

What Price a Child's Future?

What the current reform assumes, what the evidence shows, and what happens if it is wrong

Children's social care is changing again.

I have worked within it for five decades. During that time I have seen services reorganised, responsibilities moved, homes opened and closed, new models introduced and old ones abandoned. I have also seen ideas presented as new that bear a striking resemblance to things we have tried before.

Some reforms were necessary. Some made things better. Others changed the structure around children without necessarily changing what children experienced.

That history does not make me opposed to change.

Quite the opposite.

There is much in children's social care that needs to improve.

Too many families do not receive help early enough. Too many children experience repeated changes of social worker, school or placement. Foster carers need better support. Kinship families need proper recognition. Children should not be separated unnecessarily from people who matter to them. Residential care should be good care, provided for the children for whom it is the right type of care. And no one should defend poor practice simply because "it's how we do it here."

The question is not whether children's social care should change.

It is whether the changes now being made are supported by the evidence, whether the assumptions behind them have been properly tested, and what happens to children if those assumptions prove wrong.

My earlier critical narrative review, *Before We Redefine Residential Child Care*, followed the history behind these reforms and asked whether that history had been allowed to challenge the direction already chosen.

This paper begins with the question that follows.

What happens if the policy based on these assumptions now being implemented prove wrong?

My concern about the Independent Review of Children's Social Care began when it was announced in 2021.

I questioned how independent a government commissioned review could be when its chair was appointed by government and its terms of reference were set by government. I also

questioned why someone whose professional experience lay principally in teaching and the creation of Frontline had been chosen to review the whole of children's social care.

When the final report was published, it stated that it was not a systematic evidence review. It drew on a range of evidence of different strengths in developing its recommendations.

That did not make those recommendations wrong.

But it did make scrutiny of the assumptions behind them particularly important.

Five years later, those recommendations are no longer simply proposals in a review.

They have shaped government policy.

We now have Families First, a much greater emphasis on family networks and kinship care, a commitment to create 10,000 additional foster places, Regional Care Cooperatives and a clear expectation that residential care will reduce as more children are supported in family based settings.

Government is also reviewing the future purpose of residential care while already describing the future sector as smaller and more purposeful.

So the questions I had in 2021 have become more, not less, important.

I have continued to look at the evidence.

I have gone back to earlier reviews.

I have looked at what Ofsted has said.

I have looked at fostering capacity, residential growth, placement instability, kinship care, workforce experience, illegal placements and the financial assumptions behind reform.

And increasingly I find myself returning to one very simple question:

What happens to the child if the assumptions behind the reform are wrong?

I am not opposed to its stated ambitions. I doubt that the evidence available to date adequately supports some of its central assumptions, not least because I cannot see where the foreseeable risks of changing several interconnected parts of the care system have been brought together and tested.

For children, that distinction matters.

Government can change a policy if the assumptions prove wrong.

A child does not get a second childhood.

That is why I think these questions need raising now, while the reform is still taking shape, rather than later, when things have gone wrong and we are being told yet again that lessons will be learnt.

What is the reform actually trying to change?

There is much in the ambition behind the reform that is difficult to disagree with.

Children should receive help before family difficulties become crises.

Children should remain safely within their families when that is possible.

Family relationships should not be broken unnecessarily.

Foster carers should be properly supported.

Children should not experience repeated moves.

They should be able to remain connected to brothers, sisters, family, friends, schools and communities.

Children who need residential care should receive good residential care.

And public money should be used well.

The difficulty begins when agreement with those ambitions becomes agreement with the means chosen to achieve them.

They are not the same thing.

Wanting fewer children to experience poor care does not tell us how many children will need care.

Wanting children to remain within families does not tell us whether every family is safe.

Wanting more fostering does not tell us whether the additional foster homes created will be suitable for the children who need them.

Wanting less reliance on residential care does not demonstrate that less residential care will be needed.

And wanting to spend public money better does not mean that the less expensive placement type will produce the less expensive outcome.

These are the questions that need examining.

Lived experience tells us something essential, but not everything

The Independent Review placed considerable emphasis on hearing from children, young people and adults who had spent time in care as children. Government said from the outset that their voices would run throughout the review.

That was right.

People who spent time in care as children experienced it in very different ways. For some, care brought safety, stability and relationships that endured. Others were harmed, repeatedly moved, separated from people they loved, failed to receive the help they needed or reached adulthood without enduring relationships. Those experiences can give people an understanding of the system that professionals and policymakers may never have in quite the same way.

We need to hear them.

Their experiences should challenge government.

They should challenge practitioners.

They should challenge those of us who have spent our working lives in children's social care.

But there is a distinction that matters.

Knowing what hurt you is essential to understanding what went wrong. It does not, by itself, tell us what would have prevented it.

If someone experienced repeated moves in care, they would understandably want greater stability for children.

If somebody was separated from brothers and sisters, they would understandably want those relationships protected.

If adults repeatedly disappeared from their life, they would understandably want children to have relationships with people who stay.

So do I.

But none of those experiences tells us whether 10,000 additional foster places will produce the right homes for the children who need them.

They do not tell us how much residential care England will need.

They do not tell us whether Regional Care Cooperatives will improve commissioning.

They do not tell us how much support kinship families will require.

Those questions require evidence of a different kind.

They require evidence about demand, assessment, matching, placement stability, workforce experience, family circumstances, safeguarding, capacity, cost and what happens when the preferred option does not work.

Someone who experienced care badly can tell us with absolute authority that what happened to them should not have happened.

The next question is different.

What would have prevented it?

That is where policy has to show its working.

There is also a wider concern about the use of lived experience in public debate.

The experiences of people who were failed by care have enormous moral force. They provide compelling evidence that something needs to change.

But evidence that the existing system has failed people is not, in itself, evidence that a particular replacement will work.

That distinction matters, particularly where powerful personal stories become part of the public case for reform.

The same is true of media coverage.

A story can show that something went terribly wrong.

It cannot necessarily tell us why it went wrong or what would have prevented it.

Preventing entry to care is not the same as preventing harm

This takes me to something that is easily lost in a debate about care numbers.

If the ambition is for more children to remain safely within their families, what is being done to make childhood safer within families?

Families First is intended to provide earlier help, strengthen Family Help, bring agencies together around child protection and make greater use of family group decision making. Government has committed more than £2.4 billion over three years to this programme.

That investment matters.

Earlier help matters.

Good family support matters.

Effective child protection matters.

But we should be careful about what we count as success.

A child remaining at home is not, by itself, a successful outcome.

The question is whether the child is safer there.

Identifying abuse earlier is not the same as preventing abuse.

Responding more effectively to established neglect is not the same as preventing neglect.

Keeping a child within their family does not necessarily mean the circumstances that brought social care into their life have changed.

The 2024 national review of child sexual abuse within the family environment examined 136 serious safeguarding incidents and 41 related reviews. It explored the particular difficulties involved in identifying, assessing and responding to sexual abuse within families.

Family can be where a child is safest.

Family can also be where the harm is happening.

That is not an argument against families. It is a reason not to confuse family preservation with child protection.

If fewer children enter care under Families First, that may demonstrate something important.

But the number alone cannot tell us what.

Were those children safer?

Did neglect reduce?

Did domestic abuse stop?

Did the adult causing harm change?

Did substance misuse reduce?

Were there fewer repeat referrals and fewer repeated crises?

Did school attendance improve?

Did the child's wellbeing improve?

Was the child helped to recover from the harm they had already experienced?

What did the child say about what had changed at home?

The distinction is simple.

Preventing entry to care is not the same as preventing harm.

If the success of reform is partly measured by reducing the number of children entering care, the evidence needs to show that what has reduced is the need for care, not access to it.

Childhood adversity does not have to become a life sentence

This is where Benjamin Perks becomes particularly relevant. He spent time in care as a child and has gone on to work internationally on childhood adversity, violence, parenting and children's wellbeing.

In his 2015 TEDx talk, *How Do We Stop Childhood Adversity from Becoming a Life Sentence?*, he explored the evidence linking childhood adversity with increased risks in later life, including poorer physical and mental health, addiction, imprisonment and educational disadvantage.

He also highlighted evidence that, at the highest levels of childhood adversity, life expectancy can be reduced by as much as 20 years.

That matters when poorer outcomes, including premature death, are associated with having spent time in care. Children do not enter care without adversity. The circumstances that make care necessary are part of their history, and the need to enter care is itself part of that adversity.

Care cannot erase what has already happened. What it can do is compound that adversity, or provide the safety, stability and relationships that help protect a child from its longer-term consequences. Poor outcomes in adulthood cannot therefore be attributed to care alone.

But Perks' argument was not that adversity determines what someone will become. He also considered how adversity can be prevented, and how children who have already experienced it can be supported and protected from its long-term consequences.

That distinction is fundamental.

Adversity increases risk. It does not determine destiny.

We should never look at a child who has experienced abuse, neglect or state care and assume we know the adult they will become.

Nor should we look at poor adult outcomes and conclude that they were inevitable because of what happened in childhood.

What happens afterwards matters.

For me, that gets to the purpose of children's social care.

A child entering care has already experienced adversity, whether through neglect, abuse, domestic violence, loss, rejection, family breakdown or the circumstances that made care necessary.

What has happened cannot be undone.

The task of children's social care is to try to prevent those experiences from determining everything that follows.

Care should interrupt the accumulation of adversity, not add to it.

A stable relationship can help do that.

An adult who stays can help do that.

Remaining in the same school can help.

The right foster home can help.

The right children's home can help.

A safe and properly supported kinship arrangement can help.

The right help to a family early enough can help.

Being heard and believed can help.

But the opposite matters too.

Another failed placement.

Another relationship ending.

Another move.

Another school.

Another experience of adults being unable to continue caring.

Another placement made because it is available rather than because it is right.

Those experiences do not merely record the adversity with which a child entered the system.

They become part of it.

That is why the question should not simply be whether a child remained at home, entered fostering or went into residential care.

The question is what happened next.

Did intervention reduce adversity or add to it?

Did the child become safer?

Did important relationships endure?

Did education become more settled?

Did adults understand what the child needed?

Did people stay?

That is a much more useful test than whether the child followed the pathway policy preferred.

Abuse does not belong to one type of care

History should make us cautious about assuming that one type of care is inherently safer than another.

Children's social care has enough warnings of its own.

Moorfield, Pindown and Waterhouse exposed serious failures in residential care.

The abuse uncovered in Hesley Group settings is a more recent reminder that regulation and registration do not make abuse impossible. Ofsted's own regulatory data shows that serious safeguarding concerns continue to arise in registered children's homes.

But abuse in care has never been confined to residential settings.

The Independent Inquiry into Child Sexual Abuse found that sexual abuse of children in the care of Nottinghamshire councils had been widespread in both residential and foster care during the 1970s, 1980s and 1990s. Allegations involved residential workers, foster carers, relatives of foster carers and other children. The Inquiry also found longstanding weaknesses in the recruitment, assessment, support and supervision of foster carers, and occasions when the response to allegations appeared to start from an assumption that the foster carer could not have abused the child.

That evidence matters.

It does not make foster care inherently unsafe.

It tells us that family based care is not inherently safe.

The same applies in reverse.

Evidence of abuse in children's homes does not make residential care inherently unsafe.

The type of placement cannot substitute for asking whether this particular child is safe in this particular home with these particular adults.

Good foster care can transform a child's life.

Poor foster care can cause further harm.

Good residential care can provide the first stable, safe relationships some children have experienced.

Poor residential care can cause profound harm.

Kinship can preserve belonging, family relationships and identity.

It can also return a child to a family network where risks have not been fully understood.

The lesson I take from history is not that one category of care should be preferred.

It is that assessment, matching, recognising the signs and symptoms of harm, support, supervision, professional curiosity and listening to children matter wherever the child lives.

What changed after Narey?

In 2015, government commissioned Sir Martin Narey specifically to examine children's residential care, its role within the wider system and how outcomes could be improved. His report was published in 2016.

Narey did not argue against fostering.

He considered whether different of fostering might provide a better option for some children.

But his conclusion was that there was very little scope to reduce further the number of children living in children's homes.

Ten years later, government policy is moving in the opposite direction.

The government's May 2026 implementation plan says it wants a smaller and more purposeful use of residential care in future. Its September 2026 strategy says it expects the residential market to reduce as family based settings are prioritised, while another review has been commissioned to define the future purpose of residential care and set out a vision for a smaller and more purposeful sector.

That does not mean Narey must remain right forever.

Evidence changes.

Services change.

Children's needs change.

But there should be a clear evidential bridge between the two positions.

I have been trying to find it.

What changed?

Did fostering capacity substantially increase?

It did not.

Did placement instability disappear?

It did not.

Did residential care become less necessary?

The number of children's homes has continued to grow.

Did research establish that significantly more of the children now living in residential homes could safely and sustainably live in foster homes instead?

If so, where is that evidence brought together?

Ofsted itself raised this issue while the MacAlister review was under way. In its 2021 response to *The Case for Change*, Ofsted warned against treating residential care as a last resort. It said residential care can be a successful planned route for some children, that not all children want a family type environment, and that children who are unhappy in family based care can experience repeated moves before eventually moving to a children's home.

That was not an argument for more residential care.

It was an argument for getting the decision right for the child.

I think that distinction has been lost.

The direction of the evidence is uncomfortable

The government now plans to create 10,000 more foster places.

Yet fostering is starting from a declining base.

Ofsted reports that mainstream fostering households have declined over the past four years. The number of mainstream local authority fostering households fell by 14% between 2021 and 2025. In March 2025 there were 69,825 approved mainstream foster places. Around 60% were filled, 17% were vacant and about one in five was unavailable. Ofsted also notes that the number of children in foster care has remained broadly stable since 2020 while the number in children's homes has increased.

Residential care has been growing at the same time.

In 31 March 2026 there were 4,750 children's homes in England, 20% more than a year earlier and 70% more than in March 2022. Registered places had increased by 46% over that period.

Those figures do not prove that every new home was necessary.

Nor do they mean the present reforms caused the growth.

They do tell us that what is actually happening in the system is moving in the opposite direction from the future now being planned.

That deserves more than an assumption that prevention and fostering will reverse it.

It requires us to understand why.

Are children coming into care with different needs?

Are foster placements unavailable?

Are foster placements breaking down?

Are local authorities using residential care because they cannot find foster homes?

Are some children reaching residential care after repeated attempts to place them elsewhere?

Or is residential care the right type of care for some of those children?

Until that is properly understood, deciding in advance that residential care should become smaller seems to me to start with the answer.

Ten thousand places does not mean ten thousand suitable placements

The fostering target is another example of why language matters.

Government plans to create 10,000 additional foster places by the end of this Parliament. Its February 2026 fostering plan includes Room Makers, which will provide capital funding to enable experienced foster carers to adapt or expand their homes and care for additional children. Government says this should increase capacity, improve matching and reduce pressure on residential care.

There may be very good reasons for doing this.

It may enable brothers and sisters to remain together.

It may allow an experienced foster family to care for another child.

But a foster place is a measure of capacity.

It does not tell us how many fostering households will provide those places.

It does not tell us where they will be.

It does not tell us whether they will be available when needed.

And it does not tell us whether those places will match the children who need care.

Adding another bedroom does not simply add a number to capacity.

It changes the household.

It changes the number and combined needs of children living together.

It changes adult availability.

It may affect children already living there.

It may affect the carers' own children.

It changes the demands placed on the foster carers.

As numbers and needs increase, a fostering household may begin to experience some of the demands of group care while still operating with a very different structure from a children's home.

That does not make the household a children's home.

That is the point.

A residential home can have several adults on duty, a registered manager, shifts, handovers, night staffing, supervision and an organisation behind it.

Fostering is deliberately different.

That difference is one of its strengths.

But it also means the limits need to be understood.

What happens when one child is in crisis and another child also needs the foster carer?

What happens when children have several different contact arrangements, school difficulties, missing episodes, self-harm or competing emotional needs?

What additional support is required?

What respite?

And what does it cost to make the placement sustainable?

A target of 10,000 additional places tells us something about capacity.

It tells us much less about suitability.

Capacity is not capability

There is another distinction here.

Capacity can be created faster than capability.

A foster place can be approved.

Experience cannot be approved into existence.

A children's home can be registered.

Staff can be recruited.

A manager can be appointed.

A rota can be filled.

That does not mean an experienced team exists on the day the home opens.

Experience is accumulated.

So is judgement.

Teams get to know the children and learn how to work with one another.

They learn how colleagues respond under pressure.

They learn when to intervene and when to wait.

They build relationships.

That takes time.

This becomes particularly important if the reform is changing both ends of the care system at the same time.

Fostering is expected to care for more children.

Residential care is expected to become smaller and more specialised.

That may mean foster families being expected to care for some children who might previously have entered residential care, while the remaining residential sector increasingly cares for children with the greatest needs.

Both require more than places.

They require people capable of providing the care those children need.

The Manchester Arena Inquiry is not evidence about children's social care, but it offers a useful lesson about complex systems. Having enough people, procedures and training does not necessarily mean a system can respond effectively under pressure.

Children's social care has its own history of inquiries after things have gone badly wrong. If inquiries ask whether risks should have been foreseen, those risks should be examined before failure, not only afterwards.

A newly created service does not inherit experience on the day it opens.

Capacity can be created. Capability takes time.

Kinship is not cost-free capacity

There are obvious strengths in children being cared for by people they already know and love.

History, identity, belonging and existing relationships matter.

But kinship care still has practical limits.

A relative may be willing to care for a child but need financial, housing or other support to make that possible.

Government recognises this through allowances and support within its kinship programmes.

That support can make the right arrangement possible.

But an allowance cannot make an unsuitable arrangement suitable.

The Children Act 1989 already provides the framework. A relative, friend or connected person may be preferred, but the placement must still be the most appropriate available and safeguard and promote the child's welfare.

Increasing kinship care as a matter of policy does not change that test.

And if financial support is needed to sustain the arrangement, that support is part of the cost of care.

Kinship is not cost-free capacity.

Need is not fixed

This is where the argument comes back to Benjamin Perks.

The current direction risks treating the children who eventually need specialist residential care as though their complexity existed from the beginning.

For some children, those needs will have been present from the outset. For others, they may have been compounded by what happened along the way.

What happens on the journey matters.

Department for Education commissioned research published in 2025 found that repeated placement moves and failures to meet children's needs may make their difficulties worse and make the next placement capable of meeting those needs harder to find and more expensive.

The research describes a cycle in which placement instability can make a child's difficulties harder to manage, the next placement harder to find and the risk of eventually entering secure care greater.

That should affect how the care pathway is understood.

A child may enter care following abuse, neglect or family breakdown.

A foster placement is made.

It breaks down.

Another placement follows.

That ends.

Education is disrupted.

Relationships are lost.

The child becomes increasingly distressed.

Behaviour becomes harder to manage.

The next placement becomes more difficult to find.

Eventually the child reaches residential care described as having highly complex needs.

The question then is not simply why that child needs an expensive residential placement.

It is:

How much of that complexity was there at the beginning, and how much was added along the way?

That question does not assume that earlier residential care would always have been the answer.

It asks whether, for some children, repeated attempts to make the policy's preferred placement work may contribute to the very complexity that the specialist sector is later expected to manage and make good outcome harder to achieve.

The government's September 2026 strategy itself says that children entering residential care have experienced more than six placements on average and acknowledges that shortages of suitable homes lead to wrong matches.

That is not a small detail.

If care should interrupt adversity rather than add to it, placement stability is not simply an operational performance measure.

It is part of the intervention.

What happens if residential demand does not fall?

Government can decide that it wants residential care to reduce.

It cannot determine in advance how many individual children will need it.

What if Families First works for many families but not enough to reduce demand by the level predicted?

What if fostering recruitment improves but the children requiring care cannot be safely matched to the places created?

What if approved places remain unavailable?

What if expanding fostering households reduces their ability to meet each child's needs safely and sustainably?

What if some kinship arrangements cannot be sustained?

What if placement failure increases the child's needs?

What if residential demand remains broadly where it is, or increases?

There is already some indication of what can happen when the system cannot find appropriate registered care.

The Children's Commissioner found that on 1 September 2025 there were 669 children living in illegal unregistered homes. The average weekly cost was around £10,500 and local authorities were estimated to have spent £353 million on these arrangements over the preceding year.

For those children, the need for care did not disappear because an appropriate registered placement could not be found.

Neither did the local authority's responsibility for them.

This is one of the peculiarities of the children's social care market.

A provider can decline a referral.

A local authority can decide that a particular placement is not right for a child.

But ultimately the local authority cannot decline responsibility for the child.

When appropriate capacity is scarce, it still has to find somewhere for that child to live.

Reducing available capacity does not, by itself, reduce the need for care.

It can instead reduce the choices available when that need arises and increase the cost of what remains.

The cost did not disappear

There is a longer history to this.

Local authorities once carried far more residential capacity themselves.

That was expensive.

Buildings cost money.

Staff cost money.

Empty beds cost money.

As local authorities increasingly purchased care from external organisations, some of that financial risk moved.

External providers carried the immediate risk of beds being empty.

Local authorities increasingly paid when they needed a placement.

But the statutory responsibility for the child remained with the local authority.

The cost was not abolished.

What changed was who carried it.

An empty bed can look inefficient on a spreadsheet.

Sometimes it is.

But sometimes spare capacity provides choice.

It can mean not placing children together who should not live together.

It can mean keeping a child nearer home.

It can mean refusing an unsuitable match.

It can mean having somewhere available when a placement ends unexpectedly.

You cannot decide on Tuesday that a specialist children's home is needed and expect an experienced home to exist on Wednesday.

There is a cost to being ready.

The question is how much capacity the system needs to retain in order to make good decisions rather than desperate ones.

The cost of being prepared

History matters here.

Local authorities once owned and operated much more of their residential capacity. Buildings, staff and empty beds all had to be paid for whether every place was occupied or not.

As local authorities increasingly purchased placements from external organisations when they were needed, some of the immediate financial risk of maintaining that capacity moved to providers.

But their responsibility for the child did not move with it.

Nor did the need for sufficient capacity disappear.

An empty bed can look inefficient.

Sometimes it is.

But a system with no spare capacity has very little room for choice.

Some available capacity can mean keeping a child nearer home, avoiding an unsuitable match, not placing children together who should not live together, or having somewhere appropriate to turn when a placement ends unexpectedly.

That matters because capacity cannot simply be created at the point it is needed.

A building can be bought. Staff can be recruited. A home can be registered.

But an experienced team and an established service take time to develop.

There is a cost to keeping some capacity available.

The question is not whether every empty bed represents good use of public money.

It is how much available capacity the system needs if decisions are to be based on what is right for the child rather than on what happens to be left.

Where is the risk assessment?

This has become one of the questions I have found hardest to answer.

Government has published implementation plans.

It has impact assessments for legislation.

It has financial projections.

It is evaluating individual programmes and pilots.

It has systems for monitoring progress.

What I have not been able to find in the published material is a whole system risk assessment that brings together the consequences if several of the assumptions behind reform prove wrong.

That does not mean one does not exist internally.

The Department for Education clearly has formal risk management arrangements.

Indeed, its own 2023 to 2024 annual report rated looked after children placement market failure as Critical and Very likely.

It defined the risk as local authorities being unable to access appropriate placements while prices continued to increase, with the possibility that providers leaving the market could make the position worse. Social worker capacity was also rated Critical and Very likely.

That is important because these are not risks being invented by critics of reform.

The Department itself recognised them.

The lesson from the blue light inquiries matters here too. After failure, the question is rarely just whether enough people or services existed. It is whether the system as a whole understood the risk, was prepared for it and had the capability to respond when several things went wrong at once.

What I cannot see is how those known risks were brought together when deciding to change the balance between family care, fostering and residential care.

Where is the assessment of what happens if fostering does not expand sufficiently?

Or if the places created are not suitable for the children who need them?

Where is the assessment of the additional support required when existing fostering households expand?

How has the sustainability of increased kinship care been modelled?

What happens if new residential services can create beds faster than they can create experienced teams?

What happens if placement failure increases the needs of some children?

What happens if residential demand does not reduce, or increases?

And what happens if the stated intention to create a smaller residential sector causes experienced providers to leave the market, or discourages investment in capacity, before it is known whether demand will fall as predicted?

That is a foreseeable risk.

The CMA has previously warned that changes in policy or regulation can contribute to provider exit and that residential capacity cannot simply be replaced at short notice.

A smaller residential sector may be the intended outcome.

But markets do not necessarily contract according to quality.

An experienced provider may decide not to invest further. A home may close rather than be refurbished. An owner may sell rather than continue carrying the financial and regulatory risk.

What disappears may not simply be beds.

It may be established homes, experienced managers and teams, local knowledge and capacity that has taken years to build.

That makes the sequencing important.

If residential demand falls because fewer children need residential care, the system will have changed in the way government intends.

But if capacity reduces before demand does, children may be left with fewer choices precisely when suitable care is already difficult to find.

And at what point would government decide that existing residential capacity should not be allowed to fall further?

Follow the money, but count all of it

Government's ten year projections expect £2.4 billion in net efficiencies to local government. The published modelling says those efficiencies depend partly on preventing need escalating,

reducing the number of children entering care and, where children do enter care, making greater use of less costly alternatives to residential care such as foster care.

There is nothing unreasonable about trying to prevent expensive crisis intervention.

But a predicted saving depends on the future behaving broadly as predicted.

What if it does not?

A foster placement may cost less each week than a children's home.

That does not make it cheaper if it is the wrong placement.

If it breaks down there will be another placement to find, additional social work, management time, school disruption, transport, therapeutic support, emergency accommodation and another placement.

There may eventually be a residential placement that is more expensive because the child's needs have increased.

There may be court proceedings, deprivation of liberty applications and other legal costs.

Not every failed placement creates legal liability and nor should it.

But the public cost of failure does not stop when the placement ends.

Neither does a cost disappear because it moves to another part of the state.

A cost moved from children's social care into education has not disappeared.

A cost moved into health has not disappeared.

A cost moved into the courts or criminal justice system has not disappeared.

A cost transferred to a family has not disappeared.

And a cost carried by the child into adulthood has certainly not disappeared.

That is why the question should not be which placement has the lowest weekly fee.

It should be:

What is the total cost of achieving an appropriate outcome for this child?

That is a much harder number to calculate.

It is also the number that matters.

The consequences are not unknowable

None of this means the future of an individual child can be predicted.

It cannot.

That is the importance of the Perks distinction.

Adversity is associated with increased risk. It is not a prediction of a person's life.

But not being able to predict an individual outcome does not make systemic risk unknowable.

We know that repeated moves can harm stability.

We know that unsuitable placements can break down.

We know that a vacant foster place is not necessarily a suitable foster placement.

We know that families need support if kinship arrangements are to endure.

We know that new teams need time to develop expertise.

We know that insufficient lawful capacity can result in extremely expensive emergency and illegal arrangements.

And we know from DfE's own research that repeated placement failure can compound children's difficulties.

The individual child's future is not predictable.

The risks created by the system can still be identified.

That is what risk assessment is for.

What would success look like?

Success would be fewer children entering care because they are safer at home.

It would be additional foster places becoming stable homes that can safely meet the needs of the children placed there.

It would be additional foster places being created without compromising the household's ability to meet the individual and collective needs of all the children placed there.

It would be kinship care chosen because it is right for the child and sustained by the support the family needs.

It would be fewer placement breakdowns, fewer moves and fewer illegal placements.

It would be Regional Care Cooperatives improving sufficiency without losing local knowledge or reducing choice.

It would be residential demand falling because fewer children need residential care, rather than because it has become harder to access.

And it would be a real reduction in total public spending, after the costs of implementing the reform, supporting families and placements, responding when arrangements fail, and any costs shifted elsewhere are all counted.

I am not convinced that the evidence supports what it is being asked to prove.

That does not mean I am unwilling to be proved wrong.

But evidence has to work in both directions.

Foster places that cannot be safely matched to the children who need them, expanded households that become harder to sustain, kinship arrangements that fail for lack of support, residential demand that does not fall, and costs that simply move elsewhere would all challenge the assumptions on which the reform is based.

Individual parts of the reform have been piloted and are being evaluated.

What the published evidence does not yet demonstrate is that the central assumptions behind these interconnected reforms have been tested together, or that the consequences if several of them prove wrong have been adequately assessed.

Government is proceeding at pace, with substantial public investment and risks that its own Department has already recognised as serious.

That is why the evidence must be allowed to do more than measure whether the reform has been implemented as intended.

It must also be capable of showing whether the assumptions on which it was built were right.

Because ultimately, the consequences of getting those assumptions wrong will not be carried by policy documents or financial models.

They will be carried by children.

What price a child's future?

Children's social care should not become an argument about whether kinship care, foster care or residential care is better.

Neither is one thing.

Nor is kinship care.

Children are different.

Families are different.

Foster carers are different.

Children's homes are different.

What matters is whether the child receives the care they need from people capable of providing it.

That is why I keep returning to Benjamin Perks.

If childhood adversity does not have to become a life sentence, then what happens next matters enormously.

The purpose of children's social care cannot simply be to prevent a child entering care.

It cannot simply be to place a child with a family.

It cannot simply be to reduce the use of residential care.

And it cannot simply be to reduce expenditure.

It has to be to change what happens next in the child's life.

To reduce harm.

To create safety.

To preserve relationships where they are safe.

To build new ones where they are needed.

To give children the stability from which something different can become possible.

That costs money.

There is a cost to experienced people.

There is a cost to supporting families before difficulty becomes danger.

There is a cost to good fostering.

There is a cost to properly supported kinship care.

There is a cost to good residential care.

There is a cost to keeping some capacity available before the day it is needed.

Those costs should be scrutinised.

But so should the cost of getting the decision wrong.

The placement that breaks down.

The relationship that ends.

The school that changes.

The abuse that is not prevented.

The child who moves again.

The need that grows.

The crisis that could have been avoided.

The scars they take with them.

The opportunities lost along the way.

That is why I believe these questions need raising now.

Not after another scandal.

Not after another inquiry.

Not when another serious case review or public inquiry is scrutinising a child's history and asking what should have been foreseen.

I questioned the approach taken when the review began.

I am questioning it now because I still cannot see the evidential bridge between some of its central assumptions and what is already known.

I cannot see why Narey's conclusion on residential care has been displaced.

I cannot see how a target for foster places demonstrates that the right foster homes will exist for the children who need them.

I cannot see how reducing entry to care can be treated as success without establishing that children are safer.

I cannot see how greater use of kinship care can be assumed to reduce cost without counting what families need to sustain it.

And I cannot find the published whole system risk assessment that shows what happens if these assumptions fail together.

Perhaps that assessment exists.

If it does, it should be open to scrutiny.

Because this is not an abstract reform.

It will influence whether a child stays with parents, moves to relatives, lives with foster carers or lives in a children's home.

It will affect what choices remain when the first plan does not work.

And it will help determine whether the state interrupts the adversity in a child's life or adds another chapter to it.

How many children harmed, how much public money wasted, before the next reform?

That, for me, is the real test.

What price a child's future?

Follow the child. Follow the history. Follow the money.