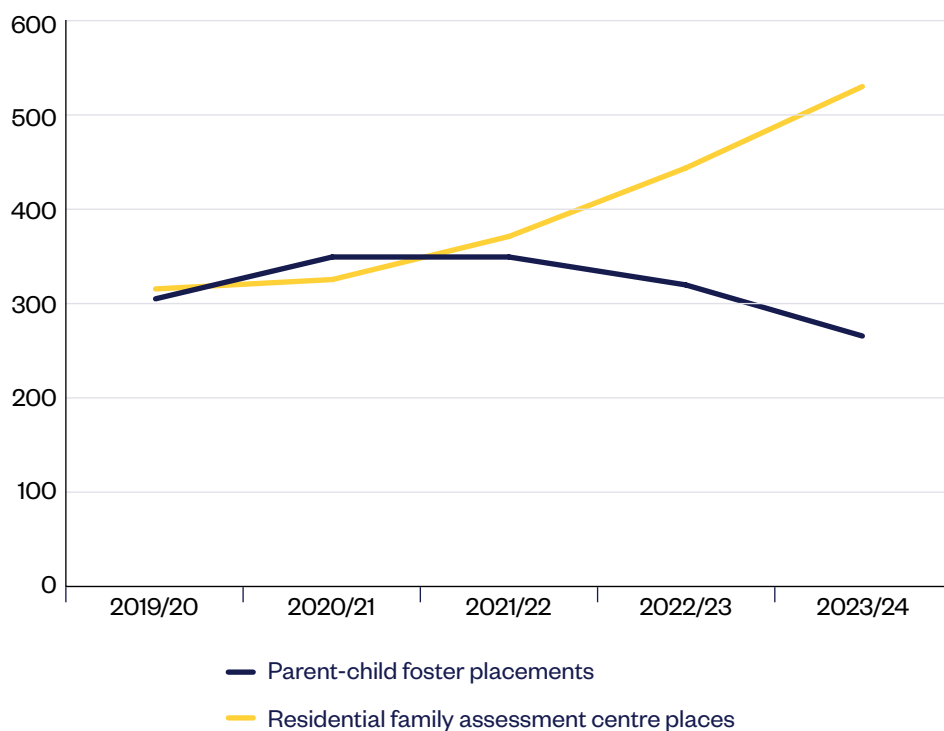


While this increase is coming from relatively low numbers of residential family assessment centres before 2018, the increase over the past 5 years is stark. Between 2022/23 and 2024/25, new registrations have increased by 40% and numbers have doubled since 2020. The growth appears to primarily stem from the private sector. Of the 17 new centres registered between 31 March 2024 and 31

March 2025, 15 (88%) were private providers. Currently, 88% of residential family assessment centres are run by private providers, with the rest run by voluntary or local authorities.

The drivers behind the growing number of residential family assessment centres are unclear and likely to be multifaceted. One factor appears to be the decline in parent-child foster placements, where places dropped from 305 in 2019/20 to 265 in 2023/24 (see Figure 3). This also reflects a nationwide drop in the number of foster carers, which may put further pressure on services. Note that this data shows number of placements, not whether they are being used, or what other provision may be available in the community.

Figure 3: Provision of parent-child placements by type



Regional disparities

The growth in the number of residential family assessment centres has been seen across a number of different regions, but has been particularly pronounced in the North West and London. The North West has seen an increase from 2 registered centres in 2014, to 26 registered centres in 2024/25. In London, which has always had higher numbers of residential family assessment centres than other regions, there were 28 residential family centres in 2024/25 – 3 times the number (8) that were registered in 2014.⁵

Possible reasons for this growth need further exploration, but factors may include a response to court practices in ordering residential assessments, alongside private sector recognition of market opportunity. Within regions and across local authorities and court areas, there is variation in use and costs. There are publicly available freedom of information request responses by local authorities in recent years on residential family assessment centres, some requests from residential care provider email addresses. They show that in 2020/21, one local authority placed 63 families (70 placements) while another local authority had no placements at all between 2021/22 and 2023/24. Based on requested freedom of information data from 3 local authorities, the average fee paid to independent centres was over £4,092 per week in 2023/24. Another local authority responded that the average total cost in 2023/24 for a 12-week placement was £80,208, which would be £6,684 per week, but may be counting placements that lasted longer than 12 weeks.

The regional variation in the number of residential family assessment centres does not appear to be driven purely by safeguarding concerns or higher numbers of children born in a particular area. For example, there are currently 3 residential family centres in Ramsgate in Kent (a town of 40,000 people) and 3 in the whole of Devon and Cornwall (combined population over 1 million). London, which has previously had low numbers of Section 31 proceedings issued for newborn babies (Mason and Broadhurst 2020), but has high numbers of new births, had just over 22 centres per 100,000 live births in 2024. The North West, which has previously had higher numbers of Section 31 proceedings issued for newborn babies (Mason and Broadhurst 2020), but lower numbers of new births, had just over 36 centres per 100,000 live births in 2024. In contrast, the East of England had just over 9 centres per 100,000 live births. The patterns of growth in the North West also mirror the increase in private children's homes in the area, suggesting that providers may be

5 The data excludes centres that may have opened and shut down in the period.

making decisions based on similar factors, such as the availability of inexpensive, vacant properties. However, the growth in London may be driven by other factors. For example, professionals in London have previously reported that care proceedings are not routinely issued for newborn babies if a mother and baby placement or residential placement is available, as they place more emphasis on assessing parenting capacity after birth (Mason and Broadhurst 2020, p. 14).

The limited data that we have about residential family assessment centres from Ofsted tells us little about the characteristics of the families involved and how and why local authorities and courts are using these centres. Although centres are clustered in particular areas, it is likely that they are used by a wider range of local authorities. In a 2024 response to a freedom of information request, Croydon Council noted they had 21 families placed in residential family assessment centres in the past 12 months, and all of these were outside Croydon and all outside London. This raises concerns for the experiences of families, particularly if they are a long way from home and isolated from their support network with a newborn baby.

Figure 4: Regional distribution of residential family assessment centres

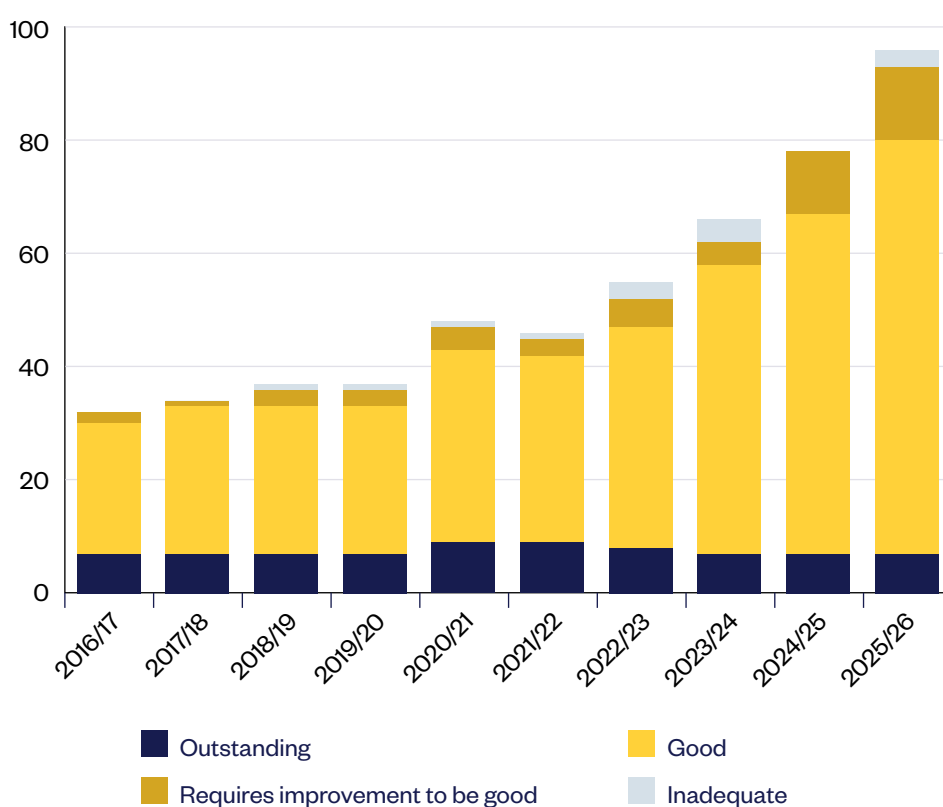
Residential family assessment centres: Data trends and questions



Quality

Registered residential family assessment centres are required to be inspected by Ofsted, typically within a year of first opening, and then once every three years. Evidence from providers rated by Ofsted as 'outstanding' highlights how centres can support parents with education and guidance, while also providing oversight and analysis of parent-child relationships (Munro et al. 2014). However, the data highlights some concerning trends about the quality of newly opened provision. As the number of residential family assessment centres has grown, there has been a matched increase in the number of services assessed as 'requires improvement'. Of the 96 currently registered residential family assessment centres that have received inspections, 17% either 'required improvement' or were 'inadequate' (see Figure 5).⁶

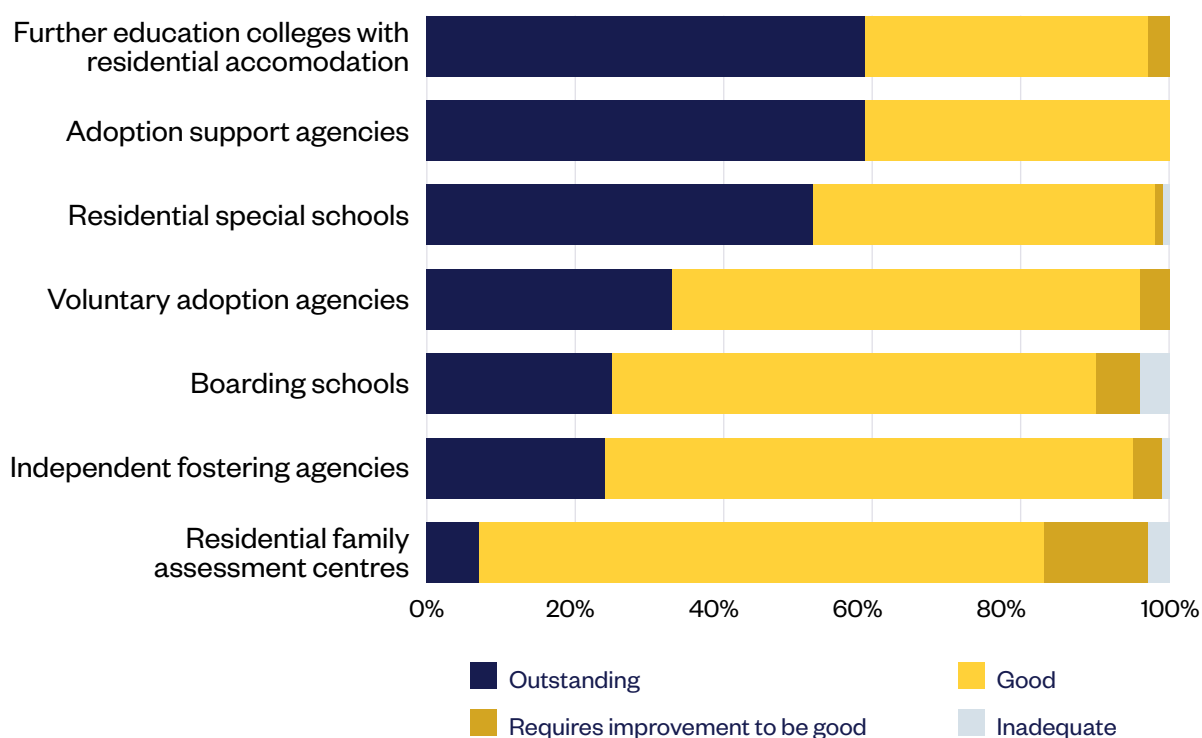
Figure 5: Ofsted judgements of residential family assessment centres (as at 31 March)



⁶ Residential family assessment centres are inspected within a year of registration. In the most recent data release, there were 110 registered residential family assessment centres, but only 96 of these had received an inspection.

The variable quality and provision of residential family assessment centres is a longstanding issue (see, for example, Munro et al. 2014). In comparison to other social care provision inspected by Ofsted, residential family assessment centres have a smaller percentage of outstanding providers, and a higher percentage of 'requires improvement to be good' providers (Figure 6).

Figure 6: Overall Ofsted ratings of children's social care provision



Within the current regulatory framework, the types of support (including transitional support) and assessment being provided by residential family assessment centres is unclear. From discussions with communities of practice, there may be practice beyond the scope of regulated activities including pre-birth placements, monitoring of families, and families staying significantly beyond assessment periods (which typically last up to 12 weeks).

Case law has equally identified concerning practice in this area. In *St Helens Borough Council v M & Ors* [2022] EWFC 56 (13 June 2022), the judge found that 5 residential placements had been used extensively and inappropriately over the course of 2 years, as they noted:

... These placements ... have been described before me as 'holding placements'. That is not a concept that I am familiar with, nor am I attracted to it.

... Here S, now I reiterate approaching two years of age, has lived almost the entirety of his life in an environment in which he and his mother live communally; are observed on a 24-hour basis by either staff or video surveillance or both. These mother and baby units were inevitably restrictive of S's potential to engage more widely with the world at a crucial stage in his development. I have asked Counsel on a number of occasions how this was permitted to endure for as long as it did. No party has sought to justify it (paras 17–18).

Although there is no evidence about the frequency of cases like these, the lack of national data about families within residential family assessment centres means that there is no way for the system to hold itself to account, to trace and understand whether this exceptional use may be increasing. Unlike other provision, such as residential children's homes or secure children's homes, local authorities and the family courts do not report nationally on their use of residential family assessment centres, how long families stay, distance outside of local area or number of placement moves (for example if an assessment breaks down and then has to be re-started in a new centre). Further work is therefore needed to highlight parents' experiences and patterns of placement. In particular, to what extent is current practice within residential family assessment centres aligning with the evidence base on good practice for parents and babies experiencing vulnerability?

Research on residential parenting support

The act of removal of a newborn baby can be highly contentious, and there remain ‘many unresolved ethical and practical dilemmas that arise when the state intervenes at birth’ (Mason et al. 2022). During proceedings, judges must often balance risk and the likelihood of significant harm to vulnerable babies from their parents, who often have their own complex circumstances and traumatic pasts. In this area of sensitive, risk-heightened practice, decisions to take a baby into care are often made at short notice and with poor planning (Broadhurst et al. 2018; Alrouh et al. 2020).

Research on the effectiveness of residential placements, which can provide a space for families and their babies at this critical time, is limited. There is only one in-depth study of residential family assessment centres in England and Wales, commissioned by the DfE over a decade ago (Munro et al. 2014). It found the quality, practice and use of residential family assessment centres to be highly variable. In particular, it found huge diversity in provision and the quality of that provision, which included protecting children at severe or high risk, providing assessments to inform children’s social care, therapeutic and addiction support, and parenting skill development – all of which was masked by the ‘umbrella term of a residential parenting assessment’ (Munro et al. 2014, p. 92).

Other, small-scale, qualitative studies of residential placements, such as parent-child foster care, have highlighted the challenging nature of these placements for both parents and foster carers (Luke and Sebba 2014). This includes differences in understanding the role of what a foster carer should provide in terms of assessment, care and support (Adams and Dibben 2011; Adams and Bevan 2011), and parents themselves feeling under scrutiny and that more was expected from them than other parents. In residential family assessment centres in particular, mothers have also spoken of the negative impact of 24-hour CCTV while breastfeeding and bathing their children, and the feeling of criminalisation that this kind of monitoring generates (Roberts 2021, p. 119).

Research has indicated that the most effective placements are those that respond to the therapeutic needs of new parents alongside new parenting guidance, and are built on stability and support – emotionally, practically and institutionally (Luke and Sebba 2014). Poor-quality assessments and experiences post-birth can leave young parents feeling stigmatised and under intense scrutiny. With current evidence, it is unclear to what extent residential family assessment centres are providing this type of stability and support. These environments, which are separated from the child's family and community network, may lead to further harm. However, they also offer an opportunity to understand and support parenting capacity in the earliest weeks of a child's life.

Learning from *Born into Care*

Over the past eight years, our *Born into Care* research series has shed a light on the proportion of mothers who experience repeat removals of babies from their care, the disparities in newborn care proceedings in different parts of the country, and what better practice might look like in this area. Part of the research explored how changes to practice and local culture could help to reduce the prevalence of recurrence and short-notice removal. In particular, the research highlighted the importance of intensive community and specialist support both before and after birth (e.g. Mason et al. 2022).

Residential family assessment centres form part of the infrastructure around newborn babies in the family justice system. Practitioners have linked the availability of community support (including strong pre-birth assessments, multi-agency teams, residential placements and the ability to assess parenting capacity following birth) to the low number of removals (Broadhurst and Mason 2020). For the family courts, residential placements (including but not limited to residential family assessment centres), may be one of the only options available to keep a parent and baby together in the short term, particularly if there are high levels of risk. The use of residential placements in this way, to keep parents and children together, has been described by some courts as routine practice so parenting capacity can be assessed fairly once the baby has been born, and not to pre-judge (Mason and Broadhurst 2020). Indeed, one of the factors that may be contributing to the increased use of residential family assessment centres is an awareness within the family justice system of keeping parents and newborn babies together where at all possible.

For these reasons, some practitioners are positive about residential placements, where parents are provided with a positive environment that supports their parenting

alongside assessment. The lack of placements has been identified as one of the perceived factors for why more babies are separated at birth (Mason and Broadhurst 2020). However, as both Ofsted data presented in this briefing and previous research (Munro et al. 2014) has highlighted, this type of high-quality provision is not consistent, and the research base for using residential family assessment centres is limited. In this evidence gap, the routine use of residential family assessment centres to assess families experiencing vulnerability may expose them to further harm.

Outstanding questions

Significant gaps remain in our understanding of residential family assessment centres and how they operate in practice within the family justice system. There are several areas of uncertainty regarding the characteristics of parents and children using the centres, and the delivery of assessments and outcomes.

Who are the families in residential family assessment centres and what are their experiences?

Many of the concerns around residential family assessment centres relate to the institutionalised nature of residential assessments, and the potential violation of parents' and children's rights within these settings. Mothers who have experienced residential parenting assessments have reported that they felt that more was expected of them than other parents and that the constant surveillance impacted both their parenting and mental health (Roberts 2021). Placements that are far away from home can further isolate families from their communities, preventing them from building relationships with key services and separating them from family and friend networks and other sources of support such as family hubs and parent-baby groups. As a result, further within-community assessments are required. Although residential family assessment centres are required to make a 'fair' assessment of parenting capacity, it is unclear how a contextual understanding of the impact of being removed from daily lives, routines and support networks is accounted for within a parenting assessment. However, some residential family assessment centres have been described positively by parents who were able to undergo assessment as a couple, or who were able to get more direct support than they would have received in the community. In addition, residential support can safeguard families from the potential risks and harms that they may experience in the community, such as from an abusive partner.

The absence of the voices of parents and babies, and the lack of data, means that we have a limited picture of families within residential family assessment centres. We do not know how many assessments result in families staying together, versus those where removal is recommended. There is also no ability to examine the inequalities in the types of families being referred to residential family assessment

centres, the outcomes for these families in terms of mental and physical health, or recurrent children in care proceedings. This lack of data means that there is also limited accountability, in comparison to other parts of the family justice system where national data is collected. Questions that need answering include:

- Who is being placed in residential family assessment centres (e.g. numbers, ages, gender, ethnicity, disability, care-experience, needs)? How far are they from their communities and for how long? What inequalities are there?
- What are families' experiences? How do experiences differ based on families' needs and characteristics? How are parent and child rights protected or compromised by residential family assessment centres?
- What are the outcomes for families that experience residential assessment?

Why are the numbers increasing? What are the different stakeholder perspectives on the use and purpose of these centres?

The drivers behind the increasing number of residential family assessment centres are likely to be multifaceted and include market-related factors, like those observed affecting the availability and quality of residential children's homes, alongside variables within decision making, practice and policy. Factors that might influence the use of residential family assessment centres could include the extent to which centres are seen to be an option for keeping parents and children together, the availability of centres within local authorities, and the availability of other options for assessment, support and accommodation in the community. To further understand the drivers behind increasing numbers, more information is needed on:

- How are residential family assessment centres understood from practice, policy and judicial perspectives?
- How do differences in decision making on keeping newborn babies with their parents in different parts of the country influence the use of residential family assessment centres? Are particular groups (e.g. couples) considered likely to benefit more from, or be more suitable for, residential family assessment centres and how equitable is the decision-making process?

- What are the approaches to residential family assessment centres from a commissioning and procurement perspective and as part of wider sufficiency planning?

How does the regulatory framework influence the availability of provision and inform practice?

The use of different terminology to refer to different types of residential support means that the scope of provision is often unclear. Both the Care Standards Act 2000 and the Residential Family Centres Regulations 2002 emphasise that assessments made within residential family assessment centres should focus on a child's welfare and needs – in particular the analysis of the child's relationship with their parents. Case law has consistently established that therapeutic interventions that focus primarily on the parents' support needs are outside the scope of the provision, and that the court is limited to ordering assessment, not treatment. The broad regulations create uncertainty about the type of support and assessment that residential family assessment centres can provide within the scope of their registration, as well as variable practice in what transitional or wider support that residential family assessment centres are providing.

Discussions on the misuse of placements, such as for pre-birth assessment, multiple placements that last longer than 12 weeks, or inconsistent planning and provision of support when residential family assessment centre placements end, highlights the difficulties in this area. Further clarity is therefore needed:

- What does assessment look like and what support is received?
- How, and to what extent, can residential family assessment centres meet the therapeutic needs of families to support their parenting while also providing assessment?
- What does 'good' look like in terms of supporting babies and their families (including within residential family assessment centre, transitional support and in the community)?

Understanding the trends and current research is a first step in opening up the questions for further data, practice and policy discussions and analysis, to ultimately improve the experiences and outcomes of parents and children.

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Nuffield Family Justice Observatory

Nuffield Family Justice Observatory (Nuffield FJO) aims to support the best possible decisions for children by improving the use of data and research evidence in the family justice system in England and Wales. Covering both public and private law, Nuffield FJO provides accessible analysis and research for professionals working in the family courts.

Nuffield FJO was established by the Nuffield Foundation, an independent charitable trust with a mission to advance social well-being. The Foundation funds research that informs social policy, primarily in education, welfare, and justice. It also funds student programmes for young people to develop skills and confidence in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Ada Lovelace Institute and the Nuffield Council on Bioethics. Nuffield FJO funded the development of this briefing paper. Any views expressed are not necessarily those of Nuffield FJO or the Nuffield Foundation.

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