

Two Truths

Who Speaks for Care?

Residential Care was not absent. Residential Caregivers were.

Not literally. Residential workers were there. They appeared as a workforce, people to recruit, qualify, register, manage and develop. What was much harder to see was the residential caregiver, the person sharing a child's daily life, building trust, holding boundaries, offering comfort, repairing relationships and sometimes remaining important long after the placement ended.

That distinction sits at the heart of this paper.

The Independent Review of Children's Social Care did not ignore residential care. It discussed children's homes, residential workers, managers, qualifications, regulation, commissioning, cost and the care market. It proposed professional registration and development for residential staff and anticipated residential care becoming increasingly specialised.

Fostering was described differently. Foster carers were presented as the people sharing children's daily lives, building relationships with them and providing care within family life.

That is not a neutral difference in description.

Fostering is readily understood through the relationship within it. Residential care is more often understood through the system surrounding it.

When the worker is visible but the caregiver is not, residential care can more easily become a placement, a service, a market or an intervention rather than care taking place between people.

The significance of that difference becomes greater when the Review is placed within a longer policy history.

The question is whether residential caregiving knowledge was less visible in the way the Review organised evidence, and whether that helped shape a narrower diagnosis of residential care that is now being implemented as policy.

Before the Review

In 2019, Josh MacAlister and colleagues published A Blueprint for Children's Social Care. It proposed a substantial redesign of children's social work, with relationships between social workers, children and families at its centre.

But the ideas did not begin there.

Two histories can be traced. One concerns how children's social work is organised and where professional authority sits. The other concerns early help and family support. Both now feed into the reform programme being implemented today.

The important question is not simply where these ideas came from, but what happened when they were tried and what evidence now supports relying on them again.

The first history: Reclaiming Social Work

The first can be seen in Hackney's Reclaiming Social Work model.

It had already organised social workers into small units, given greater professional authority to those closest to children and families and sought to reduce bureaucracy so that social workers could spend more time doing social work.

Isabelle Trowler and Steve Goodman developed the Reclaiming Social Work model in Hackney from 2006. They later set up Morning Lane Associates to take the model into other local authorities. The company subsequently received public funding for that work, including £1.6 million from the Department for Education to support the Reclaiming Social Work innovation project. In 2013, Trowler became Chief Social Worker for Children and Families.

At around the same time, government was separately testing Social Work Practice pilots in which some local authority functions for looked-after children were delegated to smaller independent organisations.

The models were different, but both reflected a wider search for ways of moving decision making closer to practice and reducing the distance between frontline social work and large organisational structures.

But there is an important test here.

What happened when these ideas were tried?

Hackney reported fewer children entering care as the Reclaiming Social Work model developed.

But that reduction was not sustained.

Hackney's looked-after population fell substantially during the early Reclaiming Social Work period, but numbers began rising again from 2011 and later reached 470 in November 2020. By February 2026, Hackney was caring for 356 children.

The current picture adds another dimension. Although the overall number of children in care has fallen from its 2020 peak, Hackney's 2026 reporting records an increase in residential placements since 2015 and continuing pressure from complex placement needs.

When the Reclaiming Social Work model was taken into other local authorities, the longer-term picture was also much less clear.

The later evaluation found limited impact on key performance outcomes. Its performance analysis across the five original authorities found that looked-after-child rates were largely stable or increased. Only one authority recorded a modest reduction.

Better organised social work, greater professional autonomy and less bureaucracy may improve practice and the experience of children and families.

But that is not the same as reducing the number of children who need care.

Nor is reducing the overall number of children in care necessarily the same as reducing the need for residential care.

That distinction matters because the current reform programme depends on the expectation that changing how support is organised, strengthening families and increasing fostering will reduce the number of children who need other forms of care.

But history does not establish that earlier reforms reduced the need for care sustainably or at scale.

Do the current reforms?

The 2019 Blueprint developed some of these ideas again, drawing explicitly on Buurtzorg, a Dutch model of community nursing built around small self-managing teams with considerable professional autonomy and limited conventional management.

Applied to children's social work, the Blueprint proposed small self-managing teams with delegated authority and without the conventional team manager structure.

The ideas did not disappear.

The connection is now visible not only in the Review, but in the structure being implemented.

Family Help brings targeted early help and statutory Child in Need support under section 17 into a single service. Multidisciplinary Family Help Teams are intended to work with families across those previous boundaries, with a lead practitioner maintaining the relationship and reducing repeated handovers and reassessments. Specialist child protection functions are being organised through Multi-Agency Child Protection Teams.

This is not Reclaiming Social Work reproduced under another name. The structures are different and Family Help draws on other models and programmes too.

But the similarities are recognisable: multidisciplinary working around the family, experienced professional knowledge closer to decision making, fewer handovers, less fragmentation and greater emphasis on relationships and direct work.

The connection was recognised during the parliamentary debate following the Independent Review, when the multidisciplinary Family Safeguarding approach was described as very similar to Hackney's Reclaiming Social Work model.

The Review had proposed neighbourhood-based multidisciplinary Family Help Teams, greater professional autonomy, delegated budgets, fewer referrals between services, less bureaucracy and more time for direct work with children and families.

It also proposed testing Family Help Practices, with operational responsibility, budgets and decision making delegated closer to the work. Where there were concerns about significant harm, an Expert Child Protection Practitioner would work alongside the Family Help Team and take responsibility for key decisions.

Trowler was a member of the Review's Design Group. MacAlister described her as a "critical thought partner" who helped him build, break and remake possible solutions.

Her role did not end with the Review.

Trowler remains Chief Social Worker for Children and Families. She chairs the Children's Social Care National Practice Group, sits on the Child Safeguarding Practice Review Panel, the Family Justice Board and the Children's Social Care National Implementation Board, and is working closely with the Families First for Children pathfinders.

In November 2025, giving evidence to the Public Accounts Committee about children's homes, **Trowler said "we are now in a settled view" that children's needs are more likely to be met in family settings.** She described increasing fostering as the "direction of travel."

In the same evidence, she acknowledged that England had around 46,000 residential care workers, that 86% of children's homes were judged good or outstanding and that there were excellent residential workers.

That sharpens the question at the heart of this paper: what weight was given to residential caregiving knowledge in the formation of that settled view?

The distinction matters.

The residential worker is visible as a workforce to develop, train and register. The residential caregiver remains harder to see.

Hackney and Morning Lane are not named in the final Review report.

That does not mean the history disappeared.

The organisational model changed. The ideas remained visible.

The second history: Sure Start and family support

Family Hubs did not begin with the Blueprint or the Independent Review.

Their history can be traced back through Family Hubs and Start for Life to children's centres and Sure Start.

Sure Start was already built around many of the ideas now being presented again: services brought together locally, early help, easier access for families and support organised across professional boundaries.

The present government says Best Start Family Hubs will draw on what worked in Sure Start and describes the programme as building on its legacy.

And there is now good evidence that Sure Start improved important outcomes for children, including health and educational attainment. But that is not the same as showing that early family support reduced the need for care.

The Institute for Fiscal Studies found no significant effect on the number of children spending time as a Child Looked After between the ages of 7 and 15. Children who were already in care during late primary school spent around 11% less time being looked after if they had access to Sure Start during their first five years. But at ages 12 to 15 there was no evidence that Sure Start reduced either the likelihood or intensity of children's involvement with social care.

That matters.

Sure Start shows that early help can make an important and lasting difference to children and families. It does not show that early help removes the need for later specialist help or care. The IFS conclusion is particularly relevant here: integrated early years services can produce lasting benefits, but they cannot be expected to replace the need for later, more specialised interventions.

The history did not stop with Sure Start.

Sure Start began in 1998 in disadvantaged communities and expanded during the 2000s into around 3,600 Children's Centres. After 2010, funding fell, centres closed or were reorganised and support became more targeted. By 2019, policy was shifting towards Family Hubs. A national Family Hubs and Start for Life programme followed in 2021, with delivery beginning in 75 local authorities in 2022.

Family Hubs extended support beyond the early years. Best Start Family Hubs, introduced nationally from April 2026, continue that wider age range, supporting families with children up to 19, and up to 25 for young people with SEND.

But a second strand of reform was developing alongside it.

The Independent Review reported in 2022. In February 2023, government announced the Families First for Children Pathfinder, testing Family Help, multi-agency child protection and greater use of family networks from July 2023 to March 2025.

Family Help brings early family support, multidisciplinary statutory social work and more intensive help intended to keep children safely within their families into one model.

In March 2025, before the Pathfinder evaluation had established overall impact or value for money, government published the national Families First Partnership programme guide. National rollout began in April.

The approaches were not new. What was new was combining them nationally on the expectation that fewer children would enter care and fewer would need residential care.

Ofsted's 2022 study tells us why that assumption needs to be examined.

Ofsted was clear about the limits of the study. It involved 113 children and was not designed to be representative of all children living in children's homes.

But what it found about the pathways into residential care matters.

The largest groups entered residential care at 14 and 15. Two thirds had experienced an interruption in their previous care, most commonly foster placement breakdown. Other circumstances included family breakdown, sexual and criminal exploitation, going missing and mental health difficulties.

Some had lived in long-term foster or kinship care before reaching what Ofsted described as a pivotal point in adolescence.

Those labels can mask what families and foster carers are actually dealing with. Exploitation can bring dangerous adults, drug debts, threats and police involvement into family life. Going missing can mean nights searching and waiting. Sexual assault can bring police, specialist services and emergency health care. Mental health crises can mean A&E.

Caregivers can themselves be at risk of violence.

Government guidance recognises child-to-parent abuse, and police protocols for foster care recognise that foster carers and members of their families may themselves be victims of violence.

That does not mean adolescents in care are inherently violent. It means vulnerability and risk can exist together. A child may be a victim of exploitation and still present serious risks to the people caring for them.

That matters when policy assumes that more children can live in family settings.

A loving family may be exactly what a child needs. But family life does not remove a perpetrator, a drug debt, the risk of going missing, a mental health crisis or violence towards caregivers.

And foster homes may include the carers' own children and other foster children. If those risks cannot be safely managed, the placement may not be safe or sustainable.

The question then becomes unavoidable:

Where can this child live safely, and who can safely care for them?

For some children, another family setting may still be right. For others, the risks may require greater staffing, supervision or specialist support.

The pressures that make a family placement difficult or unsafe do not necessarily begin within the family.

The Child Welfare Inequalities Project found a steep social gradient in children's chances of entering care. For some adolescents, the world around them includes economic insecurity,

insecure housing, school exclusion and criminal networks using money, coercion, threats, violence and debt.

Family support matters. But strengthening a family cannot remove every danger surrounding a child.

Sometimes the question is not simply what is happening in this family. It is what is happening around this child.

Ofsted could not establish whether earlier help to families or foster carers would have prevented the breakdowns that led children into residential care. Its study had not asked the questions needed to answer that.

Yet current policy expects Family Help, stronger family networks and increased fostering to reduce both entry to care and the need for residential care.

Earlier help may improve children's lives. Stronger family support may prevent some children entering care. More foster carers are needed. But the evidence does not establish how far those reforms will reduce the need for residential care.

Before deciding how much residential care should exist, we need to understand what creates the need for it.

Diagnosis should come before prescription.

What was the Review actually asked to answer?

The original terms of reference tell us what government asked the Review to do.

It was asked to take a fundamental look at the needs, experiences and outcomes of children supported by social care, starting from children's experiences and establishing what would serve them best. Its scope explicitly included fostering and residential care.

Government set seven questions covering support, strengthening families, safety, care, delivery, sustainability and accountability.

The question specifically about care asked:

“what is needed for children to have a positive experience of care that prioritises stability, providing an alternative long-term family for children who need it and support for others to return home safely?”

Family was already part of the question.

A smaller residential sector was not.

Government did not ask whether residential care should be reduced, how more children could be moved from residential care into fostering, or whether residential care should be used only for a very small number of children for a short period.

Residential care was explicitly within the scope of a Review intended to establish what would serve children best based on their needs.

Cost was also part of the remit. A separate question asked for the most sustainable and cost-effective way of delivering services, including high-cost services.

Cost was something the Review was required to consider. It was not the question government asked about what children needed for a positive experience of care.

So the question becomes:

Did the Review establish what different children need and then determine what range of care should follow, or did family settings increasingly become the answer before the different purposes of residential care had been established?

What happened to the question?

The Review's own reports allow us to follow what happened next.

In June 2021, the Case for Change described foster care as the bedrock of the care system. It said some children who might thrive in fostering were ending up in residential care and argued that recruiting and supporting foster carers must be a priority.

But it also recorded another part of the story.

Children were sometimes reaching residential care after multiple foster placement breakdowns. Good children's homes could be loving and supportive and, for some children, the best place for them to be.

At that stage, the Review had not settled what residential care was for.

It asked:

“What role should residential and secure homes have in the future?”

The question was still open.

When the Review asked what care good enough for all children would look like, respondents spoke about safe, stable and loving relationships, quality foster and residential care, kinship care, keeping brothers and sisters and wider family relationships together, listening to children about where they lived and recognising that some children had positive experiences of care.

The responses did not produce one answer for every child.

The evidence showed that some children could live successfully in foster families. It did not establish that residential care should become a smaller sector.

By the final report, part of the answer remained strongly relational. The Review said the quality and number of loving relationships children had should become the primary measure of success. It called for homes that met children's needs, greater choice and better matching.

But a narrower role for residential care had also emerged.

The Review proposed a major expansion of fostering. Regional Care Cooperatives were expected to reduce what it called the inappropriate use of residential care for children who would be better cared for in foster homes.

Elsewhere, the report said wider changes would see residential care focused on providing a "highly specialised and healing environment for the most vulnerable children."

The recommendation annexes went further.

On 31 March 2022, children's homes accommodated just 9% of looked-after children in England, compared with 70% in foster placements.

The financial modelling assumed that 5% of children placed in residential care could instead live in foster homes created through the proposed recruitment campaign. By year ten, the Review estimated that around 1,500 more children would be in foster care instead of residential care, with £540 million in savings from reduced residential use.

Those figures should not simply be added together because they arise from different parts of the modelling and may overlap.

But their direction is clear.

The Review began with a question about what children need for a positive experience of care.

Its own Case for Change still asked what role residential care should have.

The evidence did not produce one answer for every child.

Yet the final report defined a narrower future role for residential care and its financial modelling assumed movement from residential care into fostering.

Where was the evidence that established that last step?

The answer should have identified the range of care children need and allowed the size and shape of the system to follow.

Instead, somewhere between the question and the recommendations, a view about the future role of residential care became part of the answer.

That is the point that needs examining.

The importance of that question is greater now because government is implementing a direction that seeks greater use of family settings and a smaller role for residential care.

The May 2026 implementation plan says government wants a “smaller and more purposeful use of residential care” while also saying that the purpose of residential care is being reviewed. In the ministerial foreword, MacAlister says that a very small number of children may benefit from residential care for a short period and contrasts that with what he calls institutional care.

The September 2026 Enduring Relationships strategy says government expects the residential care market to reduce as family settings are prioritised. It commits to 10,000 additional foster places, describes residential care as specialist, high-quality and therapeutic support and “a route to a family setting”, and commissions an expert-led review to establish the vision for a smaller, more purposeful residential sector.

There was already evidence pointing in another direction.

Martin Narey had conducted the government’s 2016 review of residential care. He found little evidence to support substantially reducing reliance on children’s homes and concluded that there was “very little scope” to do so.

Ofsted later told the Independent Review that residential care can be a positive and planned choice for some children, that not all children want to live in a family-type setting, and that treating residential care as a last resort can lead to repeated moves before a child eventually reaches a children’s home.

In 2026, Narey argued publicly that England needed “many more spaces in residential care.”

The competing evidence was there. And it remains.

Yet the direction changed. The Review proposed expanding fostering and an increasingly specialised role for residential care. Government policy now goes further, explicitly seeking a smaller residential sector.

What evidence now justifies rejecting Narey’s conclusion?

That question becomes more important when the continuity between the Review and current policy is considered.

Josh MacAlister co-authored the 2019 Blueprint for Children’s Social Care and went on to lead the Independent Review. Isabelle Trowler was part of the Review’s Design Group and a critical thought partner throughout it.

After the Review, What Works for Children’s Social Care merged with the Early Intervention Foundation to create Foundations, the national What Works Centre for Children & Families. The merger brought early intervention and children’s social care evidence into one organisation. MacAlister became its Executive Chair during its inaugural period.

In September 2025, he became the minister responsible for children’s social care reform. In June 2026, he told Parliament that the Review was, in many ways, “the blueprint for what we are now doing in government.”

Yet some of the reforms expected to reduce the need for residential care are still being evaluated while implementation continues.

If government intends to reshape residential care on the assumption that other reforms will reduce the need for it, the order matters.

Test those reforms. Establish their impact. Then decide what residential care needs to look like.

Otherwise, evaluation risks becoming evidence about decisions already made, rather than evidence used to inform them.

If the Review's understanding of residential care was incomplete, that matters because its conclusions are helping to shape government policy.

Not all the reforms now being implemented came from the Independent Review. But the two strands traced earlier now come together in a programme that expects fewer children to enter care and fewer to need residential care.

The future shape of residential care is therefore being decided partly on the anticipated success of reforms whose impact has yet to be established.

Government had already recognised the importance of finding out what works. In 2017, the Department for Education commissioned the What Works Centre for Children's Social Care. It later merged with the Early Intervention Foundation to form Foundations, the national What Works Centre for Children & Families.

The Families First for Children Pathfinder was designed to test major elements of reform, including their impact and value for money, before wider rollout.

Yet national rollout began in April 2025, before those outcomes had been established.

The first independent evaluation, published in July 2025, reported positive early experiences of Family Help and stronger multi-agency working. But it could not confirm reported reductions in care proceedings and child protection plans.

A second evaluation, published in July 2026, reported further findings on implementation and process. Longer-term impact and value for money were still being evaluated.

What is the purpose of testing reforms before wider rollout if rollout begins before their impact is known?

Government expects its investment in children's social care reform to deliver £2.4 billion in net efficiencies to local government over ten years. Those savings depend partly on fewer children entering care and greater use of fostering instead of residential care.

Yet the infrastructure needed to deliver those changes is still being developed.

Ofsted's latest published figures show that more mainstream fostering households are leaving than joining. Five new Regional Care Cooperatives were announced in July 2026, and the

Room Makers programme is intended to help expand fostering capacity. Their contribution to meeting children's needs has yet to be established.

At the same time, government has set out its expectation that residential care will become a smaller sector, increasingly focused on specialist and therapeutic support.

Government is planning a smaller residential sector and forecasting substantial savings over ten years while the reforms and infrastructure on which those expectations depend are still being implemented. Their impact on children's needs and the demand for residential care has yet to be established.

A predicted saving is not a saving. And an anticipated reduction in demand is not evidence that children will no longer need residential care.

And there is another question underneath all of this. Before deciding what residential care is for, we need to be clear what residential care is.

Care is relational

A children's home does not care for a child. A provider does not care for a child. A regulation does not care for a child.

People do.

Residential caregivers share children's ordinary lives. They wake them for school, make meals, respond to anger, establish boundaries, notice when something is wrong, celebrate achievements, repair arguments and remain alongside distress that cannot immediately be fixed.

Sometimes those relationships finish when the placement finishes.

Sometimes they continue long afterwards.

The same is true of fostering. A foster home can create the conditions in which an enduring relationship develops. It cannot guarantee one.

A child can live in a foster home from infancy and have no continuing relationship after leaving care. Another may spend a relatively short period with a caregiver and remain connected for decades. The same range exists in residential care.

The length of a placement and the length of a relationship are not the same thing.

Permanence belongs to the relationship, not the placement.

The system records where a child lived and for how long.

The person remembers who mattered.

This is particularly important when enduring relationships have become the organising idea of current policy. Government says those relationships should become the "golden thread"

running through a child's life and recognises the importance of relationships with family, friends and other trusted and valued adults.

That should change the questions we ask.

Not only, where did this child live?

But who mattered?

Who remained?

A child may stay in the same building while experiencing repeated changes in the adults caring for them. Another may move home while maintaining an important relationship with somebody from an earlier placement.

Placement stability matters.

It is not the same as relational permanence.

No placement type owns enduring relationships.

The same problem of visibility appears in the language used to decide whose experience counts as knowledge.

What does “care experienced” describe?

Care experience is not one experience.

The words are already used in different ways, including within children's social care itself.

In recruitment, “care experience” can plainly mean experience gained through providing care. Applications for residential childcare jobs ask candidates about previous care experience, meaning previous experience of caring for other people.

Regulation uses more precise language but recognises the same source of knowledge. Children's home managers are required to have experience relevant to the residential care of children. Their suitability depends partly on the experience, knowledge and skills they have acquired through caring and managing care.

Experience of care therefore does not exist only on the receiving side of the relationship.

Someone may know care because they spent time in care as a child. Someone else may have spent decades providing care. Others may know it through fostering, kinship care, adoption, parenting, residential work, social work, research or through families whose lives have been shaped by the care system.

Those experiences are not equivalent.

They do not produce the same knowledge.

In research and policy, however, “care experienced” is increasingly used more specifically to refer to people who have spent time in care. HESA says the term is not defined in legislation and records differences in definitions, including problems of people being wrongly included or excluded because institutions and individuals understand the category differently.

That use may be entirely appropriate for the particular purpose.

The difficulty begins when it is treated as though it means the same thing in every context.

Government statistics may count people who meet the statutory definition of a care leaver. University recruitment and admissions policies use care experienced but apply different eligibility criteria. A research project may recruit adults who spent time in care. Another organisation may depend on self-identification. Ofsted requires registered managers of children’s homes to have relevant professional care experience. An employment application may use care experience to mean having worked in care.

The same words are being used to describe different experiences, qualifications and circumstances.

The words are the same. The experiences are not.

The more useful question is:

What experience of care does this person bring, and what can that experience tell us about the question being asked?

Who becomes visible?

Research organised around a care experienced description does not automatically reach everybody who has spent time in care.

People first have to recognise themselves in the terminology. They need to understand that they fall within the definition being used, be willing to disclose that history and want to participate in research organised around it.

Some will.

Others will not.

A 2026 study in North East England makes the problem unusually visible. Researchers sought care experienced learners aged 21 to 25 studying Access to Higher Education courses across further education colleges. Despite repeated recruitment efforts, no eligible participants initially came forward. After the age restriction was removed, one person expressed interest and the planned project could not proceed. The researchers subsequently reflected on research fatigue, institutional gatekeeping, whether people wanted an intervention explicitly framed around care identity and the repeated involvement of people already known to researchers and practitioners.

That leaves two very different pictures.

Some people who have spent time in care are difficult for researchers to reach.

Others are already visible and may be approached repeatedly.

That is where accessibility can begin to look like representation.

Research carried out by people who have themselves spent time in care may bring important insight. Shared experience may build trust, challenge assumptions and open conversations that might otherwise be difficult.

But that does not answer the question of who has been reached.

If participants are found through care experience communities, charities, university groups, researchers, activists and established relationships, those routes may be very good at reaching people already connected with that language and those networks.

They may tell us considerably less about the people who are not.

Higher education adds another filter.

HESA reports that in England in 2023/24, 13% of care leavers and 15% of pupils looked after continuously for at least 12 months entered higher education by age 19, compared with 46% of other pupils.

That matters when research is recruited through universities. It tells us something about who may be easier to reach, and who may be missing.

Who gets recognised as knowing about care?

The development of lived experience challenged systems in which professional knowledge could too easily speak for people receiving services.

That challenge mattered.

But it does not follow that experience of receiving care is the only lived knowledge of care.

Care happens in a relationship.

The person receiving care knows what it is like to receive it.

The person providing care knows what it is like to provide it.

Neither can completely know the other's experience.

People can also carry more than one kind of experience. Someone who spent time in care may later become a residential caregiver, foster carer, parent, researcher or social worker. A practitioner may also have spent time in care. A foster carer may adopt. Families can carry the effects of care across generations.

People do not live inside the evidential categories constructed around them.

The Independent Review created an Experts by Experience structure alongside other routes for professional and research knowledge. Its stated aim was to hear different kinds of experience.

Within the Review's published account, residential workers appear predominantly in discussions about workforce, qualifications, management, registration and leadership.

They are visible as people who work in residential care. Their knowledge gained through sharing children's daily lives is much harder to see.

That distinction matters because different experiences tell us different things about care.

The important question is not simply who was heard, but what knowledge became visible in the account that followed.

What does this person know, from what experience, in what era, and what can that knowledge tell us about the question being asked?

The Review necessarily had to select, organise and interpret what it heard. Every review does.

But participation alone does not tell us how competing accounts were weighed, where contributors disagreed, which evidence altered a recommendation or what evidence did not.

Presence is not the same as influence.

The final report therefore needs to be examined through what it proposed.

Residential care provides a useful test.

The relational evidence was not absent. Children described positive experiences of homes and staff. The Review itself included positive accounts.

But when residential workers are discussed primarily as a workforce, differences in role, experience and knowledge as caregivers become harder to see. The focus moves towards qualifications, professional development, management and leadership, while the Review envisages a more specialised role for residential care.

Fostering is narrated differently.

The foster carer appears more readily as the person sharing the child's daily life and building a relationship with them.

Yet fostering is also paid caregiving. Foster carers receive allowances, many receive fees for their time, skills and experience, and they can claim Qualifying Care Relief on their fostering income. Residential caregivers are ordinarily employees who pay Income Tax and National Insurance through PAYE.

The distinction is not between family relationships and paid work. Fostering and residential care both depend on relationships, and both involve paid caregiving.

Residential workers were present.

Their role as caregivers was much harder to see.

A workforce is an organisational category.

Caregiving takes place in relationships.

The question is whether the Review gave sufficient weight to the knowledge gained through those relationships when it proposed what residential care should become.

The same distinction appears in public debate

Residential care receives considerable public attention, but much of that attention is directed towards the systems, costs and failures surrounding it, rather than the care children receive within it.

Providers, ownership, profit, cost, private equity, unregistered homes, shortages and inspection failure are legitimate matters of public interest. The Competition and Markets Authority and National Audit Office have both identified serious problems in the residential care market, including shortages of the right homes, local authorities competing for placements and a largely private provider market.

But the account created from those facts can still be partial.

The provider is visible.

The owner is visible.

The money is visible.

The inspection judgment is visible.

The placement cost is visible.

The failure is visible.

The act of caring is much harder to see.

That does not make the market story wrong.

The market may be failing children. That does not mean residential care is.

A provider can extract excessive returns while a child living in one of its homes has a caregiver they trust.

An organisation can fail while individual relationships within a home still matter deeply.

None of that excuses market failure or poor care.

It reminds us that the market and the care are not the same thing.

When the market becomes the dominant story about residential care, the provider can replace the caregiver in the public imagination.

That matters when the same account enters research and policymaking.

The evidence to tell another story was already there

The relational evidence about residential care was available beyond the Review.

Ofsted had been asking children themselves. Its 2021 questionnaires included children's accounts of staff who cared about them and helped them feel secure.

In its 2022 questionnaires, 92% of children responding from children's homes said they felt well cared for always or most of the time. Children described feeling safe and supported, having staff they could talk to when upset, and key workers who mattered to them.

The 2022 findings came after the Review, but reinforced what children had already been saying about the relationships within residential care.

The question is how much weight that evidence carried in the Review's account of residential care and its proposed future.

Nothing has to be false for the picture to be incomplete.

What is left out can change the meaning of what remains.

Where does the complexity come from?

This becomes particularly important when complexity and cost are added to the picture.

Children living in residential care are more likely to have complex histories and needs. Residential care is also considerably more expensive than fostering.

Those associations are real.

But association is not causation.

Government's own *Enduring Relationships* strategy says that children in complex situations "do not appear overnight". It says many have been known to children's services for years, often experiencing repeated referrals and periods in and out of care.

That should change how the residential care figures are read.

Residential care may be where complexity becomes visible. That does not mean residential care caused it.

Ofsted's study of 113 children living in children's homes is important here. Two thirds had entered the home after some interruption in their previous care. Foster placement breakdown was the most common route, accounting for 41%.

Of the 52 children whose original plan had not been residential care, 31 entered a children's home after a foster placement broke down.

Twenty-eight of those 31 had experienced three or more previous fostering breakdowns.

Around three quarters of the children were nevertheless judged to be well matched to the children's home in which they were living. Ofsted also asked whether unmet mental health needs might be contributing to fostering breakdown.

That evidence changes the question.

What happened before residential care?

The National Audit Office found that local authority spending on residential care rose by 96% between 2019–20 and 2023–24, from £1.6 billion to £3.1 billion, while the number of children in residential care increased by only 10%. It identified shortages of appropriate places, particularly for children with more complex needs, competition between local authorities for placements and the structure of the provider market as important drivers of cost.

Ofsted has made a similar point about sufficiency. There may be more homes overall, but they are not necessarily in the right places or able to meet the needs of the children requiring residential care.

So the cost problem is not simply about the number of children using residential care.

It is also about what those children need, what homes exist, where they are, whether they will accept the child, how scarcity affects price, how the market is structured, and what happened before the search for a residential home began.

Cost is also explicitly part of the current reform case.

HM Treasury's ten year efficiency projections say children's social care reform is expected to reduce local authority costs partly by reducing the number of children entering care and, where children do enter care, using "less costly alternatives to residential care, such as foster care". The model projects £2.4 billion in net local government efficiencies over ten years.

The Independent Review's recommendation annex assumed that 5% of children in residential care could live in foster homes created through the proposed recruitment campaign and calculated savings from the difference in placement cost.

That is important. The Review's costing did not establish that substantial numbers of children in residential care did not need to be there. It modelled a 5% shift and attached a saving to it.

Enduring Relationships now goes further. It says government expects the residential care market to reduce as family based settings are prioritised and has commissioned a review to establish a vision for a smaller, more purposeful residential sector.

That does not establish that cost is the only reason for the policy. Government also makes arguments about relationships, stability, belonging and children's outcomes.

But cost is not incidental.

It is built into the case for reform.

That makes it particularly important not to allow cost, complexity and placement type to collapse into a single diagnosis.

There is a risk that the argument becomes circular.

A child may enter care with considerable adversity. A family placement is tried. It breaks down. Another is tried. That breaks down too. Mental health needs remain unmet. Relationships are lost. Education is disrupted. Adolescence brings further challenges. Risk increases.

Eventually, residential care is used.

By then, the child is described as complex and the placement as expensive.

But residential care did not create the child's complex needs. It was where the cost of meeting them became visible.

***System Crasher* makes this hard to miss.**

The film grew out of years of research by writer and director Nora Fingscheidt into children moving through the German care system. Benni's story includes repeated foster placements, residential settings, special education and child psychiatry. Professor Menno Baumann, whose work examines repeated placement breakdown and the systems around children, advised on the film.

At one point Benni returns to a foster family she had lived with before. The placement breaks down after she is violent towards another foster child.

That matters. The needs of one child do not remove the need to keep other children and caregivers safe. When risk becomes too great, placements end. The child moves again. Another relationship is lost. More instability is added to what came before.

As her distress increases, Benni becomes increasingly defined by her complexity, while the repeated instability that preceded it becomes less visible.

System Crasher is not about the English care system. But it shows, with uncomfortable clarity, a process the evidence in England also describes.

Complexity does not always arrive with the child. The system can add to it.

Stability cannot mean keeping a placement going when other children or caregivers are at risk. The question is why the system reached that point, and whether different care earlier might have prevented another breakdown.

Government now acknowledges that children entering residential care have experienced, on average, more than six placements, and that frequent placements which break down can re-traumatise children and exacerbate existing mental health and behavioural difficulties.

This is not a new concern. Government accepted in 2016 that children's homes could be the right option for some children, particularly when used early as part of a considered long term plan or to provide therapeutic support and stability. The Education Committee later repeated that residential care should not be regarded as an option of last resort.

Yet Ofsted found that 68% of children in one study entered children's homes following placement breakdown, and foster care had originally been the preferred option for 75%.

That is the fault in the sequence that needs examining.

The problem is not the value of family life. A stable and loving family may be exactly what a child needs.

The problem is treating a family setting as if it were, by itself, evidence of better care.

Many children enter care because of abuse or neglect within their family circumstances. A different family may provide safety, stability and recovery. For some children it may not.

Family cannot therefore be shorthand for safety, stability or healing.

This is not a system that has historically relied on residential care as its dominant response. Fostering has been the largest placement type for around four decades. Half of looked-after children were already living in foster care by 1985. Between 2011 and 2017, the proportion remained at around 73% to 75%.

In 2025, 67% of looked-after children in England were living in foster placements. 12% were living in children's homes, including secure children's homes. The remainder were living across supported accommodation, placements with parents or others with parental responsibility, adoption placements, other residential settings and other forms of placement.

The question is therefore not simply whether more children can live in families.

It is why, after decades in which family-based care, notably fostering, has been the dominant response, some children still come to need residential care, and what has happened to them before they get there.

The question should be what this child needs, at this point in their life, and where they are most likely to receive the care that can begin to address the harm they have experienced, including harm that may not yet be fully understood.

If residential care is repeatedly delayed while family placements are tried first, the consequences matter.

Needs can escalate. Relationships can be lost. Risk can increase. The residential placement eventually required may be more specialised and more expensive.

Residential care then appears increasingly expensive, without enough attention to how that cost was constructed.

The higher cost can then become part of the case for reducing residential care and expanding cheaper family alternatives.

That risks completing the circle.

The system can use the consequences of delaying residential care as part of the evidence for restricting its use.

And there is a further problem. If residential capacity is reduced before the need for it has fallen, scarcity itself can increase the difficulty and cost of finding the right home.

The evidence does not tell us that residential care should be larger. Nor does it tell us that fostering should be smaller.

It tells us that placement type cannot be decided by hierarchy.

The Review's own financial model assumed that 5% of children in residential care might instead live in foster homes. The current strategy now anticipates a smaller residential sector. What has not yet been established is how small that sector should be, which children will still need it, or whether some children would experience less harm if residential care were considered earlier rather than after family placements have failed.

That has to be understood before the size of the sector is prescribed.

The size and shape of residential care should follow evidence of what children need, when they need it and where they are most likely to receive safe, stable care that can respond to the harm they have experienced. It should not be decided in advance on the assumption that reforms elsewhere in the system will reduce that need.

Small homes are not the same as a smaller residential sector

The size of an individual children's home and the size of the residential sector are different questions.

Sir Martin Narey examined the first question directly in 2016. He found no evidence that a home for three or four children was likely to be more effective than a home for six or seven simply because it was smaller. He distinguished size from institutionalisation and recorded evidence from the Mulberry Bush and Childhood First that, for some children, a larger group could form part of the therapeutic model.

That does not make larger homes better.

It means different models meet different needs.

A small home may be right for one child. A therapeutic community may be right for another. In a therapeutic community, the peer group, shared life and relationships between children and adults can be part of what the model is designed to provide.

Size should follow purpose and need.

The Competition and Markets Authority's 2022 recommendation about small children's homes makes the distinction clearer. It recommended removing planning barriers for small homes because doing so could increase the prospect of enough children's homes opening in the places where they were needed.

That was an argument about the size of individual homes and increasing suitable capacity.

It was not evidence that the residential sector as a whole should be smaller.

Evidence supporting small individual homes therefore cannot, by itself, establish that fewer children should live in residential care.

The sequence is documented

On 21 May 2026, *Delivering the Children's Social Care Reset* said government would review the purpose of residential care. In the same passage, it said government wanted a "smaller and more purposeful use of residential care in the future."

On 4 June 2026, the formal terms of reference for the children's homes workforce review made its first task "define the purpose of residential care" and its first question asked what the role of children's homes is and how they can be used as a purposeful intervention.

By September, *Enduring Relationships* described the same work as an expert-led review commissioned to set the vision of a "smaller, more purposeful residential sector."

We do not need to speculate about why.

The documented fact is that government had already stated that it wanted a smaller use of residential care when it commissioned a review whose first task was to define the purpose of residential care.

That raises a straightforward question.

What evidence had established that residential care should become smaller before the review commissioned to define its purpose had answered that question?

The answer may exist.

If it does, it should be visible.

Where was the scrutiny?

There was parliamentary scrutiny.

But the timing matters.

In March 2023, while the Conservative government's *Stable Homes, Built on Love* strategy was still in consultation, the House of Lords Public Services Committee began a short inquiry into whether it met the needs identified by the Independent Review and where it should be changed.

The Committee did not call for a smaller residential sector.

It raised a different concern.

It said the strategy's focus on stable, loving homes ignored the need for radical reform of residential homes and recognised that there would likely always be children who would need residential care for at least some of the time.

The Committee concluded that not enough had been done for those children.

That scrutiny therefore did not establish that residential care should become smaller.

If anything, it identified residential care as an area that had received too little attention.

Three years later, the policy had moved further.

By May 2026 government had stated that it wanted a smaller and more purposeful use of residential care.

By September it was describing the intended future as a smaller, more purposeful residential sector.

Then, on 18 September 2026, the House of Lords Public Services Committee opened a new inquiry into children's social care.

Its call for evidence includes the shortage of foster carers, the effectiveness of residential care placements, rising local authority spending, private provider profits, unregistered homes, regulation and outcomes for children.

Those are important questions.

But they are being asked after government has already stated the direction in which it wants residential care to move.

That is scrutiny taking place after the policy direction has been stated. It is not evidence that the decision to seek a smaller residential sector was scrutinised before it was made.

The current inquiry now provides an opportunity to ask the question that remains unresolved:

What evidence establishes that children's needs require a smaller residential sector, rather than a different range of residential care in the right places for the children who need it?

Scrutiny should not simply ask how a policy can be made to work.

It should still be capable of asking whether the diagnosis on which the policy rests was right in the first place.

From diagnosis to policy

The Independent Review proposed a major expansion of fostering and built savings from reduced residential use into its modelling. Current policy again prioritises family settings, seeks 10,000 additional foster places and explicitly aims for a smaller and more purposeful use of residential care.

MacAlister has himself described the Review as, in many ways, the blueprint for what government is now doing.

The Review asked what role residential care should have. The evidence did not produce one answer. Yet a narrower role has emerged as policy.

The question is no longer only how that conclusion was reached. It is whether the evidence supports the policy now being pursued.

The consequences do not stop at childhood

There is another reason to get this right.

What happens in childhood does not end in childhood.

We may not know the full extent of what has happened to a child when decisions about their care are being made. Some children cannot tell us. Some do not yet understand what has happened to them. Disclosure can come much later, sometimes in adulthood. Research on childhood sexual abuse shows that delayed disclosure is common.

The task is therefore not simply to find a placement that can be sustained. It is to understand what has happened to the child, recognise what may still be unknown and provide the right care at the right time.

The consequences of getting that wrong can reach far beyond children's social care.

Government's own evidence records poorer outcomes for people who spent time in care across education, employment and reliance on out-of-work benefits. Current policy also recognises continuing needs among care leavers across mental and physical health, homelessness, adult social care, safeguarding and the criminal justice system.

That does not mean care caused those outcomes.

Children who enter care are not a randomly selected group. What happened before care, what happened during it and what happened afterwards all matter.

But neither can later life be separated from decisions made in childhood.

The 2026 review of the early deaths of care leavers makes that particularly difficult to ignore. Its findings included isolation, the loss of support at the transition to adulthood, health needs, custody and supported accommodation.

A saving in children's social care is not necessarily a saving to the public purse.

If need is not understood or the right care is not provided at the right time, the consequences may later appear in mental health services, homelessness, adult social care, benefits or the criminal justice system.

A saving in one budget can become a cost in another.

That is the false economy a ten year efficiency calculation risks overlooking.

In health, we understand that early diagnosis can save lives. Children's social care requires the same urgency about understanding what has happened to a child.

Understand the harm. Understand the need. Provide the right care at the right time.

That does not guarantee what happens next.

A saving made by giving a child less than they need is not an efficiency if the cost simply reappears later in mental health, homelessness, adult social care or the criminal justice system. It is a false economy.

Two truths

Two things can be true at the same time.

Residential care can fail children. Residential care can become home.

Foster care can create extraordinary lifelong relationships. Foster care cannot guarantee them.

Children in residential care can have complex needs. The system may have added to that complexity before they reached residential care.

Residential care can be expensive. The price of the placement does not tell us how that cost was constructed.

Some children currently living in residential care may be able to live successfully in foster families. That does not establish that the residential sector should be smaller.

People who spent time in care know things about care that others cannot know in the same way.

The people who cared for them know things too.

So do social workers, foster carers, researchers, commissioners, regulators and others who see the system from different places.

What each knows is shaped by when the experience occurred, the role they occupied and how close they were to what they are describing.

Proximity does not make one form of knowledge superior to another.

It changes what can be seen.

People who spent time in care may later become social workers, foster carers, residential caregivers, researchers or policymakers. Their children may become professionals. Personal, family and professional experience can overlap.

Knowledge does not divide as neatly as the categories used to collect it.

That is why the method matters.

The Independent Review organised different forms of knowledge through different structures. Its Experts by Experience Group was intended to help the lead reviewer hear the experiences of children and families. Its Evidence Group brought together research perspectives and expertise to ensure the Review was evidence informed. Its Design Group brought expertise from public services and elsewhere.

The Review created those structures. For the Experts by Experience Group, Josh MacAlister led the panel selecting its members. The group's terms of reference said its role included helping the Review capture experiences, testing and refining emerging findings and guiding wider engagement.

Those distinctions did more than separate people into groups. They gave different forms of knowledge different functions within the Review.

Personal experience was organised as experience to be heard. Research sat within an Evidence Group intended to make the Review evidence informed. Other expertise contributed through the Design Group.

These were the groups' formal functions, not sealed boundaries. Some Experts by Experience Board members also sat on the other groups, and the Review records debate across them. The Board's foreword describes members seeing their influence in some recommendations.

The Experts by Experience Board itself said it did not have the final say over recommendations. Its members also recorded that they sometimes questioned how meaningful their involvement was.

That uncertainty matters when considering how different forms of knowledge were used within the Review.

But the more important question is what separation itself may have meant.

No one can know what they do not know.

A child may know what a placement felt like but not know what was happening in the system around it.

A caregiver may know the child's daily life but not know how the child experienced it.

A social worker may know the child's history but not share the daily life of the home.

A researcher may see patterns across many children but not know the daily life of the particular child those patterns describe.

When those different forms of knowledge meet, what one person knows can reveal something another had not seen.

The question can change.

The evidence can look different.

The thinking can change.

This is one of the values of co-production.

It is not simply about hearing more voices. It creates the opportunity for different forms of knowledge to meet, question, add to and change one another before conclusions are reached.

The opportunity was for people who received care, people who provided it, practitioners, researchers and others to work through the same questions together. The published account does not show how far that happened for questions about residential care.

Not because they would have agreed.

Because what each knew might have expanded what the others knew.

A residential caregiver might hear how something was experienced by a child and understand their own practice differently. Someone who spent time in care might learn something about what was happening around them that they could not have known at the time. A social worker might add the history that preceded the placement. A researcher might bring patterns visible across many children.

Each might leave knowing something they did not know when they arrived.

Being heard is not the same as thinking together.

Consultation and co-production are not the same thing.

We should have been at the same table.

And we should apply the same standard of curiosity to every form of knowledge brought there.

When was the experience formed? What system was operating? What role did the person occupy? How close were they to what they are describing? What could they see from that position? What might have been outside their view?

Where research describes a population, we should also know how that population was defined, how participants were found and who was not reached.

We should ask what happened before care, during it and afterwards.

We should ask what happened before a placement broke down. We should ask what happened after.

And we should keep asking:

What can this knowledge tell us? What can it not tell us? Who might know something that changes the way we understand it?

The point is not that one form of knowledge should matter less so that another can matter more.

It is that no form of knowledge should be asked to tell us more than it can.

The Independent Review brought together considerable experience, research and expertise. The question is whether organising those forms of knowledge separately limited what could be learned from bringing them into direct conversation with one another.

That matters because a review does more than collect evidence. It decides how evidence will be encountered, which questions will be asked of it and which forms of knowledge will meet before conclusions are reached.

Children's social care is too complicated to be understood from one position.

The child can see something the caregiver cannot. The caregiver can see something the social worker cannot. The social worker may know something the researcher cannot see. Research can reveal patterns that no individual experience could establish.

None is the whole picture.

The task is not to decide whose knowledge matters most. It is to create a method capable of discovering what becomes visible when different knowledge meets.

That requires more than being heard.

It requires thinking together.

We should have been at the same table.

Not because we would have agreed.

Because we might all have left knowing something we did not know when we arrived.

Resources and References

MacAlister, J. et al. (2019). A Blueprint for Children's Social Care: Unlocking the Potential of Social Work. Centre for Public Impact. [Link](#)

Hackney Council (2008). Hackney's new social work model up and running. [Link](#)

Bostock, L. & Newlands, F. (2020). Scaling and Deepening the Reclaiming Social Work Model: Longitudinal Follow Up: Evaluation Report. Department for Education. [Link](#)

London Borough of Hackney (2026). Children and Families Service Self Evaluation and Annual Report 2024/25. Records the longer-term fall in the number of children in care from the November 2020 peak, the subsequent plateau, the increase in residential placements since 2015 and current sufficiency and complexity pressures. [Link](#)

London Borough of Hackney, Audit Committee (16 April 2026). Public Reports Pack. Records 356 looked-after children in February 2026 and plans to open two new council-run children's homes in the borough. [Link](#)

London Borough of Hackney, Children and Young People Scrutiny Commission (19 May 2026). Budget Monitoring 2025/26: Children & Education Services. Records 356 looked-after children, including 40 in residential care. [Link](#)

Department for Education (2013). Office of the Chief Social Worker: new appointees start. Records Isabelle Trowler's work in Hackney, the Reclaiming Social Work model and her subsequent role at Morning Lane Associates. [Link](#)

UK Parliament, Written Question 254204 (20 May 2019). Morning Lane Associates. Records that Morning Lane Associates received £1.6 million from the Department for Education to support the Reclaiming Social Work innovation project. [Link](#)

GOV.UK. Isabelle Trowler CBE. Current biography and responsibilities of the Chief Social Worker for Children and Families. [Link](#)

Department for Education. Children's Social Care National Implementation Board. Lists Isabelle Trowler among the board's members. [Link](#)

House of Commons Public Accounts Committee (17 November 2025). Financial Sustainability of Children's Care Homes: Oral Evidence. Evidence from Isabelle Trowler on family settings, fostering as the direction of travel, the residential workforce, inspection outcomes, training and possible registration. [Link](#)

Department for Education (2012). Social work practices: report of the national evaluation. Evaluation of the Social Work Practice pilots operating from December 2009 to March 2012. [Link](#)

Hanley, J., McGrath-Brookes, M. & Higgins, M. (2021). Dismantling the Blueprint: Buurtzorg in English child protection social work. European Journal of Social Work, 24(6), 990–1000. [Link](#)

House of Commons (24 November 2022). Independent Review of Children's Social Care. Hansard debate. Records the comparison between Hertfordshire's multidisciplinary Family Safeguarding model and Hackney's Reclaiming Social Work model. [Link](#)

British Association of Social Workers England. Review of Children's Social Care: Information Hub. [Link](#)

Department for Education (January 2021). Terms of Reference for the Independent Review of Children's Social Care: A Bold and Broad Approach to Support a Fundamental Review of Children's Experiences. [Link](#)

Independent Review of Children's Social Care (2021). The Case for Change. [Link](#)

Independent Review of Children's Social Care (October 2021). The Case for Change: Your Feedback. [Link](#)

Court of Appeal (16 April 2021). National Union of Professional Foster Carers v Certification Officer [2021] EWCA Civ 548. Held that the statutory definition of worker extends to foster carers for the limited purpose of trade union registration under sections 1–4 of the Trade Union and Labour Relations (Consolidation) Act 1992. [Link](#)

Department for Education (2022). Independent Review of Children's Social Care: Final Report. [Link](#)

Department for Education (2022). Independent Review of Children's Social Care: Recommendation Annexes. [Link](#)

Department for Education (2021). Independent Review of Children's Social Care: Experts by Experience Group terms of reference. Sets out the role of the group in capturing experiences, testing and refining emerging findings and guiding wider engagement. [Link](#)

UK Parliament, Written Question HL13850 (16 March 2021). Independent Review of Children's Social Care: Experts by Experience selection. Records the 1,011 applications and the selection process led by Josh MacAlister. [Link](#)

The Children's Homes (England) Regulations 2015. Regulation 28. Sets out the experience and qualification requirements for registered managers of children's homes, including at least two years' experience in a position relevant to the residential care of children. [Link](#)

Ofsted. Registering children's homes in England: guide for applicants. Current Ofsted guidance on the experience, qualifications and suitability expected of children's home managers. [Link](#)

Department for Education. Family Hubs and Start for Life Programme. [Link](#)

Institute for Fiscal Studies (2024). *The effect of Sure Start on youth misbehaviour, crime and contacts with children's social care.* [Link](#)

Department for Education (2025). *Giving every child the best start in life.* [Link](#)

Department for Education (2024). *Families first for children pathfinder programme and family networks pilot.*. [Link](#)

Department for Education (2025). *Families First Partnership programme.*. [Link](#)

Department for Education (10 July 2025). *Families first for children pathfinder programme: evaluation report.*. [Link](#)

Department for Education (30 July 2026). *Families first for children pathfinder: phase 2 evaluation report.*. [Link](#)

Ofsted (2022). *Why do children go into children's homes?.* [Link](#)

Ofsted (25 August 2021). *Ofsted's response to The Case for Change.*. [Link](#)

Narey, M. (2016). *Residential Care in England: Report of Sir Martin Narey's independent review of children's residential care.* Department for Education. [Link](#)

Ofsted (26 November 2025). *Fostering in England: 1 April 2024 to 31 March 2025.*. [Link](#)

Department for Education (4 February 2026). *Renewing fostering: homes for 10,000 more children.*. [Link](#)

Department for Education (2026). *Regional care cooperatives.*. [Link](#)

Department for Education (21 May 2026). *Delivering the children's social care reset.*. [Link](#)

Department for Education (4 June 2026). *Review of professional development for the children's homes workforce: terms of reference.*. [Link](#)

Department for Education (September 2026). *Enduring relationships.*. [Link](#)

HM Treasury (2025). *10 Year Efficiency Projections.*. [Link](#)

National Audit Office (12 September 2025). *Managing children's residential care.*. [Link](#)

Ofsted (2 July 2026). *Understanding children's social care sufficiency in England.*. [Link](#)

Ofsted (18 June 2021). *Children's social care questionnaires 2021: what children and young people told Ofsted.*. [Link](#)

Ofsted (22 December 2022). *Children's social care questionnaires 2022: what children and young people told Ofsted.*. [Link](#)

Competition and Markets Authority (2022). *Children's social care market study: final report.*. [Link](#)

Bywaters, P. et al. / Child Welfare Inequalities Project. See also Webb, C. et al. (2020). *Child Welfare Inequalities in a Time of Rising Numbers of Children Entering Out-of-Home Care.* British Journal of Social Work, 50(2), 581–601. [Link](#)

Home Office (2022, updated). *Domestic Abuse: statutory guidance*. Includes child-to-parent abuse. [Link](#)

Mayor's Office for Policing and Crime. *Reducing Criminalisation of Children Looked After and Care Leavers*. Includes guidance on incidents in foster placements and recognises that foster carers or members of their families may be victims. [Link](#)

HESA (18 September 2025). *Care Experienced Students: Exploring UK Policy, Definitions and Data Needs*.. [Link](#)

Harland Shotton, L., Disney, T., Carrick, A. & Thurman, L. (2026). *Otherwise engaged? Learning from non-participation in research with care-experienced students*. British Educational Research Journal. [Link](#)

HM Revenue & Customs. *Qualifying care relief for carers (Self Assessment helpsheet HS236)*. Updated 6 April 2026. [Link](#)

Fingscheidt, N. *System Crasher / Systemsprenger*. Official film material records four years of research and the involvement of Professor Menno Baumann. [Link](#)

Goethe-Institut. *System Crasher* film catalogue. Records five years of research and writing, including work in group homes, special education, an emergency youth shelter and child psychiatry. [Link](#)

House of Lords Public Services Committee (25 May 2023). *A response to the children's social care implementation strategy*.. [Link](#)

House of Lords Public Services Committee (18 September 2026). *Children's social care inquiry: call for evidence*.. [Link](#)

Department for Education (25 August 2026). *Review of early deaths of care leavers: 'You really are on your own'*.. [Link](#)

Joint Committee on Human Rights (27 August 2026). *Human Rights of Children in the Social Care System in England*.. [Link](#)

Sir Martin Narey (2026). Public LinkedIn comment on Martin Barrow's post, stating that prioritising children's needs would require more residential care spaces. [Link](#)

The Fostering Network (2024). *State of the Nations' Foster Care 2024*. Reports that 58% of foster carers in England responding to the survey received a fee. [Link](#)

UCL. *Access UCL Scheme: care experienced applicants*. Defines eligibility for its contextual offer as under 25 and at least three months in local authority care. [Link](#)

University of Greenwich. *Greenwich Cares*. Provides support to care experienced students even where they have been in care for one day. [Link](#)

University of Bristol. *Care leavers and students with care experience*. Distinguishes its definitions of care experienced students and statutory care leavers. [Link](#)

Home Office (2023). *Criminal exploitation of children and vulnerable adults: county lines*. Describes coercion, violence, debt bondage, missing episodes and risks to children and families. [Link](#)

Centre of expertise on child sexual abuse. *Identifying and responding to disclosures of child sexual abuse*. Notes that many children do not verbally disclose sexual abuse until adulthood. [Link](#)

Filmwerk / supporting educational material for *System Crasher*. Describes Benni's return to a previous foster family and the renewed placement ending after serious violence towards another foster child. [Link](#)