Received:
24/08/2026
Accepted:
21/10/2026

Keywords:
Residential child care, children's homes, placement decision-making, The Promise, UK.

DOI:
https://doi.org/10.17868/strath.00097666

Original Research Article

Beyond the last resort: Reclaiming residential child care as a positive choice

Angela Griffiths
Children's Homes Improvement Ltd.

Abstract

The description of residential child care as a 'last resort' has proven remarkably durable in policy, practice and professional language across the United Kingdom. This paper examines the origins of that framing, arguing that it is not a neutral description of where residential care sits among placement options but an active influence on decisions that shape children's lives. Drawing on Sir Martin Narey's review of residential care in England, the conclusions of Scotland's Independent Care Review, and the research literature on group care, it contends that this framing operates as a self-fulfilling prophecy: children are placed late, where other arrangements have broken down, with any difficulties that follow attributed to residential care itself. The paper sets out the evidence that residential care can be the right placement for particular children, considers what a relational and pedagogically informed model offers, and proposes a reframing of residential care as a positive, planned choice. Implications for placement decision-making, commissioning, leadership, and professional language are discussed.

Introduction

Few phrases in children's social care are repeated as often, or with as little reflection, as the description of residential care as a placement of

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

'last resort' (Hart & La Valle, 2015; Kendrick, 2008). It appears in commissioning frameworks and case records, in training rooms, and in review meetings. It is spoken as though it were a plain statement of fact. Residential care, the phrase implies, is what remains when everything else has been tried. A child arrives at a children's home because foster care has broken down, because adoption was never realistic, or because a series of family placements has finally collapsed. The home becomes the end of a line rather than a chosen destination.

This paper argues that the 'last resort' framing is neither accurate nor harmless. It misrepresents what good residential care can offer, and it shapes, frequently for the worse, the decisions made about children long before they reach a children's home. The argument is not that residential care is right for every child, nor that children's homes are without problems. It is that the reflex of treating residential care as a failure option distorts professional judgement, delays good decisions, and then attributes the consequences of that delay to residential care itself.

The discussion draws on three bodies of material. The first is the findings of Sir Martin Narey's independent review of residential care in England (Narey, 2016). The second is the conclusions of Scotland's Independent Care Review and the commitments set out in The Promise (Independent Care Review, 2020). The third is research literature on group care that has, for several decades, questioned the hierarchy in which residential care is routinely placed (Berridge & Brodie, 1998; Kendrick, 2008; Sinclair & Gibbs, 1998). I write as an independent consultant who has spent many years working alongside children's homes. My argument is informed by what I have seen of the distance between the rhetoric of 'last resort' and the reality of skilled residential practice.

The paper proceeds in several movements. It traces the origins of the 'last resort' hierarchy; it sets out the self-fulfilling mechanism by which this framing produces its own justification; it reviews what the evidence actually shows about quality, matching and outcomes; it considers the relational and pedagogical case for residential care as a positive option; and it examines the practical cost of the framing, before proposing how it might be replaced. The discussion is framed with England and Scotland in mind, though the underlying narrative is common to all four UK nations.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

The genealogy of a phrase

To understand why the 'last resort' description has been so difficult to dislodge, it helps to consider where it came from. It is not the product of a single decision, but a residue of a long and largely well-intentioned movement in how western societies have thought about caring for children apart from their families.

The decades after the Second World War saw a steady retreat from large residential institutions across the United Kingdom. The reasons were varied and many were sound. Institutions had too often been places of harm; a truth later documented in unsparing detail by child abuse inquiries in every UK nation (Utting, 1997; Waterhouse, 2000). Developmental research emphasised the importance of stable individual attachments (Bowlby, 1951), whereby the family came to be seen as the natural template for raising a child. A guiding conviction took hold that children should, wherever possible, grow up in settings as close as possible to ordinary family life. Fostering expanded, adoption was promoted, and residential provision contracted sharply, with the number of children living in children's homes falling across successive decades (Berridge & Brodie, 1998).

A placement hierarchy followed almost automatically from these commitments. If the family is the ideal then the closest approximation to this, the foster placement, emerges as preferable to group living. Group living, in turn, becomes acceptable only once the preferable options have been exhausted. This is the quiet architecture of 'last resort'. It is seldom stated as policy because it does not need to be; it is built into the very order in which options are considered. By the time a children's home is discussed, the language of last resort has already done its work.

Cost hardened the hierarchy further. A residential placement costs markedly more than a foster placement (Competition and Markets Authority, 2022; Narey, 2016). In a system under constant financial pressure the expensive option naturally takes on the character of a step taken reluctantly, used only when cheaper alternatives have failed. The financial logic and the developmental logic point in the same direction, reinforcing one another.

None of this history is disreputable. The retreat from institutional care corrected genuine abuses and the commitment to family life reflects a

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

truth about how most children flourish. The difficulty is that a hierarchy built for sound reasons has hardened into a reflex that no longer serves children well. It is that reflex, rather than the history behind it, that this paper questions.

The self-fulfilling prophecy

The most serious charge against the 'last resort' framing is that it manufactures the very evidence used to justify it.

Consider the route by which a child typically reaches residential care. A children's home is rarely chosen upfront as the right setting for a particular child. Far more often the child has already moved through several foster placements, each ending in disruption, with each disruption deepening a sense of rejection and each move compounding earlier loss (Rock et al., 2015). Some of these placements end in the small hours, with a child moved in an emergency to whatever bed can be found, sometimes many miles from home, school, and everyone they know. By the time residential care is seriously considered, the child may have experienced repeated breakdown, may have learned that adults do not stay, and may present behaviour that has escalated with every failure. Residential care meets the child at the point of their greatest distress, once the damage of serial disruption has already been done.

What follows is depressingly predictable. Outcomes for children in residential care, measured crudely, look poorer than outcomes for children in foster care (Hart & La Valle, 2015; Narey, 2016). The inference commonly drawn is that residential care produces worse results. But this reasoning mistakes selection for causation (Forrester et al., 2009). Children are not allocated to residential and foster care at random. Those who reach a children's home have, as a group, endured more adversity, more placement movement, and more disrupted relationships than those who remain in foster care. The comparison is not between two equivalent populations of children, but between children at very different points on a trajectory of accumulated harm. To compare their outcomes without accounting for this is to compare the recovery rates of an emergency department with those of a general practice and to conclude that the emergency department is the inferior institution.

This is the self-sealing quality of the phrase. Because residential care is treated as a last resort, children arrive late and in crisis. Because they

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

arrive late and in crisis, their outcomes are poor. Because their outcomes are poor, residential care is confirmed in its status as a last resort. The circle closes and the framing is protected from disconfirmation. The poor outcomes that the framing predicts are, in significant part, produced by the framing itself.

A particular feature of late, crisis-driven placement deserves attention: distance. When a children's home is sought only once local options have been exhausted, the search widens and children are frequently placed far from their home area, their school and the people who matter to them. A placement made in haste and at a distance severs the very relationships that might have aided recovery, with the resulting isolation and disengagement then read as evidence of the child's difficulty or of the unsuitability of residential care. The same dynamic appears at the boundary with secure and specialist provision, where children failed by a sequence of under-matched placements are eventually described as needing a level of containment that earlier and better-judged care might have rendered unnecessary. This is the 'last resort' logic operating not once but repeatedly, at every threshold, each time converting the consequences of delay into an argument for further restriction.

Sir Martin Narey reached a strikingly similar conclusion. His review found that children's homes were frequently asked to care for children only after a long succession of foster placements had broken down. He questioned directly whether the routine assumption of fostering's superiority was justified by the evidence. The government's response accepted that children's homes can be the right option for some, particularly where they are used early as part of a well-considered plan rather than as an emergency measure once all else has failed (Department for Education, 2016). This qualification matters, as residential care used early and by design is a quite different proposition from residential care used late and in desperation. Yet it is the latter that the 'last resort' framing all but guarantees.

A note on the four nations

It is worth pausing on the fact that the legislative and policy frameworks for residential child care differ across the United Kingdom. In England, children's homes operate under the Children's Homes (England) Regulations 2015 and the associated quality standards, with Ofsted as regulator. Scotland has its own distinct framework, regulated by the Care

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Inspectorate; it has set its national direction through the Independent Care Review and The Promise, with further change implemented through the Children (Care and Justice) (Scotland) Act 2024. Wales and Northern Ireland have their own arrangements again. The specific mechanisms of scrutiny and regulation are not interchangeable; a feature of one system should not be assumed to exist in another.

What is striking, however, is the 'last resort' narrative's crossing of these borders. The hierarchy of placement, the contraction of residential provision, and the framing of group care as the option of last recourse are common to all four nations, regardless of differences in statute. The argument of this paper is therefore offered as a UK-wide one, even as its specific policy references are drawn from the English and Scottish reviews that have most directly challenged the framing.

What the evidence shows

If the outcomes argument is weaker than it first appears, what can be said with greater confidence?

The first point concerns the quality of the homes themselves. The recurring image of the children's home as a bleak and failing institution is contradicted by inspection evidence. The majority of children's homes in England are judged good or outstanding by Ofsted, a pattern Narey remarked upon, and one that has strengthened since: more than four in five homes have achieved these grades in recent years (Ofsted, 2024). Residential care has never been a single, uniform entity, with variation between homes one of the most consistent findings in the British research literature (Sinclair & Gibbs, 1998). Some homes fall short, and at times seriously; those homes matter. But the claim that residential care is generically poor in quality does not survive contact with the regulatory record.

The second point concerns matching. Where children are placed in residential care because it positively suits their needs rather than because nothing else remains, the picture looks quite different. Adolescents in particular may neither want nor be able to tolerate the intimacy of a substitute family (Sinclair & Gibbs, 1998). A young person who has been parented inadequately, or harmed within family settings, may experience the closeness of foster care as intrusive or threatening. Such a young person may do far better in the more measured emotional climate of a

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

well-run home, where care is shared across a team and the demand for family-style intimacy is lower. For sibling groups who would otherwise be split up, for children whose needs are too complex for a single carer to hold alone, and for young people who tell us directly that they do not want another set of parents, a children's home can be precisely the placement that fits.

It is worth being specific about the children for whom this is most often true. There are adolescents who have spent years resisting the intimacy of family placements and who settle, sometimes for the first time, in the lower-key emotional environment of a residential home. There are sibling groups too large or too complex to be held together in any available foster family, for whom a home preserves the one set of relationships they have left. There are children stepping down from secure or hospital settings who need a staffed environment to make that transition safely. There are young people approaching adulthood for whom a home can model the practical business of living and offer a stable base from which to take the first steps towards independence. None of these children is well served by a system that reaches for a children's home only when it has run out of alternatives. Each is better served by a system willing to ask, early and without prejudice, whether a home is the right place for them.

The voices of children themselves belong here. Giving evidence on residential care, one young person simply explained that they had not wanted a foster mother and father, so a children's home suited them best (House of Commons Education Committee, 2022). Statements of this kind are easy to discount when placement is governed by a hierarchy rather than by the child's own account of what helps. Yet they are among the most reliable evidence available about what a particular child needs. A system serious about good matching would treat them as such.

The third point concerns what good group care can do that family placement cannot. A good children's home is not a diminished family. It is a different kind of setting with its own distinct possibilities. The presence of other children, the structure of a staff team, the availability of several trusted adults rather than only one or two, and the capacity to hold and contain a child's distress without the placement collapsing are not consolation prizes. They are features that some children need and that even the most loving family setting may be unable to provide.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

A fair reading of the research base must acknowledge its limits. The evidence on outcomes in children's services is, for well-understood reasons, difficult to interpret: the children are not randomly assigned, the settings vary widely, and the things that matter most, such as a child's sense of safety or the quality of a particular relationship, are hard to capture via administrative data. What the literature does suggest, with reasonable consistency, is that the quality-of-care matters more than the category of placement (Clough et al., 2006). A well-run home with a stable and skilled team and a clear purpose can offer a child more than a poorly supported foster placement, just as a committed foster family can offer more than a struggling home. The useful question is therefore not whether residential care is better or worse than fostering in the abstract, which is close to unanswerable, but whether this child is well matched to this setting, supported by this team, at this point in their life. The abstract comparison that the 'last resort' framing relies upon is precisely the comparison the evidence cannot sustain.

Relationships, pedagogy and the therapeutic task

The strongest case for residential care rests not on the shortcomings of fostering but on what skilled group care can achieve.

A long tradition of writing on residential child care has insisted that the work is relational at its heart. Anglin (2002), in an influential study of group homes, described the central task as the achievement of congruence: a consistency between what a home declares it is for, what its staff believe, and how children are actually treated from one day to the next. Where that congruence holds, the home becomes a place in which the ordinary pain of these children's lives can be acknowledged and worked with rather than contained and suppressed. Smith (2009) made the case for a frank rehabilitation of residential care as a positive form of practice, grounded in relationships and the texture of everyday life rather than in the administration of risk.

This relational understanding has a strong continental counterpart in social pedagogy, the tradition that underpins residential care across much of northern Europe. In countries where social pedagogy is well established, residential care is staffed by trained pedagogues, is regarded as a skilled profession, and is treated as a viable and often desirable option rather than a placement of last resort (Petrie et al., 2006). The pedagogue works with the whole child through shared daily living,

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

drawing together what is often referred to as the head, the heart, and the hands; the upbringing of the child is treated as a considered craft. Narey's review devoted a chapter to European social pedagogy without recommending its wholesale importation, and evaluation of the English social pedagogy pilots counsels caution about direct policy transfer (Berridge, 2016; Berridge et al., 2011; Narey, 2016). The lesson of the continental example lies less in it being a transferable method than in the standing it affords the work: where group care is treated as a skilled and valued option rather than a fallback, it can recruit, train, and retain accordingly.

Scotland's Independent Care Review brought this relational emphasis to the centre of national policy. The Promise, which set out the review's conclusions, was built upon the more than five and a half thousand experiences shared with the review. It placed love and relationships at the heart of what children who are cared for are owed (Independent Care Review, 2020). Its insistence that children must be supported to develop trusting relationships with the people who care for them speaks directly to the residential task, offering a vision of group care defined by what such care provides rather than by what it is assumed to lack. Recent Scottish scholarship has begun to examine what keeping that promise means for residential care in practice, including the need to be honest about the models and theories that homes claim to follow (Johnson & Steckley, 2023).

A note of caution is warranted about the language of therapy. In recent years many homes have adopted the vocabulary of trauma-informed care, and the shift in understanding it represents is welcome. Yet the model or theory behind such claims is not always specified or fully understood, such that a label can come to stand in for the demanding work it is meant to describe (Johnson & Steckley, 2023). Reframing residential care as a positive choice is not a matter of adopting therapeutic language, but rather of building the conditions - relational, organisational and material - in which children can recover. The argument of this paper should not be mistaken for a claim that naming a home 'therapeutic' is what makes it so.

None of this romanticises residential care. The same literature that argues for its value is candid about the conditions upon which that value depends: skilled and supported staff, stable teams, capable leadership,

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

and a clear and lived sense of purpose. Where those conditions are absent, group care can certainly do harm, as the history of the sector painfully attests. The argument here is not that all residential care is good, but that good residential care is a real and achievable thing. The 'last resort' framing makes this harder to achieve, both by ensuring that children arrive in the worst possible condition and by devaluing the work before it has begun.

The cost of the framing

It is worth giving concrete evidence about the harm the framing does, because a manner of speaking that appears merely descriptive carries real consequences for children.

Delay

The clearest harm is delay. If residential care is the option of last resort, then, by definition, it will be tried last. Children who might have settled in a well-matched home are instead moved through a succession of foster placements, each attempted in the hope of avoiding the 'failure' of residential care, with each breakdown leaving the child more guarded and less able to trust. The placement that might have helped is reached only after the child has been taught, again and again, that care does not last. The delay is not a neutral waiting period, but is itself a source of harm.

Language and identity

The framing also shapes how children come to understand themselves. A child who knows that their home is regarded as the place you end up when no one else will have you absorbs a corrosive message about their own worth. The vocabulary of last resort, of placements that have 'failed', and of children who are 'hard to place', settles on the child as much as on the system. It does so at exactly the age when a young person is working out who they are and what they are worth. Words that practitioners use casually are received by children as verdicts.

Workforce

There is a cost to the workforce too. Residential care work is skilled, demanding and emotionally exacting, yet a sector framed as the foot of a hierarchy struggles to recruit, to retain, and to command the professional respect the work merits (Department for Education, 2021). The 'last resort' narrative quietly tells residential workers that they operate where others have given up, which is a corrosive message to carry into work

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

that depends, more than almost any other, upon hope. A workforce told that it occupies the bottom of the system will find it harder to sustain the optimism that children in its care most need.

Commissioning

Finally, the framing distorts commissioning. A form of provision regarded as a regrettable necessity is commissioned defensively, place by place and crisis by crisis, rather than planned as a valued part of a spectrum of potential care. The result is the very instability that the sector is then criticised for: spot purchasing, placements at long distances from home, and homes opening and closing in response to short-term demand (Competition and Markets Authority, 2022; MacAlister, 2022). A sector commissioned as a last resort behaves like one. Planned and valued, it could behave very differently.

Reframing residential care as a positive choice

If the 'last resort' framing is as damaging as I have suggested, what should take its place?

The alternative is not to invert the hierarchy and crown residential care superior to fostering. That would merely reproduce the original mistake in reverse. The alternative is to abandon the hierarchy itself and to think instead in terms of matching. The question then becomes, which setting, for this child, at this point, given what they have lived through and what they tell us they need, is most likely to help them recover and grow? On that question residential care will sometimes be the wrong answer, sometimes a reasonable one, and sometimes, unmistakably, the right one.

Reframing in this way carries practical implications. The first concerns the moment of decision. It means asking, early in a child's journey, whether a children's home might be the placement that suits them best, rather than arriving at that question only once every other door has closed. For some adolescents, for some sibling groups, and for some children whose experiences have made family life unbearable, this answer reached early would spare years of damaging movement. Early consideration of residential care is not a counsel of despair. For the right child it is a counsel of hope.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

The second implication concerns language. Professionals shape reality through the words they choose. A deliberate shift away from the vocabulary of last resort, of failure, and of children who are 'hard to place', towards a language of suitability, matching, and positive choice, is not mere presentation. It alters how children are seen, how decisions are framed, and how the work is valued by those who carry it out. Changing the words is not sufficient on its own, but it is a necessary part of changing the practice.

The third implication concerns listening. It means taking seriously what children themselves tell us. When a young person says that they do not want another mother and father, this is not resistance to be overcome on the way to a preferred placement, but evidence about what will help them. It deserves real weight in the decision rather than polite acknowledgement before the hierarchy reasserts itself.

The fourth implication concerns commissioning and leadership: residential care should be commissioned and led as a valued form of provision rather than purchased as a reluctant last step. This entails planning sufficiency with intent, investing in the workforce, supporting the leadership on which good homes depend, and holding a clear expectation that a children's home is a place where children can be helped to thrive rather than merely contained.

Implications for practice and leadership

For those who lead and work in residential care, the argument carries a particular responsibility. If the sector is to be seen differently from the outside, it must also hold a confident account of itself on the inside. Leaders of children's homes set the emotional and moral tone of a setting. A leader who has absorbed the 'last resort' story, who quietly believes the home to be where children land when all else has failed, will struggle to ask staff for the hope that the work demands. The belief a leader holds about the worth of the home travels, by a hundred small routes, to the children who live there.

A confident account is not a complacent one. It holds two things at once: a clear-sighted recognition of how hard the work is and how often the sector has fallen short, and an equally firm conviction that residential care, done well, changes lives. This is the register in which the statement of purpose of a home should be written, and in which supervision, team

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

meetings, and daily practice should be conducted. The account a home holds of itself is communicated to children in countless small ways. Children read that account accurately and subsequently live up or down to it.

There is a wider professional task as well. Independent visitors, inspectors, social workers, and commissioners all carry the 'last resort' assumption into their dealings with homes, frequently without noticing they are doing so (Hart & La Valle, 2015). Part of the work of changing the narrative is to surface that assumption wherever it operates: in the language of a placement request, in the framing of a review, in the expectations brought to an inspection. Those of us who work across the sector in independent roles are well placed to do this, precisely because we see many homes and can recognise the gap between what residential care is assumed to be and what, at its best, it actually is. To name that gap, repeatedly and in the rooms where decisions are made, is itself part of the reframing.

Independent oversight has a specific part to play. In England, the duty on children's homes to receive regular independent visits creates a recurring external vantage point on the life of a home, with equivalent forms of external scrutiny operating, in their own ways, under the distinct frameworks of the other UK nations. Whatever its statutory form, independent scrutiny is more than a compliance exercise. At its best it tests whether a home is living up to its stated purpose, and it can, with equal value, test whether the placing system is treating the home as a positive resource or as a destination of last resort. An independent visitor who notices that a child was placed late, far from home, and after repeated breakdown is observing the 'last resort' logic in action, and recording that plainly is a small but real contribution to changing it.

Conclusion

The description of residential care as a last resort is so familiar that it can be hard to hear as a claim at all. Yet it is a claim rather than a neutral fact. It is also a consequential one, positioning residential care at the foot of a hierarchy, ensuring that children reach it late and in crisis, attributing the resulting difficulties to residential care itself, and thereby confirming the judgement that placed it last. It is a self-sealing argument that has shaped the lives of many children for the worse.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

The evidence does not support it. The quality of the great majority of homes, the selection effects that distort crude outcome comparisons, the clear testimony of children who do not want a substitute family, and the long tradition of relational and pedagogical practice all point in the same direction. Residential care can be the right placement for a child. For some children it is the best one. Both Narey's review in England and The Promise in Scotland have, in different ways, called for residential care to be understood as a positive option rather than a fallback (Independent Care Review, 2020; Narey, 2016).

The task now is to make that reframing real: in the decisions taken about individual children, in the language professionals use, in the way homes are commissioned and led, and in the confidence with which those who do the work understand its worth. To do so would not be to sentimentalise residential care or to deny its difficulties, but to give children a fair chance of reaching the right placement at the right time, before the last resort becomes, once again, a prophecy that fulfils itself.

References

Anglin, J. P. (2002). *Pain, normality and the struggle for congruence: Reinterpreting residential care for children and youth*. Philadelphia, PA: Haworth Press.

Berridge, D. (2016). Policy transfer, social pedagogy and children's residential care in England. *Child & Family Social Work, 21*(1), 76–84. https://doi.org/10.1111/cfs.12112

Berridge, D., Biehal, N., Lutman, E., Henry, L., & Palomares, M. (2011). *Raising the bar? Evaluation of the social pedagogy pilot programme in residential children's homes* (Research Report DFE-RR148). Department for Education.

Berridge, D., & Brodie, I. (1998). *Children's homes revisited*. London: Jessica Kingsley Publishers.

Bowlby, J. (1951). *Maternal care and mental health.* World Health Organization.

Clough, R., Bullock, R., & Ward, A. (2006). *What works in residential child care: A review of research evidence and the practical considerations.* London: Jessica Kingsley Publishers.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Competition and Markets Authority. (2022). *Children's social care market study: Final report.* Competition and Markets Authority. https://www.gov.uk/cma-cases/childrens-social-care-study

Department for Education. (2016). *Government response to Sir Martin Narey's independent review of residential care*. Department for Education. https://assets.publishing.service.gov.uk/media/5a805880ed915d74e622dec1/Government_response_to_Narey_review.pdf

Department for Education. (2021). *Children's homes workforce: Literature review* (Research Report DFE-RR1146). Department for Education. https://dera.ioe.ac.uk/id/eprint/38209/1/Children_s_homes_workforce_-_Literature_review.pdf

Forrester, D., Goodman, K., Cocker, C., Binnie, C., & Jensch, G. (2009). What is the impact of public care on children's welfare? A review of research findings from England and Wales and their policy implications. *Journal of Social Policy, 38*(3), 439–456. https://doi.org/10.1017/S0047279409003110

Hart, D., & La Valle, I. (2015). *The place of residential care in the English child welfare system: Research report*. Department for Education. https://www.researchgate.net/publication/280554023_The_Place_of_Residential_Care_in_the_English_Child_Welfare_System

House of Commons Education Committee. (2022). *Educational poverty: How children in residential care have been let down and what to do about it* (Second Report of Session 2022–23, HC 57). House of Commons. https://publications.parliament.uk/pa/cm5803/cmselect/cmeduc/57/summary.html

Independent Care Review. (2020). *The Promise*. Independent Care Review. https://www.carereview.scot/

Johnson, D., & Steckley, L. (2023). Residential care for children and youth in Scotland: Keeping the Promise? In J. K. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds), *Revitalizing residential care for children and youth: Cross-national trends and challenges* (pp. 57–74). Oxford: Oxford University Press. https://strathprints.strath.ac.uk/85904/1/Johnson_Steckley_2023_Residential_care_for_children_and_youth_in_scotland.pdf

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

Kendrick, A. (Ed.). (2008). *Residential child care: Prospects and challenges*. London: Jessica Kingsley Publishers.

MacAlister, J. (2022). *The independent review of children's social care: Final report*. Independent Review of Children's Social Care. https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report

Narey, M. (2016). *Residential care in England: Report of Sir Martin Narey's independent review of children's residential care*. Department for Education. https://assets.publishing.service.gov.uk/media/5a74e467e5274a59fa715c7b/Residential-Care-in-England-Sir-Martin-Narey-July-2016.pdf

Ofsted. (2024). *Children's social care in England 2024: Main findings*. Ofsted. https://www.gov.uk/government/statistics/childrens-social-care-in-england-2024/main-findings-childrens-social-care-in-england-2024

Petrie, P., Boddy, J., Cameron, C., Wigfall, V., & Simon, A. (2006). *Working with children in care: European perspectives*. Milton Keynes: Open University Press.

Rock, S., Michelson, D., Thomson, S., & Day, C. (2015). Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence. *British Journal of Social Work, 45*(1), 177–203. https://psycnet.apa.org/doi/10.1093/bjsw/bct084

Sinclair, I., & Gibbs, I. (1998). *Children's homes: A study in diversity*. Oxford: John Wiley & Sons.

Smith, M. (2009). *Rethinking residential child care: Positive perspectives*. Bristol: Policy Press.

Utting, W. (1997). *People like us: The report of the review of the safeguards for children living away from home.* The Stationery Office. https://api.parliament.uk/historic-hansard/commons/1997/nov/19/utting-report

Waterhouse, R. (2000). *Lost in care: Report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974* (HC 201). The Stationery Office.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org

About the author

Angela Griffiths is a qualified social worker registered with Social Work England and the founder and director of Children's Homes Improvement Ltd, an independent consultancy serving the children's residential care sector in England. Her experience of more than thirty-five years spans frontline practice, senior leadership and independent consultancy, including international work with the United Nations. Her practice includes independent visiting under Regulation 44, quality assurance, and leadership development across many children's homes. Her book on transformational leadership in children's residential care is forthcoming with Routledge.

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License
ISSN 2976-9353 (Online)
Published by celcis.org