ADCS
Leading Children's Services

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ADCS Position Statement

What is care for?

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Introduction

The Association of Directors of Children's Services Ltd. (ADCS) is the national leadership organisation in England for directors of children's services (DCSs). Under the provisions of the *Children Act (2004*), the DCS acts as a single point of leadership and accountability for services for children and young people in a local area, including children's social care and education.

ADCS is committed to the principles of equity, diversity, and inclusion which are fundamental to all areas of our work. This Association is committed to highlighting issues of disproportionality, discrimination and systemic barriers that limit opportunity where they exist, recognising that not all children, young people and families are impacted equally.

In 2012, 2013 and in 2021, ADCS published position statements to articulate members' collective aspirations for the care system, that in short, recognised the role of the care system as providing children and young people with a safe, loving home and relationships that are meaningful (ADCS, 2012, 2013, 2021).

ADCS first asked '*What is Care For?*' in 2012, outlining an outmoded system that needed to re-orientate the construct of care to better meet the specific needs of children and young people. ADCS identified three areas that needed further consideration: adolescents, stability and permanence. The 2013 paper specifically focused on adolescence and explored what models of care could be better suited to their needs and considered the careful balance of parenting responsibility between the state and a young person's family.

In 2021, '*What is Care For?*' reinforced the role of the care system to protect children from harm, improve outcomes, and address a child's basic need for good parenting. Additionally, the paper recognised the importance of providing children in care with relationships that are meaningful. In light of the launch of the *Independent Review of Children's Social Care* (the Care Review), ADCS also questioned whether the binary nature of care continued to meet the needs of children, whether more was needed to re-shape and re-balance the care placement market, and again noted the lack of an effective response to new and emerging needs of, and challenges experienced by, adolescents (DfE, 2022).

We know that care can, and does, make a positive difference to many children and young people. Research evidence clearly demonstrates that being in care improves both the educational and welfare outcomes of children and young people over time (Forrester et al, 2009 and Rees Centre, 2017). A period spent in care can also prove effective and beneficial in helping a young person deal with prior abuse and neglect, promoting resilience and protecting against involvement in crime (UEA/TACT, 2012).

Given the significant changes that have taken place since 2021, and the current government's wide ranging reform agenda, this updated position statement again aims to solidify and contextualise '*What is Care For?*'. It considers how far the system has evolved to consider the issues this series of position statements has sought to highlight.

What is care for?

As outlined in previous versions of this paper, the principle that children should be brought up 'within their family wherever possible,' sits at the heart of the children's social care systems and indeed is enshrined in the *Children Act 1989*. This principle continues to shape the system that also recognises the delicate balance needed between achieving and maintaining stability in the home and exposing a child to risk which could potentially be harmful.

The impact of trauma on children's development and their outcomes is well known. Taking a child into care is not a neutral act, it is the ultimate intervention in family life. It is also a protective factor and can be a positive early intervention in the life of children and their families to help mitigate the damaging effects of childhood abuse and neglect and avoid the need for more intensive interventions, however, this is not always possible.

As in 2012 and 2021, ADCS believes that the core purposes of the care system are to:

- **protect children from harm** by providing a place of safety and stability in which children and young people can flourish – either by helping families to build capacity to care for their children so they can return home or providing an alternative where this is not possible.
- **improve the outcomes of children and young people in care** by meeting the specific and individual needs of each child and young person. It must provide support for as long as it is needed, responding to changing needs and circumstances as children, young people and families grow. Local authorities (LAs) cannot achieve this alone; corporate parenting places expectations on partners that they too will meet the needs of children in care as a priority.
- **address a child's basic need for good parenting** by introducing and planning effective substitute parenting to perform the fundamental role of steering and supporting a child through their formative stages of development. This may not apply in the same way to adolescents entering the care system as it does to younger children and this issue is explored further below.

Many of the national reforms this paper goes on to outline echo the central tenets of the 2021 version of '*What Is Care For?*'. Five years ago, ADCS noted: "In addition, we must recognise and acknowledge a further and important purpose of the care system is to provide children and young people with relationships that are meaningful, where there is an emotional commitment from adults so children feel loved; it is the difference between being cared for and being cared about". The paper further outlined the importance of safety and stability in which children can flourish.

For the majority of children in care, care continues to be the right response to protect them from significant harm, or the risk of significant harm. However, children in care are not a homogenous group and there are particular cohorts, such as those subject to Deprivation of Liberty (DoL) orders, and adolescents facing harms outside the home, where the purpose of care, as set out, may not directly relate to, or meet, their wishes and needs.

A different approach

Moving away from the restrictive binaries of care

The longstanding binary nature of care, in which children and young people are either in care, or not, fails to reflect the fact that many will almost invariably return to their family in their home community, or to recognise the profound impact separation from family, including siblings, can have on a young person's sense of identity and belonging.

'*What Is Care For?*' recognises that stability in life is fundamental, and the system must provide the continuity and support needed for strong relationships to develop between children, carers and families. Placement stability has changed little in recent years, 10% continue to experience high placement instability, particularly those in residential and secure settings, along with those in other residential settings, and this has changed little in the past five years (DfE, 2026). Sibling relationships can further support stability; they remain an important, but at times, overlooked aspect of a child's life. The Children's Commissioner estimated that 34% of sibling groups in England were separated in their first placement (Children's Commissioner, 2023). This was more likely to be older children placed in semi-independent accommodation separately, or children who have come into care because of a disability or concerns about their behaviour. The *Children's Wellbeing and Schools Act 2026* introduces measures for a presumption of sibling contact aimed to strengthen this aspect of children's lives. Often, challenges around placement sufficiency mean the options which would further support stability, and continuing connections for children and young people in care, are simply not available.

The principles underpinning early intervention and prevention, along with the innovation which has developed across the sector, should be extended to the planned use of care as a means to support families better. The needs of children and families are often fluid and a flexible system of care could help to further shape the support provided according to need. The concept of 'shared care' as a way of working with parents to support them in both the short and longer term, whilst prioritising the child's safety and welfare, is something ADCS members have advocated for. For example, the provision of a respite style offer can help to de-escalate rising tensions, avoiding family breakdown, and has been widely used to support the families of children with disabilities. Similar principles are embedded within the Mockingbird model, and similar local initiatives, which could be used to support families as well as foster carers.

Achieving permanence for more children

In 2021, ADCS noted that past governments had a sustained focus on adoption as the 'gold standard' permanence option. Ongoing reforms to children's social care have brought more focus and attention to supporting families and family networks to care for their children, along with other forms of permanence which support family connectivity. This includes long-term fostering, special guardianship orders (SGO) and kinship care, all of which, research shows, can better support children from global majority backgrounds. Whilst children from Black and some mixed ethnic backgrounds are more likely to be in care, they remain less likely to be adopted or achieve a level of permanence (Nuffield Family Justice Observatory, 2023).

The use of SGOs awarded by the courts has increased significantly and over the past five years, the number of children leaving care under an SGO now outnumbers those leaving care to adoption (DfE, 2026). Kinship care, if well supported, has a strong track record in

providing stability, reinforcing key aspects of a child's identity, and delivering positive outcomes into adulthood (Foundations, 2024). The DfE published statutory guidance in 2024 which outlines how LAs should support those in kinship care arrangements through Child Care Arrangement (CAO) orders, SGOs and kinship fostering agreements (DfE, 2024).

Where appropriate, children should remain within their own families in the least intrusive way possible and with the right support. In many family-led arrangements, carers do not want, nor often need, the oversight or involvement of the state. Where a child has not entered the care system, ADCS members continue to believe funding to support family-based arrangements should be met through the state benefit system, with LAs continuing to meet any additional support needs via the established assessment processes, as is the case for all families (ADCS, 2024). New 'Kinship Zones' are due to pilot an expanded support offer and ADCS members await the learning here.

Understanding and supporting adolescence

ADCS has previously articulated the challenges of responding to the complex and multifaceted needs of adolescents. Understanding of the wide range and intersectionality of needs and vulnerabilities adolescents experience has developed greatly since 2021. The Care Review recognised failings in both policy and practice, especially in responses to extra-familial harms and adolescent mental health, recommending clearer expectations on corporate parents and the need for this to be a priority area for learning. So far, there has been too little progress to join up national priorities across social care, health, police and justice. In a system designed to protect younger children from risk inside the family home, it remains an unanswered question as to whether care is the right response to risks outside of the home and indeed when children are a risk to themselves e.g. via high levels of self-harm or eating disorders, or to others. The second phase of the Southport Inquiry is examining the latter point and will make recommendations in 2027.

ADCS members have seen an increase in safeguarding demands due to online activity, where the parasocial and real world collide accumulating in harms. The effects are wide reaching, from the negative impact on sleep, school attendance and social isolation, to exploitation, sexual extortion and radicalisation. Risks and harms are also evolving at pace, for example, in relation to violence fixated individuals.

The increase in extra-familial harms asks a system, designed to protect younger children from harm inside the family home, to do the opposite. Care is the ultimate form of intervention in family life, but is this the right solution to protect children from harm outside the home? Often the response is placing a young person, or moving the whole family, out of area to physically remove them from risk, but this can also sever support networks and their sense of belonging as a result. In a world where young people are now so well connected via technology, ADCS members question if this is the right response. There have been significant local efforts to develop practice responses here, via a focus on contextual, complex and transitional safeguarding. Contextual safeguarding approaches as well as the four Risk Outside the Home (ROTH) pilot sites promote a child protection response when a young person is at risk of significant harm that is principally or solely extra-familial (Durham University, 2024).

Gaps in mental health provision, long waiting lists and a failure of the health system to prioritise vulnerable children and adolescents also continues to drive safeguarding activity. The Care Review highlighted a damaging cycle in which young people wait a long time for mental health support, only to receive help that is not tailored to the young person's needs.

As mental health needs intensify, families can breakdown under the acute stress of trying to manage both needs and risk, with children ending up in a social care system that was never designed for this purpose, yet there is often no alternative at the point of crisis. Interim findings from Alan Milburn's *Independent review of young people and work* found that the number of young people not in education, employment or training (NEET) due to a health condition has increased by 70% in the past decade, and heralding this a "standout change," naming the NHS as an inhibitor of participation: "for the first time in perhaps two centuries, changes in health, especially mental health, are impeding economic growth and causing a contraction in the supply of labour" (DWP, 2026).

Where young people first enter the care system in their teens, care has the greatest chance of success when it builds resilience, capitalises on the protective strengths of relationships and involves constructive activities, such as education, training, skills or employment. There is now greater acknowledgement of, and emphasis on, the benefits of relationship-based working which sits at the heart of social care work; building, developing and maintaining relationships between children in care and their families, friends and wider networks. Complex, contextual and transitional safeguarding models help the system to respond more effectively to the risks adolescents face.

With more older children and unaccompanied asylum seeking (UAS) children coming into care, and quickly becoming care leavers, the question of what is care for increasingly reaches into adulthood. This is particularly the case where the state, in the absence of anyone else, is in effect, a person's family or support network.

Given the older profile of children entering care, further recognition is needed of the importance of transition planning and the need for joined-up approaches across children's and adults' systems. This is particularly important for adolescents with the most complex and overlapping needs who require help and support from health, education and social care partners and again, is not writ large in the current programme of reforms.

Who are the children in our care?

The profile of children in care has continued to shift towards older children over the past five years. Whilst in 2025, the population of children in care has steadied somewhat (81,770 in 2025, compared with 80,780 in 2021), many of the children now entering care have a higher complexity of need and children from Black and mixed ethnic backgrounds are significantly more likely to be in care than their white counterparts (DfE, 2025). Children in care with special educational needs (SEND) are three times that of the overall population of children - 61.2% compared with 19.2% (DfE, 2026). *ADCS Safeguarding Pressures* phase nine research highlighted that there has been an increase in children coming into care aged 16 and older, with increasing levels of significant mental, social emotional and behavioural needs, and acute levels of trauma (ADCS, 2025). How to better meet the needs of this cohort is not yet clearly addressed in the reforms to children's social care, or the health system.

The most recent phase of *ADCS Safeguarding Pressures* research further highlighted the increase in safeguarding demand driven by extra-familial harms. Child criminal exploitation as a single assessment factor in children's social care has increased significantly since 2021. In the past five years, the risks, and more awareness of the risks, of sexual and criminal exploitation has meant that 72% of LAs have started or increased 'contextual

safeguarding' activities in response to harms outside the home. Similarly, LAs have seen an increase in safeguarding demands as a result of children and young people's online activity, with a demonstrable relationship between online harms and harms outside the home.

Children with the most acute and complex needs make up a small but rising proportion of all children in care. Many in this cohort have experienced significant early childhood abuse and trauma and have high levels of mental health needs, yet the lack of access to assessments, a diagnosis and treatment pathways often means that children's social care is the last resort for children and families in crisis, with some ADCS members reporting the highest cost placements are for children and young people experiencing adoption breakdown.

Children subject to a DoL order are some of the most vulnerable children in care. In 2025, there were 1,439 DoL applications made under the inherent jurisdiction of the High Court, up from 103 applications in 2017/18 (MoJ, 2026). The reduction in in-patient mental health beds, without the requisite community capacity, plus the ban on placing under 16s in unregulated provision are all factors in this more than tenfold increase. Recent research shows that many children subject to a DoL order have very significant mental health needs and fall into three broad groups: children with multiple, complex needs that is a response to trauma; children with learning and physical disabilities needing support; and children experiencing, or at risk of, sexual or criminal exploitation (Nuffield Family Justice Observatory, 2023). The majority of those subject to a DoL order are 15 years of age and older, and a higher proportion of Black and Asian children have a DoL order than their white counterparts, highlighting that those with the highest level of need in the system are adolescent and often Global Majority and/or girls.

Children on remand have care status and at any given time, between 40% and 50% of the youth custodial population, which stood at 404 in March 2026, are on remand, meaning they are exposed to the risks and harms associated with custody (Youth Custody Service, 2026). HM Chief Inspector of Prisons has consistently raised concerns about the high levels of violence in the youth secure estate; many young people report feeling unsafe and some have reported sexual assault perpetrated by staff (HM Inspectorate of Prisons, 2025). Over time, there has been a deterioration in the performance of the youth custody estate, with the closure of two secure training centres, a young offenders institute and the country's first secure school, all due to quality and safety concerns in recent years. Offending behaviours should not overshadow the significant vulnerabilities of this cohort of children in care.

National data shows that UAS children make up around 8% of children and young people in care, up from 5% in 2021 (DfE, 2025). UAS children tend to be older and have often experienced significant trauma ahead of their arrival into the UK. ADCS members, the *Children Act 1989* and the *UN Convention on the Rights of a Child* are clear that all children in care in England, no matter where they were born, have the same and equal right to a safe and supportive environment, with access to the services they need, and the entitlements and protections, the law affords them.

The number of care leavers has increased in the past decade, as has the level of available support for this cohort. In 2024/25, there were 53,240 care leavers in England aged between 17 and 21, an increase from 44,590 in 2021, in part due to the increasing number of care leavers who are formerly UAS children (DfE, 2025). The *Children and Social Work Act 2017* introduced expanded duties for LAs to support care leavers up to the age of 25. 'Staying Close' and 'Staying Put' offers have expanded in recent years too, but this

increased support has not yet shifted the dial on outcomes for care leavers, who continue to experience worse outcomes than their peers across education, employment and health (DfE, DWP, 2026).

Care leavers are more than twice as likely to not be in education, training or employment (NEET) compared to all young people (40% compared with 16%) (DfE, DWP, 2026). More than a quarter (27%) of care leavers told Ofsted that their day-to-day activities were affected by a mental health condition, and a third did not know where to get support (Ofsted, 2022). LAs have a key role in supporting this cohort and the expansion of corporate parenting duties under the *Children's Wellbeing and Schools Act 2026* offers an opportunity for the whole system, including health partners, to develop joined-up, holistic support for care leavers.

As outlined, care continues to be the right response for many children and young people; it is a protective factor that can help children to overcome early experiences of trauma and support them to thrive. However, the system was designed in a pre-digital age to protect children from risk predominantly inside their own home and family. ADCS members continue to question if this is the right response to young people who are living in a digital age and facing extra-familial harm.

Understanding five years of change in children's social care and the care system

Much has changed since 2021 and DCSs are leading a range of reforms across children's services, from the early years and social care to support for children with special educational needs, whilst trying to influence wider reforms to key public sector partners, notably health services, police and schools. Some DCSs are also managing the complexities of local government reorganisation (LGR), in addition to other reform programmes.

Since the Covid-19 pandemic, rising mental health need among children, parents and carers, widening inequalities, increased school exclusions and developmental delays in younger children have continued to place pressure on children's services and partner agencies. The relationship between child poverty, poor education and health outcomes, and increased involvement with children's social care, is now also well recognised.

Lord Darzi's *Independent Investigation into the NHS in England* highlighted significant inequalities in children's mental health provision, including an 11.7% annual rise in referrals for children since 2016, while spending on children's mental health services remains less than half that of adult services (NHS, 2024). The recent move to consolidate Integrated Care Boards (ICBs) has seen significant pressure on health partners to make savings of up to 50%. The *2025 10-year health plan* called for a shift from 'crisis to prevention', but ADCS members report savings targets of this scale are resulting in ICBs reducing the already limited offer to children and in some cases, withdrawing from long-standing joint commissioning arrangements (NHS, 2025).

Despite recent investment, the impact of a decade and a half of cuts to public services continues to be felt. In children's services, early help and preventative services were particularly affected, with ever more funding being directed towards crisis intervention and

statutory responsibilities. Recent investment in family help and prevention is welcome, but the legacy of austerity is now generational and will take time to undo.

After several years of post-Brexit stasis, the past five years have seen a vast amount of activity, including the publication of the final report of the Care Review in 2022. It called for whole-system reforms to improve outcomes for children in care, with a stronger emphasis on early help and support, stable relationships, and long-term wellbeing.

The then government's 2023 response, '*Stable homes built on love'*, outlined how the children's social care system of the future will hinge on two priorities: love and stability (DfE, 2023). It largely accepted the review's recommendations, which focused on the need to provide families with the right support, including via family networks where appropriate, so children can thrive. A series of different pilots and pathfinders were launched testing individual elements of the reforms during this time e.g. family group decision making, fostering hubs, regional care cooperatives (RCCs), and Families First for Children Partnerships. In January 2023, Ofsted also introduced a distinct judgement focused on the outcomes of care leavers in its inspection of local authority children's services (ILACS), which ADCS members supported as a means of ensuring a sharp focus on experiences and outcomes.

Following a general election in summer 2024, the new government recommitted to many of the same reform principles via its '*Keeping Children Safe, Helping Families Thrive*' policy paper (DfE, 2024). However, it also set out a clear intent to address profiteering in children's social care through greater accountability and financial transparency measures, including inspection of children's social care provider groups, plus a backstop power to introduce profit caps.

There continues to be a radical shift in the provision and ownership of residential care placements, as well as greater public debate about the ethics of the worrying growth in the number of large organisations, backed by private equity investment, entering children's residential and fostering markets. The ability of private equity companies to profit from the care of children continues to be a significant concern to ADCS members, as is the level of debt accrued by private equity firms and the implications of financial failure for children and young people. The *Children's Wellbeing and Schools Act 2026* gives government the powers to manage the residential care market, and ADCS has called on government to use the powers now available to them.

The National Audit Office recently highlighted that the costs of supporting children in residential care placements increased by 96% between 2019/20 and 2023/24 (NAO, 2025). Ofsted data shows that private providers are responsible for 84% of homes and there is a mismatch between where placements are needed (Ofsted, 2025), and where they are available, often leading to children being placed far away from home, with Black and mixed ethnicity children significantly more likely to be placed more than 20 miles from home than white children in care (DfE, 2024). There is an oversupply of placements in the North of England and areas of the Midlands, where property and workforce costs are lower, meaning the North West accounts for a quarter of all placements. Research found that for-profit children's care homes were associated with worse Ofsted ratings across all inspection areas, compared with LA owned provision, and therefore the private sector has generally not delivered high quality services for children in care (Bach-Mortensen, Goodair, Barlow, 2022).

Reforms to residential care were introduced by the then government in September 2021, making it 'unlawful' to place children under 16 in independent and semi-independent

accommodation along with new requirements for providers of such to both register with, and be inspected by, Ofsted. Initially, ADCS members were concerned that the new requirements would lead providers to withdraw from the market causing instability for young people, but in actuality, there has been significant growth here, both in terms of the volume and cost of provision nationally.

While the reforms to independent and semi-independent accommodation sought to increase standards and oversight, it removed the flexibility that unregulated accommodation, supported by wrap around support, provided for the small group of children and young people with high levels of complex needs who are not well served by regulated providers. Securing placements for this cohort continues to be challenging, both in terms of sufficiency and cost.

The reforms as introduced did not seek to develop jointly funded alternative services across LAs and health to better meet the needs of this cohort, nor was the wider regulatory framework reviewed. As a result, gaps in regulated provision remain and LAs can have little choice but to place children, often with the most complex needs, in unregistered placements with a DoL order, due to a lack of suitable provision, such as in-patient mental health beds, secure children's homes or intensive, trauma or neurodiverse-suitable support within the community. ADCS members noted the impact and role of Ofsted here in terms of driving risk averse placement decisions and delays in registering new provision.

These challenges have belatedly been recognised and new measures in the *Children's Wellbeing and Schools Act 2026* include a new statutory framework to authorise the deprivation of liberty of children in a new type of placement currently known as 'secure in the community' which may help, but there is no clear timeline for rollout and use. Meeting the needs of this cohort should be centred in the different strands of children's social care reform, including RCCs and fostering hubs, to maximise the opportunity for change; costs can be prohibitive for individual LAs but collective action can help spread both capital and revenue cost as well as risk.

A new focus on kinship and family-based care has emerged in recent years with the first national Kinship Care Strategy being published at the end of 2023 (DfE, 2023). In addition, different pathfinders and pilots have begun in earnest and a national ambassador for kinship care has been appointed in recent years. New Kinship Care Standards are under development, and the government has recently announced seven local authorities are to pilot 'Kinship Zones' which will provide support to kinship carers equal to that of foster carers, including financial support. The Law Commission is also expected to publish recommendations on changes to legislation to improve the legal parameters for kinship care later this year.

In early 2026, the government published *Renewing fostering: homes for 10,000 more children* (DfE, 2026). This policy paper outlined a vision of end-to-end fostering hubs; the government believe that this, alongside the national roll out of RCCs, will deliver 10,000 new fostering placements by the end of this parliament (DfE, 2026). The proposals call for widespread implementation of peer support models, such as 'Mockingbird', and the ability to increase capacity via the funding of housing renovations for experienced foster carers. ADCS members have welcomed the ambition but questioned whether the target is realistic given the socio-economic context many people are now navigating e.g. the cost of living crisis requiring two incomes to run a household, high housing costs, adult children living at home longer and couples having children later in life.

Fostering reforms are so far quiet about the long-term role of independent fostering agencies (IFAs). The Competition and Markets Authority has previously found profits in IFAs to be "materially higher than expected," in its study of the social care market (CMA, 2022). Prioritisation of recruiting LA foster carers is central to the government's plans, however, LAs and IFAs compete to both recruit and retain foster carers. ADCS has previously questioned the added value of IFAs and called on the government to explore greater regulation or restrictions on their use, with the potential of phasing out independent provision over time.

Since the new government took office in 2024, children's services have risen up the national agenda and the ambition and accompanying investment from government has been welcome. However, ADCS members are increasingly concerned that reforms across children's social care are in effect being run as disparate projects or programmes, with separate bidding processes, funding streams and reporting requirements which fail to join up in a holistic way for children. There are reform programmes in the family courts, for example, which are not yet connected with the social care change programme.

The regionalisation of care

Regionalisation is a key pillar of the reforms to children's social care; this can be seen in the shifts to commissioning care placements at scale via RCCs and end-to-end fostering hubs. While this policy shift is clear, there is existing activity that has not yet been factored into this in a coherent way e.g. regional adoption agencies (RAAs), and other activity that works effectively at the regional level.

Structural reform has a legacy of over promising and under delivering. With little evidence yet available from the pathfinders and trailblazers to date to support such significant change, it is not clear implementing RCCs alone will address the wider and related pressures on the system. Nor will they solve the significant and ongoing issues LAs face in agreeing jointly funded and owned responses for children and young people with the most complex needs with health partners.

Adoption services were regionalised via the creation of RAAs over a decade ago, and have not shifted the dial on adoption placements consistently across England. The size and scale of these footprints vary across the country and there has been limited discussion about how RAAs fit with new regional structures currently being developed or indeed will be considered in the programme of LGR. The government has recently consulted on whether to regionalise the Adoption and Special Guardianship Support Fund (ASGSF); it would be helpful to consider adoption as part of wider regionalisation and reform efforts.

There is value in working at different geographical levels and scales across the system, but RCCs are not a silver bullet; ADCS has previously explored these issues in greater detail (ADCS, 2023). Reforms need to recognise the varied local challenges relating to sufficiency, workforce, demand and provision, and create opportunities for LAs, and partners, to work collaboratively in ways that reflect the needs of their communities.

Other regional pilots and pathfinders are currently being funded for remand accommodation in the London and Greater Manchester areas by the Youth Justice Board and Ministry of Justice respectively. The continued treatment of each of these interlinked regional activities as distinct programmes makes little sense.

Outside of children's social care, the government is regionalising aspects of the school system, police forces and ICBs. However, local government is in the process of being broken down into smaller units via LGR. Since the publication of the English Devolution White Paper, eight new LAs have been approved, with a further tranche of decisions expected in summer 2026, which is adding further complexity (MHCLG, 2024).

New corporate parenting duties in the *Children's Wellbeing and Schools Act 2026* mean multi-agency partners must proactively consider the outcomes and wellbeing of children in care and care leavers yet, so far, health reforms have seen children as a priority in name only. Government needs to consider its current approach to regionalisation across public service reforms. Co-parenting corporate partners need to be able to communicate and commission around regional footprints that align.

Sub-regional and local arrangements remain essential for responding to community need, maintaining relationships and delivering effective services. Decisions about the level at which commissioning and planning should take place must be led by what works best for children and young people balanced with statutory duties plus local contexts. LAs, working with partners, should be able to determine where regional, sub-regional or local approaches are most appropriate, taking account of factors such as Integrated Care System boundaries, combined authority footprints and shared characteristics across communities.

A care system that works effectively across national, regional and local levels will be better placed to respond to changing demand, support sufficiency and improve outcomes for children and families.

What is needed?

This paper has outlined the fundamental principles of *What care is for?* While there is a significant amount of reform activity across the spectrum of children's services, further attention is needed to ensure that the system of care works well for all children. There also remains a gap in national policy development relating to how best to meet the ever-evolving needs of young people who are experiencing risk.

LAs hold a duty to secure sufficient suitable placements for children in care, but there are systemic barriers to meeting these duties. These include: the changing profile of ownership of provision; up until relatively recently, the rising numbers of children coming into care, who in turn, tend to be older, with increasing levels of complexity; an increasing number of UAS children; workforce sufficiency and funding challenges. There is an increased need for secure provision and specialist provision that can better meet more complex mental health needs. The financial, workforce and geographical challenges with residential children's homes are a visible failure of a dysfunctional market and disproportionately impact on adolescents and those with complex needs, exposing the disconnect between health and children's social care.

To appropriately support those with the most complex needs, a joined-up response across health, justice and children's service partners is needed to close the gaps in support and better meet need. For too long, health services have not prioritised the needs of children. This must change with direction from national government, supported by appropriate accountability mechanisms. Following *the independent review of mental health conditions,*

ADHD and autism, a review of mental health provision must follow so that children and young people, particularly those in care with complex needs, get the support they need (Fonagy, 2026).

In recent years, DfE has made in the region of £250 million of new capital investment available for LAs, and their partners, to open new residential care provision. Funding is weighted in favour of the complex needs cohort, and whilst this is welcome, capital programmes take time to complete. It will take several years for these homes to be built or refurbished, registered and open for use. In the meantime, ADCS members would welcome a review of both the Children's Homes Regulations, to ensure new developments can meet children's changing needs, and Ofsted's registration process to ensure trusted providers, such as LAs, registering services that are urgently needed, can be prioritised. In recent discussions, ADCS members provided examples of registration processes taking between eight and 14 months.

The importance of a committed and quality workforce, and the positive impact this can have for children and young people is well understood. There continue to be recruitment and retention issues across the residential workforce, which offers a range of challenging yet highly rewarding roles. This is frequently a workforce overlooked at the national level, where often the narrative around residential services does not celebrate the unique and important role these services and their teams play within the spectrum of care. An independent review into the children's homes workforce, announced in June 2026, offers the opportunity to position this as a career of choice with clear development pathways and greater worker recognition (DfE, 2026). The review must consider the impact of pay and conditions right across the workforce, including private provision, and must guard against any unintended consequences that result in further increases in costs for LAs that add to the profits of providers.

Removing a child or young person from their family and home can be a necessary, but traumatising act, particularly where Police Powers of Protection are used in response to an emergency. The sense of trauma can be further exacerbated by a family court process that remains highly adversarial. In private law, there is a policy and practice shift towards child focused courts. ADCS members suggest this could be helpfully extended to the public law space too.

ADCS members remain concerned that policy making for children across government continues to be fragmented, with national work around care, education, health, immigration and the justice system continuing to develop in isolation, despite efforts to improve joint working locally. Local and regional innovations have often paved the way for further roll out, as seen with Mockingbird, and Room Makers, which are now being adopted through reforms to fostering. Innovation can often be limited by both the financial uncertainty of short-term or grant based funding and an inspection regime that can inhibit the development of new ways of working.

Conclusions

England has one of the safest child protection systems in the world and other countries consistently look to it for learning. So, we must safeguard the elements that work well whilst being open about the challenges in the system and how best to address them

collectively; structural solutions will require time, money and attention and offer no guarantees of delivering meaningful, sustainable change.

The reforms to children's social care address many of the issues and challenges raised in previous iterations of this paper. Investment in early help and greater focus on, and investment in, other forms of permanence, most notably kinship care, offers an opportunity to address the binary 'in' or 'out' system of care in this country, which no longer meets the needs of some children and families, particularly adolescents who are entering care for the first time.

Action is in train to re-balance and re-shape the care placement market, including capital investment in LA owned provision, plus greater transparency measures and a back stop profit cap, however, these are not quick wins and likely impact of these measures both individually and collectively remains unclear. While such measures are welcome, and much needed, they do not come without risk. The government must work with LAs to both understand and manage these risks for the benefit of children in care, as well as the taxpayer.

Responding to the needs and challenges of adolescents remains a complex issue. The current care system provides neither value for money across the care sector – the outcomes for some adolescents in particular do not justify the costs – nor is there a sufficiently clear expectation of what success should look like for young people. Joint responses are clearly needed, yet health services are too often missing from the table. This absence is particularly felt in relation to responding to the cohort of children with complex needs and DoLs.

Children's social care reform cannot be viewed in isolation from the wider context in which services have operated since 2010. LAs and wider public services continue to manage the profound effects of austerity, rising levels of need in communities and increasing complexity, with financial pressures often driving partners to work in silos rather than collectively around children and families. This leaves children's services coordinating fragmented support across health, education, policing and housing systems that do not always align around children, young people and families' lives.

The recent interim findings from the *Independent review into young people and work* illustrates the fractured nature of support for children and young people and the disparate programmes and institutions which do not act as a coherent system for children and young people as well as impact these failures have on young lives and life chances. ADCS has previously called for a single, long-term strategy for childhood that brings together the many strands of reform and supports a genuinely whole-system approach (ADCS, 2024). This is needed now more than ever given the scale of change and reform happening in children's and wider public services.

A truly child-centred system should value all forms of care equally and focus on ensuring the right children and young people are in care, in the right placement at the right time with access to the right support. While significant reform programmes are underway, this investment, and the huge efforts of leaders and frontline practitioners in children's services and beyond, will only be successful if the strengths that already exist within the system are both recognised and built on. The full commitment of partners to improve both the experience and outcomes of children in care and care leavers as they transition to adulthood and independence is absolutely critical and for this reason, government must recognise itself as a full partner in the delivery of meaningful change for individual children and at a system level.

ADCS
Leading Children's Services

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