

REPORT

Review of how the care system in England and Wales can protect children from involvement in violence

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About the Youth Endowment Fund

The Youth Endowment Fund (YEF) is a charity with a mission that matters. We exist to prevent children and young people becoming involved in violence. We do this by finding out what works and building a movement to put this knowledge into practice.

Children and young people at risk of becoming involved in violence deserve services that give them the best chance of a positive future. To make sure that happens, we'll fund promising projects and then use the very best evaluation to find out what works. Just as we benefit from robust trials in medicine, young people deserve support grounded in the evidence. We'll build that knowledge through our various grant rounds and funding activity.

And just as important is understanding children and young people's lives. Through our Youth Advisory Board and national network of peer researchers, we'll ensure they influence our work and we understand and are addressing their needs. But none of this will make a difference if all we do is produce reports that stay on a shelf.

Together we need to look at the evidence and agree what works, then build a movement to make sure that young people get the very best support possible. Our strategy sets out how we'll do it. At its heart it says that we will fund good work, find what works and work for change. You can read it [here](#).

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About the researchers

Cordis Bright was funded by the YEF to undertake an exploratory study to understand how the care system in England and Wales can protect children from involvement in violence.

Cordis Bright (www.cordisbright.co.uk) believes that public sector services can change lives for the better. We work collaboratively with our clients to deliver improved outcomes for service users and their families. We provide research, evaluation, consultancy and advice aimed at improving public services. Our team has a unique combination of consultancy, research and evaluation skills, with previous experience in practice, management, leadership and inspection. Cordis Bright offers a range of research and evaluation services which aim to improve the evidence-base from which public services are delivered.

The research team included Caitlin Hogan-Lloyd (Project Manager, Senior Consultant), Ashna Devaprasad (Project Manager, Consultant), Bethan Peach (Project Director, Principal Consultant), Samyukta Srinivasan (Researcher), Karim Bukleb (Researcher), and Keiran Manners (Associate Researcher, Senior Social Worker). Additionally, the research benefitted from expert input from Dr Claire Fitzpatrick, Lancaster University.

For further information about this study, please contact Caitlin Hogan-Lloyd at caitlinhoganlloyd@cordisbright.co.uk or info@cordisbright.co.uk.

Abbreviations

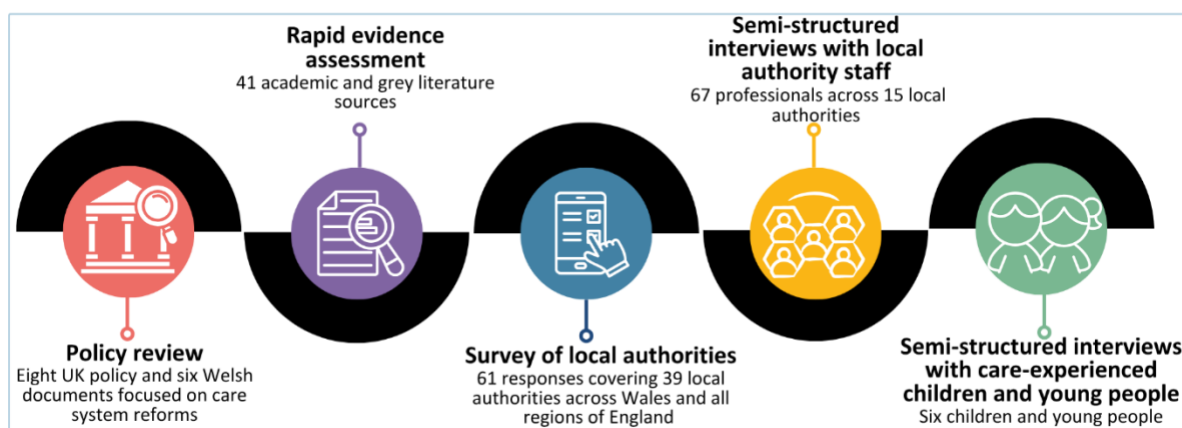
Abbreviation	Term
ADCS	Association of Directors of Children's Services
ADHD	Attention deficit hyperactivity disorder
AI	Artificial intelligence
ASC	Autism spectrum condition
AWHOCS	All Wales Heads of Children's Services
CAMHS	Child and Adolescent Mental Health Services
CAPVA	Child and adolescent to parent violence and abuse
CCE	Child criminal exploitation
CSE	Child sexual exploitation
CPS	Crown Prosecution Service
DfE	Department for Education
DoL / DoLs	Deprivation of Liberty / Deprivation of Liberty orders
EHCP	Education, health and care plan
EET	Education, employment and training
FFP	Families First Partnership programme
ICB	Integrated Care Board
ILACS	Inspections of local authority children's services
LA	Local authority
MACPTs	Multi-agency child protection teams
MDT	Multi-disciplinary team
MOJ	Ministry of Justice
NHS	National Health Service
ONS	Office for National Statistics
PRU / PRUs	Pupil referral unit(s)
REA	Rapid evidence assessment
SEND	Special educational needs and disabilities
SENDIASS	Special Educational Needs and Disability Information Advice and Support Service
SEMH	Social, emotional and mental health
SLCN	Speech, language and communication needs
UASC	Unaccompanied asylum-seeking children
VCSE	Voluntary, community and social enterprise
YEF	Youth Endowment Fund
YJB	Youth Justice Board
YJS	Youth Justice Service

Executive summary

Introduction

Children typically enter care due to experiences of abuse, neglect, or other adversity, which past research has shown can increase their risk of involvement in crime. The care system itself, while having the potential to improve outcomes for these children, can in some cases increase this vulnerability or miss safeguarding opportunities. While previous research has focused on children's risk of offending in general, this study aims to understand how the care system influences children's risk of involvement in *serious violence* specifically. Our focus is on children in residential or foster care who may engage in serious violent offences. While the focus is on perpetration, the study also recognises the complex interplay between involvement in violence as a perpetrator and victim.

Crucially, the research aims to understand how local authorities perceive these risks and how both risk and response are shaped by the current landscape of policy, funding, and need. To achieve this, we used a mixed methods approach. We conducted a rapid evidence assessment to understand what is already known about the risk of children in care becoming involved in violence and used this to inform a survey and interviews with local authority stakeholders, practitioners and care experienced children and young people.



Key findings

How does involvement in the care system relate to children's risk of involvement in serious violence, and what pathways shape this risk?

Our research identified two distinct pathways through which children in care become involved in *serious violence*: **violent incidents occurring within care settings**, and **violence resulting from exploitation**. The first pathway requires support to prevent escalating behaviours linked to trauma and unmet need within care environments and the resulting criminalisation of children. The second requires targeted diversion, and a multi-agency safeguarding response. Both need early identification and a proactive response at 'reachable moments' including behavioural incidents in the care setting, missing episodes, drug use, and

school exclusion. Avoiding children in care being formally criminalised unnecessarily is important, as criminalisation may increase the risk of later involvement in offending and possibly violence.

How is the involvement of children in care in serious violence prioritised within local authorities and what are the barriers to effectively safeguarding these children?

Local authority stakeholders recognise that children in care are over-represented among serious violence cohorts and require particular attention. However, addressing serious violence for children in care is rarely treated as a distinct strategic priority and is more often addressed within wider exploitation or violence strategies. A gap in these strategies may exist around addressing violent behaviour that can be displayed by children within care settings.

Structural pressures limit the care system's ability to function as a consistently protective environment. Key barriers include a lack of suitable foster and residential care homes, particularly those with the skills and willingness to support children at risk of involvement in violence, and a higher number of children with these needs entering care. There is a lack of specialist provision for children involved in violence, and uncertainty about what effective "specialist" provision looks like. A shortage of appropriate therapeutic and educational provision also reduces the support children in care can access outside of their home.

How do care system factors influence the risk of serious violence for children in care?

Previous research has identified various care system factors that influence the risk of children in care becoming involved in offending, including placement type (where residential care is seen as higher risk than foster care), out-of-area moves, placement breakdown, and the drop-off in support on transitioning out of care. Our findings show that local authorities view these factors as increasing the risk of *serious violence* specifically, with most concern shown about frequent placement moves given their potential to compound rejection, disrupt education, and increase risk of unsuitable placements.

Riskier care experiences are becoming more common; placement insufficiency means children are more frequently placed in privately operated residential homes, outside of their local authority area, or in semi-independent or unregulated provision. Local authority oversight of all these placement types is more limited, meaning confidence in the quality and consistency of the support children receive is lower.

Safeguarding depends not only on placement type, but on relational stability within and after leaving care. Trusted, consistent relationships with carers and professionals are key protective factors that are undermined by workforce shortages, high turnover, and reliance on agency staff. When combined with gaps in training and support for care staff and a lack of diversionary support, these pressures can mean opportunities to respond early to signs of exploitation are missed and behavioural incidents within care settings more often result in police callouts and unnecessary criminalisation.

A reinforcing cycle is created: children at risk of involvement in violence are increasingly placed in higher-risk settings where staff cannot meet their needs, leading to cycles of placement breakdown, escalating need and further increased risk.

How do children's needs and identities shape their experiences within the care system, and how do these experiences affect the risk of involvement in serious violence?

Our findings build on previous research, showing that pathways and risk patterns can vary for children in care with different needs and identities, because of differences in professional responses and support. Our research underscores the importance of personalised support informed by awareness of how identity and need can shape exposure to risk and the system response. Key issues include:

- **Racialised bias and gaps in culturally competent support** for children from Black, Asian and minority ethnic backgrounds. This undermines placement stability and trust and can increase the likelihood of unnecessary criminalisation.
- **Unmet mental health and neurodivergent need.** When professionals and carers focus primarily on challenging behaviour, rather than recognising and responding to underlying unmet needs, this can increase the likelihood of children being subjected to risk factors such as school exclusion and placement breakdown.
- **A lack of suitable accommodation and more punitive responses to behaviour for adolescents,** meaning children entering care in their teenage years can struggle to find a stable home and face higher risks of criminalisation.
- **Increasing involvement of girls in criminal exploitation and violence.** This can go unrecognised due to distinct and often less visible risk patterns for girls in care compared to boys, or unsupported due to the adultification and sexualisation of girls in care meaning they may not receive a safeguarding response.

Implications for policy and practice

To protect children in care from involvement in serious violence, changes must be made at a national and local level in three key areas:

- **Strengthening the protective potential of the care system.** Priorities include increased access to appropriate, stable and safe places to live, meeting the diverse needs of children in care to support them to thrive, and providing effective support in the transition out of care.
- **Safeguarding children in care who are at immediate risk of or already involved in exploitation or serious violence,** through targeted interventions, improved training for care staff, and ensuring children in care are embedded within multi-agency arrangements to safeguard children at risk of extra-familial harm.

- **Reduce the unnecessary criminalisation of children in care**, through effective use of local protocols, ensuring that care staff practice is trauma-informed and policing is consistently child-centred, and diversionary pathways are used appropriately.

Our findings show clearly that reducing involvement in serious violence for children in care is a complex challenge and a meaningful shift will require action across all three domains. A set of proposed changes are outlined below. These draw on stakeholder suggestions and our assessment of what is most likely to address the challenges this review has identified. Local changes to practice must also be supported by action to address the wider constraints facing children's social care at a national level, or protective practice will remain uneven.

Strengthening the protective potential of the care system

Ensuring children can access appropriate, safe placements in children's homes

- Prioritise significant national capital investment for new homes and expedite Ofsted registration.
- Develop specialist provision for children with complex needs linked to involvement in violence, informed by local needs assessments and nationally funded research.
- Partner with the Voluntary, community and social enterprise (VCSE) sector and explore social investment models to develop new homes, to allow for more control over quality, cost and alignment with need.
- Strengthen local oversight of quality, for example using approved provider lists. Widen Ofsted's powers nationally to address unregistered provision.
- Improve the support offered to care workers to boost retention of high-quality staff.

Ensuring children can access appropriate, safe foster care

- Introduce local models of specialist foster care for children with complex needs linked to involvement in violence with guidance, training and enhanced financial support for carers, supported by national investment.
- Provide wraparound therapeutic support to both child and carer.
- Target recruitment to address gaps in expertise and demographic profile of foster carers.

Improving placement matching and preventing breakdown

- Involve the right partners in decision-making, including Youth Justice Service (YJS), to ensure needs relating to violence are understood.
- Include the child's voice in decision-making and communicate decisions early and clearly.
- Actively monitor placements and provide multi-agency support to prevent breakdown.
- Systematically capture learning from placement breakdown locally and nationally.

Ensuring culturally appropriate support for Black, Asian and minority ethnic children in care

- Strengthen national guidance on how to achieve race equity in local provision.
- Fund national research and development of culturally adapted therapeutic models for children in care.
- Develop: strategies to address disproportionality, including for Black children specifically; race equity training for care staff/carers linked to exploitation risks; targeted recruitment of carers/staff from diverse backgrounds; cross-service sharing of learning about what works; and targeted support for asylum-seeking children.

Strengthening the protective potential of the care system

- Systematically capture the child's views on identity within care planning.

Ensuring children's specific needs are met while in care

- Mental health: Train care staff in relational support and require managers to evidence trauma-informed environments. Provide therapeutic support via priority CAMHS access or separate commissioned pathways.
- Neurodivergence: Provide guidance and training for care staff on meeting the needs of neurodivergent children and making adjustments. Share information on needs and what works with the YJS.
- Gender: Develop a national gender-informed safeguarding framework. Ensure local multi-agency safeguarding pathways support identification of less visible risks for girls.
- Fund national research into specific support pathways for sub-groups of children in care.

Supporting children's engagement with education

- Limit exclusions for children in care via national statutory limits and oversight, alongside funding training for education staff around children in care, trauma and associated behaviours.
- Invest in alternative education provision capable of supporting children involved in violence.
- Strengthen collaboration between schools and care settings to improve educational engagement, supported by a stronger role for the designated teacher for children in care.
- Provide guidance for practitioners in supporting children with schoolwork.

Ensuring children are well supported in transitioning out of care

- Secure care leavers' access to housing and education, employment or training through priority pathways and multi-agency support. Involve the YJS in planning and ongoing support where needed.
- Prioritise maintaining trusted relationships as a safeguarding intervention in the transition out of care in national and local frameworks. Provide support that reflects the young person's preferences.
- Provide ongoing support to safeguard care leavers from extra-familial harm, supported by national guidance on risk assessment for care-experienced young people and avoidance of fixed age thresholds.

Safeguarding children in care already involved in or at risk of exploitation or violence

Ensuring children can access targeted interventions that reduce risk of exploitation

- Develop relationship-based youth work and mentoring services for children in care which focus on positive activities, flexible delivery, and proactive outreach. Fund evaluation of local initiatives.
- Prioritise pre-YJS intervention pathways for children in care at "reachable moments" such as school exclusion, missing episodes, behavioural incidents in the care home, or disengagement from education.
- Strengthen the role of VCSE organisations in delivering non-statutory diversion support that is trusted by children in care. Provide national investment to support the VCSE sector's sustainability.
- Involve young people with lived experience of care in shaping support to ensure it meets need.

Supporting care staff to safeguard children from exploitation or involvement in violence

- Strengthen the ability of carers and care staff to recognise and respond to risk through locally grounded, up-to-date and practical training on exploitation which covers online harms and the impact of different needs and identities on risk, system responses and biases. Make this training a requirement within statutory guidance.

Safeguarding children in care already involved in or at risk of exploitation or violence

Strengthening multi-agency working to safeguard children in care

- Embed children in care within wider pathways for safeguarding children from extra-familial harm, including provision for children in care to receive a child protection plan focused on extra-familial harm where needed.
- Formalise links between safeguarding teams, social workers and care placements, to support sharing of expertise and intelligence.
- Regularly review incidents involving the use of serious violence by children in care and share learning.

Reducing the unnecessary criminalisation of children in care

Using local protocols to avoid unnecessary criminalisation of children in care

- Establish or strengthen local protocols to reduce unnecessary criminalisation of children in care.
- Make protocols a statutory requirement, with clear expectations about monitoring of implementation, and joint ownership across police, children's social care and YJS, with inclusion of health and education.
- Ensure consistent implementation of protocols via designated champions and standing agenda items.
- Ensure local protocols apply across all placement types. Include guidance to support professionals to recognise and limit bias in their response to needs and identities that may impact on presenting behaviour and risk pathways, including neurodivergence, gender and race.

Supporting proportionate use of police call outs by residential care staff and child-centred police responses

- Develop local decision-making frameworks that support care staff to manage behavioural incidents, including clear thresholds for police involvement, mitigation strategies and alternative responses.
- Support staff in managing challenging incidents through training, supervision and therapeutic support.
- Introduce mandatory police training on child-centred policing specific to children in care and the risks of unnecessary criminalisation. Consider co-delivery with children's social care and YJS.
- Improve information-sharing between police and local authorities and use of markers for children in care to ensure police are aware of needs and risks. Develop national standards to support this.
- Partner with schools or VCSE organisations to provide preventative educational support around violent behaviour for children in care to avoid the need for police involvement in care homes.

Strengthening use of diversionary pathways for children in care

- Clarify diversion and restorative justice options within local protocols for reducing unnecessary criminalisation of children in care, to ensure diversion is the default response for lower-level incidents.
- Train residential care staff and frontline police on restorative and diversionary options for children in care. Ensure staff understand and promote newer options such as Outcome 22-style approaches.
- Promote access to voluntary point-of-access diversion schemes and allow use of care status as a factor supporting eligibility, even in cases of some weapons offences.
- Set national expectations for the appropriate use of restorative justice for children in care.
- Mandate monitoring of diversion outcomes for children in care, supported by local scrutiny panels.

1 Introduction

This study was commissioned by the Youth Endowment Fund (YEF) and delivered by Cordis Bright. It aims to understand how the care system can better protect children in care from involvement in serious violence.

1.1 The background to this study

1.1.1 What we mean by children in care

The focus of this review is on children in or with experience of residential care and/or foster care, including those transitioning into and out of these types of care. The terms children in care and care experienced children are both used throughout this report.

1.1.2 What we mean by involvement in serious violence

The focus of this review is on children's risk of engaging in or being accused of engaging in serious violent offences.

While our focus is on perpetration, we use the term 'involvement in serious violence' throughout the report in recognition of the often-complex interplay between involvement in violence as a perpetrator and victim (the victim-offender overlap) and the importance of avoiding stigmatising or blaming language.

We use the definition of serious violence set out in the Home Office Serious Violence Strategy (2018), which emphasises homicide, knife crime and gun crime, as well as forms of criminality where serious violence or its threat is inherent, such as gang activity and county lines drug dealing. Other forms of serious violence, including sexual abuse and violence against women and girls, are not covered in this review and would require separate, dedicated analysis to be addressed fully.

Our focus on serious violence reflects continued concern about the issue in England and Wales. In the year ending September 2025, police recorded 499 homicides, 50,430 knife-enabled offences and 4,851 firearms offences, highlighting the continuing scale of serious violence (Office for National Statistics, 2026). Levels of serious *youth* violence also remain high. In the year ending March 2024, there were just over 3,200 knife or offensive weapon offences committed by children resulting in a caution or sentence (Youth Justice Board, 2025). Exposure to violence among children appears to be far reaching: Office for National Statistics (ONS) data show that 48% of 10- to 15-year-olds had seen or heard about a violent incident involving peers, 15% felt likely to encounter people involved in gangs, and 3% felt likely to be attacked by someone with a weapon (Office for National Statistics, 2025). Likewise, the YEF's 2025 survey of 11,000 13- to 17-year-olds found 18% had been victims of violence and 13% had committed violence in the previous 12 months (Youth Endowment Fund, 2025).

1.1.3 What we already know about the link between care experience and involvement in serious violence

The care system in England and Wales is intended to protect children from harm, yet children with care experience are significantly overrepresented in the youth justice system (YJS) (Children's Commissioner, 2025; Whitehead et al., 2025). Recent analysis shows that children in care are 4.5 times more likely to receive a criminal caution or conviction than those with no contact with the social care system. Elevated risk is also seen among children with lower levels of social care involvement, though to a lesser extent: those with child in need (CIN) status are 2.2 times more likely, and those on a child protection plan (CPP) are 2.6 times more likely to have a caution or conviction than those with no social care involvement (Whitehead et al., 2025).

The overrepresentation of Black, Asian and minority ethnic children in the YJS is well established and reflected among the cohort of children in care remanded in custody. The Laming Review (Prison Reform Trust, 2016) found that approximately 44% of the children in care in custody were Black, Asian or from another minority ethnic background, based on Youth Justice Board (YJB) data for April 2015. By comparison, around 25% of all the children in care in England were from minority ethnic backgrounds in 2016 (Department for Education, 2016), while the nearest available comparator for the wider child population provides a figure of around 23% for 0- to 19-year-olds in England and Wales in 2019¹.

Children in care are often highly vulnerable, typically entering the system due to experiences of abuse, neglect, or other significant adversity (Hayden & Graves, 2018; Staines, 2017; Petrie, 2018). These early challenges can increase the likelihood of involvement in crime and violence. However, there is a lack of robust research which isolates the impact of pre-existing adversities on the risk of offending or violence for care experienced children.

The care system itself may also contribute to this vulnerability or miss opportunities to protect children. Previous work has cited factors such as exposure to negative peer influences and exploitation (The Laming Review (Prison Reform Trust), 2016; N8 Research Partnership, 2024/5), insufficient mental health support (National Children's Bureau, 2024), discriminatory practices in the provision of services to Black children (Youth Justice Legal Centre, 2023), placement instability (The Laming Review (Prison Reform Trust), 2016); and disruption to education (HM Inspectorate of Probation, 2024).

¹ Derived from ONS population estimates by ethnic group for England and Wales, 2019, by combining all non-White ethnic categories across the 0–9 and 10–19 age bands and dividing by the total population in those age bands.

However, limitations in available data make it difficult to establish a causal relationship between being in care and involvement in offending, as much of the evidence is drawn from small qualitative studies and grey literature (Staines, 2016; The Narey Review, 2017).

Children in care also face a higher risk of being criminalised than those without care experience. Behaviour such as low-level assault or property damage, often linked to trauma, emotional dysregulation or unmet needs may be more likely to result in police involvement in care settings, than if similar behaviour occurred in a family home (Children’s Commissioner, 2025; Department for Education, Home Office and Ministry of Justice, 2018; Howard League for Penal Reform, 2016). The risks around unnecessary criminalisation of children for behaviour occurring within care settings, particularly residential children’s homes, have been established in research and policy for some time and most recently highlighted by the Children’s Commissioner’s report on the criminalisation of children in care (2025).

Criminalisation itself may increase the future risk of offending. Longitudinal research demonstrates that adolescent boys who experience a first arrest are significantly more likely to incur subsequent arrests than peers with similar experiences, who avoid formal system contact, even after adjustment for prior self-reported offending and baseline risk factors (Beardslee et al., 2019).

1.1.4 The policy context to this study

Reforms impacting children in care: Where does policy energy sit?

While policy documents acknowledge the heightened vulnerability experienced by children in the care system, the current reform landscape does not always speak to the care system’s direct role in reducing children’s exposure to violence or in shaping the conditions that increase or minimise this risk.

Policies governing the care system form what has been described as a ‘highly complex web of existing standards and legislation’.² To make sense of this landscape and identify policy areas most relevant to protecting children in care from involvement in serious violence, we grouped recent reforms into three categories, according to where policy energy is most concentrated. These are set out in full in Appendix A and are summarised below:

- **Policies that call for ‘focused reform’ to fix the ‘broken’ care market**, including through rebalancing provision away from profit-driven models, enhancing regulation and oversight, improving commissioning through regional or pooled arrangements, expanding family-based alternatives to residential care, and improving support for care leavers. Recent examples include the UK Government’s

² Independent Review of CSC, Final Report, Department for Education (2022), <https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report>.

Children's Wellbeing and Schools Act (2026) and the Welsh Government's Health and Social Care (Wales) Act 2025.

- **National frameworks, programme guides, and toolkits that provide support for practitioners to translate broader policy ambitions into practice**, including: i) preventing at-risk children (including those in care) from abuse or exploitation, ii) improving gaps in existing care provision, iii) strengthening multi-agency working or child protection processes, which have downstream consequences for children in care, and iv) embedding trauma-informed and child-centred principles. Recent examples include the Families First Partnership (FFP) programme guide in England (2025) and the Welsh government's National Practice Guidance for Therapeutic Support for Care Experienced Children and Young People (2025). A specific focus on **reducing criminalisation of children in care** is also evident within the UK Government's National Protocol for Reducing Criminalisation of Looked After Children (2018) which is now under review, and in the All-Wales Protocol for reducing the criminalisation of care experienced children and young adults (2022).
- **Inquiries and audits into specific forms of exploitation and harm affecting children more broadly**, which acknowledge the heightened vulnerability of children in care and highlight concern around structural conditions such as unsafe placements, staff culture, poor oversight, and restrictive practices. Most prominent among these is the National Audit on Group-Based Child Sexual Exploitation and Abuse (June 2025), or 'the Casey Review'.

Shared priorities across these reforms

Across the three categories, we identified some common areas of emphasis aimed at:

- **Care market reform**: tackling profiteering, expanding not-for-profit and in-house provision, improving commissioning, and strengthening market oversight.
- **Identifying family-based alternatives**: recruiting and retaining foster and kinship carers to reduce reliance on residential settings.
- **Strengthening corporate parenting and leadership**: extending responsibilities beyond children's services; embedding whole-system, multi-agency responses.
- **Workforce development**: stabilising and professionalising the care workforce, including carers and residential staff.

- **Supporting transitions including leaving care:** strengthening support for care leavers and improving housing and support pathways, including via the Staying Put³ and Staying Close⁴ offers.
- **Strengthening regulation and inspection:** stronger oversight of providers, ending unregulated provision, staff registration, and enhanced safeguarding powers.
- **Embedding safeguarding frameworks:** protocols to reduce unnecessary criminalisation and strengthen contextual safeguarding responses (with a greater emphasis on this in Wales).

1.2 The aims of this study

While previous research has focused on children's risk of YJS involvement or offending more broadly, this study aims to understand the mechanisms through which the care system influences children's risk of involvement in *serious violence* specifically. Crucially, the study aims to understand how local authorities and children themselves perceive these risks and how both risk and response are shaped by the current landscape of policy, funding and need.

This research explores how local authorities are working to safeguard children in care from becoming involved in serious violence within the current policy context and how these efforts are constrained by ongoing pressures in the system. We examine what further changes stakeholders think are needed to better protect children in care from involvement in serious violence and identify what is required to ensure that the ambitions of ongoing reforms are achieved in practice.

We examine how all children in care can be effectively protected, including those with specific needs and identities and children from Black, Asian and minority ethnic backgrounds. A nuanced understanding of the distinct risks, pathways, and criminalising system responses experienced by children from different demographic groups, and of how to address these, is often missing from existing policy.

The first half of this report discusses the risks and challenges associated with protecting children in care from involvement in serious violence, based on the literature from our rapid

³ Staying Put guidance outlines arrangements for young people in foster care to remain living with their former foster carers upon turning 18, typically until age 21, to ease the transition to adulthood.

https://assets.publishing.service.gov.uk/media/5a7c505c40f0b6321db385b2/Staying_Put_Guidance.pdf

⁴ Staying Close guidance outlines a DfE-funded program providing tailored, ongoing support for young people (typically aged 18-25) transitioning from residential care to independent living. It aims to help care leavers stay near their former homes, providing trusted, practical support with accommodation, education, employment, and emotional well-being to prevent homelessness and improve stability.

https://assets.publishing.service.gov.uk/media/63d2956f8fa8f53fdff6a4c9/Staying_Close_2023_to_2025_-_application_guide_for_local_authorities.pdf

evidence assessment (REA) and the insights from our survey and interviews that build on that previous evidence:

- In **Chapter 3**, we outline the pathways into serious violence for children in care and associated patterns of risk.
- In **Chapter 4**, we examine how local authorities themselves understand the relationship between care experience and serious violence, how they prioritise the issue strategically, and the constraints on their capacity to respond.
- In **Chapter 5**, we examine in depth how specific care system factors are shaping risk of serious violence within the current landscape of funding and reform.
- In **Chapter 6**, we explore how specific identities and needs impact on children's exposure to risk and how professionals respond.

Chapters 7-9 then draw predominantly from our qualitative research to identify practice responses to those risks and challenges within the context of current policy and pressures on the care system. We explore how local authorities can seek to (a) strengthen the care system by boosting areas of practice with the potential to protect children in care from harm and reduce the risks associated with some features of care experience, (b) safeguard children in care who are at risk of exploitation and involvement in serious violence, and (c) reduce unnecessary criminalisation of children in care.

We identify examples of promising practice where care settings are perceived to be successfully protecting children from involvement in serious violence and assess the nature and effectiveness of current support. The aim is to understand what changes to practice, funding, regulation, and guidance are needed to better protect children in care.

1.3 Research questions

Table 1. Research questions

Number	Core research question / sub questions
1	How does involvement in the care system relate to children's risk of involvement in serious violence, and what pathways shape this risk?
	○ What is the relationship between care system involvement and risk of involvement in serious violence? ○ Through what pathways do children in care become involved in serious violence?
2	How is the involvement of children in care in serious violence prioritised within local authorities and what are the barriers to doing so?
	○ To what extent is the involvement of children in care in serious violence a strategic priority for local areas? ○ What are the key structural barriers to local authorities' protecting children in care from involvement in serious violence?

Number	Core research question / sub questions
3	How do specific care system factors influence the risk of serious violence for children in care and how are these factors influenced by pressures the care system is under?
	○ How does the type of placement children are placed in influence risk? ○ How does the use of out of area placement influence risk? ○ How does placement instability and breakdown influence risk? ○ How does placement size influence risk? ○ How does the experience of leaving care influence risk? ○ How does the support provided to children whilst in care influence risk?
4	How do children's needs and identities shape their experiences within the care system, and how do these experiences affect the risk of involvement in serious violence?
	○ How does ethnicity shape children's experiences in care and influence risk? ○ How does age shape children's experiences in care and influence risk? ○ How does gender shape children's experiences in care and influence risk? ○ How do specific areas of need shape children's experiences in care and influence risk?
5	How can the care system be strengthened by boosting areas of practice with the potential to protect children in care from harm and reducing the risks associated with some features of care experience?
	○ How is the care system seeking to ensure that children can access appropriate, safe placements? ○ How is the care system seeking to ensure that children are supported to thrive while in care, including those from Black, Asian and minority ethnic backgrounds? ○ How is the care system seeking to ensure that children are well supported in transitioning out of care?
6	How can the care system safeguard children in care at risk of or already involved in serious violence?
	○ How is the care system seeking to ensure that children in care at risk of extra-familial harm and serious violence are safeguarded effectively?
7	How can the care system reduce the unnecessary criminalisation of children in care?
	○ How is the care system seeking to avoid the unnecessary criminalisation of children in care?
8	What changes are needed in the care system that could further protect children against involvement in serious violence, including those from racially minoritised communities?

2 Methodology

2.1 Methodology overview

This study used a mixed methods design to identify how the care system can protect children from involvement in serious violence across England and Wales.

The research received approval from the Association of Directors of Children's Services (ADCS) Research Group and was endorsed by both the ADCS and All Wales Heads of Children's Services (AWHOCS) to support engagement with local authority stakeholders.

Table 2. Methods overview

Data collection methods	Participants / data sources	Data analysis method	Research questions ⁵
Rapid evidence assessment (REA)			
REA	41 academic and grey literature sources focused on care experience, involvement in violence, and race equity	Structured evidence synthesis using a predefined data extraction template	1,3,4
Policy review			
Review of policy documents relating to the care system	8 UK policy documents and 6 Welsh documents focused on care system reforms	Structured evidence synthesis using a predefined data extraction template	1,3,5,6,7,8
Survey of local authorities			
Responses to closed questions	61 respondents across 39 local authorities in England (n = 53) and Wales (n = 8)	Descriptive analysis of respondent-level data	2,3,4
Free-text responses	Free-text responses from strategic, operational, and practice-level survey respondents	Thematic analysis, triangulated with interview and REA findings	2,3,4
Qualitative fieldwork			
Semi-structured interviews with local authority staff	67 professionals across 15 local authorities. Covering children's social care, youth justice, health, education, policing, the voluntary, community and social enterprise sector.	Thematic analysis using an analytical matrix mapped onto research questions	1-8

⁵ Aligning to research questions in Section 1.2

Data collection methods	Participants / data sources	Data analysis method	Research questions ⁵
Semi-structured interviews with care-experienced children and young people	6 children and young people	Thematic analysis using an analytical matrix mapped onto research questions	1,3,4, 5, 6,7,8

2.2 Rapid evidence assessment

2.2.1 Objectives of the REA

We carried out an REA to frame this review and inform our approach to subsequent stages of fieldwork, including the design of the local authority survey and interview topic guides. The REA had two core objectives:

- To synthesise what is known about the relationship between care and involvement in serious violence for children in or with experience of residential care and/or foster care (including those transitioning into and out of these types of care).
- To examine what is known about how racial disparities intersect with other vulnerabilities that might make these children in care at higher risk of involvement in serious violence.

The findings from the REA are integrated within the relevant sections of this report.

2.2.2 Approach to conducting the REA

The review used search terms and inclusion and exclusion criteria developed and agreed between the research team and YEF (see Appendix B) to search academic databases and grey literature. Additional relevant sources were identified through citation chasing and input from YEF colleagues and an external academic expert.

In total, 41 resources were included in the review.

2.3 Policy review

2.3.1 Objectives of the policy review

The purpose of the review was to identify key features of recent policy activity across England and Wales that relate to children in care and their involvement in serious violence, and to ensure the research was grounded in this context. It informed the focus of the interviews and the proposed implications for policy and practice, ensuring that these are aligned with ongoing reforms and policy direction.

2.3.2 Approach to conducting the policy review

We reviewed the websites of government departments and other relevant organisations to identify the key policy and strategy documents, practice guidance and thematic inspection reports in both England and Wales from the last ten years.

Eight UK policy documents and six Welsh documents focused on care system reforms were identified. A summary of relevant themes is available in Appendix A.

2.4 Qualitative fieldwork

2.4.1 Interviews with local authority and VCSE stakeholders

We sought to recruit local authorities to participate in this review who could offer a broad and instructive mix of contextual perspectives on our research questions. Our final sample consisted of 67 interviews conducted across 15 local authority areas. Of these areas, nine included interviews with three or more stakeholders and are classified as ‘deep dive sites’. Response rates from the different areas largely varied due to capacity.

We are confident that interviews with these participants provided good coverage across key recruitment dimensions:

- **Wales:** Interviews included participants from two Welsh local authorities.
- **English regions:** Interviews included stakeholders from six English regions, ensuring strong geographical breadth overall.
- **Roles:** We spoke with stakeholders from a range of both senior strategic and operational roles, including directors, heads of service, service managers and practitioners working directly with children and in residential care homes. We attempted to recruit foster carers via local foster care teams, but these efforts were unsuccessful. Findings relating to foster care are therefore largely based on the perceptions of local authority staff rather than foster carers themselves.
- **Services engaged:** The services engaged included a wide range of those within children’s social care, including social work, residential care, fostering, and adolescent support. We also spoke with stakeholders from across wider services including youth justice, the police, mental health services, and the VCSE sector.
- **Local authority characteristics:** The areas covered include a range of local authority ‘types’, including both highly urban and diverse city boroughs, and more rural areas with predominantly White populations. Multiple coastal local authorities are also included.

Table 3. Breakdown of interview participants

Deep dive area	Number of interviews	Summary of roles	Summary of services
Deep dive sites			
Site 1	7	Director, Assistant Directors, Service Managers, Practice Lead	Children's services, Housing
Site 2	13	Heads of Service, Service Managers, Police, Psychologist, Residential care staff	Children's services, Community safety and community housing, Youth Justice Service
Site 3	9	Heads of Service, Service Manager, Practitioner, Police officer	Children's services, Youth Justice Service, Police link
Site 4	8	Assistant Director, Heads of Service, Service Manager	Children's services, Youth Justice
Site 5	5	Social worker, Service Manager, Head of Service, Team Manager	Children's services
Site 6	3	Operational Manager, Service Manager	Children's services, Youth Justice Service
Site 7	5	Strategic Manager, Practitioner, Social Worker, Team Manager, Service Manager	Children's services
Site 8	4	Head of Service, Strategic Lead, Practitioner	Children's services
Site 9	6	Assistant Director, Inspector, Head of Service, Service Manager	Children's services, Police, Mental health services, Youth Justice Service
Additional sites			
Site 10	2	Head of Service, Service Manager	Children's services
Site 11	1	Service Manager	Children's services
Site 12	1	Deputy Service Director	Children's services
Site 13	1	Head of Service	Children's services
Site 14	1	Deputy Director of Children's Services	Children's services
Site 15	1	Operations Director	VCSE
Total	67		

Promising practice examples

Local examples of promising practice identified during stakeholder interviews were reviewed to select those which were thought to be most relevant and interesting to include in the report. The decision was based on an assessment of the example's relevance to the priority areas for change identified through our REA and focused on in interviews, its distinction from standard practice, the scale and nature of the impact it was perceived to have, and the degree of insight offered by the individual providing the example.

The effectiveness and evidence-base for the examples provided could not be independently verified as part of this review process. They are intended as illustrative examples of practice, which local authorities perceived to be effective.

Consent was sought from the relevant individuals for their local authority to be named.

Examples of promising practices are included in blue boxes throughout this report.

2.4.2 Interviews with care-experienced children and young people

We interviewed six children and young people from two local authority areas (see interview profiles below). These children and young people have been given pseudonyms, and the findings and quotes from their interviews are included throughout this report.

The purpose of these interviews was to understand children's experiences of care, what they see as the factors increasing the risk of harm, and what needs to change from their perspective. As the sample is small, these accounts are not necessarily representative. However, they serve to ensure some child voice is reflected in the narrative and provide illustrative examples of some of the challenges faced and what can help.

We originally aimed to interview children or young people within each of our deep dive sites. However, practitioners in most areas lacked the capacity to support this request. In some areas, where practitioners sought consent for children, none wished to participate.

We organised and delivered interviews in a way designed to be safe, accessible and supportive for children and young people. Interviews were led by a qualified social worker with specialist experience, and participants were invited through trusted professionals they already knew. We provided clear, child-friendly information and used robust consent processes, including parental or carer consent where required and checking consent again at the start of each interview. A trauma-informed, child-led approach was used throughout, drawing on strengths-based methods and adapting to each child's needs and communication style. We also ensured safeguarding arrangements were in place, with support available if needed, and recognised young people's contributions through a high street voucher.

Profiles of the children and young people interviewed for this review

Jack, 17: Jack has been in three residential care homes since entering care and has been on a Deprivation of Liberty order. He grew up around criminality and has engaged in criminal behaviour himself. He also experienced negative experiences from professionals impacting his trust in services. Jack's most recent placement has been a more positive experience, and he is beginning to build trust in professionals again, particularly care workers.

Ben, 20: Ben went into care when he was in Year 4 at school. He was placed with a foster family with whom he lived long-term. Ben was placed into foster care with his sibling, but

they were moved to a different placement. Although the change was overwhelming and happened quickly, Ben built trust with his foster family over time, with his foster siblings also playing a key role in support. Ben is now studying at university full-time.

Zainab, 23: Zainab went into care after her school noticed she had become withdrawn and it was found that she had been living on her own at home. Zainab was placed with a foster carer but was quickly moved after she was assaulted by her foster dad. Zainab's second placement was positive, and she was able to continue going to the same school, providing structure and support. Zainab is now living independently but has regular contact with her foster parent.

Kat, 24: Kat was placed into care after being subject to abuse at home. Kat was placed with a foster family in the local area, but the carers decided to move to another area. Kat went with them, which provided an opportunity to start a new school and new hobbies. Kat credits the structure and move to a new area with bringing positive change for her. She is now living independently in the same area as her foster parents, seeing them regularly.

Callum, 16: Callum went into care after going missing from home. He went to a residential placement, but this was a difficult experience, with a lack of support from staff and multi-agency teams regarding his concerns. Callum became involved in gangs and had to leave the placement. He was placed with a foster family, and his experience has improved, with previously unmet support needs being addressed by his foster carers. Although Callum worries about what will happen when he turns 18, he is feeling more settled in his current placement.

Hassan, 17: Hassan was 16 when he went into care. There was initially difficulty finding him a placement, leading to his being placed in two residential homes. Hassan has built a good relationship with the care workers at the current home, who have supported him in applying for university and developing his life skills. Hassan now feels confident speaking to staff about challenges and has noticed positive changes since entering care.

2.5 Local authority survey

We distributed a short online survey to all 145 upper-tier local authorities or children's trusts with responsibility for delivering children's services in England and 18 local authorities in Wales, contacting Directors of Children's Services and Assistant Directors in the first instance. We asked recipients to complete the survey themselves and to circulate it to relevant children's social care managers.

Table 4. Topics covered in the survey

Main theme	Sub-themes/areas covered	Types of questions
Risk factors associated with care experiences	List of relevant risk factors identified from the policy review and REA	Likert scale (extent to which factors increase risk: to a great extent; to a moderate extent; to a small extent;

Main theme	Sub-themes/areas covered	Types of questions
		does not increase risk; don't know); Free text
Protective factors and support within the care system	List of relevant protective factors identified from the policy review and REA	Likert scale (extent to which they agree or disagree that their local authority can consistently provide each factor to children in care: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree; don't know); Free text
Structural barriers within the care system	List of relevant structural barriers identified from the policy review and REA	Likert scale (extent to which factors are experienced as a barrier to protecting children in care from serious violence in their local authority: major barrier; moderate barrier; minor barrier; not a barrier); Free text
Local strategies and system capacity	- Existence of local strategies, policies or frameworks addressing serious violence among children in care - Description of strategy, partners involved and key actions - Overall assessment of system capacity, resources and structures to protect children in care from involvement in serious violence	Multiple choice; Free text; Likert scale (overall agreement: strongly agree; agree; neither agree nor disagree; disagree; strongly disagree)

In total, we received **61 responses** to the survey from England (n=53) and Wales (n=8). Responses covered 39 local authorities in total, representing 22% (n=34) of local authorities in England and 23% (n=5) of those in Wales. When calculated as a share of the population, our sample of local authorities represents coverage of 25% of the population in England, and 25% of that in Wales. Respondents cover all English regions bar the South West. The breakdown of responses by nation/region is in Table 5 below.

The range of roles, departments and levels of seniority meant respondents provided a variety of perceptions on care system practices, structural constraints and capacity within their local authority to protect children in care from involvement in serious violence. The distribution of roles in the sample is shown in Table 6 and Table 7.

Table 5: Survey responses by region

Nation/Region	No. of respondents	% of respondents
London	15	25%
South East	12	20%
East Midlands	10	16%
Wales	8	13%
Yorkshire and the Humber	6	10%
North West	4	7%

Nation/Region	No. of respondents	% of respondents
East of England	3	5%
North East	2	3%
West Midlands	1	2%
Total	61	100%

Table 6: Distribution of roles

Role	No. of respondents	% of respondents ⁶
Director	7	12%
Deputy/ AD	5	8%
Head of service	19	31%
Principal Officer	4	7%
Service Manager	11	18%
Team manager/ practice lead	6	10%
Case manager	6	10%
Other ⁷	13	21%
No response given	0	0%

Table 7: Distribution of roles, by directorate

Directorate	No. of respondents	% of respondents ⁸
Children's Services	43	71%
Youth Justice (YJ)	10	16%
Commissioning	6	10%
Education & Learning	4	7%
Corporate	2	3%
Other	8	13%
No response given	4	7%

Participants who selected 'other' for their directorate were invited to specify. Answers included adult services, schools, community safety, public health, family hubs and adolescence services.

⁶ This question allowed respondents to select multiple options to cover different aspects of their role, therefore percentages add up to more than 100%.

⁷ Those who selected 'other' for this question did not specify their role.

⁸ This question allowed respondents to select multiple options if their role spanned multiple directorates, therefore percentages add up to more than 100%.

3 The pathways to involvement in serious violence for children in care

3.1 Overview

While the link between care experience and offending is already well established, our research sought to understand the specific pathways and mechanisms by which children in care become involved in serious violence.

Two distinct pathways emerge: violent incidents occurring within care settings themselves, and violence resulting from exploitation. These two pathways are not mutually exclusive and are often shaped by the same underlying vulnerabilities, but they raise different safeguarding and system-response challenges. The first highlights the risks associated with escalating behaviours linked to trauma and unmet need within care environments and the resulting criminalisation of children. The second demands targeted diversion, and a multi-agency response to safeguard children from extra-familial harm. Both require early identification and a proactive response at ‘reachable moments’. These could be early behavioural incidents in the care setting, missing episodes, drug use, and school exclusion.

3.2 Incidents inside care settings as a pathway into serious violence

Recent analysis by the Children’s Commissioner (2025) found that the first offences of children in care are more often those which might occur in care settings or during police call outs. Children in care who had their first contact with the YJS only after entering care were:

- More likely than other children ever found guilty of an offence to have a first offence of:
 - Common assault and battery – 20% compared to 14%
 - Criminal damage under the value of £5,000 – 15% compared to 8%
 - Assault on a constable – 3% compared to 1%
- Less likely than other children ever found guilty of an offence to have a first offence of:
 - Possession of a class B controlled drug – 4% compared to 6%
 - Having a blade or point in a public place – 4% compared to 5%
 - Possession of offensive weapons without lawful authority or reasonable excuse – 2% - compared to 3%

The Commissioner proposed that this pattern in offence-type likely reflect violent behaviour expressed towards staff, other children, or attending police officers within **residential children’s homes**. This proposition was supported by the stakeholders we interviewed, particularly staff in children’s homes, who described violent incidents as prevalent.

While children who offend for the first time in care are disproportionately likely to be in children's homes (The Children's Commissioner, 2025), violent incidents can also take place within foster homes and against foster carers. The murder of Marcia Grant by the child she was caring for, and subsequent inquiry highlighted the potential seriousness of such incidents (Courts and Tribunals Judiciary, 2026).

While the offences committed within residential and foster homes are generally likely to be of a lower level than the Grant case, previous research points to the potential for incidents to escalate. For example, Fitzpatrick and colleagues (2022) identified escalation from offences such as assault or criminal damage to more serious violence amongst children in care.

Early behavioural incidents in the home should therefore be seen as a key opportunity for constructive intervention and support, to prevent further escalation into serious violence.

3.2.1 Reasons for challenging behaviour in care

Challenging behaviour means that which can be difficult for others to understand and manage and puts the child or others at risk. Challenging behaviours displayed by children within residential or foster care can often stem from the impact of trauma and unmet behavioural or neurodevelopmental needs, that can lead to emotional dysregulation (Hayden & Graves, 2018; Paterson-Young, 2024). Domestic abuse and violence are also among the most common issues identified in children's social care assessments, indicating that many children known to social care have been exposed to significant violence in their home environment before entering care (Hood et al., 2024).

Interviewees noted that **if not supported with strategies for self-regulation, neurodevelopmental or trauma-related needs can result in challenging behaviours, which can escalate to violence.** These findings support the Children's Commissioner's (2025) proposition that many of the children committing a first offence relating to assault or criminal damage may be those coming into care with more complex additional needs, who may lash out and cause damage to property or harm to staff, carers, or other children.

Children with SEND and neurodivergent needs are known to be overrepresented in both the care system and the YJS. In the YJS, a YEF policy and practice review (2025) highlights evidence suggesting that up to 46% of children who have offended may have a possible or borderline intellectual disability; around 30% have clinically diagnosed attention deficit hyperactivity disorder (ADHD) (British Psychological Society, 2015); 23% have learning difficulties; and 15% have autism spectrum condition (ASC) (Hughes, Peirse & O'Byrne, 2016). Speech, language and communication needs (SLCN) appear particularly prevalent, with estimates ranging from 60% to 90% among children in the YJS (Welsh Parliament, 2023). These figures may be an underestimate, as many studies rely on screening tools rather than full diagnostic assessment (Hughes, Williams & Chitsabesan, 2017).

In the care system, a recent meta-analysis comparing children in care with children not in care reported ADHD prevalence of 17% in children in care (n=308,086) versus 7% in children not in care (n=5,331,304); while ASC was prevalent in 2% of children in care (n=1,705) compared with 1% of children not in care (n=96,051), although this study has not yet been peer reviewed (Heady et al., 2023). The higher prevalence of these needs may therefore explain in part children in care's overrepresentation in YJS statistics.

Stakeholders were clear, however, that it is *unmet* mental health and neurodevelopmental needs that increase risk, meaning needs that have not been recognised or appropriate support put in place. Previous research supports the perception that children enter the YJS with unmet needs; the YEF policy and practice review (2025) identified that while 23% of children entering police custody in England between 2019 and 2020 had SLCN, only 16% had a prior SLCN diagnosis. Similarly, in secure children's homes, Bryan et al. (2015) conducted direct language assessments with 118 children (40% admitted for violence-related reasons) and found that 30% had scores indicative of SLCN, despite only two having a prior diagnosis.

Interviewees reported that some children come into care because parents feel unable to manage their behaviour or due to child and adolescent to parent violence and abuse (CAPVA)⁹. This history may suggest an increased likelihood that violent behaviour will continue within care for some children. Rates of CAPVA are rising in the general population, with Metropolitan Police figures showing a 60% rise between 2015 and 2025¹⁰ and stakeholders reported that this is being felt within the care system.

3.2.2 Criminalisation of children displaying challenging behaviours within care settings

Despite the risks around unnecessary criminalisation of children in care being well established (see Section 1.1.3), interviewees expressed concern that lower thresholds for police involvement for children in care remain in some cases.

The Children's Commissioner (2025) lends weight to this concern, reporting high levels of police involvement with children in care, noting an average of 514 police callouts per responding police force to incidents in children's homes, foster care households and supported accommodation for 16–17-year-olds in 2024–25.

In part, this overuse of police callouts may be due to a reported lack of confidence among care staff in managing challenging behaviour within residential homes. Interviewees also

⁹ There is no official definition of CAPVA, but the term describes harmful behaviours used by children and young people towards someone caring for them in a parental role. These behaviours can be physical, psychological, financial or sexual, and include coercive controlling behaviours. See: <https://www.researchinpractice.org.uk/children/news-views/2023/february/recognising-child-and-adolescent-to-parent-violence-and-abuse/>

¹⁰ See: <https://www.met.police.uk/foi-ai/metropolitan-police/disclosure-2025/december-2025/crimes-between-adolescent-child-parent-violence-january2015-october2025/>

raised concerns about police attitudes and responses to children in care, with potentially negative perceptions of children in care amongst some increasing risk of punitive outcomes.

3.3 Exploitation as a pathway into serious violence

Children in care are considered to be at heightened risk of exploitation and victimisation as a route into serious violence. Previous qualitative literature consistently situates care-experienced children as a group at risk of serious harm via child criminal exploitation (CCE) or child sexual exploitation (CSE) (Fitzpatrick et al., 2019; Fitzpatrick et al., 2022; Shaw, 2017; Shaw & Greenhow, 2019). Involvement in county lines, where organised criminal groups coerce children into drug distribution through intimidation, violence and sexual abuse, is seen as a particular concern for children in care (Windle & Briggs, 2015) and described by the Jay Review (2024) as ‘inherently violent’.

Quantitative data does not clearly show higher rates of first offences associated with exploitation, such as possession of a class B controlled substance or possession of offensive weapons, among children found guilty of a first offence after entering care (see Section 3.2). However, our findings suggest that local authority stakeholders consider exploitation a significant pathway into serious violence for some children in care.

Exposure to extra-familial harm or exploitation was the risk factor most often rated by survey respondents as increasing the risk of involvement in serious violence, with 96% (n=54) reporting that it increases risk (77% to a great extent, n=43). Interviewees, including those in the YJS and police, also consistently highlighted exploitation as the key pathway to serious violence for children in care. They also reported seeing escalating patterns of offence types for some children in care experiencing exploitation

3.3.1 Pathways into exploitation

The ways in which children in care become exposed to exploitation and the exact steps by which exploitation can escalate into involvement in violence vary, but stakeholders consistently identified several key triggers which can indicate the beginning of exploitation:

- **Drug use:** Some stakeholders emphasised that drug use can lead to exposure to negative peer influences and exploiters. Dependency can further this exposure and the risks a child may be willing to take to procure the drug. Children can become subject to drug debts, intimidation, and threats of violence, which can escalate into their own involvement in the supply of drugs and related violence:

“When they are subjected to serious violence, it is often because of drugs, debts, protection or they're going out equipped because they're feeling unsafe.” – Development Manager, Youth Service

- **School exclusion or persistent absence:** Stakeholders consistently described a strong association between school exclusion and exploitation, through reducing access to positive activities and trusted adults, increasing unstructured time in the community and undermining self-esteem. These factors were reported to leave children more vulnerable to coming into contact and engaging with exploiters.
- **Missing episodes:** Missing episodes are seen as a key marker of escalating vulnerability to exploitation, and often as an indicator of its beginning to occur. Practitioners working in residential children's homes noted that even very short missing episodes can be significant. An increasing pattern of children going missing from care was noted in the Report of the Independent Inquiry into Child Sexual Abuse (2022) and linked to children being placed in unsafe placements.

It is important to note that these patterns and pathways do not differ fundamentally from those experienced by children who are not in care and who experience exploitation. However, children in care can be more vulnerable to these pathways due to pre-existing adversities (Schofield et al., 2015; The Jay Review, 2024; The Laming Review (Prison Reform Trust) 2016). Several stakeholders also reported that exploiters are aware of this vulnerability amongst children in care and consciously target them:

"They will identify those children and young people who were just yearning to have someone love them, to care for them, to tell them that they matter, to show them that they're valued." – Service Director, Mental Health Support

The care system must therefore be aware of these points, which may represent 'reachable moments' for intervention. The identification of drug use or other lower-level offences, school exclusion, and missing episodes, could all represent such opportunities.

3.3.2 Reasons for heightened vulnerability to exploitation amongst children in care

Adversities experienced by children in their birth family such as a lack of secure parental attachments can lead to children seeking belonging amongst potentially negative peer relationships, challenges with perceiving danger, and difficulties forming trusting relationships with professionals (Schofield et al., 2015; The Jay Review, 2024; The Laming Review (Prison Reform Trust) 2016). Exposure to criminal or exploitative behaviour from family members may also mean some see this behaviour as normal or are encouraged into the same networks and behaviour. **Jack** reported his own experience of growing up around crime and how this had led to his own involvement:

"From 10 to 15 years old I was selling drugs, and driving stolen cars, and debt collecting. My dad and uncle showed me how the game was. I grew up around crime, really." – Jack, 17

Local authorities also perceive the number of children coming into care already experiencing exploitation and involved with risky peer influences outside of the home, to be significant and increasing. Breakdowns in family homes can result from extra-familial harms and threats of violence that parents feel unable to manage.

3.3.3 Criminalisation of children in care experiencing exploitation

Previous research notes that children in care experiencing exploitation can be criminalised, receiving punitive responses rather than being recognised as victims (Fitzpatrick et al., 2019; Paterson-Young et al., 2024; Peace, 2021; Shaw and Green, 2019; The Laming Review (Prison Reform Trust), 2016).

The evidence is inconclusive on whether children in care who experience exploitation are more likely to be criminalised than their peers outside the care system. However, qualitative studies suggest that the system's response to these children in care can heighten their risk of criminalisation. For example, safeguarding actions within the care system may involve restrictions on freedom, which can deter further disclosure of abuse (The Jay Review, 2024). Research also points to adultification bias, whereby children in care are treated as older and more culpable than they are (Fitzpatrick et al., 2022; The Jay Review, 2024).

Overall, however, the criminalisation of children in care experiencing exploitation was less emphasised in both the literature and stakeholder interviews than the unnecessary criminalisation of children displaying challenging or violent behaviour inside residential children's homes. Several stakeholders reported witnessing recent progress in recognising children experiencing exploitation as victims and responding accordingly, which may explain why this was not as prominent a concern in interviews. This shift may also help to explain the pattern identified in Section 3.2: children in care are less likely to receive a first offence linked to harm or activity outside the home (such as drug or weapon possession), and more likely to receive a first offence associated with violent incidents occurring within residential settings.

4 Strategic prioritisation and the structural barriers to protecting children in care from involvement in serious violence

4.1 Overview

This section examines how local authorities themselves understand the relationship between care experience and serious violence and how they prioritise the issue strategically. We position these views within the structural realities facing local authorities today.

4.2 Strategic prioritisation of the involvement of children in care in serious violence

Our findings suggest broad awareness among children's social care and YJS stakeholders that children in care are over-represented in the YJS, and that this group warrants particular attention. Involvement of children in care in serious violence is rarely framed as a standalone strategic priority, however. Instead, it typically **sits within broader youth justice, exploitation and violence strategies**, with children in care considered or monitored as one subgroup.

Survey responses reflect this mixed strategic picture. Just over a third of respondents (36%, n=20) reported that their area has a local strategy, policy or framework to address prevention of involvement in serious violence among children in care. Around a third reported that they did not (32%, n=18), and a further third said they did not know or were unsure (32%, n=18). Where examples were provided, these were typically general protocols or forums relating to exploitation and violence, rather than focusing on children in care.

Additionally, a small number of practitioners noted that **there is a possible gap in local authority strategy around the kind of violent behaviour displayed by children in care within residential and foster homes and CAPVA as a route into care and serious violence**. A strategic focus on exploitation is understandable, given concerns about the rising levels of risk in this context. However, protocols and strategies should still recognise and respond to pathways into serious violence which may sit outside of exploitation, but which still place children at higher risk of future involvement in serious violence if not adequately supported.

4.3 Structural barriers to protecting children in care from involvement in serious violence

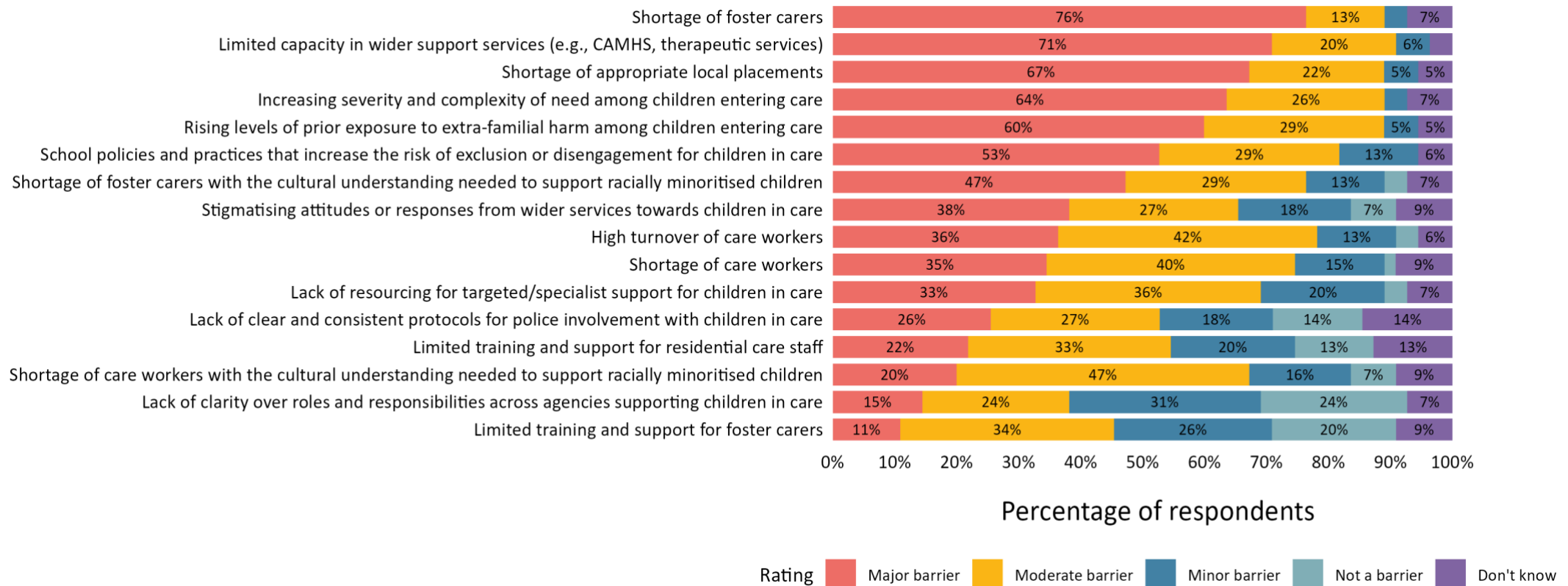
Across our survey and interview data, stakeholders consistently reported that the care system's potential to protect children from involvement in serious violence is increasingly constrained by capacity and resourcing pressures.

Our survey explored whether local areas have the conditions in place to allow them to protect children adequately. Although only 34 of 61 respondents answered this question, fewer than half (41%, n=14) agreed that their *local care system has the capacity, resources and structures needed to effectively protect children in care from involvement in serious violence*, while 38% (n=13) neither agreed nor disagreed, and 21% (n=7) disagreed or strongly disagreed. The high proportion of neutral responses, and the number who decided not to answer, may reflect uncertainty and a degree of caution around how well local authorities are managing to protect children in care from involvement in serious violence.

Respondents to our survey were also asked to rate a series of factors, identified from our REA, according to the extent to which they acted as barriers in their local area. A large majority reported experiencing every factor listed as at least a minor barrier (see Figure 1).

The most prominent barriers can be grouped into an **insufficiency of safe care environments, limitations in support available from partners, increasing levels of need, and a lack of preventative support**, each of which is explored below. Taken together, these suggest a compounding dynamic: a greater concentration of high vulnerability among children entering care, combined with a reduced ability to match children to placements that can safely contain risk and to secure access to appropriate therapeutic and educational support.

Figure 1: Respondents' views on barriers to protecting children in care from involvement in serious violence in their local authority (N=55)



4.3.1 Insufficiency in safe care placements

Interview and survey data consistently present the care system as being under significant strain due to cost and placement sufficiency pressures. One of the factors in the survey most often rated as a *major barrier* was the *shortage of appropriate local placements*; 95% of respondents (n=52) rated this as a barrier, including over two thirds (67%, n=37) rating it as a major barrier. The prevalence of this issue suggests that findings from past major reviews remain relevant: both the Report of the Independent Inquiry into Child Sexual Abuse (2022) and the Competition and Markets Authority study into Children’s Social Care Placements (2022) highlighted acute placement shortages and warned of the risks for safeguarding.

While not a barrier listed in our survey, interviews also highlighted concern around **a lack of specialist placements** able to support children with more complex needs, violent behaviours, or who have already been involved in serious violence or exploitation.

Interviewees reported that these sufficiency pressures have led to **increased use of unsuitable or riskier provision** including more unregistered, semi-independent and out of area placements with reduced oversight (see Section 5.2). One stakeholder described a loss of choice, limiting the ability to match children to placements that meet their needs:

“If I think back to 10 years ago, we used to have choices for children. You’d have the option to match, to look at what worked best, what would keep them in their current school. We don’t have options anymore. We’re really lucky to find placements for some children.” – Service Manager

4.3.2 Shortages of foster carers and care staff

Our survey findings suggest that shortages of foster carers and residential care staff form significant barriers to providing the safe placements and consistent relationships for children in care that can help protect them from involvement in serious violence:

- **Shortage of foster carers** was reported as a barrier to protecting children in care from involvement in serious violence by 93% (n=51) of survey respondents, including over three quarters (76%, n=42) rating it as a major barrier. Challenges with recruiting and retaining foster carers are also highlighted in the Public Accounts Committee’s recent Financial Sustainability of Children’s Homes report (2026), which indicates a 9% decline in the number of foster carer households between March 2020 and 2024.
- **High turnover of care workers** was reported as a barrier by 91% (n=50), including over a third (36%, n=20) reporting it as a major barrier. Interviewees stressed that turnover disrupts important protective relationships between children and staff.

- **Shortage of care workers** was reported as a barrier by 89% (n=49), including just over a third (35%, n=19) reporting it as a major barrier. Staff shortages were reported by interviewees to lead to high caseloads for remaining staff, limiting capacity for meaningful direct work, and increasing reliance on agency staff, which undermines continuity of care and long-term relationships.

4.3.3 Limitations in support available from partners

The care system does not operate in isolation. Its ability to protect children in care from becoming involved in serious violence is shaped by the capacity, practices and pressures of the wider system, particularly around the provision of therapeutic and educational support.

Therapeutic support

Limited capacity in therapeutic and mental health services was identified as one of the most significant barriers to protecting children in care from involvement in serious violence by survey respondents: 96% (n=53) rated limited capacity in wider support services, such as CAMHS and therapeutic provision, as a barrier, including 71% (n=39) who described it as a major barrier. Interviewees consistently described high thresholds, long waiting lists and repeated escalation required to secure support, alongside disparities in access to therapeutic funding between adopted children and those in care. Delays in neurodevelopmental assessment, in some cases up to three years, were also highlighted as leaving many children without diagnosis or appropriate support, particularly those with suspected ADHD.

As noted in Section 3, unmet needs can increase the risk of violent incidents within placements, or vulnerability to exploitation and harmful peer networks.

Support from schools

School exclusion and persistent absence were consistently identified as critical risk factors.

While alternative provision can be protective, **limited availability and challenges in matching to appropriate education placements can increase exposure to negative peer influences and reduce educational support**. One social worker described the challenges associated with finding an education placement for a child at risk of involvement in serious violence:

“We have spent nearly two years trying to secure an alternative placement for one young person, and every provision has said they cannot meet his needs. On the one hand, we are worried about what he is doing in the community, but on the other hand, we are not offering him meaningful alternatives.” - Social worker, Adolescent Support Service

Children in care are seen as particularly vulnerable to exclusion. 95% (n=52) of survey respondents rated *school policies and practices that increase the risk of exclusion or disengagement* as a barrier to protecting children in care from involvement in serious violence

in their local authority, including 53% (n=29) rating it as a major barrier. Interviewees also raised concerns about stigmatising attitudes and school policies that may increase the likelihood of exclusion, when behaviours are interpreted punitively rather than through a trauma-informed lens. Practitioners working directly with children in care often highlighted challenges in influencing decisions about exclusions. They also raised concerns about informal exclusions without sufficient safeguarding oversight, noting that this can lead to opportunities to protect children from involvement in serious violence and exploitation being missed.

Some interviewees reported that an increasing proportion of exclusions for children in care are occurring for incidents involving violence in school. Exclusion for violent incidents, while often necessary for the safety of other pupils, can create a vicious cycle, further compounding risk. **Earlier intervention and advocacy are therefore important to support inclusion prior to escalating behaviour and placement breakdown** wherever possible.

4.3.4 Increasing levels of need and risk

The levels of need and risk experienced by children coming into care were perceived by stakeholders to be rising and becoming increasingly difficult to meet:

- *Increasing severity and complexity of need among children entering care* was rated as a barrier to safeguarding children in care from involvement in serious violence by 93% of survey respondents (n=51), including by 64% (n=35) as a major barrier.
- *Rising levels of prior exposure to extra-familial harm among children entering care* was rated as a barrier by 95% (n=52), including by 60% (n=33) as a major barrier.

Interviewees also highlighted that overlapping needs, including exploitation, trauma, disengagement from education and emerging mental health concerns, can make it more challenging for services to respond in a coordinated and preventative way:

“The number of young people presenting where there is a worry about serious violence, emerging mental health needs, being out of education, where there are multiple factors contributing to them not being able to stay home, is growing. Managing risks for them becomes very difficult.”

- Service Manager

These perceptions reflect national patterns. National research analysing 3.6 million children’s social care assessments in England between 2014 and 2021 found increases in child mental health problems, extra-familial harm and parental mental health complexities (Hood et al., 2024). At the same time, wider population data indicate sustained increases in the identification of child criminal exploitation, with 15,500 children flagged as at risk of or involved in exploitation in the year ending March 2025 (Home Office, 2025).

While not specific to children in care, these pressures will filter through to the care system. Indeed, recent qualitative research suggests that a growing proportion of children are entering care as teenagers. Teenagers are more likely to have been affected by extra-familial harm, increasing the risk that they may become or continue to be involved in violence whilst in care (The Jay Review, 2024). As of 2025, 27% of children entering care were aged over 16, compared to 13% in 2013 (Department for Education, 2025). The increase in older children entering care is, in part, likely to reflect a growing number of unaccompanied asylum-seeking children (UASC), who accounted for around 22% of children starting to be looked after in 2025 and are predominantly aged 16 or over (Department for Education, 2025). UASC are perhaps even more likely than other children in care to present with complex needs given their likelihood of having experienced significant trauma (see Section 6.3).

While identifying the drivers of increasing exploitation was not the aim of this research, several stakeholders did note the impact of increasing social media use amongst adolescents as a key facilitating factor, allowing exploiters to access children ‘*at the click of the button*’.

4.3.5 A lack of preventative support

Although a lack of preventative support was not included as a factor in our survey, it emerged strongly in interviews as a significant constraint on local authorities’ ability to safeguard children in care effectively. Stakeholders consistently emphasised that many of the risks associated with involvement in violence and exploitation are shaped well before children enter the care system. As a result, limitations in earlier intervention and family support were described as contributing to escalating need, later entry to care at adolescence, and greater complexity of need among those who do enter care.

Interviewees highlighted missed opportunities to support families earlier in addressing trauma, neurodivergent needs and emerging behavioural difficulties, particularly in early years and primary school settings. Community-based parenting support was viewed as particularly important in helping parents understand children’s triggers and respond in more trauma-informed ways. This could both reduce the likelihood of care entry and the risk of later involvement in serious violence, given that children may return to family settings after periods in care. As **Kat** reflected when describing her experience before entering care:

“I feel like me and my siblings were let down by the system because of how long it took them to act. I think things would have been a lot different if we didn’t have to go through all the things we did at home for so long.” – Kat,

24

Stakeholders also pointed to gaps in support for families where children are experiencing extra-familial harm. Without targeted help to recognise exploitation and reframe behaviours as indicators of harm rather than defiance, family relationships can break down, increasing the likelihood of care entry when risks are already entrenched. While national reforms in both

England and Wales place growing emphasis on prevention, family group decision making and more integrated family help approaches, interviewees felt that translating these ambitions into consistently resourced early intervention remains a challenge.

5 How care system factors influence risk

5.1 Overview

Previous research has shown that a range of care system factors increase the risk of offending among children in care, including placement type, out-of-area moves, instability, and gaps in support (Fitzpatrick et al., 2022; Howard League for Penal Reform, 2016; Paterson-Young et al., 2024; Shaw, 2017; Shaw & Greenhow, 2021; Staines, 2017; The Jay Review, 2024).

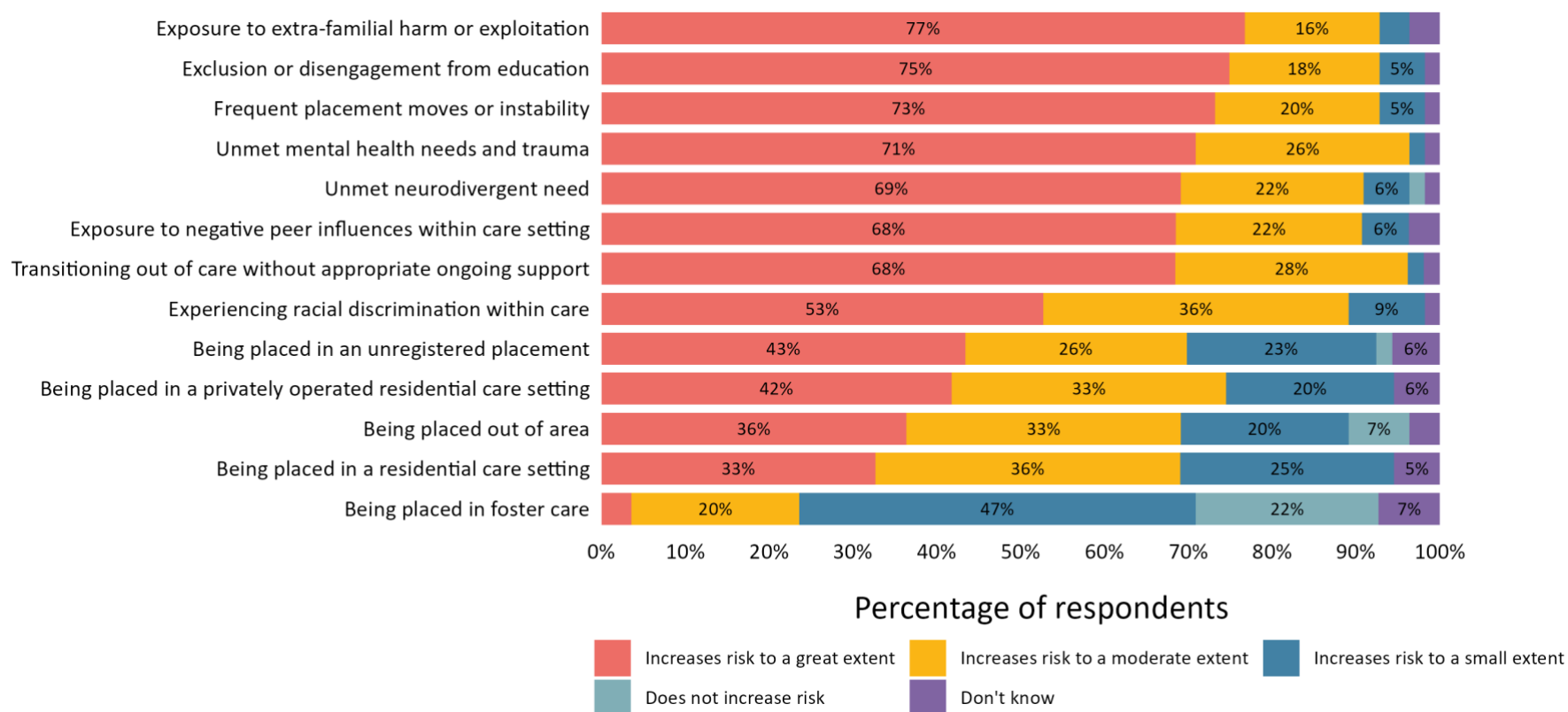
This section builds on that evidence by examining how these factors are currently shaping the risk of serious violence specifically, drawing on the perspectives of local authorities themselves. Respondents to our survey were asked to what extent they thought a range of factors increase children in care's risk of involvement in serious violence (see Figure 2). The responses indicate that risk is seen to be primarily driven by a mix of:

- Exposure to harmful contexts outside the home, particularly exploitation.
- Disruption and weakened protective structures.
- Unmet need and insufficient relational or therapeutic support.

These factors rarely operate in isolation. In interviews, stakeholders described clustering and reinforcement: for example, placement instability can disrupt education and relationships with trusted adults, increase missing episodes and time spent in risky peer environments, and reduce the likelihood that trauma or neurodivergent need is recognised and met.

Overall, the findings suggest that reducing risk for children in care requires addressing systemic conditions: improving placement sufficiency, stability, regulation, transition support when leaving care, workforce continuity, and access to therapeutic and relational support. The ways in which the care system can respond to these priorities are discussed in Section 7.

Figure 2: Respondents' views on factors increasing the risk of involvement in serious violence for children in care (N varies by item, 54-56)¹¹



¹¹ Percentages of respondents have been rounded to zero decimal places to allow for clearer visual representation in the graph. Percentages lower than 5% have not been reported.

5.2 Placement type

This section explores the risk associated with each of the main placement types for children in care: residential, foster care, unregistered provision, and semi-independent accommodation.

5.2.1 Residential care

Stakeholders frequently acknowledged that the quality of support provided in residential homes can be high. Some of the children we interviewed who had been in residential care also expressed positive views about the support they had received. **Jack** described the residential home he had been living in for the last three years as ‘like his family’. **Hassan** described coming into residential care as a positive change for him:

“It’s been a very positive change since leaving my family home and coming into care. I just feel more cared for and not having to live up to the expectations of my family. I have a safe space.” – Hassan, 17

However, most interviewees stressed the risks associated with residential placements.

How residential settings may increase risks of serious violence and exploitation

Evidence from previous research points to **higher rates of criminalisation for children in residential care**, compared to those in other types of care. The Children’s Commissioner’s report into the criminalisation of children in care (2025) shows that 37% of children in care who have ever been found guilty of an offence, and who had their first contact with the justice system while in care, were living in a children’s home, even though only 12% of children in care are placed in children’s homes. In contrast, while 61% of children in care are in foster care, they make up only 38% of the cohort who were in care when they had their first contact with the criminal justice system.

This disparity likely results in part from children’s experiences prior to entering residential care. Our research reiterates the findings of previous studies (Brereton, 2018; Hunter, 2022; Shaw & Greenhow, 2021; Staines, 2016) that local authorities are increasingly using residential homes for the growing number of older children who have prior experiences of exploitation or violence, which makes them more challenging to place or retain in foster care.

However, previous studies also suggest that the experience of being in residential care itself may increase a child’s risk of coming into contact with the criminal justice system (Fitzpatrick et al., 2022; Howard League for Penal Reform, 2016; Shaw & Greenhow, 2021; Staines, 2017). Responses to our survey suggest that local authority stakeholders also see residential care as increasing the risk of involvement in *serious violence: Being placed in a residential care setting*

was reported to increase the risk of a child's involvement in serious violence by 95% (n=52) of survey respondents (to a great extent by 33%, n=18).

One of the children interviewed for this review, **Callum**, supported the view that residential care can be particularly risky for children compared to foster care:

"Most of my friends that have been in residential care homes have had negative experiences. Everyone knows that anything is better than residential care homes when it comes to being safe and staying out of trouble." – Callum, 16

Callum also reflected that his dislike of his care home and staff had led him to spend more time outside of the home, getting involved in drugs and organised criminal groups in the area.

The risk of involvement in violence resulting from placement in residential care was typically described by interviewees as resulting from a lack of consistent, trusted relationships and the impact on self-esteem, introduction to risky peer influences, and exploiters targeting homes.

"Many children who are vulnerable to exploitation are seeking a sense of belonging. For children in residential or semi-supported accommodation, who may not have wider safety nets or strong support networks around them, that risk is increased." – Head of Service, Youth Justice Service

A lack of specialist settings for children involved in serious violence or exploitation, or with more complex behavioural needs, was highlighted as a significant factor that could increase the risk of involvement or further involvement in serious violence. One stakeholder noted that many homes describe themselves as "specialist," but staff often lack the skills or capacity to meet the needs of high-risk children. It was not clear from interviews, however, what 'specialist support' should look like in practice to be effective in safeguarding children, and this may require further exploration in future.

Private provision of residential care

National data shows that the residential care market is dominated by private providers: in March 2025, 84% of children's homes across all types were privately owned, and most new provider registrations in the previous year were in the private sector (Department for Education, 2025).

While private provision was commented on in interviews more in relation to cost pressures than quality and impact on children's risk, some stakeholders did perceive private providers of residential care to have less expertise in managing complex needs. One suggested that this may be linked to higher levels of staff turnover, which can lead to reliance on newer staff with less training and confidence to safeguard the most vulnerable children in care. A systematic review by Shaw and Greenhow (2023), examining peer relationships in residential care

highlights concern that private providers may prioritise occupancy and financial gain, raising questions about whether placements consistently align with children's needs. While these homes may not be equipped to meet the needs of these children, sufficiency challenges mean **private providers are increasingly relied upon to place children with more complex needs or who have been involved in violence**, who are harder to place elsewhere.

Overall, however, *being placed in a residential care setting* and *being placed in a **privately operated** residential care setting* were perceived to increase the risk of a child's involvement in serious violence by the same proportion of survey respondents (95%, n=52). These survey findings suggest that **the policy emphasis on reducing profit making in residential care should not come at the expense of improving the quality of residential care generally**.

5.2.2 Foster care

The potential for foster care to protect against risk

While recent research on the relationship between foster care and offending is more limited than with residential care, some qualitative literature suggests that foster care placements can have a more protective effect (Fitzpatrick et al., 2022; Howard League for Penal Reform, 2016; Staines, 2016). This view was echoed by interviewees, who noted the importance of the more home-like family environment of foster placements and the potential for nurturing relationships in acting as protective factors against serious violence.

Some of the young people interviewed for this review also highlighted the positive impact of supportive, long-term foster care. **Kat** described the impact of having structure and boundaries introduced into her life by her foster families, combined with care and family experiences such as eating dinner together. **Ben** stated:

"The foster carers and my foster siblings were the most important thing during this time. None of the social workers stayed." – Ben, 20

These findings reiterate the challenge posed by the shortage of suitable foster carers (see Section 4.3.1), meaning that **more children need to be placed in residential care and face the higher risks associated** with such placements.

The potential for foster care to increase risk

Although the findings above suggest that foster care can have a more protective influence than residential care, 71% (n=39) of survey respondents still reported that *being placed in foster care* increases the risk of children in care becoming involved in serious violence.

Young people's accounts also reflect some variety, including a very negative experience described by **Zainab** whose first foster placement broke down after a month due to a sexual assault by her foster father, but whose second placement she described very positively.

This reflects variability in the quality of foster placements and their protective potential. Previous research notes the importance of matching the foster carer's caregiving style with the child's needs, to help facilitate a positive relationship (Staines, 2016). Achieving this level of care in the matching process is challenging when there are insufficient foster placements.

In contrast to the prominence of shortage of foster carers as a perceived barrier to protecting children in care from involvement in serious violence, *limited training and support for foster carers* was one of the factors in our survey least frequently rated as a barrier (although still rated as such by a substantial proportion of 71%, n=39). Some interviewees did note **challenges with ensuring that foster carers are sufficiently skilled and supported to manage children displaying more complex behaviour**, and to understand that behaviour of this kind is often rooted in attachment issues and experiences of trauma. This supports the findings of previous research, which suggests that foster carers can struggle to understand and respond to children's needs, resulting in placement breakdown (Wroe et al., 2023). We could not consult foster carers directly for this review and therefore cannot comment on how their view might support or contradict these suggestions.

The Courts and Tribunals Judiciary inquiry (2025) into the murder of Marcia Grant by the child she was caring for highlighted the risk of inappropriate foster care placements ending in violence and directly linked this to a shortage of foster placements limiting the available choice, as well as poor communication of risk and safety planning.

5.2.3 Unregistered provision

The Public Accounts Committee (2025) found that in September 2024 nearly one in 10 children in care in residential settings were living in accommodation not registered with Ofsted. While local authorities are permitted to use unregistered provision in emergencies, this suggests there is increasing reliance on unregistered provision, particularly for children subject to Deprivation of Liberty Orders (DoLs) (see Section 5.3).

Local authority interviewees confirmed that the use of unregistered and unregulated provision is increasing, attributed to levels of demand for placements in the system and delays in Ofsted inspection. Concern was expressed about homes 'popping up' with limited regulation or oversight of quality. Local authorities described having to make increased use of these placements due to a lack of available homes, particularly for children displaying violent behaviours or those involved in violence who are harder to place. These findings support those of past research, which suggests that the **growth in the use of unregulated providers is driven by registered children's homes being increasingly reluctant to accept children with complex needs and challenging behaviour**, because of the potential impact on their Ofsted rating (Foster, 2021).

There is limited evidence from previous research directly exploring the link between the use of unregistered provision and offending. However, The Jay Review (2024) includes its use as

one factor which can leave children in care at increased risk of exploitation. Our survey findings suggest local authorities support this view: *being placed in an unregistered placement* was rated as increasing the risk of a child's involvement in serious violence by 93% (n=49) of survey respondents. It was also the placement-related factor in our survey most often rated as increasing the risk of a child's involvement in serious violence to a *great extent*; 43% (n=23) of survey respondents rated it as such.

5.2.4 Semi-independent accommodation

While not as great a focus of recent research and policy as the growth in unregulated provision, interviewees reported that **use of semi-independent accommodation is also increasing** for the same reasons. Some also noted that placement shortages mean children may be placed in these settings at a younger age (for example, age 16) despite their still needing the level support provided in foster or residential care. **Jack**, aged 17, reported that he was about to be moved to semi-independent accommodation when we interviewed him, and that he had not been consulted on this move.

The risks of children in care being 'fast tracked' into adulthood and living independently earlier than peers were highlighted in the context of child sexual abuse by the National Audit on Group-Based Child Sexual Exploitation and Abuse (The Casey Review, 2025). Interviewees supported these concerns, reporting that some semi-independent accommodation can increase risk of involvement in serious violence due to more limited supervision, weaker relationships and nurture from staff due to higher turnover, and exposure to risky peers.

While stakeholders often recognised that good quality semi-independent accommodation can work well for some children and provide an important bridge towards independence, they also highlighted a lack of suitable "next step" options. As a result, children can remain in semi-independent or unsuitable provision for prolonged periods, increasing vulnerability in their transition to adulthood.

5.3 Deprivation of Liberty arrangements

Deprivation of Liberty orders (DoLs) are court-ordered restrictions where a child is under continuous supervision and control and is not free to leave.

Recent data indicates increasing use of DoLs for children. Analysis by the Nuffield Family Justice Observatory (2025) shows that there were 357 DoL applications to the Family Division of the High Court between April and June 2025, representing an increase of nearly 20% compared to the same quarter in 2024 (299 applications). The Observatory links this growth to insufficient capacity in secure children's homes, increasing complexity of need, a reduction in the use of youth custody, and a rising number of older adolescents entering care. Available data also indicates that many children subject to DoLs have experienced significant instability and placement breakdowns. More than half have previously been placed in at least one

unregistered placement, **underlining the close relationship between the use of DoLs and wider placement sufficiency challenges.**

Interviewees confirmed growing concern about the use of DoLs. Many interviewees questioned whether DoLs are consistently meeting children's needs, often describing them as highly restrictive and functioning as a form of short-term containment. Stakeholders noted that while DoLs can temporarily reduce immediate risk, they do not address underlying need, and risks can escalate once restrictions lift.

A small number of stakeholders noted that secure accommodation can be beneficial when used in the right context. However, positive outcomes were emphasised to depend on the availability of appropriate secure provision, which remains extremely limited. In fact, difficulties finding suitable placements for children subject to DoLs were reported to have led to emergency arrangements, including A&E stays or reliance on inadequately trained agency staff. These arrangements can further undermine stability and exacerbate distress.

One of the children we interviewed, **Jack**, had been on a DoL for two years, meaning that he has only been allowed outside for 15 minutes at a time. While acknowledging that the reason for this was that he was '*very high risk*' and had been '*getting into trouble a lot*', he expressed frustration that the order was placed on him initially in response to his defending himself against a member of staff who assaulted him. Despite this, **Jack** was very positive about the support he had received from care staff in his residential home, even while under the DoL. Coming out of the order and moving into semi-independent accommodation, **Jack** expressed positivity that he was in a better place and ready for the next stage of his life.

"I haven't always been able to go forward in life, but this home has helped me a lot. Since the restrictions have been lifted, I feel like a different person."

– Jack, 17

While DoLs may therefore be necessary and supportive in some circumstances, one stakeholder reported that **stronger collaborative problem-solving and preventative alternatives should be prioritised** before resorting to them.

5.4 Out of area placement

Evidence from national administrative data (Hood et al., 2025) demonstrates that children placed further from home experience significantly higher rates of placement instability, with placements over 50 miles from home associated with around 42% increase in placement change rates compared to local placements. The study also finds that instability is closely associated with YJS involvement, with children who have a conviction experiencing substantially higher rates of placement change.

Responses to our survey suggest that local authority stakeholders also view *being placed out of area* as a risk factor for involvement in *serious violence*: 89% (n=49) of respondents

reported that this increases the risk of a child's involvement in serious violence (36% to a great extent, n=20). Interviewees mostly agreed, particularly when the move is driven by placement shortages rather than planned safeguarding decisions, which was reported to be happening more often.

Stakeholders consistently identified the risk of out-of-area placements as arising from increased isolation resulting from the disruption to protective networks and services such as schools, NHS, and youth services, and the reduced oversight from the home local authority. Challenges with information sharing further worsen these issues. This supports the findings of past qualitative studies which indicate that out of area placements can result in a lack of oversight and social work contact, leaving children more vulnerable to exploitation (Paterson-Young et al., 2024; Shaw, 2017; Staines, 2016)

Zainab noted how important it had been for her to stay close to her school and the people she knew when she came into care:

“Staying near my hometown and school was important to me as it helped me stay grounded. For children that have to move to a different area I think this causes instability and uncertainty with not knowing what to expect from a new environment.” – Zainab, 23

Simultaneously, there is a need to balance the risks of moving a child out of area with the risks of placing them in an unsafe location closer to home. Past research notes that out of area placements can be beneficial where placements are high quality and matched to the needs of the child (Wroe et al., 2023). Some interviewees agreed, reporting that out-of-area placement can be an appropriate short-term safeguarding response, particularly where there are immediate risks linked to violence, reprisals, or exploitation in the home area. While not implemented as a safeguarding response, **Kat**, one of the children interviewed for this review, reported that she had moved into a different area with her foster family and that this was a positive turning point for her as she had not felt safe in her hometown. **Callum** also reported that his involvement with drugs and gangs stopped when he was moved into a different area.

Even when used as a safeguarding response, however, outcomes of out of area placements are described as mixed. **Moving a child out of area does not automatically reduce risk**, as children may continue to return to their home area or disengage from professionals. Stakeholders emphasised that decisions about and planning for out-of-area moves require careful balancing of immediate safety, longer-term stability, and the need for meaningful support to address underlying vulnerabilities, rather than relying solely on relocation.

5.5 Placement instability and breakdowns

Children in care often experience multiple placement moves, including within short time periods. Department for Education (DfE) data for the year ending 31 March 2024 shows that

among children aged 10 to 15, 26% had experienced one or more placement moves during the year. For children aged 16 and over, 34% had experienced one or more placement moves (DfE, 2025). Stakeholders interviewed for this review also consistently stressed the prevalence of placement breakdown.

Longitudinal evidence suggests that experiencing multiple placement moves can contribute to higher rates of offending amongst children in care by disrupting relationships, undermining educational continuity, and compounding experiences of trauma and rejection (Hayden & Graves, 2018; The Laming Review (Prison Reform Trust), 2016).

Responses to our survey indicate that for children in care, **experiencing frequent placement moves is a key factor that significantly increases the risk of involvement in serious violence**. Almost all respondents (98%, n=55) reported that *frequent placement moves* increased risk, including 73% (n=41) to a great extent.

Placement moves are often poorly managed, occurring frequently at very short notice, increasing the risk of children being placed in emergency or unsuitable settings. Stakeholders also highlighted inconsistent information sharing between placements, making it harder for new carers or care staff to understand a child's history, needs and triggers, and to plan effectively, thus perpetuating the cycle of breakdowns.

5.6 Placement size

The use of single-child units¹² was sometimes reported by stakeholders for children in care displaying serious violent behaviours, or with more complex SEND.

The impact of placement size on the risk of offending among children in care has not often been explored. However, a qualitative study by Shaw (2017) characterised the use of single-child units as an attempt to curtail challenging behaviour without meeting social and emotional need. The study indicates that such units could be counterproductive for children and increase their tendency to offend. Some interviewees supported this view, noting that while protective for some children, the placements can be isolating and punitive. Placement in a single-child unit may also result from DoLs in some cases, but this link was not explored by interviewees.

In general, the use and **impact of single-child units remains an under-explored area**, which could benefit from further examination.

¹² Single-child units are a type of specialist residential care designed to provide intensive, individual support for children with complex needs, such as severe emotional and behavioural difficulties (Ofsted, 2022)

5.7 Support provided within care placements

Too often, the care system can fail to compensate for or even exacerbate the impact of the adverse childhood experiences of children in care (Carr and McAlister, 2016).

A **lack of resources for targeted or specialist support delivered within care settings**, as well as **limited availability of such support externally** (see Section 4.3) can contribute to children's needs being left unmet whilst in care.

A **lack of positive, consistent relationships** can be another key challenge. Previous research largely attributes the protective potential of the care system to positive relationships with individual practitioners (Staines, 2016; The Laming Review (Prison Reform Trust), 2016). This potential is therefore weakened by the shortage of foster carers and care staff and high turnover of care workers noted in Section 4.3.2. Interviewees likewise described frequent changes in care staff as highly damaging, requiring children in care to repeatedly retell their stories, which can be emotionally exhausting and erode trust.

Comments from children support the importance placed by stakeholders on relationships. Some were positive, including **Hassan** and **Jack**, who both reported feeling supported by care staff and able to speak to them about issues experienced in the home and outside of it.

"I was really close to about three of the workers, that's why I said that this placement has been like a family to me." – Jack, 17

Others, however, noted the challenges around turnover and use of agency staff among care professionals, including **Callum**, who stated that:

"Most of the staff were agency, so they don't get to know you or show you respect as they don't really care. New faces every day." – Callum, 16

These comments show that **children's experiences of care can vary significantly depending on the individuals supporting them**. Moreover, two of the children interviewed reported experiencing sexual assault or abuse from care staff or foster carers, which they noted had negatively affected their behaviour. This shows that relationships with adults in the care system can sometimes be actively harmful to children. It emphasises the importance of strong safeguarding measures against risks both within and outside care settings.

5.8 Leaving care

Staines' systematic review (2016) identified the transition out of care as a pivotal moment that significantly influences children's trajectories and their risk of exploitation and offending. Our research suggests that local authorities see **transitioning out of care as a particularly high-risk period for involvement in serious violence**. Nearly all survey respondents (98%,

n=53) reported that *transitioning out of care without appropriate ongoing support* increases risk, including 69% (n=37) who rated this as increasing risk to a great extent.

Stakeholders described how support can fall away rapidly at the point of transition. Engagement with leaving care services is usually voluntary, and young people at the highest risk may disengage, increasing their vulnerability. One of the children interviewed for this research, **Callum**, highlighted his concern about losing support when leaving care in the future and how he will look after himself:

"One of my worries is that if I have to leave my placement to live on my own. I'll have to take care of everything as I don't have anyone to rely on. Basic life skills are not really there for me. I don't know what happens when I'm 18." – Callum, 16

6 How responses to needs and identities can influence risk

6.1 Overview

A growing evidence base suggests that children's needs and demographic characteristics can shape not only their exposure to harm, but also how professionals interpret behaviour and assess vulnerability. In practice, this means some children may face compounded disadvantages where care experience intersects with other identities and needs.

This section explores how these dynamics affect children based on their race and ethnicity, age, gender, SEND and mental health needs. Stakeholders emphasised that risk is often increased by system responses - including racialised bias and gaps in culturally competent support, unmet mental health and neurodivergent needs, differential safeguarding and criminal justice responses to adolescents, and the adultification of girls in care.

6.2 Race and ethnicity

Past research clearly shows that children in care from Black, Asian and minority ethnic backgrounds are at an increased risk of involvement in the YJS (see Section 1.1). However, the extent to which these children were identified as a cohort of particular concern varied across the study's local authority areas, reflecting differences in local population profiles. Stakeholders in more ethnically diverse urban authorities, particularly London boroughs, tended to highlight the over-representation of children from Black African and Black Caribbean backgrounds, in both the care system and the YJS, whereas those in less diverse areas reported race and ethnicity as less visible drivers of risk.

Even in less diverse areas, however, disproportionality affecting specific communities was noted, including Somali children in parts of one authority, small numbers of children from Gypsy, Roma and Traveller backgrounds in another, and unaccompanied asylum-seeking

children in three (see Section 6.3). These examples illustrate the need to **recognise and respond to the nuanced experiences of different communities and to ensure these are not obscured within generic diversity policies**, even in less diverse areas.

While the structural inequalities experienced by Black, Asian, and minority ethnic children in care are well established, the ways in which race and ethnicity then interact with care status to increase the risk of involvement in exploitation and violence is an underexplored area in past research. Our findings suggest this occurs through several interconnected mechanisms:

- **Culturally competent care and system response:** Support that is culturally competent is not always available. Interviewees noted that gaps in recognising and supporting children's identity and lived experience can leave children feeling unsupported, undermining trust and placement stability and, in turn, protection from serious violence.
- **Shortages of foster carers with relevant cultural understanding:** 89% of survey respondents (n=49) identified *a shortage of foster carers with the cultural understanding needed to support racially minoritised children* as a barrier to safeguarding children in care from involvement in serious violence (including 47%, n=26 rating it as a major barrier). Interviewees highlighted that Black, Asian, and minority ethnic children are less likely to be matched with carers who share their cultural background, increasing isolation and reducing the protective potential of foster care.

"We don't do enough around cultural competencies to link placements to the identity of children in care... if you get those things right it makes a big difference, but it becomes a struggle when you're dealing with very high demand." – Team Manager, Child Exploitation Team

- **Shortages of care staff with cultural understanding and training:** 84% (n=46) reported *a shortage of care workers with the cultural understanding needed to support racially minoritised children* as a barrier, although a smaller proportion (20%, n=11) rated it as a major barrier to safeguarding children in care from involvement in serious violence. Interviewees described how limited cultural understanding can shape how behaviour is interpreted and whether vulnerabilities linked to exploitation are recognised and acted upon.
- **Experiences and normalisation of racism within care:** 98% (n=54) agreed or strongly agreed that experiences of racism in care increase the risk of involvement in serious violence. However, interviewees rarely discussed this when asked whether there were any specific demographic or need-based groups that they were most concerned about when thinking about children in care at risk of

involvement in serious violence, potentially reflecting gaps in how racism is recognised and addressed in care settings.

- **Adultification bias and criminalisation at the interface with policing and youth justice:** YJS interviewees, in particular, highlighted that adultification bias increases the likelihood that children in care from Black, Asian, and minority ethnic backgrounds are treated as more culpable and less vulnerable, heightening risks of criminalisation and compounding existing disadvantage.

These findings align with existing research showing that children from Black, Asian, and minority ethnic backgrounds in care can experience layered disadvantage shaped by structural inequality, normalising and minimisation of experiences of racism, inconsistent attention to identity and culture, and differential treatment within safeguarding and justice systems (Barn, 2010; Firmin et al., 2021; Hunter, 2022; Listen Up, 2023; Sissay, 2019).

Our findings suggest that **these longstanding disadvantages are also central to understanding the risk of involvement in serious violence**. Gaps in culturally competent care and matching can undermine placement stability and trust in professionals, both of which are established protective factors. Experiences of racism within care, and adultification bias at the point of police contact, can increase the likelihood of criminalisation.

There is a clear gap in the current policy landscape concerning race equity. Policy documents typically engage only minimally with issues such as systemic racism, adultification, and the need for culturally competent support for children in care. Where referenced, these issues were typically framed through isolated practice examples rather than as areas requiring system-wide reform. This suggests **a need for more explicit and sustained attention to race and racism within strategies aimed at reducing violence among children in care**.

The experiences of Black children may warrant particular attention to ensure that support for these children is effective and addresses the specific risks and disproportionalities faced:

“Race is a significant factor - you can see it clearly, especially for young Black boys. Their experiences are rooted in structural inequalities, and they are often treated differently. People are starting to realise you can’t tackle this alone - the police, and everyone involved, have a part to play - but we’re not quite there yet” - Director, Children’s social care

6.3 Unaccompanied asylum seeker status

Recent increases in the number of children entering care appear to be partly driven by a rise in unaccompanied asylum-seeking children (UASC), who accounted for 6,950 of the 32,270 children starting to be looked after in 2025 (around 22%) (Department for Education, 2025).

UASC were frequently identified by the local authority stakeholders we interviewed as facing an increased risk of involvement in serious violence and exploitation.

This increased risk was reported to result from:

- Restrictions on employment and limited access to structured activities, which can lead to social isolation and lack of routine.
- Peer networks within host communities which, while providing social connection, may introduce risk depending on the influences involved.
- Uncertain legal status creating barriers to openness about exploitation, where children may fear consequences or feel unsure about seeking help.
- Experiences of violence or trauma at a young age as part of migration and displacement, contributing to heightened distress and vulnerability and possibly resulting in challenging behaviours.

Existing evidence also suggests that UASC are disproportionately represented in independent and semi-independent accommodation which is seen to increase risk of involvement in serious violence (see Section 5.2.4): in 2019, they comprised 43% of children living independently and 36% of those in semi-independent accommodation, despite making up only 6% of the looked after population overall (Foster, 2021).

6.4 Age

Interviewees described how **exposure to exploitation and risk factors including school exclusion and missing episodes are emerging at younger ages**, sometimes around the transition from primary to secondary school.

“There has been an increase in exploitation. It is not just the number, but a huge shift in the age of children. That comes hand in hand with missing episodes, and the concerns have heightened. These children often have delayed development, eleven- and twelve-year-olds with little understanding of exploitation.” – Social worker

However, **adolescence remains the period of greatest concern**, particularly for children aged 14 to 16. The risks for adolescents are seen to be particularly acute for children who enter care at this stage. Previous research suggests that children who enter care during adolescence are more likely to be arrested for both violent and non-violent offences than those who enter care at a younger age (Staines, 2016). Interviewees noted that older children are more likely to enter care due to exploitation or serious violence, often after risks have already escalated and the protective capacity of the family has broken down. As a result, care entry for

adolescents frequently represents a response to entrenched harm rather than an opportunity for prevention or early intervention.

Differences in how the care system operates for older children were also seen as amplifying risk, including through:

- **Challenges finding and sustaining placements:** Previous research shows that adolescents are disproportionately likely to experience placement instability and breakdown (Howard League for Penal Reform, 2016; Staines, 2016). Stakeholders linked this instability to the rising number of adolescents entering a care system largely designed around younger children. A shortage of suitable placements for older children increases reliance on riskier residential care, semi-independent or unregulated provision, and out-of-area placements. **Hassan** entered care as a teenager and had difficulties finding a home:

“I was in year 11 when I first went into care. There was trouble with my social worker getting me a placement at that age.” – Hassan, 17

- **A shift from safeguarding to punitive responses:** Responses to older adolescents were reported to be more often framed in terms of behaviour management or risk containment. This was described as increasing the likelihood that vulnerabilities linked to exploitation or violence are overlooked or responded to punitively.

6.5 Gender

While the cohort of children in care involved in serious violence remains predominantly male, interviewees highlighted growing concern about the increasing involvement of girls.

Stakeholders consistently described boys as more likely to be involved in visible forms of serious violence, including weapon carrying and assault. These behaviours were commonly linked to externalising behaviours associated with trauma and prior adversity. This can make boys more challenging to place in foster care, further escalating risk. **Kat**, a care-experienced young woman interviewed for this review, reflected on how these behaviours, resulting from experiences of trauma, were expressed by boys within her foster placement:

“Some of the other children I saw come into the foster home had really been through some horrible stuff and their behaviour would reflect the experiences they have had as a kid. From what I have seen, it’s mainly boys with aggressive behaviour problems. I also saw a lot of negative behaviour from boys in the foster home being aimed at my foster mum as opposed to my foster dad, and I think that this is because the boys who came to my foster home probably had a lot of past negative experiences with women which showed.” – Kat, 20

While boys in care are more likely to be involved in violence in absolute terms, recent analysis by Whitehead et al. (2025) indicates that care experience is associated with a greater relative increase in rates of YJS involvement for girls. Girls who had been in the care system were 5.7 times more likely to have received a conviction or caution than their peers, compared to 3.5 times for boys. Analysis from the Children's Commissioner (2025) also shows that nearly one in five girls who were cautioned or convicted had their first contact with the criminal justice system *after* entering care, compared to 9% of boys. Taken together, these figures suggest that the care system may be less effective in preventing YJS involvement for girls.

Whitehead's (2025) analysis did not explore change over time, but our interview findings suggest that **the risk for girls of involvement in serious violence may be increasing**. Several interviewees reported that girls are becoming increasingly visible in serious violence and county lines contexts, with their risks no longer seen primarily through the lens of sexual exploitation. In one area, the proportion of children involved in serious violence who were girls reportedly increased from around 11% to 17% over the past year.

Interviewees also identified distinct and often less visible risk patterns for girls in care, including repeated short missing episodes, coercive relationships with older partners, and prior experiences of domestic or sexual abuse. These patterns were described as more likely to be interpreted as behavioural concerns rather than indicators of exploitation. This aligns with existing research highlighting how victimisation and offending can become blurred for girls in care, and how gendered expectations shape responses from professionals (Fitzpatrick et al., 2019; 2022; Shaw et al., 2024). Stakeholders further raised concerns about adultification and sexualisation, particularly for Black girls in care, which affects perceptions of vulnerability and access to safeguarding responses.

The convergence of pathways into serious violence for boys and girls, alongside persistent gendered differences in system responses, **underline the need for both gender-informed and trauma-informed approaches to safeguarding children from extra-familial harm**.

6.6 Mental health, neurodivergence and special educational needs

Children in care with SEND and neurodivergent needs were cited more frequently than any other cohort as facing increased vulnerability to involvement in violence or exploitation by stakeholders. Mental health needs, often resulting from experiences of trauma, were also identified as a common challenge experienced by children in care, which can increase risk.

As noted in Section 3.2.1, when needs go unrecognised, behaviours can be interpreted as wilful defiance rather than indicators of distress or difference, leading to escalation, punitive responses and criminalisation. *Unmet neurodivergent need* was reported by 96% (n=53) of survey respondents to increase risk of involvement in serious violence (to a great extent by 71%, n=39), while 98% (n=54) reported that *unmet mental health needs and trauma* increase risk (including 69% to a great extent, n=38).

For children with SEND or neurodivergence specifically, stakeholders highlighted the additional risk associated with educational exclusion. Stakeholders emphasised that **the care system's ability to meet these needs is constrained by pressures in the system**, including delays in assessment, limited CAMHS capacity and lack of specialist therapeutic and alternative educational provision (see Section 4.3.2).

7 How the care system can be strengthened to protect children from involvement in serious violence

The previous sections discussed the risks and challenges associated with protecting children in care from involvement in serious violence, drawing on previous research and the insights from our survey and interviews that build on that evidence. The following three sections draw predominantly from our qualitative research to identify practice responses to those risks and challenges within the context of current policy and pressures on the care system.

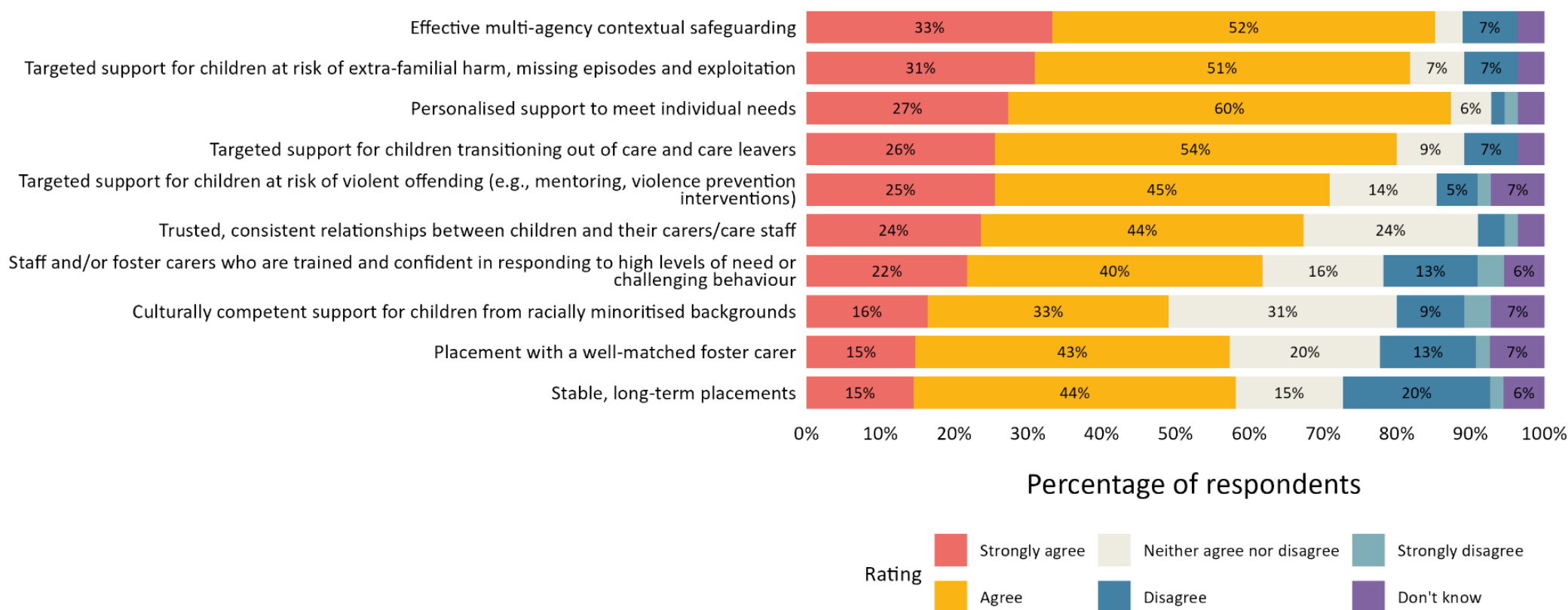
In this section (Section 7) we explore how to improve the experience of being in care for children so that they are less likely to become involved in serious violence. How to directly safeguard children in care identified as already at risk of involvement in violence, and ways to reduce the unnecessary criminalisation of children in care, are discussed in Sections 8 and 9.

7.1 Overview

Our review sought to understand how local authorities can boost areas of practice with the potential to protect children in care from harm and reduce the risks associated with some features of care experience.

Respondents to our survey were asked about the extent to which their local authority consistently provides a list of protective factors for children in care that were identified from our REA (see Figure 3). The survey responses indicate a mixed picture of current protective provision. Stakeholders expressed stronger agreement around the availability of contextual and personalised support, but lower confidence in placement stability and culturally competent approaches. These gaps align with the domains in which local authorities are experiencing most pressure (see Section 4.3).

Figure 3: Respondents' views on whether their local authority can consistently provide protective factors for children in care (N=54-55)¹³



¹³ Percentages of respondents have been rounded to zero decimal places to allow for clearer visual representation in the graph. Percentages lower than 5% have not been reported.

The rest of this chapter explores specific ways in which the care system can be strengthened to protect children in care from involvement of children in serious violence through:

- Ensuring children can access appropriate and safe placements
- Supporting children to thrive while they are in care
- Providing effective support during transitions out of care and into adulthood

7.2 Ensuring children can access appropriate, safe places to live

Our research sought to understand how local authorities can ensure that children in care access appropriate, safe places to live in the context of significant cost pressures and a shortage of suitable homes.

7.2.1 Sufficient local homes

Recent policy reform in England and Wales reflects cross-party consensus around the need to increase available care placements through tackling profiteering, strengthening commissioning through regional arrangements, and boosting capital investment in children's homes (see Appendix A for details). Local authorities interviewed for this review supported the ambition to develop more local homes. This emphasis was particularly evident in Wales, where stakeholders described active programmes of expansion. For example, the number of children's homes in one local authority area was reported to have tripled, from three to nine.

However, some interviewees in Wales also cautioned that increasing local provision can put significant additional pressure on already stretched services if not carefully planned and properly resourced. As a result, stakeholders **emphasised the importance of managing the growth of local provision in a way that is sustainable, phased and aligned with workforce capacity**, rather than treating expansion as a standalone solution to sufficiency challenges.

Some areas are exploring delivery models and partnerships to develop new homes in ways that allow for greater control over quality, cost, and alignment with local need than is offered by using private providers. These alternative models include **increased use of not-for-profit provision and social investment**. Use of these models more widely would align with the intention stated in *Keeping Children Safe, Helping Families Thrive (2024)* to diversify providers by increasing the role of VCSE organisations, charities, and ethical investors.

One area described entering a partnership with a large children's charity to develop and operate new local children's homes. Another example of a partnership model with a community interest company, We Are Juno, is outlined below.

Local examples of promising practice: We Are Juno model

We Are Juno is a not-for-profit Community Interest Company operating across the Liverpool City Region and Merseyside. It was established in response to acute placement sufficiency pressures and concerns about profit-driven residential care. Its legal structure enables access to social investment while retaining a clear social purpose and alignment with local commissioning priorities. Any surplus is reinvested into local provision, with the aim of creating a financially sustainable and locally accountable model of residential care.

The model is built on the principle of “local homes for local children”. Homes are co-designed with local authorities and exclusively care for children from Cheshire and Merseyside. This approach seeks to counter the trend of North West placements being used for children from other regions due to lower housing costs. Stakeholders reported that this locally rooted model supports continuity, reduces disruption associated with distant placements, and strengthens links with local services.

The need to move beyond a reactive approach to commissioning, driven by immediate availability, towards securing high-quality provision that meets children’s needs and delivers positive outcomes was highlighted by the Competition and Markets Authority (CMA, 2022) in its market study of children’s social care. A key challenge identified in the report is local authorities’ ability to model demand effectively to support sufficiency planning. While this was not explicitly raised by interviewees in our study, the ongoing shortage of local placements suggests that the report’s findings - particularly the need for greater national support for forecasting - may still apply.

As well as increasing the supply of good quality local residential children’s homes generally, our findings suggest there may be a gap in specialist children’s homes for children with more complex needs who may be involved in, or at high risk of, violence, or displaying challenging behaviour. This is not a focus of recent policy. As well as providing capital investment for children’s residential homes, a specific fund should be considered for specialist provision, as well as further research to understand what good looks like to ensure provision that claims to be specialist is supporting improved outcomes.

7.2.2 Improving the quality of homes

Concerns about the quality of children’s homes were prominent among the stakeholders interviewed for this research, particularly in relation to unregulated and semi-independent provision. Recent policies, notably the Children’s Wellbeing and Schools Act (2026), have emphasised the need for improved regulation and provider oversight, including widening Ofsted’s powers to address unregistered provision.

At the local level, interviewees provided examples of steps taken across three areas to enhance the oversight and quality of their children’s homes provision:

- **Committing to reducing reliance on unregulated provision**, including a clearer strategic intent to move away from placements with limited regulatory oversight, alongside greater scrutiny of when such provision is used.
- **Improving oversight of externally run provision**, including efforts to strengthen commissioning and oversight arrangements. Examples included establishing preferred provider lists with quality and cost standards. This was reported to support more informed placement decisions and ensure more consistency.
- **Improving the quality of local authority provision**, including through changes to the design and commissioning of homes to ensure they are meeting need. One area noted a shift towards developing smaller, more personalised supported housing which can be tailored for specific cohorts such as high-risk males, young mothers and LGBTQ+ young people. Within these initiatives, wraparound support pathways were co-produced with young people.

7.2.3 Increasing appropriate foster placements

Recent national policy has placed renewed emphasis on expanding foster care provision (see Appendix A). Interviewees supported this policy direction but emphasised that increasing the number of foster placements alone is insufficient. Instead, there is a need to **increase the availability of appropriate, high-quality foster placements, particularly for children with more complex profiles** such as neurodivergent needs, experiences of exploitation, or violent behaviours. Strong support was expressed for the Children's Commissioner's (2025) recommendations around specialist foster care models and associated funding.

When asked about the extent to which their local authority consistently provides *placements with a well-matched foster carer*, 57% (n=31) of survey respondents agreed or strongly agreed that they could. This was one of the protective factors that respondents least frequently agreed their local authority can consistently provide.

Local authorities described initiatives already in place which reflect the **need to both expand the pool of carers and strengthen the support, skills and structures around them**:

- **Targeted recruitment** to increase foster care capacity, including through the introduction of dedicated recruitment roles within local authority teams and recruitment events in the community.
- **Developing a 'foster-friendly' local culture**. North East Lincolnshire, for example, has invested significantly in foster care recruitment and sought to strengthen retention through partnering with over 200 local businesses including the local football club Grimsby Town FC, to offer practical support to foster carers, such as flexible policies and discounts. This has resulted in more enquiries from foster carers and successful recruitment since the scheme was launched.

- **Building confidence among existing carers** through improved training, education and myth-busting around perceived risks, including fears related to violence or youth justice involvement.
- **Improved transparency and communication:** One stakeholder suggested that providing additional information to foster carers so that they are fully informed about the context of any previous violent behaviour or youth justice involvement could help them feel more confident in the placement match and support children safely. This supports the findings of the inquiry into the murder of Marcia Grant (Courts and Tribunals Judiciary, 2025), which highlighted gaps in the risk information shared and the safety planning completed.
- **Specialist fostering schemes** designed to support children with higher levels of risk and specific needs, such as those relating to complex trauma or neurodivergence. One area developed a scheme of this kind, recruiting carers for their relevant professional or lived experience, including backgrounds in fostering, residential care, youth work, education and youth offending. Carers are salaried at around £55,000 to reflect the intensive nature of the role and care for no more than two young people at a time. The scheme is intentionally small and quality focused. Carers receive structured training, clear expectations and ongoing support, which is reported to enable close and consistent relationships with children.

While not mentioned by interviewees in the context of specialist foster care, our wider findings demonstrate the importance of *sustained*, trusted relationships for children in care, which suggests that **any efforts to boost specialist fostering provision should prioritise facilitating long-term placements.**

Finally, the need for more foster carers from Black, Asian, and minority ethnic communities (see Section 6.2) suggests that **recruitment drives and specialist schemes should prioritise recruiting and retaining Black, Asian and minority ethnic carers.**

7.2.4 Reducing instability

When asked about the extent to which their local authority consistently provides *stable, long-term placements*, 58% (n=32) of survey respondents agreed or strongly agreed that they could. This was one of the protective factors that respondents least frequently agreed or strongly agreed their local authority can consistently provide.

To reduce placement instability and breakdown and the associated risks, local authority stakeholders stressed the importance of:

- **Preventive action to avoid breakdown.** Examples included proactive monitoring of placements where risk is emerging, structured opportunities for multi-agency oversight, and targeted multi-agency interventions to reduce risk where needed.

- **Strengthening learning following placement breakdowns.** One interviewee noted that while breakdowns are often understood at an individual level, there is less systematic reflection on why placements fail to inform future matching. More consistent processes for capturing and communicating this learning could support improved decision-making and reduce repeated instability for children.
- **Therapeutic and wraparound support for both children and carers.** Investment in emotional, behavioural and relational support was seen to have knock-on benefits for placement stability, with potential longer-term impacts on children's wellbeing as well as on sufficiency and cost pressures within the system.

Local examples of promising practice: Cheshire West and Chester's support to stabilise placements

Cheshire West and Chester take a strong prevention-focused approach to placement stability. Where a placement is identified as being at risk, additional support is introduced early, including intervention workers providing practical and emotional support to carers.

Stakeholders attributed stronger than average placement stability outcomes to this early intervention model, alongside a wider emphasis on forward planning and corporate parenting responsibilities across the local authority.

7.2.5 Improving decision-making and matching in placements

Local authorities are working to improve decision making and matching within wider funding and sufficiency constraints. The following factors were reported by some interviewees to support effective decision-making:

- **Involving the right partners in placement decisions:** One area has moved to involve the YJS in placement decisions to support improved matching. Close working relationships between the YJS, placement teams and brokerage services were repeatedly highlighted as a key strength. Placement request forms are reviewed by the YJS, ensuring that risk, need and context are considered from the outset. Another area reported creating a complex placement search panel, bringing together social work teams, YJS and health partners to collectively unpick the challenges of identifying placements for children in care and care leavers.
- **Proactive and relational approach to identifying placements:** In one area, a proactive 'access to resources' team was reported to have made a significant difference to ensuring placements are found in a timely manner, with commissioners going 'above and beyond' to place children. Building positive relationships with providers in the market was reportedly crucial to ensuring that communication around placement decisions is quick and streamlined.

- **Ongoing review and oversight of placement appropriateness:** One area described holding a child in care review shortly after a child is moved and placement review panels every fortnight for those deemed to be higher risk, including children under 12 in residential homes. These processes were seen to support proactive oversight of placement appropriateness and early identification of issues.

7.3 Supporting children to thrive while in care

Children come into care with prior adversities and needs which, if unmet, can increase their risk of involvement in serious violence. This review sought to understand how the care system can ensure that children are supported to thrive whilst in care in the context of limitations in the support available from wider services (see Section 4.3.2).

7.3.1 Ensuring access to mental health support

While access to therapeutic support for children in care is not a central feature of the current landscape of reforms in England, in Wales, practice guidance was developed in 2025 for therapeutic support for care experienced children (Welsh Government, 2025). Responding to what it describes as a recognised gap in support, it calls for use of evidence-based therapeutic mental health interventions, delivered flexibly according to need. Our findings support the view that **improving access to timely, flexible and relationship-based mental health support** is central to safeguarding children in care from involvement in serious violence, suggesting that the Welsh guidance could be emulated in England. The ways in which local authorities can seek to achieve this are explored below.

Practice responses to improving access to therapeutic support

To support access to therapeutic support, some local areas have commissioned a **specific CAMHS offer for children in care**. However, in one local authority where this was the case, one stakeholder noted it still felt insufficient and often focused on high-threshold, intensive support rather than early intervention.

Other local authorities are piloting **alternative models that focus on proactive outreach and relationship building**, recognising that children may not be ready or willing to engage with a more traditional CAMHS offer.

Local examples of promising practice: Nottinghamshire's Multi-Disciplinary Team (MDT)

Nottinghamshire has developed an MDT based within its supported accommodation for children in care and care leavers, funded through its Staying Close offer. The team includes clinical nurse specialists, wellbeing workers and substance misuse resilience workers, and provides a health, wellbeing and harm reduction offer for young people with complex needs.

A key feature of the model is that staff are not perceived by young people as traditional clinical mental health professionals, which stakeholders report reduces stigma and supports trust. The team builds slow, relationship-based connections with young people who may not engage with mainstream services, meets them informally and consistently, and bridges them into external mental health or substance misuse support where needed. Interventions focus on managing anxiety, low mood and stress, building self-esteem and healthy relationships, supporting transition into and out of the accommodation, and addressing substance use.

Providing therapeutic support to both the child and the carer is another promising approach noted by two local authorities. These approaches are focused on a non-clinical, relationship-based outreach model with the aim being to improve relationships and the child's wellbeing and reduce the risk of placement breakdown as a result.

Local examples of promising practice: Bradford's wellbeing support for children and carers

Bradford District and Craven Mind (BDC Mind) and The Cellar Trust have been commissioned by West Yorkshire Integrated Care Board (ICB) to deliver outreach work to children and families. This work includes targeting children in or on the edge of care, with the aim of preventing placement breakdown resulting from mental health crises. The service offers a same-day crisis response, delivered in homes or community settings, focusing on de-escalation and stabilisation.

BDC Mind's Director of Young People and All Age reported that placement breakdown can stem from a lack of shared understanding between carers and children about emotional states, trauma responses, and behaviour as communication. Having a non-clinical, mental health professional intervene to support shared understanding between children and carers is therefore expected to be highly impactful.

While these examples emphasise the importance of support provided to foster care placements, **children in residential homes should also have access to wraparound mental health support**. One of the young people interviewed for this review, **Callum**, noted that the level of support he received in foster care was not available in his residential care home:

"In the foster home everything is different. You're in a family environment and they can help you and your problems get dealt with. I had a mental health worker, a youth justice worker and a school helper whilst at my foster carers and if they were available at the residential home things would have been very different. " – Callum, 16

Practice responses when therapeutic support is not the right starting point

While the importance of access to evidence-based therapeutic support, where appropriate, was consistently recognised by interviewees, some questioned the assumption that children in care primarily need or want specialist therapeutic interventions:

“The biggest thing with therapeutic services, is that to talk about anything – violence or suicide, for example – is difficult. The nature of abuse and trauma is such that children become frightened, and the biggest waste I see is resources are there for kids not ready to use them. Therapy with a capital T is a very adult concept.” – Service manager, residential children’s home

To support the wellbeing of children who may not be ready to engage in therapeutic interventions, stakeholders noted that **early intervention style youth work can be more effective**. Practical, relational approaches, such as walk-and-talk, or informal chats during creative activities or sport, can be more accessible and less intimidating for children. These approaches also build trusted relationships, so that children have someone in their network to open up to. **Supporting children in care to access local youth hubs and community activities** was therefore reported to be vital.

Enhancing child-centred decision-making

Enhancing decision-making and resource-allocation processes to ensure children receive the right support at the right time is another area of focus for some local authorities. Two described their **use of multi-agency panels involving the YJS, children’s services, mental health, and substance misuse** for children with more complex needs, including those in care. The panels help identify the specific support requirements for children with more complex needs across services and fill gaps in support when resources or access to partners are scarce:

“Their [professionals on the panel’s] job is to unlock resources to make a difference to that child. We ask agencies to send someone who can release resource and who will not be tied by the criteria they are usually restricted by... and we do prioritisation of delivery and sequencing of support, which is planned together.” – Operations Manager, Youth Support Service

7.3.2 Building trusted relationships between children in care and professionals

The importance of trusted relationships in safeguarding children in care from involvement in violence is consistently recognised in previous research (see Section 1.1.3). To achieve this, our findings suggest the need for a dual focus on recruiting and retaining high quality care staff, while also boosting children’s relationships with professionals outside of the care home.

Recruiting and retaining high quality care staff

Having the right staff in place, with the right skills, experience and motivation to work with children in care, was consistently reported as vital to successful relationships. Staff must be able to provide nurturing support, demonstrate commitment, reliability, and emotional availability, and seek out early signs of connection as opportunities for early intervention.

Even more strongly stressed was **the importance of these practitioners remaining in post**, to avoid disrupting those relationships and a breakdown in trust. Recent policy in England and Wales has acknowledged this need to improve and prioritise staff retention (see Appendix A) but contains little detail on how to achieve it.

We Are Juno, a Community Interest Company operating children's homes across the Liverpool City Region and Merseyside local authorities, reported **high levels of retention resulting from a positive work culture**, suggesting an approach which could be emulated elsewhere.

Local examples of promising practice: We Are Juno's approach to creating a positive culture

We Are Juno described a deliberate focus on building a positive organisational culture to support staff wellbeing, retention and child-focused practice in its children's homes. This includes investment in team development days, active consultation with staff on organisational priorities, and meaningful involvement of a funded group of Experts by Experience. As a not-for-profit provider, the absence of shareholder pressures enables a stronger focus on quality of care and staff experience. Leadership was described as relational and emotionally present, with managers modelling openness, reflection and care.

Alongside this, the organisation provides structured supervision and regular individual clinical supervision for all home-based staff, delivered by a psychologist or therapist. This is intended to provide an emotional outlet, reduce burnout and mitigate the impact of secondary trauma. High levels of staff retention have, in turn, enabled more selective recruitment processes and a strong emphasis on warmth and emotional intelligence in appointing staff.

"I can ask myself in the interview 'would this be right for my own child', and if not, then no. We have high standards for recruitment around warmth, emotional intelligence, and that children want to be around them." – Director of Operations, We Are Juno

Boosting trusted relationships with professionals outside of the care home

Some areas described initiatives designed to strengthen children's access to trusted professionals beyond their care home, including models where a single worker remains involved throughout the child's journey, from earlier statutory intervention into care. These approaches aim to reduce the number of professionals in a child's life, improving continuity and trust. They can remain vulnerable to the same challenges around turnover, however.

Local examples of promising practice: East Sussex's Connected Coaches model

East Sussex's Connected Coaches offer is an intensive, relationship-based model designed to support children in care and on the edge of care. Coaches work with children several times a week, including evenings and weekends, to build consistent, trusting relationships. From this foundation, they address factors contributing to placement instability, including emotional regulation, substance use, healthy relationships and engagement in positive activities. Where appropriate, coaches also support parents and carers.

The model is underpinned by an MDT including family therapy, occupational therapy, child psychology and advanced social work expertise. This enables robust formulations of need to inform tailored plans addressing risks including violence. While clinicians may provide consultation or direct specialist input where needed, the coach holds the primary relationship to ensure consistency. Operating alongside but distinct from statutory social work, coaches bring additional flexibility and continuity, particularly valuable during periods of transition.

7.3.3 Ensuring culturally appropriate support

When asked about the extent to which their local authority consistently provides *culturally competent support for children from racially minoritised backgrounds*, only 49% (n=27) of survey respondents agreed or strongly agreed that they could. This was one of the protective factors that respondents least frequently agreed their local authority can consistently provide. It was also the factor most often receiving a neutral or 'don't know' response (38%, n=21), which may indicate a lack of attention to or awareness of the importance of this support for children from Black, Asian or minority ethnic backgrounds.

Recent policy gives limited attention to race equity for care experienced children and offers little clarity on what culturally appropriate support should look like in practice. This review identified a number of priority areas for strengthening culturally appropriate support within the care system, including the need to:

- **Improve staff confidence and competence in supporting children's identity development.** While most areas reported growing awareness and routine access to equality and diversity training, some stakeholders noted that this training can sometimes be surface level. High workloads were reported to limit opportunities for reflective practice. Interviewees emphasised the need for deeper, more reflective learning, alongside more targeted training on specific risks faced by children from Black, Asian, and minority ethnic backgrounds.
- **Share learning from youth justice.** In some areas, the YJS was described as more advanced than children's social care in its focus on race equity, creating opportunities for shared learning. In one area, a YJS anti-racist champion was

leading efforts to develop guidance for staff on language and practice around race and identity. This work was being actively shared with children's services teams.

- **Match children with carers or staff who they can relate to, and who understand their identity.** Strategic stakeholders frequently noted developing a more diverse workforce as a priority, however recruitment and retention challenges remain. Some described pragmatic approaches to ensuring children's care is culturally sensitive even where it is not possible to match children with carers or key workers from a similar background. In one local authority, workers conduct joint visits with professionals who share the child's cultural background, allowing the wider professional network to draw on their cultural expertise.
- **Ensure access to culturally specific support even in less diverse areas.** While race equity was typically reported to be less of a priority in more rural areas, some stakeholders described challenges accessing interpreting services or culturally specific provision, highlighting a risk that the needs of children from Black, Asian or minority ethnic backgrounds are overlooked where they are fewer in number.
- **Explore culturally adapted therapeutic models.** Stakeholders in one area highlighted that they had been exploring the use of culturally adapted therapeutic models for children, which had previously been trialled in adult services. These models are adapted to better reflect cultural backgrounds, including religion.

Finally, the unique risks faced by UASC and migrant children in care were also acknowledged by stakeholders (see Section 6.3). However, only one area reported having a specific package of support for these children, including guidance for staff on how to adjust practice to their cultural needs. This finding supports the call of the Children's Social Care National Framework (2023) for **greater consideration by professionals of the specific needs and rights of UASC**, and a clearer focus on ensuring they receive the care they need.

7.3.4 Meeting neurodivergent need

While national policy has placed a clear emphasis on safeguarding children in care with complex health needs and disabilities, particularly within residential settings (see, for example, Safeguarding Children with Complex Health Needs in Residential Settings, 2023), there has been less national focus on the safeguarding needs of neurodivergent children with lower or less visible levels of need. This group may not require the same forms of in-home protection but can be at heightened risk of exploitation and violence if behaviour and communication needs are unmet. Stakeholders we interviewed consistently noted particular concern around the risks faced by children who are neurodivergent (see Section 6.6) but rarely mentioned children with more complex needs or disabilities.

Our findings point to the need for a dual approach that includes proactively seeking diagnoses for children in care and advocating on their behalf within assessment processes where

appropriate, while also ensuring that support is adapted to meet children's needs regardless of whether a formal diagnosis has been secured.

Providing support in the absence of a diagnosis

Adapting communication and support strategies was the most reported approach to supporting neurodivergent children in care without a formal diagnosis. Practical adjustments such as the use of visual timetables, clear and consistent curfews, and greater awareness of sensory needs were all highlighted as important tools. To implement these strategies effectively, stakeholders stressed that care staff need a strong understanding of neurodivergent needs, including how these may present as behaviours and how best to respond. **External training and specialist support were therefore seen as essential in building staff confidence and capability.**

Accessible communication and resources for children with SLCN and neurodivergent needs, were seen as particularly critical within YJS settings. Stakeholders highlighted the risk of children being unnecessarily criminalised through police instructions not being clearly understood or children not fully grasping their rights or the implications of proceedings. Examples of good practice exist here, including the tools developed by the Youth Justice Legal Centre¹⁴ and those collated by the Youth Justice Board¹⁵. Similar tools could be created for practitioners working with children in care.

Expediting assessments to secure diagnoses

While stakeholders typically reported having to operate without a formal diagnosis for children with suspected neurodivergent needs due to waiting lists, one emphasised the importance of seeking creative solutions to secure an assessment where necessary.

One described exploring alternative routes, including the use of the NHS Right to Choose¹⁶ arrangements, to improve the timeliness of access to assessment and support. Right to Choose is a legal entitlement under the NHS that allows patients, or their carers, to choose which NHS provider delivers certain services. In practice, this can enable referral to an alternative NHS-commissioned provider, sometimes with shorter waiting times.

7.3.5 Supporting educational engagement

School engagement is widely recognised as a key protective factor for children in care, offering routine, stability and access to trusted adults. **Zainab**, one of the young people interviewed for this review, reflected on the positive support she received from school:

¹⁴ <https://yjlc.uk/resources>

¹⁵ <https://viresourcehub.uk/media-centre/>

¹⁶ <https://www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/>

“My school was so supportive, they were really concerned and would check on me every day after they found out that I was living on my own.” – Zainab, 23

To support engagement, our findings point to the need to proactively support and advocate for children in care within mainstream schools while also developing bespoke alternative pathways to flexibly support those whose needs cannot be met in mainstream provision.

Support for schools to engage children

The provision of **targeted training to support mainstream schools to meet the needs of children in care and keep them safe** was identified as a priority by some interviewees. Stakeholders emphasised that to be effective, such training should include a specific focus on:

- **Exploitation and risk identification**, including improving understanding of children in care as a cohort at heightened risk of exploitation and involvement in serious violence. Interviewees reported that schools are aware of exploitation as a growing issue and are open to engaging in training of this kind.
- **Adultification bias and stigma**, including raising awareness of how education systems and professionals may inadvertently disadvantage or exclude children in care through stigmatising assumptions about behaviour, maturity or intent.

Beyond training, some stakeholders stressed the importance of **early engagement with schools to prevent exclusion**. This should include early communication about children’s needs, and proactive advocacy to ensure timely and appropriate support.

There is also **scope for care staff to work more closely with designated teachers** to better support children’s education. One stakeholder provided an example of a designated teacher for children in care based within a local special school for children with social, emotional and mental health needs (SEMH), where around 20–30% of pupils are children in care. The designated teacher was reported to provide daily check-ins with children, advocate for them within the school environment, and offer support to help de-escalate when children become dysregulated. Despite being a requirement for all schools, these teachers were not mentioned by other interviewees, suggesting a potential lack of joined up working between schools and social care.

Support for children to engage in school

Support provided directly by care staff to children to help them engage and progress in mainstream education was not a strong theme across interviews. Most practitioners and service managers felt the educational support provided to the children in their care was adequate but could not describe specific strategies or approaches used to support children

to engage positively in school. **Hassan**, one of the children interviewed for this review, did describe receiving help with his schoolwork:

“It’s been a very positive change since leaving my family home and coming into care. I have had lots of support with life skills and my studying as in my family home I didn’t have that support.” – Hassan, 17

Hassan’s account confirms the importance of care staff helping children with schoolwork and supporting them to raise their confidence and aspirations. However, the lack of emphasis on this support within the comments of the professionals we interviewed suggests **there may be scope for more consideration of how to support children with schoolwork well** and for this to be viewed as part of a holistic approach to the prevention of involvement in violence.

Providing alternative education pathways

While challenges associated with finding suitable alternative education provision for children in care at risk of or involved in serious violence were consistently stressed by stakeholders (see Section 4.3.2), few described strategies in place to address this.

One exception was an area which described a bespoke education pathway for children in care, centred on providing highly individualised education packages. Children can access in-house teaching and learning services, vocational and college-based options, and creative or activity-based pathways alongside wraparound therapeutic and practical support. Support is tailored to the child’s needs, with some benefiting from group-based provision to build social skills and others requiring one-to-one or highly personalised approaches. The focus is on helping children experience success and rebuild confidence. While support is flexible and long-term where needed, reintegration to mainstream education remains the goal and successful examples of achieving this for children were noted. The provision is reported to reduce unstructured time and children’s vulnerability to harmful influences.

Similar **bespoke education pathways, either for children in care specifically or in which children in care are included as a priority cohort** could be considered in other areas.

7.3.6 Ensuring children’s voices are heard and inform decision-making

The importance of children in care having their voices heard and believed is noted by Fitzpatrick and colleagues (2024) in ensuring an appropriate justice response to exploitation. Care experienced children (and particularly women and girls as the focus of their study) may not feel safe to make their voice heard in court proceedings, particularly when they have had negative experiences in care. **Care professionals must therefore seek to build open communication and trust in the authorities for children in care**, not only so they are well supported and have their needs met whilst in care, which can in turn reduce their risk of involvement in serious violence, but so that they feel safe to disclose exploitation.

The importance of timely communication and transparency with children regarding decisions about their care was noted during interviews with children and young people. *Jack*, reported that part of the challenge around placement moves, for example, was their suddenness and lack of time to prepare:

“I was recently told that I have to move from the home I’m at now which has caused issues because I felt like everyone knew I had to move but nobody told me.” – Jack, 17

While not asked about directly in interviews, some stakeholders did note the importance of proactively consulting with children and being led by their preferences in decision-making, particularly in decisions relating to meeting individual needs. One interviewee stressed the need to **understand and record what children see as important to them in relation to their identity, and to evidence how this has informed care planning** and decisions in concrete ways. Stakeholders also emphasised that transition planning (see Section 7.4) should also be grounded in children’s own wishes and plans for adulthood.

Beyond involving children in decisions about their own care, **involving children more closely in recruitment processes** was noted by one stakeholder as way to ensure that staff are well suited to working with children in care and that children get the support they need. In their local authority, children are routinely involved in interview panels for social workers and other care professionals. Children’s questions often focus on how candidates would respond in real-life situations, including scenarios relating to behaviour, race, sexual identity and relationships. Children provide structured feedback on whether they feel a candidate would be appropriate to work with children in care, and this feedback is used directly to inform appointment decisions, accounting for around a third of the overall decision-making.

7.4 Supporting children in the transition out of care

Recent reforms in children’s social care have placed increasing emphasis on strengthening support into adulthood, including commitments in *Keeping Children Safe, Helping Families Thrive* (2024) to embed approaches such as Staying Put¹⁷ and Staying Close¹⁸ and to reinforce multi-agency responsibility for care leavers.

¹⁷ Staying Put guidance outlines arrangements for young people in foster care to remain living with their former foster carers upon turning 18, typically until age 21, to ease the transition to adulthood.

https://assets.publishing.service.gov.uk/media/5a7c505c40f0b6321db385b2/Staying_Put_Guidance.pdf

¹⁸ Staying Close guidance outlines a DfE-funded program providing tailored, ongoing support for young people (typically aged 18-25) transitioning from residential care to independent living. It aims to help care leavers stay near their former homes, providing trusted, practical support with accommodation, education, employment, and emotional well-being to prevent homelessness and improve stability.

https://assets.publishing.service.gov.uk/media/63d2956f8fa8f53fdff6a4c9/Staying_Close_2023_to_2025_-_application_guide_for_local_authorities.pdf

Against this backdrop, our research examined how local authorities can realise these ambitions in practice.

7.4.1 Maintaining and building relationships within a wider support network in preparation for transition

Building and maintaining relationships with a wider support network beyond the care professionals supporting them was noted by some interviewees as particularly important in ensuring children transition out of care safely. This was viewed to help reduce isolation and mitigate risk at a point when statutory oversight decreases.

Of the young people we interviewed, three had been in foster care and stressed the value of retaining a relationship with their foster families into adulthood. As **Ben** said:

"I have essentially left care since 18 but I would like my foster family to be close with me for life. Being close to my foster mum is important" – Ben, 20

The emphasis placed on sustained relationships with their foster families suggests both that **children in foster care should be proactively supported to retain their relationships with their foster families**, and that **children who are not in foster care will require further support to identify relationships outside of their care home, which they can take into adulthood**. When asked what children might struggle with when leaving care, **Kat** responded:

"I think they are worried about what to expect and what they will have to do after they leave their placement. Not all people that have been in care will stay in contact with their foster family after leaving care. Some might not have even been in a foster family. I guess if you have been in a care home, then you will feel on your own after you leave care, especially if you don't have any other family. That would be hard." – Kat, 24

While the identification of trusted adults was frequently referenced as a part of transition planning, examples of practice that actively supported children to build, strengthen and sustain these relationships over time were less clearly articulated. This suggests a need in some areas to **move beyond static mapping exercises towards clearer, practical planning for how relationships will be maintained during and after transition**, including how contact will be supported and what role these adults will play once children leave care.

The importance of the role played by personal advisors/leaving care workers in supporting care leavers was not noted in interviews but has been highlighted by previous research. In the Coram Voice (2025) Bright Spots programme report, personal advisers were the second most common source of emotional support reported by care leavers, second only to friends. The report suggests that the quality and continuity of relationships with personal advisors are key determinants of care leavers' wellbeing and highlights the need to invest in the role to ensure they have the time to get to know the young people they support.

7.4.2 Safeguarding children from extra-familial harm through transition

While there are generally clear multi-agency processes in place for children in care who may be at risk of exploitation (see Section 8.4), several stakeholders noted a gap around continued support for safeguarding children leaving care from exploitation. At age 18, alongside transitioning out of care, young people may also be transitioning from youth to adult criminal justice, youth to adult custody, youth to adult mental health provision, education to employment, or returning to families. These overlapping transitions can make this a particularly vulnerable time.

While structured risk assessment tools including a direct emphasis on exploitation may be in place for children in care, one stakeholder reported the lack of an equivalent for those aged 18 or over. Stakeholders emphasised the need for **new resources or frameworks to support risk assessment for care-experienced young people aged 18 or over** who may be at risk of exploitation or involvement in serious violence, but who fall outside of standard processes for safeguarding children from extra-familial harm.

Ongoing support from the YJS for care leavers at risk of or involved in serious violence is important to ensure effective safeguarding from extra-familial harm. In one area, stakeholders reported that the development of a transition team within the YJS, which supports children in care through transition, had reduced the spike in risk associated with leaving care.

Tailoring safeguarding support for different groups of care leavers is also important. Fitzpatrick et al. (2022) called for greater attention to the experiences of girls and young women as they leave care. This attention was not evident from interviews, suggesting this may remain an area where more work is needed.

7.4.3 Securing appropriate ongoing provision for care leavers

Our research identified two particularly important areas of provision to reduce care leavers' risk of exploitation or serious violence post-transition: securing stable housing and accessing meaningful employment.

Support to secure appropriate housing

Some local authorities have developed schemes in partnership with housing services to improve access to appropriate housing for care leavers amid wider housing shortages. These approaches include developing dedicated accommodation pathways for care leavers, and prioritising care leavers on housing registers. Joint working between children's services and housing services is seen to be vital to the success of these schemes.

Despite these positive examples, stakeholders in many areas noted that the scarcity of available accommodation remains a significant barrier. Even where processes and

partnerships are strong, limited supply, particularly of one bed properties, constrains local authorities' ability to consistently ensure safe and stable accommodation for care leavers.

Local examples of promising practice

Rhondda Cynon Taf's care leaver housing pathway

Rhondda Cynon Taf County Council has developed a dedicated care leaver housing pathway to plan move-on in a more structured way rather than reacting in crisis. The pathway includes a dedicated housing solution, information sharing and recording mechanisms between housing and children's services to ensure children in care are consistently recognised and prioritised, and planning for the young person's preferred location and support needs. A move-on panel brings housing and children's services together to review referrals.

Cheshire West and Chester's housing scheme

Stakeholders in Cheshire West and Chester described a strong, well-established partnership between children's and housing services to support care leavers into accommodation. Care leavers are granted B and A priority on the housing register. An additional safeguard requires any proposal to exclude a 16- to 17-year-old from the housing register, including due to previous convictions, to be escalated to a senior manager for scrutiny and challenge.

Support with finding employment

Gaps in pathways from care into education, employment and training (EET) at age 18 and beyond were highlighted by interviewees. Limited access to meaningful employment opportunities was seen as increasing the risk of children disengaging from protective support networks, experiencing financial instability and ultimately exploitation. Like housing, our findings suggest that while policy places strong emphasis on improving outcomes for care leavers, there is variability in how this translates into operational support on the ground. Examples of approaches that may strengthen EET access for care leavers include:

- **Dedicated support roles:** Some local authorities have developed dedicated roles focused on supporting care leavers into EET, recognising that this requires sustained and specialist input and that generic employment support may not be sufficient for care leavers with complex needs.
- **Panels and multi-agency approaches:** Other areas have adopted panel-based approaches to strengthen collective oversight of transitions, proactively identify post-18 pathways and embed shared responsibility for care leavers' outcomes beyond children's services alone. These panels typically bring together partners from housing, employment and skills, health, probation, adult safeguarding and the VCSE sector and faith-based organisations. In some areas, young people are

part of the panel. Common features include early referral, coordinated planning, pooling of local apprenticeship and training opportunities, and collective problem-solving around barriers to participation. These panels were described as promising mechanisms for maintaining oversight and ensuring care leavers do not lose access to support and employment opportunities at a critical transition point.

8 How the care system can safeguard children in care at risk of or involved in serious violence

8.1 Overview

As well as seeking to boost the factors which can indirectly protect children in care from involvement in serious violence, the care system must also act to directly safeguard children in care at immediate risk of or already involved in violence or exploitation. Our review sought to understand how local authorities can achieve this effective safeguarding in practice.

Our findings show that safeguarding children in care from involvement in serious violence relies on three connected domains of activity:

- Offering targeted, relationship-based interventions.
- Supporting care staff to recognise risk and respond confidently.
- Strengthening multi-agency arrangements for safeguarding children at risk of extra-familial harm.

8.2 Targeted interventions for children in care at risk of or experiencing exploitation or involvement in serious violence

Our research sought to understand the extent to which local authorities are delivering targeted interventions to support children in care at risk of or experiencing exploitation or involvement in serious violence and where further investment may be needed.

The diversionary interventions local authorities reported delivering are typically not specific to children in care. However, they were generally described as open to and often accessed by children in care and strengthened through close working with children's social care.

Survey data suggests that local authorities are generally confident that they are providing targeted support, although confidence in provision appears slightly stronger for extra-familial harm and exploitation than for violent offending:

- 82% (n=45) agreed or strongly agreed that their local authority can consistently provide *targeted support for children at risk of extra-familial harm, missing episodes and exploitation*.

- 71% (n=39) agreed or strongly agreed that their local authority can consistently provide *targeted support for children at risk of violent offending (e.g., mentoring, violence prevention interventions)*.

Despite this relatively positive picture, interview data suggests there is still a need to boost investment in targeted interventions which proactively engage children before risk escalates. Cuts to youth services and open-access preventative provision were reported by stakeholders to have significantly reduced the breadth of support available locally.

“While there is strong national rhetoric around tackling knife crime and serious violence, this is not consistently matched with sustainable, long-term investment at a local level... If we are serious about preventing exploitation and serious violence, funding models must enable continuity, stability, and the ability to intervene early, rather than reacting once harm has already occurred.” – Strategic Lead, Adolescent Services

8.2.1 Boosting investment in preventative interventions and targeted support

Stakeholders emphasised the need for **longer-term, stable funding settlements** to enable services to embed and sustain targeted support for children at risk of serious violence or exploitation as well as to strengthen preventative earlier-stage provision.

While interviewees provided examples of available provision delivered via VCSE organisations and as part of YJS diversionary pathways, such as youth work, outreach and mentoring offers, stakeholders consistently called strongly for **more mentoring and diversion support** before risk escalates and YJS thresholds are reached. Stakeholders particularly emphasised the importance of **more stable investment to sustain VCSE sector provision**, which makes up a core part of diversionary support in most areas. Recent national policy agendas, such as the National Youth Strategy (Department for Culture, Media and Sport, 2025), may provide opportunities to boost investment in this provision.

Our exploration of the pathways into serious violence for children in care (see Section 3.2) highlights potentially ‘reachable moments’ where preventative targeted interventions could be most beneficial. **Behavioural incidents** in the home or the identification of **drug use, school exclusion or persistent absence, and missing episodes**, could all represent positive opportunities for earlier intervention. Proactively reaching children who have disengaged from education with preventative support was noted to be particularly key, especially where prevention interventions are delivered predominantly through schools.

8.2.2 Engaging children in care effectively in targeted safeguarding initiatives

The following approaches were perceived by interviewees to support successful delivery of targeted initiatives intended to safeguard children in care from involvement in serious violence, with a focus on the effective engagement of children in voluntary interventions:

- **Proactive community-based outreach:** Workers going out to children in locations in the community, as well as schools, pupil referral units (PRUs) or A&E was viewed to be an effective approach.
- **Flexible relationship-based support:** Interventions that are not tightly time-limited or overly structured are seen as more effective for children in care, who often require individualised support at their own pace.
- **Engagement through interest-based, positive activities:** Sport, music and vocational training were frequently described as routes into building trust and sustaining engagement. Interviewees explained the importance of activities being well matched to a child's interests to increase the likelihood of engagement.
- **Use of non-statutory services and professionals to improve trust:** In one area a barbershop initiative is being piloted in schools. Mobile barbershops are used as a safe space to engage children in conversations with independent trusted figures, such as youth workers, in a relaxed and informal environment. During a haircut, children are given the opportunity to discuss challenges they are facing, helping to bring down potential barriers to engagement.
- **Embedding co-production:** Some identified a need to involve children more meaningfully in shaping prevention and diversion offers, to ensure support feels relevant, credible and engaging.
- **Tenacity in engaging young people:** Bradford shared an initiative called Breaking the Cycle as an example of good practice in persistence and creativity in engaging children (see below).

Local examples of promising practice: Bradford Children and Families Trust's Breaking the Cycle initiative

Breaking the Cycle is an intensive support offer for children and young people at risk of, or experiencing, criminal exploitation. The service operates largely in the pre-criminal space, aiming to intervene before statutory thresholds are reached and to prevent escalation where children have entered the early stages of criminal sanctions. The model prioritises understanding the underlying drivers of risk and behaviour, rather than focusing solely on presenting behaviours. Support is delivered through a combination of crisis response and upstream prevention in schools, PRUs, A&E and community settings, with predominantly one-to-one intervention that is not time-limited and can be adapted according to need.

A central feature of the model is practitioner tenacity. Where children do not engage following referral, staff continue attempts to make contact through door knocking, and detached youth work in locations where children spend time. Workers described going to

significant lengths to demonstrate reliability, including responding out of hours in high-risk situations. By maintaining a consistent relationship, the service seeks to disrupt patterns of disengagement, exploitation and escalating criminalisation, particularly for children in care.

8.3 Supporting care staff to safeguard children from involvement in serious violence

Our research explored how care staff and carers are responding to children in care who are identified as being at risk of exploitation or involvement in serious violence.

Service managers and practitioners generally reported confidence in identifying the signs of exploitation. However, many described feeling less well equipped to respond when children are involved in risky or violent incidents outside of the home. Staff spoke about fear and uncertainty around how to de-escalate situations safely and have effective conversations with children about risk. As a result, safeguarding responses were often described as reactive, with key conversations taking place after incidents rather than in response to earlier warning signs.

Local authority interviewees consistently identified **the availability and quality of specialist training** as a key area for improvement in supporting care staff to safeguard children from serious violence and exploitation. Survey responses reinforce this view:

- *Limited training and support for residential care staff* was rated as a barrier to safeguarding children in care from involvement in serious violence by 75% (n=51) of respondents, including 22% (n=12) rating it as a major barrier.
- *Limited training and support for foster carers* was rated as a barrier by 71% (n=39) of respondents, although fewer respondents rated it as a major barrier (11%, n=6).

To make training for care staff most impactful, interviews highlighted the need for an increased focus on:

- **Practical, applied capability:** In addition to raising awareness of how to identify risks and signs of exploitation and violence in children in care, staff need support to be able to respond and intervene. One area reported providing training for staff on how to develop outcome focused and SMART¹⁹ intervention plans for children at risk, as well as on how to build relationships and deliver direct work with children to support desistance in violent or offending behaviours.
- **Up-to-date and locally grounded learning:** Staff need to understand local gang dynamics, peer networks and rapidly evolving risk patterns, rather than generic

¹⁹ SMART stands for **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound

national profiles. This relies on regularly updated local guidance and an agile approach to emerging risks.

“We have a job to do, but we have a job that keeps changing. We need to be just as agile as them.” – Assistant Director, Youth Justice

- **Online harms:** Interviewees highlighted that digital environments such as social media, gaming platforms and group chats are reshaping the risk landscape, enabling exploitation beyond physical settings. Professionals often have limited visibility of these spaces, while exploiters can contact children regardless of location. Concerns were also raised about access to weapons via social media and the growing complexity associated with emerging technologies, including artificial intelligence (AI). This concern reflects the increasing recognition of online harms within the wider youth justice and child exploitation landscape. Parliamentary Office of Science and Technology analysis (2023) indicates a need for safeguarding, youth justice and care systems to ensure that professional training and responses adequately reflect online, cyber-enabled and emerging AI-related harms.
- **Provision of tools and resources:** Some interviewees described the value of common exploitation or harm assessment frameworks in supporting practitioners to identify and assess risk in a structured way and trigger appropriate responses.
- **Appropriate local signposting and escalation:** Care staff require greater awareness of local provision and referral pathways to enable appropriate signposting to other services and escalation to specialist support when needed.

Previous research, including Baroness Casey’s review (2025), highlights that **care staff perceptions and practice** can influence safeguarding effectiveness. Children in care may be less readily viewed as victims compared to peers outside care displaying similar behaviours due to adultification bias and the normalisation of behaviours such as repeated missing episodes. These perceptions can be further biased in response to children’s race, age and gender. Although these biased perceptions were not raised as a prominent concern by stakeholders in our research, and interviewees described improved recognition of exploitation risks, these findings remain important when shaping workforce development. **Training for care staff should therefore strengthen understanding of how risk presents differently across groups of children in care**, including girls, children from Black, Asian, and minority ethnic backgrounds, and neurodivergent children.

8.4 Multi-agency working to safeguard children in care from involvement in serious violence

National reforms have emphasised strengthening multi-agency safeguarding structures. The Children’s Wellbeing and Schools Act (2026) introduces a statutory requirement for local

authorities in England to establish Multi-Agency Child Protection Teams (MACPTs), reflecting a shift away from reliance on coordination between separate services towards more formalised, embedded multi-agency working. Our research sought to understand what is required to ensure evolving multi-agency arrangements to safeguard children from extra-familial harm consistently work well for children in care.

8.4.1 Recognising children in care within processes to safeguard children from extra-familial harm

Local authorities typically described having well-developed multi-agency processes in place to safeguard children from extra-familial harm, including multiagency teams, panels, forums, and meetings that seek to identify risk, share data among partners, and trigger specific interventions in response. **Multi-agency processes described by interviewees were rarely specific to children in care.** However, including children in care within general safeguarding processes was broadly seen as preferable to creating separate forums, and children's social care was typically reported to be well embedded as a core partner in existing structures. This may explain the strong levels of confidence reported by survey respondents, 85% (n=46) of whom agreed or strongly agreed that their local authority can consistently provide *effective multi-agency contextual safeguarding for children in care*.

Despite this relatively positive picture, *a lack of clarity over roles and responsibilities across agencies supporting children in care* was still reported to be a barrier to protecting children in care from involvement in serious violence by 69% (n=38) of survey respondents, including 15% (n=8) who rated it as a major barrier. Effective multi-agency arrangements were therefore described as those where **responsibility for driving and tracking actions is built into the structure**, rather than relying on strong chairing or personal persistence.

Some interviewees also reported **that pathways for safeguarding children at risk of extra-familial harm and exploitation may not always take the specific risks and experiences for children in care into account**, for example within their thresholds for intervention.

8.4.2 Strengthening links between safeguarding teams and care staff

The impact of teams responsible for safeguarding children from extra-familial harm was reported to depend on **strong links with social workers and practitioners working directly with children in care**. One area described moving their contextual safeguarding team into children's social care as a positive step towards more joined-up and preventative working. Elsewhere, close collaboration between contextual safeguarding teams and care staff, including joint risk assessments and training, was viewed as helpful in ensuring their expertise informs day-to-day safeguarding practice within the care system.

Access to this expertise was not always systematic. In one instance, a residential provider reported proactively seeking support with identifying child criminal and sexual exploitation from their local contextual safeguarding team: *"the system didn't give it to us – I rang up and*

asked for it.” This suggests a need to **formalise links so that access to intelligence and specialist training and guidance are not reliant on individual relationships.**

8.4.3 System learning focused on children in care

Finally, stakeholders emphasised the importance of strengthening opportunities for system learning, to better understand how effectively structures responsible for safeguarding children from extra-familial harm are working for children in care. Some noted that existing review mechanisms, such as Single Unified Safeguarding Reviews in Wales, can focus on relatively short periods of time and may not fully capture children’s longer journeys through the care system. A longer-term perspective was felt to be particularly important for understanding the experiences and risks faced by children in care, including missed opportunities for earlier intervention.

Some areas had developed additional approaches to support this learning. For example, in one local authority, senior staff completed annual audits of children in care who became first-time entrants to the youth justice system, with the aim of identifying recurring themes.

Regular **audits with a specific focus on children in care could be embedded more widely**, alongside **mechanisms for sharing learning** between local areas.

9 How the care system and partners can reduce the unnecessary criminalisation of children in care

9.1 Overview

Reducing the unnecessary criminalisation of children in care is a longstanding policy ambition. At the time of writing, the National Protocol for Reducing Criminalisation of Looked After Children (2018) is under review. We therefore explored what will be required to ensure the protocol is effective and the ambition to reduce criminalisation is translated into consistent day-to-day practice. Our findings suggest this includes:

- Ensuring local protocols are consistently in place, promoted and discussed regularly in strategic and operational forums.
- Supporting trauma-informed responses from care staff and child-centred policing in the face of violent incidents through high quality training.
- Clearly defined and limited use of dedicated police roles.
- Actively promoting alternatives to criminalisation including restorative approaches and flexible out-of-court disposals where appropriate.

9.2 Use of local protocols

Our findings support the importance of requiring every local area to have a protocol for reducing the criminalisation of children in care in place, as well as the need for active steps to ensure protocols are used in day-to-day practice.

9.2.1 Ensuring local protocols are consistently in place

The national protocol for reducing unnecessary criminalisation of children in care is non-statutory, and the Children's Commissioner's (2025) analysis suggests it is applied inconsistently across England. Many areas do not have a local protocol in place and, where they do exist, they are often limited in scope, for example not applying to private homes or failing to address intersecting factors such as gender and ethnicity.

Our research examined whether a *lack of clear and consistent protocols unclear or inconsistent protocols for police involvement with children in care* is perceived as a barrier to protecting them from involvement in serious violence. Survey findings show mixed views: 71% (n=39) rated this as a barrier overall, including 26% (n=14) who described it as a major barrier. In contrast, 15% (n=8) disagreed that it was a barrier and a further 15% (n=8) selected 'don't know'. This item received the highest proportion of 'don't know' responses in our survey, suggesting limited awareness among some stakeholders about existing protocols and their purpose. Consistent with this, interviewees across roles and organisations frequently reported uncertainty about whether a local protocol was in place.

These findings provide support for the Children's Commissioner's (2025) recommendations (echoing those of previous research including Hunter et al., 2023) to **make the national guidance on reducing criminalisation of children in care and care leavers statutory, for every police force to work jointly with local authorities on implementation, and to ensure that clear processes are in place for monitoring implementation** across local authority and police forces. The report also recommends that Ofsted's Inspections of Local Authority Children's Services (ILACS) and individual care settings through the Social Care Common Inspection Framework should include a stronger emphasis on assessing the response to the over-criminalisation of children in care.

9.2.2 Ensuring local protocols are used in practice

Beyond ensuring protocols are in place, our research highlights the need for local areas to continue to champion and promote their use in practice. Various examples of practice were identified which other areas may wish to emulate:

- **Keeping the protocol on meeting agendas:** A YJS stakeholder in one Welsh authority noted the positive impact of the Welsh national protocol in shaping practice in their area but also stressed the need to keep referring to it and making it visible in panels and strategic meetings, to avoid it dropping off agendas.

- **Providing support to the police in implementing the protocol:** The support that can be offered to the police to ensure child-first policing in line with local protocols is discussed in Section 9.4.
- **Using dedicated roles to champion use of the protocol:** In another area, a dedicated children in care police officer is proving to be a key role in ensuring the protocol is used consistently (see Section 9.5).
- **Ensuring the useability of tools:** the YJS in one area is working with the police to understand why the Crown Prosecution Service's (CPS) 10-point Looked After Children checklist (since replaced by the Child Information Form)²⁰ is not being used consistently, with early findings suggesting that this might be due to its length. Similar processes could be applied for local protocols.
- **Ensuring the right partners are included and bought in to the protocol:** While interviewees emphasised joint ownership of protocols by children's services, police and the YJS, emerging practice points to the importance of involving a wider range of partners.
 - **Health partners:** The London protocol positions health services as key contributors to reducing unnecessary criminalisation, framing them as corporate parents with responsibilities to provide trauma-informed care, identify care status in records, support diversion at justice touchpoints such as custody or hospital admission, and ensure continuity through transitions. The inclusion of health is particularly important given the risks that exist around unmet mental health and neurodivergent need.
 - **Education partners:** The role of education providers in supporting the reduction of unnecessary criminalisation of children in care has not been explored in past research and was not noted by interviewees in ours. While the importance of schools responding early and supportively to signs of violence was noted in the context of avoiding exclusion (see Section 7.3.5) this was not articulated in relation to reducing criminalisation and may be an area warranting further exploration.
- **Linking the protocol to corporate parenting responsibilities.** Stakeholders in one area stressed the importance of leveraging corporate parenting responsibilities to secure buy in to their local decriminalising children in care protocol, particularly from police leadership:

²⁰ <https://yjlc.uk/resources/legal-updates/new-child-information-form-cif>

“That message to children and staff that - these are our children and we expect you to look after them like they’re your own - makes a real difference in how staff then aspire for those young people.” – Senior Manager

9.3 Supporting trauma-informed responses from care staff to violent incidents

The disproportionate use of police call-outs for children in care may, in part, stem from a lack of confidence and capability amongst some care staff in responding to violent behaviours displayed by children. Most of the local authority stakeholders surveyed appeared confident that their local authority has *staff and/or foster carers who are trained and confident in responding to high levels of need or challenging behaviour*, with a majority (62%, n=34) agreeing or strongly agreeing that they can provide this consistently. However, this left 16% (n=9) disagreeing or strongly disagreeing and 22% (n=12) reporting that they neither agree nor disagree or don’t know. These mixed survey findings reflect the interview data, where interviewees expressed varied perceptions around the ability of care staff to respond appropriately to violent behaviours, particularly within children’s homes.

Jack, who has been subject to a Deprivation of Liberty (DOL) order whilst in care, described being subjected to police call-outs that he felt were unnecessary:

“It’s been difficult because of the Deprivation of Liberty Order, every time I get angry or argue with staff they call the police.” – Jack, 17

Stakeholders identified various challenges that can limit the ability of care staff to respond to violent incidents without police involvement. Managing assaults or persistent high-risk behaviour while keeping other children and staff safe was described as difficult. In some residential settings, low confidence in responding to violent behaviour was linked to fear, feelings of helplessness and higher workforce turnover. Agency staff were viewed as especially likely to lack the training, experience or support needed to manage complex incidents safely, raising additional concerns about safety and quality of care.

To support care staff to manage behaviour safely, stakeholders suggest the need for consistent use of the following:

- **High quality tailored trauma-informed training**, going beyond physical intervention courses. One area reported that training under the Trauma Recovery Model²¹ helped longstanding workers feel renewed confidence and reduced their reliance on punitive options when managing behaviour. To be effective, training should be specific to children in care and violent behaviour (as with training

²¹ <https://www.trmacademy.com/>

around safeguarding children in care from exploitation, see Section 8.3). While care system stakeholders in most areas reported some form of trauma-informed training, one reported that provision had been cut due to cost. Decommissioning of training is increasingly likely within a squeezed funding environment. It is important to note that the YEF toolkit²² shows there to be very little evidence around the direct impact of trauma-informed training for staff on crime and violence, so this training should not be seen as a violence prevention initiative but rather part of a holistic approach to supporting children in care effectively.

- **Clear mitigation strategies in place.** One area reported the importance of clear de-escalation strategies for when incidents do occur, including immediate use of restorative approaches where appropriate. If a situation escalates in a residential home, staff explore whether a child can spend time with a family member or another safe adult to de-escalate, rather than defaulting to police intervention.
- **Psychological support for care staff.** Where available, regular psychologically informed supervision and reflective practice were reported to help staff manage fear, reduce burnout and sustain trauma-informed responses. A service manager explained that this aligns with ‘secure base theory’²³ which suggests that staff can only be present for children if their organisation provides them with a foundation where they feel psychologically safe. In one area, this support included externally facilitated group reflective practice alongside access to in-house psychological support. However, challenges were noted in engaging all staff, with some perceiving psychology-based services as aligned with White, middle-class norms. This highlights the need to consider cultural competence not only in support for children in care, but also in the design and delivery of support for care staff.
- **Appropriate support from the police.** Some practitioners reported a perceived lack of support from police when staff are assaulted, leading to low morale and increased fear. To support confidence, police responses where warranted should be fast and supportive. All stakeholders agreed that care staff must feel supported and safe, even while prioritising children’s welfare. Another suggestion was that the police could provide support with de-escalation training to increase confidence among care staff in how to respond to violent behaviours.

These findings highlight that the use of police call-outs in residential care is closely linked to staff confidence and the support structures around them. Addressing gaps in training, including for agency staff, holistic support for wellbeing, clarity around de-escalation

²² <https://youthendowmentfund.org.uk/toolkit/trauma-informed-training-and-service-redesign/>

²³ See: <https://www.uea.ac.uk/groups-and-centres/centre-for-research-on-children-and-families/secure-base-model/the-secure-base-model>

strategies, and partnership working with police are therefore central to achieving more proportionate responses for children in care.

9.4 Supporting child-centred police responses to violent incidents

As well as ensuring care staff are well trained and supported to respond in a trauma-informed way to violent incidents within care homes, the care system may also have a role to play in supporting the police to better understand the needs and behaviours of children in care and respond appropriately. While progress is generally seen to have been made here, our findings still point to variation in police practice, indicating that specialist training and access to timely, child-specific information could help to support more consistently proportionate responses.

9.4.1 High quality training on child-centred policing for all police staff

Interviewees noted the importance of **the police being routinely trained in child-centred policing**. Where officers have a strong understanding of trauma, neurodivergent needs and exploitation, responses are reportedly more likely to prioritise safeguarding and diversion.

As with training for care staff, to be effective, any such **training should be as specific as possible to the risks and pathways experienced by children in care**. This includes raising awareness of how adultification bias can influence the tendency of professionals to implement punitive rather than safeguarding responses for this cohort.

Learning should be applied from progress in YJS teams around child-led practice, supported by strategic emphasis within the YJB and tools such as the Child First framework introduced in 2022²⁴. YJS stakeholders in two areas reported a conscious effort to support the understanding and embedding of Child First principles within local police forces. One described co-delivering Child First training with police colleagues to new police recruits, with sessions covering understanding children as children, recognising vulnerability, and being clear about support pathways, with the aim of avoiding children being remanded into custody. Case studies were used to support understanding of children's perspectives which were reported to *"bring children's experiences to life for officers and reinforce the importance of safeguarding alongside enforcement."* The training reportedly led to a significant shift in policing practice in the area, with Child First principles becoming more embedded.

9.4.2 Improving information available to police

The importance of **police having timely access to information about children to support safe and appropriate responses** was also highlighted. Joint work is underway in one area to improve the use of police flags and markers for children in care, supporting real-time intelligence alerts rather than relying on information requests. This approach was reported

²⁴ https://vjresourcehub.uk/wp-content/uploads/media/Child_First_Overview_and_Guide_April_2022_YJB.pdf

to support safer practice by allowing officers to see relevant indicators such as neurodivergence and communication needs at the point of contact.

9.5 Proportionate use of preventative police involvement in care homes

Previous research has emphasised the aim of reducing police involvement in care placements, reflecting concerns that frequent police contact is not consistent with the right to privacy and family life that would be afforded to children living in birth families (Hunter et al., 2023).

However, some interviewees across both local authorities and policing communicated that the police could play a positive and preventative role when engagement is carefully framed and proportionate. Stakeholders in some areas noted the potential value of police involvement that focuses on education, early support and relationship-building, for example helping children and care staff to better understand the law, police processes, and the consequences of criminal behaviour, and supporting de-escalation before incidents reach criminal thresholds. Where this engagement is delivered in a child-centred and trauma-informed way, it was viewed as supporting greater mutual understanding between children, care staff and police, strengthening trust in police responses, and enabling more consistent, proportionate decision-making by officers and care professionals when incidents do occur.

Three areas reported having police officers whose role is specifically focused on children's homes and on relationship-building with children and care staff. Interviewees across services in these areas consistently highlighted the value of these roles.

Local examples of promising practice: Nottinghamshire's Children in Care Officer

In Nottinghamshire, a dedicated Children in Care police officer role has been introduced. Stakeholders highlighted several features of the role as particularly effective:

A clear single point of contact: The officer acts as a bridge between police, children's social care, youth justice and care providers, ensuring timely sharing of intelligence, incident histories and outcomes. This supports a shared understanding of children's circumstances and reduces reliance on individual officer discretion when responding to incidents.

Maintaining a clear local protocol: The officer oversees a joint reducing offending protocol for children in care developed with youth justice and children's social care.

Championing child-first decision-making: The officer supports colleagues to apply the CPS Child Information Form consistently, prompting consideration of triggers, sanctions already applied within the home and whether a similar incident would lead to prosecution in a family context. When care homes contact police, the officer discusses alternatives to prosecution, including restorative approaches, internal sanctions and diversion pathways.

Relationship-based, preventative engagement: Direct outreach with children and residential staff helps to build trust and reposition police as a preventative presence. This includes initiatives such as a boxing group for girls in care at risk of police involvement.

Active mediation across agencies: Where tensions arise between police and care providers, the officer facilitates clearer communication, ensuring social care receives timely updates on arrests and the police can access relevant contextual information.

While a dedicated children in care police officer role may have a positive impact on practice, calls for such roles to be implemented more widely may conflict with the wider aim of reducing routine police involvement in care placements. There may be a case for local authorities to **consider whether some preventative and educational activity could be provided earlier, and by alternative partners such as schools or youth services**, with police involvement carefully targeted to circumstances where it adds clear value, such as through specialist knowledge of criminal law or local risk patterns.

Where it does take place, **police engagement with children's homes should be clearly framed, time-limited and its purpose should be well understood by children and staff**, to ensure it is experienced as supportive rather than as surveillance or monitoring.

9.6 Use of diversionary pathways

While the stakeholders interviewed for this review were consistently supportive of the need to reduce unnecessary criminalisation, several also noted the importance of children understanding that their actions have consequences. This point was particularly stressed by practitioners working directly with children in residential homes. Ensuring proportionate consequences for violent behaviour is seen as important both for children in helping to prevent escalation to more serious violence, and for staff who may have been subject to aggressive behaviour. There is therefore a clear need for meaningful, child-centred alternatives to formal criminal justice responses, including through sensitive use of restorative justice practices and boosting access to positive diversionary YJS pathways.

9.6.1 Use of restorative justice practices

There is some evidence that the use of restorative justice practices within residential care settings can reduce levels of criminalisation and reduce police involvement (Fitzpatrick et al., 2022; Staines, 2019). Stakeholders in some local authorities did note the use of restorative justice, including informal processes enacted within homes by care staff, and in some cases use of more formal routes and victim services. Police officers with responsibility for children in care were also noted to sometimes support with restorative justice.

The limited emphasis on restorative justice more broadly in interviews may suggest an opportunity for these options to be deployed more consistently, as part of local protocols and

residential care home behavioural policies. However, caution should be exercised to **ensure that restorative justice processes are only used where appropriate and in a way that does not perpetuate harms**. Fitzpatrick et al. (2022) noted the need to ensure such practices do not add to pre-existing vulnerabilities or victimisation in girls, in particular.

YJS diversion schemes and out-of-court disposals were also described as important in preventing re-offending or escalating patterns of violence for children in care by stakeholders across both care and the YJS.

9.6.2 Supporting equitable access to diversionary YJS pathways

A YJS stakeholder in one area commented positively on local pilot schemes to enhance the diversionary options available. These schemes include children involved in a violent or weapons offence being seen in custody within 90 minutes and offered diversionary support. For children involved in lower-level offences, the use of Outcome 22s²⁵ is being promoted. This emphasis aligns with the Children's Commissioner's (2025) recommendation to remove barriers to children in care accessing diversion schemes, such as requirements for a formal admission of guilt, and to reframe Outcome 22 as a positive outcome to reduce unnecessary criminalisation. **Stakeholders across all agencies should actively promote the use of Outcome 22s for children in care where an out-of-court disposal is required.**

Where possible, however, **point-of-arrest voluntary youth diversion schemes may be preferable to statutory supervision through the YJS**. The Centre for Justice Innovation (2019) aims to promote these voluntary schemes, suggesting that out-of-court disposals for children committing first time and low-level offences can make them more likely to reoffend. It recommends that diversion schemes should not require an admission of guilt and that some degree of professional discretion should be adopted in eligibility requirements, ensuring that children involved in weapons offences are not automatically disqualified. While not stated in the report, to realise the ambition of reducing the criminalisation of children in care would arguably require a child's care status be treated as a mitigating factor when considering eligibility for diversion schemes. As delivery of these schemes is not a statutory requirement, continued investment will be needed both in those programmes managed in house by the YJS and delivered externally by VCSE partners to ensure their continuation (see Section 8.2).

Finally, some YJS stakeholders described work to ensure that equity of outcomes for children from Black, Asian and minority ethnic backgrounds through diversionary pathways are tracked and understood. They explained that scrutiny panels or audit groups routinely examine demographic data to identify disproportionality, with one noting that this supports

²⁵ Outcome 22 was introduced in 2019 and can be used when the police have decided to defer prosecution until the accused has been given the opportunity to engage with an intervention activity. See: <https://yjlc.uk/resources/legal-updates/deferred-prosecution-outcome-22>

leaders to detect patterns of inequality and adjust support and resourcing accordingly. One YJS stakeholder also noted taking steps to broaden the equity lens to other aspects of identity including neurodivergence. The interaction of care status with these other areas of identity was not noted as a priority area, however, suggesting there may be an opportunity for **further monitoring to identify and address any disproportionality in access to formal diversionary outcomes, as well as point-of-arrest diversion**, relating to race, gender, or neurodivergence.

10 Conclusion

10.1 The contributions of this study

While the link between care experience and offending is already well established in the literature, our research identified two distinct pathways through which children in care become involved in serious violence specifically: violent incidents occurring within care settings themselves, and violence resulting from exploitation. The first requires support to prevent escalating behaviours linked to trauma and unmet need within care environments and the resultant criminalisation of children, and the second requires targeted diversion, and a multi-agency safeguarding response. Both require early identification and a proactive response at ‘reachable moments’ such as minor behavioural incidents in the care setting, missing episodes, drug use, and school exclusion.

Previous research has also already established various care system factors as increasing the risk of children in care becoming involved in offending behaviour, including placement type, out-of-area moves, instability, and gaps in support. Our findings demonstrate both that local authority stakeholders view these factors as increasing risk of serious violence specifically and that these riskier care experiences are becoming increasingly prevalent due to system pressures. Rising levels of need combined with acute placement shortages are creating a reinforcing cycle: children at risk of involvement in violence are increasingly placed in higher-risk settings, further escalating need and leading to placement breakdown. A lack of specialist provision for children with these needs compounds these challenges.

Our findings also confirm and further those from previous research by showing varied risk patterns for children in care with different needs and identities due to system responses. Important gaps are highlighted including racialised bias and a lack of culturally competent support for children from Black, Asian and minority ethnic backgrounds, unmet mental health and neurodivergent needs, a lack of suitable accommodation and more punitive responses to behaviour for adolescents, and a gap in gender-informed approaches to safeguarding and the adultification and sexualisation of girls in care. Support should be informed by an awareness of how identity and need can shape risk and how this might change over time, while also avoiding assumptions and ensuring personalised planning that responds to individual needs.

To safeguard children in care from involvement in serious violence effectively, the care system at a local and national level must therefore pursue a three-pronged approach:

- Strengthen the protective potential of the care system as well as mental health and education systems. Priorities include increased access to appropriate, stable and safe places to live, meeting the diverse needs of children in care to support them to thrive, and providing effective support in the transition out of care.
- Safeguard all children in care who are at immediate risk of or already involved in exploitation or serious violence, through targeted interventions, improved training for care staff, and ensuring children in care are recognised within multi-agency arrangements to safeguard children at risk of extra-familial harm.
- Reduce the unnecessary criminalisation of children in care, through effective use of local protocols, ensuring that care staff practice is trauma-informed and policing is consistently child-centred, and making appropriate use of diversionary pathways.

Suggestions for how these changes can be supported at the national and local level are outlined below (Section 0). While the commitment and innovation that is evident across many local authorities has highlighted important practice-based insights through this research, significant structural barriers remain. Without addressing the wider constraints facing children's social care at a national level, protective practice will remain uneven.

Our findings show clearly that reducing involvement in serious violence for children in care is a complex challenge and a meaningful shift will require action across all three domains.

10.2 Summary of findings

Table 8 below summarises the key findings from this study, in response to each of the research questions.

The final research question '*What changes are needed in the care system that could further protect children against involvement in serious violence, including those from racially minoritised communities?*' is addressed in Section 0 (implications for policy and practice).

Table 8: Summary of findings

Research question	Findings
1. How does involvement in the care system relate to children’s risk of involvement in serious violence, and what pathways shape this risk?	
What is the relationship between care system involvement and risk of involvement in serious violence? Through what pathways do children in care become involved in serious violence?	Past research has established the overrepresentation of children in care in the YJS but does not explore the relationship between care system involvement and serious violence specifically. Two key pathways into serious violence for children in care emerge from our evidence: • Violent or challenging incidents occurring within care settings themselves, particularly residential children’s homes. This is associated with higher rates of first offences linked to assault or criminal damage for children in care and perceived to be often linked to unmet neurodevelopmental needs and trauma. • Exploitation. Exploitation was frequently identified by stakeholders as the primary route into <i>serious violence</i> for children in care, including involvement in organised criminal groups. Risk of exploitation for children in care can be linked to previous adversities, and exploiters may explicitly target children for this reason. An increasing number are also entering care after having already experienced exploitation. Unnecessary criminalisation of children in care is a concern for all offence-types but is particularly prominent in relation to incidents occurring within care homes. Unnecessary formal criminalisation may lead to increased risk of later involvement in offending, itself becoming a pathway into more serious violence.
2. How is the involvement of children in care in serious violence perceived and prioritised within local authorities?	
To what extent is the involvement of children in care in serious violence a strategic priority for local areas?	Local authority stakeholders recognise that children in care are over-represented among serious violence cohorts and require particular attention. However, the issue is rarely treated as a distinct strategic priority and is more often addressed within wider exploitation or violence strategies. A gap in these wider strategies may exist around addressing the kind of violent behaviour displayed by children in care in residential care or foster homes. Structural pressures limit the care system’s ability to function as a consistently protective environment. Key barriers include a lack of suitable foster and care homes and workforce shortages, a greater concentration of high need and risk-

Research question	Findings
What are the key structural barriers to local authorities' protecting children in care from involvement in serious violence?	profiles among children entering care resulting in part from a lack of preventative support for families, and limited access to appropriate therapeutic and educational support. Taken together, these findings suggest a compounding dynamic: a greater concentration of high vulnerability among children entering care, combined with a reduced ability to match children to placements that can safely contain risk and to secure access to appropriate support outside of their placement.
3. How do specific care system factors influence risk of serious violence for children in care and how are these factors influenced by pressures the care system is under?	
How does the type of placement children are placed in influence risk? How does the use of out of area placement influence risk? How does placement instability and breakdown influence risk? How does placement size influence risk? How does the experience of leaving care influence risk?	Placement type is shown to influence exposure to risk. • Residential care is consistently associated with heightened vulnerability and criminalisation, reflecting both the characteristics of the cohort placed there and features of the settings themselves. Residential homes are increasingly used for older children and those with prior experiences of violence, meaning risk is often already entrenched at entry. At the same time, exposure to negative peer influences and targeting by exploiters may increase risk once within residential care. A lack of suitable homes enhance risk by reducing local authority choice and oversight. Specialist provision is lacking and uncertainty exists around what 'specialist' means in practice. While the policy emphasis on reducing profit making in residential care may be warranted, efforts are needed to improve the quality of all provision. • Foster care is generally perceived as more protective, offering stability and nurturing relationships, but its potential is constrained by shortages of carers and challenges sustaining placements for adolescents with complex needs linked to involvement in violence. • The growing use of unregistered provision and semi-independent accommodation is a symptom of wider system strain and often associated with weaker oversight and reduced supervision, which increase vulnerability. Deprivation of Liberty orders are increasing and are often viewed as containment measures which can escalate risk.

Research question	Findings
How does the support provided to children whilst in care influence risk?	Out-of-area placements are similarly linked to heightened risk through disruption to protective networks, isolation, weaker oversight, and challenges in cross-area coordination, even when implemented as a safeguarding response if not accompanied by wraparound support. Placement instability emerges as the risk factor which local authority stakeholders are most concerned about. Frequent moves disrupt attachments, education, emotional wellbeing, and trust in professionals, creating cycles of breakdown that can compound vulnerability and escalation. The use and impact of single-child units is an under-explored area, which could benefit from further examination. Transition out of care is a particularly high-risk period for involvement in serious violence specifically. Importantly, safeguarding depends not only on placement type, but on relational stability within placements. Trusted, consistent relationships with carers and professionals are key protective factors which are undermined by workforce shortages, staff turnover, and reliance on agency staff.
4. How do children's needs and identities shape their experiences within the care system, and how do these experiences affect risk of involvement in serious violence?	
How do race and ethnicity shape children's experiences in care and influence risk?	Gaps in culturally competent care and matching with carers and staff with appropriate cultural understanding to support children from Black, Asian and minority ethnic backgrounds can undermine placement stability and trust in professionals, both of which are established protective factors. Experiences of racism within care, and adultification bias at the point of police contact, can increase likelihood of unnecessary criminalisation. Exposure to exploitation is emerging at younger ages but intensifies during adolescence. Risks of involvement in serious violence are particularly acute for children who enter care in their teenage years, where developmental change, placement instability, more punitive responses to behaviour and the transition out of care can compound vulnerability to serious violence and exploitation.
How does age shape children's experiences in care and influence risk?	

Research question	Findings
How does gender shape children's experiences in care and influence risk?	While boys in care remain more visible within serious violence, girls face distinct and seemingly growing risks linked to exploitation, trauma and criminalisation. For girls in care, adultification and under-recognition of victimisation can heighten vulnerability and increase the likelihood of criminal justice involvement.
How do specific areas of need shape children's experiences in care and influence risk?	Children in care with unmet or unidentified SEND, neurodivergent conditions and mental health needs face heightened risk of involvement in violence and exploitation. If professionals and carers primarily focus on challenging behaviour, rather than underlying unmet need, this can increase the likelihood of exclusion, placement instability and punitive responses resulting in unnecessary criminalisation.
5. How can the care system be strengthened by boosting areas of practice with the potential to protect children in care from harm and reducing the risks associated with some features of care experience?	
How is the care system seeking to ensure that children can access appropriate, safe placements?	Efforts to ensure children have safe and supportive places to live centre on: • Providing high quality local residential care homes, through stronger partnership models including with not-for-profit providers and deliberate commissioning strategies and frameworks with clear and consistent quality standards. • Increasing access to appropriate foster placements, through targeted recruitment and specialist schemes. Focusing on quality of placements as well as sufficiency will be important to improve outcomes, including prioritising <i>long-term</i> placements and recruitment of carers from Black, Asian and minority ethnic backgrounds. • Limiting placement breakdown by investing in preventative action, including therapeutic support for children and carers, and introducing mechanisms to review and learn from breakdown. • Improving placement matching by involving the right partners in decision-making, including the child themselves. Ensuring children's needs are well met and they are supported to thrive requires: • Improving access, either to relationship-based outreach models of therapeutic support where traditional CAMHS pathways are inaccessible, or to youth work and positive activities where therapeutic support is not appropriate. • Boosting retention of high-quality care staff within positive working environments where staff are engaged in decision making and offered psychological support.
How is the care system seeking to ensure that children are supported to thrive while in care, including those from Black, Asian and minority ethnic backgrounds?	
How is the care system seeking to ensure that	

Research question	Findings
children are well supported in transitioning out of care?	• Ensuring access to culturally specific services and support for Black, Asian and minority ethnic children even where matching with carers or care staff on the basis of identity is not possible. • Proactively seeking diagnosis for children with suspected neurodivergent need and advocating on their behalf within assessment processes, while also ensuring that support is adapted to meet children's needs regardless of diagnosis. • Supporting and advocating for children in care within mainstream schools, working closely with school staff, at the same time as developing bespoke alternative pathways which can flexibly support those whose needs cannot be met within mainstream provision. • Ensuring children's voices are heard in decision-making, particularly in relation to meeting individual needs relating to identity, and that communication about decision-making is timely and transparent. To provide effective support during transitions out of care and into adulthood, priority areas include building a child's network of relationships, sustaining safeguarding support, and facilitating priority access to key forms of provision, particularly housing and employment.
6. How can the care system safeguard children in care at risk of or already involved in serious violence?	
How is the care system seeking to ensure that children in care at risk of extra-familial harm and serious violence are safeguarded effectively?	Safeguarding children in care from involvement in serious violence relies on three connected domains of activity: • Ensuring children can access targeted, relationship-based interventions that reduce exposure to extra-familial harm and support diversion away from violent offending through proactive outreach and positive activities, including where risk is identified but before YJS thresholds are reached, such as in response to behavioural incidents in the home, drug use, school exclusion, and missing episodes. • Strengthening the ability of carers and residential staff to recognise risk, respond confidently and proportionately, and sustain consistent relationships that enable disclosure and behaviour change. • Embedding children in care within wider multi-agency arrangements to safeguard children at risk of extra-familial harm and ensuring their distinct needs and risks are recognised, ensuring multi-agency safeguarding teams have formal links to care staff, and implementing system learning focused specifically on children in care and their distinct risks and pathways into serious violence.

Research question	Findings
7. How can the care system reduce the unnecessary criminalisation of children in care?	
How is the care system seeking to avoid the unnecessary criminalisation of children in care?	Avoiding unnecessary criminalisation relies on the following priority areas of practice: • Embedding and actively using local protocols to guide decision-making: Protocols should be kept visible through dedicated champions, discussed regularly in strategic and operational forums, supported by usable tools, and owned by a wide set of partners to align with corporate parenting responsibilities, including health. • Strengthening trauma-informed responses within care settings: Reducing police callouts is closely linked to the confidence, safety and support available to care staff. Addressing gaps in training, including for agency staff, holistic support for wellbeing, clarity around de-escalation strategies, and partnership working with police are therefore central to achieving more proportionate responses for children in care. There is little evidence around the direct impact of trauma-informed training for staff on crime and violence, so training should not be seen as a violence prevention initiative but rather part of a holistic approach to supporting children in care well. • Supporting child-centred policing practice: Police officers should have access to specialist training focused on children in care, trauma, adultification and neurodivergence, supported by care system and youth justice partners. Timely access to child-specific information, such as care status and communication needs, further supports safer decision-making at the point of contact. • Proportionate use of preventative police involvement in care homes: Police involvement should always be clearly framed and time-limited, to support the wider aim of reducing police presence in care settings. • Effective and equitable diversionary pathways: Voluntary diversion schemes, restorative approaches and, where necessary, out-of-court disposals can provide meaningful alternatives to criminalisation while maintaining accountability. Their impact depends on early access, flexibility around admissions of guilt, and active promotion by all agencies for children in care.

10.3 Implications for policy and practice

The three tables below outlines specific changes that can be made at both national and local level to address the following key areas:

- How the care system can be strengthened by boosting areas of practice with the potential to protect children in care from harm and reducing the risks associated with some features of care experience.
- How the care system can safeguard children in care at immediate risk of or involved in serious violence
- How the care system, youth justice, and police can avoid unnecessary criminalisation of children in care

The proposed changes are based on the evidence gathered through this review. Some draw directly on suggestions made by stakeholders about the support and changes they feel would help local authorities to safeguard children in care from involvement in serious violence more effectively, as well as good practice examples with the potential to be implemented more widely. Others are based on our assessment, informed by the wider evidence and current policy context, of what is most likely to address the gaps and challenges identified through the review.

10.3.1 Implications for policy and practice: How the care system can be strengthened to protect children from involvement in serious violence

Table 9: Strengthening the care system

Domain	National level	Local level
Ensuring children can access appropriate, safe placements in children's homes	The UK and Welsh governments should prioritise significant national capital investment for increasing provision of children's homes. As recommended by the Public Accounts Committee, DfE should support the provision of the right types of homes in the right places by addressing barriers to creating new residential places such as inconsistent funding, delays in Ofsted registration, planning permission issues and staff shortages.	Local authorities should implement or strengthen local oversight of children's home quality and consistency, across all provider types. This may include instituting approved provider lists. Commissioning processes and partnerships should be strengthened to support provision of high-quality children's homes in ways that allow for more control over quality, cost and alignment with need, with a particular focus on partnerships with the VCSE sector or social investment models.

Domain	National level	Local level
	The UK and Welsh governments should establish a specific fund for developing specialist children's home provision for children with complex needs linked to involvement in violence. Oversight and regulation of care home quality should be improved, for example through widening Ofsted's powers to address unregistered provision, as recommended in recent policies e.g. Keeping Children Safe, helping Families Thrive (2024) and the Children's Wellbeing and Schools Act (2026). What Works Centres should consider funding the evaluation of specialist models of care for children with more complex needs, including those relating to involvement in violence, in residential care homes. UK and Welsh government should recognise the importance of relationships with trusted adults within care settings as a violence prevention strategy for children in care. National policy should therefore move beyond an emphasis on recruitment and training alone and promote a broader model of workforce support that includes access to psychologically informed supervision, reflective practice and specialist expertise.	Local authorities should develop detailed needs assessments for children in their care and prioritise the development of specialist children's home provision where funding is available to do so. Learning should be shared between local authorities to support the effective development and implementation of specialist residential care provision. Strategies that support the retention of high-quality care staff should be prioritised, including an emphasis on positive work culture and the provision of psychological support.
Ensuring children can access appropriate, safe	The UK and Welsh governments should move beyond increasing overall foster carer numbers to explicitly prioritise the development and sustainable funding of specialist foster care models. Funding mechanisms should recognise the additional skills, time and support required to care for children	Local authorities should develop and expand specialist fostering schemes targeted at children with complex needs linked to involvement in violence. These schemes should include enhanced financial support, ongoing supervision, access to specialist services, and improved transparency and information

Domain	National level	Local level
placements in foster care	with complex needs, including neurodivergent children and those experiencing exploitation and involved in violence. This recommendation aligns with the Children’s Commissioner’s 2025 recommendations and with the policy intent set out in Keeping Children Safe, Helping Families Thrive (2024). DfE should strengthen the national Training, Support and Development Standards for Foster Care to include guidance for specialist foster carer models and ensure foster carers are better equipped to identify and manage contextual risks for the children they support.	sharing with foster carers. Schemes should also seek to prioritise long-term placements, wherever possible. To support foster placement stability local authorities should consider wraparound therapeutic support to both the child and their carer, to improve their relationships, mental health and wellbeing. Local authorities should conduct targeted foster care recruitment to address specific gaps in provision including foster carers with relevant lived experience, interest and willingness to support children with more complex needs linked to involvement in violence. Recruitment should also aim to increase the diversity of foster carers to improve placement matching.
Improving placement matching and decision making and preventing and learning from placement breakdown	UK and Welsh governments should prioritise learning from failure at a national level, aligned with recommendations from the Independent Inquiry into Child Sexual Abuse (2022) led by Professor Alexis Jay. The inquiry recommended structural changes to help institutions learn from past failures, focusing on accountability, mandatory reporting, and systemic reform.	Local authorities should continue to prioritise effective placement matching and decision-making. This should involve including the right partners, including the YJS, where relevant, in decision making to ensure the child’s specific needs are understood. Positive relationships should also be built between commissioners and placement providers. Processes to ensure children’s voices are heard in decision-making and that decisions are communicated in a timely transparent manner should be prioritised. Preventative action to avoid placement breakdown should be implemented systematically, through ongoing review of

Domain	National level	Local level
		placement appropriateness, active monitoring of placements with early signs of emerging risk and a targeted multi-agency response where required. Local authorities should implement a systematic approach to capturing and communicating learning from placement breakdown in order to identify patterns that could be addressed.
Ensuring culturally appropriate support for racially minoritised children in care	UK and Welsh governments should strengthen national policy guidance on race equity for children in care, to address a significant gap in this area. This could be addressed in, for example, Working Together to Safeguard Children (UK), and the Code of Practice for Looked After and Accommodated Children within the Social Services and Wellbeing (Wales) Act 2014 which is currently undergoing revisions. National guidance should include: • Practical expectations for how local authorities should address race equity in their support for children in care. • A requirement for explicit consideration of culturally appropriate support within safeguarding and care frameworks. • The promotion of consistent recognition of race equity needs regardless of the local demographic size of this cohort. Funders and What Works Centres should fund research, development and evaluation of culturally adapted therapeutic models for children in care.	Local authorities should treat culturally appropriate support as a safeguarding priority in all areas, including less diverse contexts. In practice, this should include: • Local strategies to address disproportionality in a way that responds to the specific local drivers and context. • Investment in training for residential care staff and foster carers that provides deeper engagement with race equity linked to exploitation and violence risks. • Targeted recruitment of foster carers and care staff from diverse backgrounds to support culturally appropriate placement matching for children from Black Asian, and minority ethnic backgrounds alongside interim use of cultural expertise within other roles where gaps remain. • A systematic approach to listening, capturing, evidencing, and acting upon children's views on identity within care planning. • Strengthening cross-service and cross-area learning, particularly from youth justice practice on race equity. • Strategies to address the issues affecting Black children specifically, instead of more traditional approaches that instead consider minority groups more generically.

Domain	National level	Local level
		Developing targeted approaches for unaccompanied asylum-seeking children and migrant care leavers to ensure their access to full entitlements.
Ensuring children's specific needs are met while in care, including mental health, neurodivergence, and gender-specific needs	Mental health: The UK and Welsh governments should address the ongoing CAMHS waiting lists and prioritise access to therapeutic mental health support with specific provision for children in care. This would address a current gap in UK policy to recognise the high incidence of mental health needs among children in care and lift one of the barriers to protecting children in care from involvement in serious violence. Learning can be drawn from the Welsh government's National Practice Guide for Therapeutic Support for Care Experience Children and Young People (2025) which provides specific guidance for therapeutic support. Neurodivergence: Since this research was conducted, the DfE has proposed reforms to the SEND system which seek to relieve pressure on services and meet needs through earlier support. Alongside this, national guidance across children's social care and youth justice should: - Promote the consistent use of neurodivergent-informed practice across care, safeguarding and YJS systems. - Reinforce expectations that support for neurodivergent children should not be contingent on formal diagnosis. - Embed requirements for accessible, child-friendly communication within YJS and policing guidance.	Mental health: Care staff should be trained and supported to provide appropriate relational care for children who often have a history of trauma that can present as challenging behaviour. Training should include clear role boundaries for residential staff to avoid inappropriate therapeutic expectations. Placement commissioning should include an assessment of trauma-informed practice among staff and managers, and residential care managers should be supported to evidence trauma-informed environments in line with Ofsted inspection requirements. Commissioning specific therapeutic care pathways for children in care should be considered, to mitigate the impact of CAMHS waiting lists that can lead to ongoing unmet mental health need. Neurodivergence: Local guidance and training for care staff should be developed to meet the specific needs of neurodivergent children in care, including: - Guidance on how to adapt care practices proactively where neurodivergence is suspected, regardless of diagnosis. - Specialist training to support staff understanding and interpretation of neurodivergent behaviour, and in turn to prioritise appropriate support and avoid unnecessary use of sanctions.

Domain	National level	Local level
	Encourage cross-system information sharing on neurodivergent and communication needs. What Works Centres could support the implementation of evidence-informed practice in care homes through the generation of engaging accessible tools and guidance for practitioners, drawing on effective examples in Youth Justice. Gender: DfE, working jointly with the Home Office and Ministry of Justice (MOJ), should implement and resource a national gender-informed safeguarding framework for children in care at risk of serious violence and exploitation. This should ensure trauma-informed, victim-centred responses that recognise girls' distinct and often less visible pathways into harm, align serious youth violence and violence against women and girls strategies, strengthen professional training to address adultification and gender bias, and reduce unnecessary criminalisation of care-experienced girls. What Works Centres should fund research into specific support pathways for sub-groups of children in care, including in relation mental health, neurodivergence, gender, and minority ethnic groups (see above for the latter). This research should include close attention to intersectionality and should inform practice guidance for children's social care.	- Embedding practical adjustments, such as visual tools and sensory awareness, as standard practice in care placements. - Promoting advocacy for children in care and/or the use of alternative pathways, including NHS Right to Choose, to expedite assessments where needed. - Stressing the importance of listening to children about their own needs and preferences. - Emphasising the importance of ongoing support, time and space for care staff to enable the effective implementation of training and learning. Children's social care and YJS teams should work together to strengthen information sharing in order to: - Develop a shared understanding of the needs and behaviours of individual neurodivergent children in care. - Support shared learning around best practice in working with neurodivergent children in care. - Develop and share accessible tools to support communication and reduce risk of unnecessary criminalisation due to neurodevelopmental differences in understanding and behaviour. Gender: Children's social care and youth justice teams should embed multi-agency, gender-informed safeguarding pathways for children in care at risk of serious violence and exploitation. This should support early identification of less visible risks for girls, provide trauma-informed and culturally competent interventions, and prioritise protection over criminalisation

Domain	National level	Local level
		through stronger links between children's social care, youth justice and violence against women and girls services.
Supporting children's engagement with education	DfE could introduce clearer statutory limits and oversight on formal and informal exclusions, including reduced timetables, for children in care across all school types, including academies. This is justified by evidence that exclusion and persistent absence from school are risk factors for involvement in serious violence, and that local authorities often struggle to influence exclusion decisions. DfE could introduce a requirement for consistent national training for education staff on trauma, exploitation, adultification bias and stigma relating to children in care, with associated funding. The aim of this training would be to reduce the likelihood that unmet needs and negative perceptions lead to punitive responses and exclusion. DfE could also invest in sufficient, specialist alternative provision capable of meeting complex needs linked to involvement in violence, with clear expectations on safeguarding and reintegration planning.	Local authorities and schools should agree protocols for early communication and joint problem-solving when children in care show emerging difficulties, before behaviour escalates. Schools, supported by local authorities, should strengthen the role of designated teachers for children in care and consider additional specialist posts where need is concentrated, in order to strengthen in-school support and de-escalate risk of exclusion. For children struggling in mainstream settings, local authorities and schools should co-design bespoke education packages linked to children's interests and strengths, alongside wider holistic support. Together these strategies can support engagement and reduce exposure to risk resulting from exclusion. The importance of schoolwork support from care staff should also be recognised, with explicit strategies and guidance for practitioners on how to do this well.
Ensuring children are well supported in transitioning out of care	DfE should embed relational continuity as a core outcome within Children's Social Care National Framework for children leaving care. This aligns with the policy intent of this framework and specifically with its fourth stated outcome which includes a focus on care leavers.	Local authorities should treat the maintenance of trusted relationships as a core safeguarding intervention during the transition out of care, with clear actions, timescales and accountability, and with the young person's voice and preferences at the centre. Where trusted adults are identified,

Domain	National level	Local level
	National frameworks should place explicit emphasis on sustained trusted adult relationships as a protective factor against serious violence and exploitation, alongside practical outcomes such as housing and employment. While current policy, including the FFP programme, stresses stable relationships, stronger expectations are needed on how these are supported and maintained beyond age 18, not just identified in plans. National guidance should further discourage fixed age thresholds for withdrawal of support and require local areas to demonstrate how they avoid abrupt transitions for care leavers. This should include clearer expectations around Staying Put and Staying Close as violence prevention measures, not solely placement stability initiatives. National guidance on risk assessment for care-experienced young people aged 18 or over should be provided, with a direct emphasis on extra-familial harm and exploitation. Guidance on supporting the transition out of care should include specific attention to multiple overlapping transitions experienced by children in care at age 18, the need for strong joint working with health and education in this period, and the need for safeguarding support tailored to different groups of care leavers.	local authorities should move from relationship mapping to practical support such as facilitating contact, supporting boundaries and expectations, and addressing logistical barriers such as transport or housing moves. Local practice should increasingly recognise that ongoing supportive relationships can reduce isolation and provide informal monitoring, guidance and emotional support, all of which can reduce vulnerability to serious violence and harmful peer influences in the transition out of care. Transition planning should include ongoing support from the YJS for care leavers at risk of or involved in serious violence to support safeguarding. Safeguarding support for care leavers should be tailored to the specific individual needs of the young person. Local transition planning should ensure that housing, education and employment support are secured in tandem with relational support, recognising that instability in these domains can undermine protective relationships and increase vulnerability to serious violence in this transition phase for care leavers. To do so, local authorities should establish a multi-agency transition pathway for care leavers that combines dedicated employment and housing support roles with panel-based oversight from age 17, ensuring coordinated access to education, training and

Domain	National level	Local level
	What Works Centres should commission and disseminate practice guidance on how relationship mapping can be translated into active support for care leavers, rather than static plans. Evidence-informed models of relationship-based safety planning could maximise the potential for trusted adult relationships to continue to be a protective factor against involvement in serious violence for care leavers.	employment opportunities, accommodation and continuity of support beyond 18.

10.3.2 Implications for policy and practice: How the care system can safeguard children in care at immediate risk of or involved in serious violence

Table 10: Safeguarding children in care at risk of or involved in serious violence

Domain	National level	Local level
Ensuring children can access targeted interventions that reduce risk of exploitation or involvement in serious violence	National policymakers should provide long-term multi-year investment for targeted violence prevention, youth work and diversionary services for children in care. This aligns with the FFP programme’s emphasis on earlier support that prevents needs escalating into crisis responses. National frameworks, including any guidance developed as part of the National Youth Strategy (2025), should explicitly prioritise preventative and pre-YJS intervention pathways for children in care at heightened risk of violence or extra-familial harm, addressing the identified “missing middle” between universal prevention and statutory youth justice responses.	Local authorities should strengthen access to mentoring, outreach and diversionary support for children in care at earlier stages of risk, pre-YJS threshold. Key ‘reachable moments’ should be prioritised for intervention: early behavioural incidents in the home, the identification of drug use or involvement in other lower-level offences, school exclusion or persistent absence, and missing episodes. Local authorities should ensure that children who are out of school, in PRUs or otherwise disengaged from education are systematically identified and prioritised for community-based outreach and support. Children missing school-based

Domain	National level	Local level
	National policymakers should recognise the central role of VCSE organisations in engaging children in care at risk of involvement in serious violence or exploitation through trusted, non-statutory routes. For example, the FFP programme places significant weight on relational, community-based support alongside statutory services. Government should invest in mechanisms that support VCSE sustainability, quality and integration into local safeguarding systems for children in care. What Works Centres and funders should seek to identify and fund evaluations of local preventative, diversionary initiatives, including specific provision to evaluate impact for engagement of and outcomes for children in care.	interventions are often at heightened risk of serious violence, and failure to reach them creates gaps in safeguarding. Local authorities should involve children with lived experience of care more meaningfully in shaping targeted support offers. This approach helps to ensure services are flexible, relationship-based and responsive to individual interests and needs. Investment in data collection should be considered to improve understanding of local entry-points into exploitation or serious violence and experiences within care and inform the development of effective and locally relevant targeted interventions.
Supporting care staff to safeguard children from exploitation or involvement in violence	Statutory guidance such as DfE's Guide to the Children's Homes Regulations and Quality Standards (2015) should be updated to include specialist training for care staff on safeguarding against risk of extra-familial harm.	Local authorities should invest in ongoing, locally grounded training for care staff and carers on safeguarding against risk of extra-familial harm that is regularly updated and delivered through shared, multi-disciplinary learning. Training should prioritise practical capability, extra-familial harm, online harms, bias-aware practice, trauma informed approaches, changing patterns of exploitation, and recognition of the different risks and pathways for girls, children from Black, Asian and minority ethnic backgrounds, and neurodivergent children. Training should be accompanied by regular, well-facilitated supervision and reflection for care staff, ensuring these are designed in ways that feel relevant and accessible.

Domain	National level	Local level
Strengthening multi-agency working to safeguard children in care	National guidance for MACPTs and related reforms should explicitly set out expectations for how children in care are embedded within mainstream multi-agency arrangements for safeguarding children from extra-familial harm, ensuring their specific risk profiles are recognised. The UK Education Select Committee's ongoing Inquiry into Children's Social Care will likely generate further learning around effective safeguarding which should inform future government strategy.	Local authorities should ensure that children in care are explicitly included within multi-agency pathways for safeguarding children from extra-familial harm. This should include clear provision for children in care to be supported through a child protection plan focused on extra-familial harm, so that they are not excluded from these safeguarding arrangements because they are already looked after. Local authorities should put in place clear, routine arrangements that connect multi-agency teams responsible for safeguarding children from extra-familial harm with children's social care and residential placements. This should include agreed referral routes, regular intelligence sharing on emerging risks and exploitation patterns, and joint risk assessment and planning where appropriate. Regular auditing of incidents involving the use of serious violence by children in care should be embedded, alongside mechanisms for sharing learning between local areas.

10.3.3 Implications for policy and practice: How the care system, youth justice, and police can avoid unnecessary criminalisation of children in care

Table 11: Avoiding the unnecessary criminalisation of children in care

Domain	National level	Local level
Using local protocols to avoid unnecessary criminalisation of children in care	UK and Welsh governments should continue to promote the national protocol on reducing criminalisation of children in care. As part of the ongoing review of the national protocol on reducing criminalisation of children in care and care leavers, the MOJ should implement the Children’s Commissioner’s (2025) recommendations to make the guidance statutory, for every police force to work jointly with local authorities on implementation, and to ensure that clear processes are in place for monitoring implementation across local authority and police forces. Explicit expectations on the use of local protocols should also be built into Ofsted ILACS and Social Care Common Inspection Framework judgements. Government could also implement a requirement for national reporting on protocol implementation and outcomes, including evidence of joint ownership between police, children’s services and YJS, rather than only confirmation that a protocol exists. Revised guidance should include explicit expectations around the involvement of key partners including health and education. Recognition of the different needs and biases children	All local authorities should develop a local protocol for reducing unnecessarily criminalisation of children in care to meet the requirement in the national protocol. Local protocols should ensure applicability to all types of care placement and include specific guidance relating to intersecting risk factors such as gender, ethnicity, mental health, neurodivergence and other needs and identities. To support the consistent use of local protocols, the following actions should be taken: • Ensure the protocol is a standing item on relevant panels and strategic meetings, alongside regular review of live cases. • Designate named roles, such as children-in-care police leads or equivalent, responsible for promoting consistent use of the protocol. • Review and streamline associated tools and forms with frontline staff to ensure useability. • Actively involve a wider partnership including health and education to support diversion and safeguarding at key justice touchpoints.

Domain	National level	Local level
	experience based on their race, gender and other identities and needs should also be explicitly acknowledged in the guidance.	
Supporting proportionate use of police call outs by residential care staff	As above, UK and Welsh governments should continue to promote the national protocol on reducing criminalisation of children in care, which includes an emphasis on reducing unnecessary police call-outs by residential care staff.	Local authorities should develop and consistently apply local decision-making frameworks that support care staff to manage incidents internally wherever possible, including clear thresholds for police involvement and documented alternatives such as de-escalation, restorative responses and use of trusted adults or short-term safe spaces. Commissioners and care home managers should ensure residential staff have access to reflective supervision, post-incident debriefs and therapeutic support, recognising that staff psychological safety is central to reducing reliance on police. Particular attention should be given to supporting teams experiencing high levels of violence or turnover. Local authorities should consider minimum training and induction standards for agency staff working in residential homes, aligned with local trauma-informed practice models. This should include clear expectations about managing challenging behaviour and using police involvement proportionately.
Supporting child-centred police responses	The MOJ's ongoing review of the national protocol on reducing criminalisation of children in care and care leavers should consider introducing a requirement for all police forces to deliver mandatory training on child-centred policing that is specific to children in care, including intersectionality such as race and ethnicity, neurodivergence, gender, adultification, and the risks of unnecessary criminalisation. This should go beyond	Local police forces should co-deliver training with the YJS and children's social care, targeted at frontline practitioners across these services. Training should use real case studies to demonstrate how child-centred approaches can lead to better outcomes and reduce escalation into the YJS.

Domain	National level	Local level
	generic vulnerability training and be reinforced through national inspection and accountability frameworks. The focus on Child First principles promoted by the YJB should be maintained by the MOJ when it takes over responsibility for national policy and guidance in 2026. Government could develop national standards for police use of flags and markers for children in care, ensuring officers have timely access to information such as care status and communication needs during encounters with individual children, rather than relying on post-incident information requests.	Police and local authorities should work together to ensure effective use of flags and markers for children in care, including practical prompts for officers on any communication needs and de-escalation strategies for individual children, to support safer decision-making at the point of contact. Local protocols could include a requirement for senior review of arrests or charges involving children in care, to reduce reliance on individual escalations by social care staff and promote more consistent practice.
Strengthening use of diversionary pathways	The MOJ's ongoing review of the national protocol on reducing criminalisation of children in care and care leavers should consider removing formal admission-of-guilt requirements from diversion frameworks for children in care. This would mirror promising practice such as Outcome 22 models and reduce the risk of escalation into court proceedings where children are reluctant or unable to admit guilt at an early stage. The MOJ's ongoing review should also consider setting clear expectations for the use of restorative justice as response for children in care. Guidance should also clearly outline the circumstances in which restorative justice is <i>not</i> appropriate, and safeguards that should be in place to ensure victims are not exposed to further harm.	Joint working between children's social care, youth justice and police should prioritise the following actions: • Formalising diversion and restorative justice within local protocols between care providers, police, and YJS. Clear thresholds, roles, and referral routes would reduce inconsistency and ensure diversion is the default response for lower-level incidents involving children in care. • Investing in training for residential care staff and frontline police on restorative and diversionary options. Training should focus on supporting accountability without criminalisation, and on understanding newer options such as Outcome 22-style approaches. • Promoting access to voluntary point-of-arrest diversion schemes and treating care status as a mitigating factor

Domain	National level	Local level
	Finally, national monitoring of equity in diversion outcomes for children in care should be mandated. Monitoring should include routine analysis of diversion access and outcomes by care status, ethnicity, gender, neurodiversity and other relevant characteristics, to identify disproportionality and inform policy adjustment.	supporting eligibility for these schemes, even in cases of some weapons offences. • Establishing local scrutiny panels to routinely review diversion outcomes for children in care. Panels should examine demographic patterns, repeat incidents, and decision-making to identify gaps in access and improve practice over time.

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12 List of appendices

Appendix A: Three categories of policy reforms reviewed

The table below summarises the three categories of policy reforms we identified in our review.

- **Category 1:** Legislation and policies calling for ‘focused reform’ to fix a ‘broken’ care market
- **Category 2:** Frameworks, programme guides and toolkits translating policy into practice
- **Category 3:** Inquiries and audits into exploitation and harm affecting children

These should be read as an illustrative summary of the most relevant policy developments rather than an exhaustive account.

Table 12. Overview of the three categories of policies

Policies reviewed	Context for the policy	Main recommendations
Category 1: Legislation and policies calling for ‘focused reform’ to fix a ‘broken’ care market		
Competition and Markets Authority (CMA) study into Children’s Social Care Placements (2022)	Launched in 2022 across England, Scotland and Wales due to concerns local authorities could not access appropriate placements. High prices and rising numbers of looked-after children were straining budgets.	• Stronger commissioning through pooled local authority purchasing. • Expansion of in-house foster care placements. • Reduce barriers to creating and maintaining new provision, by i) reviewing regulatory and planning requirements, and ii) supporting the recruitment and retention of care staff and foster carers. • Stronger market oversight and contingency planning to manage the negative effects from children’s home providers exiting the market.
Rebalancing care and support: consultation (Wales) (2021)	Consultation aimed at introducing legislation to improve social care arrangements and strengthen partnership working under the Social	• Shift towards prevention, by investing earlier in families to reduce the need for children to enter the care system. • Improve the quality and affordability of placements, recognising that stable, supportive homes are essential for care experienced young people’s wellbeing.

Policies reviewed	Context for the policy	Main recommendations
	Services and Wellbeing (Wales) Act 2014. Emphasised late intervention costs, rising numbers of children in care, overrepresentation of children from racially minoritised backgrounds, and local variation in preventing children from entering care.	• Workforce consistency, including reducing turnover so that children can build sustained relationships with carers and professionals. • Simplify commissioning by moving to outcomes-based and joint commissioning across health and social care to have a diverse provider base in the care market. • Encourage the use of a ‘No Wrong Door’ approach, where the child’s needs and circumstances are responded to in a holistic, multi-agency, wraparound way, and children feel confident that wherever they go for help, professionals should be able either to provide support directly, or to point them in the right direction for support.
Stable Homes, Built on Love (2023)	Conservative flagship strategy setting out six ambitions for children’s social care reform, drawing on the CMA study and the Independent Review of CSC.	• Proposed regional commissioning through Regional Care Co-operatives (RCCs) to improve demand forecasting and signal to providers what was needed and invest in the provision through block contracts.
Keeping Children Safe, Helping Families Thrive (2024 – ongoing)	Policy statement published in November 2024 setting out Labour’s vision and core legislative proposals. Identified an over-reliance on residential care, poor placement fit/quality, rising use of unregistered/unsuitable accommodation, and limited oversight of provider finances and market risk.	• Shift placements toward foster and kinship care, including recruiting/retaining foster carers, expanding short breaks, and supporting kinship carers (especially for children with complex needs). • Market reform through legislation to tackle “excessive and exploitative profit-making”, improve competition/regulation/commissioning, and increase visibility of prices paid by local authorities. • Diversify providers by encouraging non-profit providers back into the market, and increasing the role of VCSE organisations, charities, and ethical investors. • Expand corporate parenting responsibilities across government and public bodies. • Staying Close support for care leavers as a longer-term goal after legislation is rolled out, ensuring care leavers’ needs/views are considered and choices are central to decision-making.

Policies reviewed	Context for the policy	Main recommendations
		• New regulation for provider oversight, including widening Ofsted's powers to address abuse and unregistered provision (especially children's homes and supported accommodation). • Work with Ofsted to improve the re-registration process when a children's home manager moves homes.
Children's Wellbeing and Schools Act (2026)	Introduced in Parliament in 2024 by the Labour government and received royal assent in 2026 to become an Act. Part 1 lays out reforms to children's social care. Most reforms were foreshadowed in Keeping Children Safe, Helping Families Thrive and the Act proposes measures/structures to implement those reforms.	• Reform the care market by: (i) capping profits and tackling excessive fees, (ii) introducing regulation and oversight of previously unregulated children's homes and fostering agencies, (iii) workforce reform. • Require local authorities to establish Multi-Agency Child Protection Teams (MACPTs) and formally include education providers in safeguarding arrangements to identify harm (mainly extra-familial) earlier and intervene sooner (e.g., county lines exploitation). • Enable prosecution for low-level abuse (ill-treatment / wilful neglect) of 16-17-year-olds in regulated children's social care establishments (e.g., children's homes) and youth detention accommodation. • Mandate a family group decision-making meeting when the local authority is seriously considering applying for a care or supervision order. • Create a duty for local authorities to publish a kinship local offer, providing clarity so kinship families can access the support they need.
Health and Social Care (Wales) Act 2025	Introduced in 2025 to make provision about regulation and provision of social care services and health care in Wales. Amended earlier legislation (Regulation and Inspection of Social Care (Wales) Act 2016) to restrict profit extraction by providers of children's care home	• Restrict new registrations for children's homes, secure accommodation and fostering services to not-for-profit entities via a new registration route. • Set a default requirement to place children with not-for-profit providers, with for-profit placements allowed only if necessary for the child's wellbeing and approved by Welsh Ministers. • Strengthen inspection and regulation, including targeted conditions on the types of children providers may serve and what information must be included in applications/registrations.

Policies reviewed	Context for the policy	Main recommendations
	services, secure accommodation services and fostering services. Rooted in concerns that profit-driven activity undermines placement stability, quality, and local authority oversight, linked to poor outcomes for children in care.	• Ensure local authority-run provision sits squarely within the RISCA regulatory framework.
Education Select Committee Inquiry into children's social care (2025 – ongoing)	Launched in late 2023. Builds on earlier reviews and policies to develop a long-term strategy assessing the state of children's social care and calling for a "dramatic, whole system reset." Challenges and recommendations reiterate most of those in Keeping Children Safe.	• Recommended additional funding for children's social care and capital investment in children's homes announced at the Spending Review. • More financial support to kinship carers (on par with foster carers). • Address the massive shortage of foster carers which is causing a crisis in supply of placements for children in care. • Ensure all children's homes are led by a registered manager. • Improve recruitment, retention and training of the children's home workforce (alongside focus on quality of provision). • Highlighted good practice in local authorities reducing the use of distant placements, recognising the trauma and lasting effects of such placements.
Category 2: Frameworks, programme guides and toolkits translating policy into practice		
All Wales Protocol reducing the criminalisation of care experienced children and young adults (2022)	Protocol for organisations working with care experienced children (up to 18) and young adults (up to 25), intended to guide best practice in avoiding their unnecessary criminalisation. Promotes capacity-building so services take a public health approach to policing vulnerability across Wales, using an	• This Protocol provides a common set of principles and expectations informed by children's rights. • Encourages incident responses that reduce criminalisation/offending/reoffending through practice that is: (i) ACE-aware and trauma-informed, (ii) child-centred, and (iii) aligned with Wales Safeguarding Procedures and All Wales Practice Guides. • Suggests foster carers and residential carers are part of the team in understanding individual needs of children and the approach that a child is most likely to be responsive to.

Policies reviewed	Context for the policy	Main recommendations
	ACE lens and trauma-informed practice	• Recommends those deemed ‘corporate parents’ work across social care, placement providers, educational settings, health services, and with the police and other criminal justice partners, prevents unnecessary criminalisation.
National Protocol for Reducing Criminalisation of Looked After Children (2018)	England protocol that the Welsh protocol draws on. Aims to avoid unnecessarily criminalising looked-after children and care leavers (across all placement types) and encourages agencies to co-develop local arrangements to reduce criminalisation. Endorses recommendations from Narey (residential care), Laming and Taylor reviews.	• Recognises the impact of adversity/trauma and calls for professional responses to challenging behaviour that do not escalate behaviour or trigger unnecessary police involvement. • Carefully consider whether a formal criminal justice response for the child is appropriate. Avoid prosecution of looked-after children and care leavers wherever possible and appropriate. • Encourage restorative approaches and a culture of asking: “would this lead to arrest if the child lived with their family?” • Encourage local authorities/children’s services trusts to implement the protocol between care providers and other agencies (police, courts, youth justice). • Encourage local authorities to include or reference the protocol in care leavers’ local offers. • Promote arrangements that provide consistent protection from criminalisation regardless of where a child lives or their placement type, minimising variation in implementation.
Welsh Government Programme for 2021-2026 (June 2021)	Published in June 2021, following the Senedd elections, the programme set out the Welsh Government’s priorities for its five-year term. Acts as the government’s strategic plan, outlining commitments and pledges across policy areas and intended to guide legislation, funding and programme development over 2021-	• Prevent families breaking up by funding advocacy services for parents whose children are at risk of entering care (in line with government’s <i>preventative</i> focus). • Provide specialist support for children with complex needs who may be on the edge of care. • Explore “radical reform” of services for children looked after and care leavers. • Eliminate private profit from care of children looked after. • Fund regional residential services for children with complex needs, meeting needs close to home and in Wales wherever practicable. • Strengthen public bodies in their role as corporate parent.

Policies reviewed	Context for the policy	Main recommendations
	2026. One wellbeing objective focuses on children in families and shapes recommendations across care-related policy.	• Support the national Fostering Wales scheme.
Welsh Government's National Practice Guidance for Therapeutic Support for Care Experienced Children and Young People (2025)	Guidance published in 2025 in response to a recognised gap in therapeutic support for care experienced children. Sits within the wider Welsh policy landscape but focuses specifically on therapeutic needs of children in care. The basis for the recommendations in this practice guidance can be found in the <i>National multi-agency practice framework for children's services</i> that was also published in 2025 in order to improve consistency of practice across Wales and support a strengths-based way of working across agencies delivering children's services	• Support delivery flexibly according to need rather than age, enabling local variation, depending on other systems that support children throughout the life course. • Build a stable, skilled workforce through specialist training, retention strategies and staff wellbeing measures. • Provide transition support from out-of-county placements to local community placements in family contexts. • Use developmentally appropriate, evidence-based therapeutic mental health and wellbeing interventions. • Manage children's transitions between services and staffing changes sensitively, maintaining contact with trusted adults for as long as beneficial.
Welsh Government's Supporting youth justice services to prevent offending:	Welsh Government framework encouraging partners working with children with justice system involvement (including children in care) to adopt a Child First approach, treating children primarily as	• Requires professionals in care settings to identify strengths, potentials and opportunities to support children to lead happy, safe and healthy crime-free lives. • Help children to improve and maintain the relationships they value e.g., the care system can do this by keeping children close to supportive peer and family networks. • Recognise and positively respond to diversity, i.e., the care system can do this by offering targeted and specialist support tailored to the needs of children in care.

Policies reviewed	Context for the policy	Main recommendations
prevention framework (2025)	vulnerable children rather than defined by behaviour.	• Support recovery from adverse childhood experiences since many children in care have experienced significant adversity early in life. • Improve the quality of family life or the circumstances in which children are living, so they have a stable and secure base.
Children’s Social Care National Framework (2023)	Statutory guidance for local authorities in England reiterating principles in Stable Homes, Built on Love. Includes an outcome focused on ensuring children in care and care leavers have stable, loving homes.	• Identifies key issues: disruption from out-of-area placements and lack of placement continuity, weak housing pathways and insufficient transition support for care leavers, and a limited recognition of distinct needs of unaccompanied asylum-seeking children in care. • Encourage local authorities to develop a strong long-term support ethos for care experienced young people through close working with education leaders. • Expand corporate parenting responsibilities through partner agencies to create a culture where everyone is ambitious to be the best “parent” for children in care and care leavers. • Require notification when children are moved to another local authority area and ensure visibility/oversight where children are placed out of area so that love, care, protection and support remain in place. • Commission transition services that centre young people’s voices and provide wraparound support (including timely access to adult social care where needed). • Facilitate multi-agency work to expand accommodation options and avoid care leaver homelessness.
Families First Partnership programme guide – Delivery expectations for safeguarding	Guidance setting out current government expectations of safeguarding partners to implement reforms to Family Help, multi-agency child protection and Family Group Decision Making.	• Focuses on safeguarding practice and multi-agency working to protect children (including children in care) from harm. • Encourage Directors of Children’s Services to consider how the end-to-end system of preventative services functions locally, and how existing services continue alongside review and redesign. • Promote early intervention with local partners (police, health, education) and protect time to co-design and develop services in partnership with children and families.

Policies reviewed	Context for the policy	Main recommendations
partners in England (2025)		
Category 3: Inquiries and audits into exploitation and harm affecting children		
The Report of the Independent Inquiry into Child Sexual Abuse (2022)	Investigated how public bodies and non-state institutions (e.g., schools, churches, local authorities, charities) had historically failed to protect children from sexual abuse. Recognised heightened vulnerability for children in care, especially in residential settings and for children with disabilities. Case studies examined abuse in children's homes and foster care, showing repeated failures by those responsible for protection.	- Identified problems included: - Acute shortage of suitable placements, often far from home, leading to children being housed in unsafe or unsupported environments. - Inadequate staff supervision, including racist and abusive treatment -- especially of children from ethnic minority backgrounds. - Children being exposed to harm by being placed alongside much older peers, subject to violence from staff, or left unprotected due to poor adherence to safeguarding procedures. - Legal and structural barriers, such as limited autonomy over their lives and decisions made by local authorities on their behalf. - Increasing patterns of children going missing from care, often linked to unsafe placements or a desire to escape abuse. - Recommendations: - Amend the Children Act 1989 to give children in care parity of legal protection with other children. - Introduce professional registration and regulation of care staff working in residential care, young offender institutions, and secure training centres. - Establish a Child Protection Authority for England and for Wales to improve local safeguarding arrangements, including multi-agency working to protect at-risk children. - Improve the legal position of children in care by creating routes to challenge local authority decisions, including enabling applications to family courts to mandate or limit the local authority's exercise of parental responsibility.

Policies reviewed	Context for the policy	Main recommendations
Safeguarding Children with Complex Health Needs in Residential Settings (2023)	Government response to an earlier report examining allegations of abuse and neglect affecting children living in three private residential settings in England.	• Ensure children with disabilities/complex health needs in residential settings have access to independently commissioned, non-instructed advocacy, delivered by advocates with specialist training. This will actively safeguard them and respond to their communication and other needs. • Provide access to advice and support through jointly commissioned and suitably resourced Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) services. • Urge DfE and NHS England to jointly commission safe, sufficient and appropriate provision aligned with local inclusion plans and planned through RCCs. • Commission the development of an integrated strategy for the children’s workforce in residential settings, to include leadership development, workforce standards, and training. • Strengthen early identification of safeguarding risks through an enhanced role for host local authorities and ICBs in oversight of residential settings in their area.
National Audit on Group-Based Child Sexual Exploitation and Abuse (June 2025) – Baroness Casey of Blackstock DBE CB	Commissioned by the Prime Minister and Home Secretary and formally launched in February 2025. Sought to assess the care system’s understanding of widespread group-based child sexual exploitation (who is involved and in what context). Although focused on group-based exploitation overall, it outlined specific vulnerabilities for children in care.	• Emphasised adultification of child victims in care, where care status can “fast track” children into adulthood and living independently in residential settings earlier than peers. • Strengthen the corporate parenting role so children’s social care services prioritise disrupting perpetrators’ ability to target children in care, including: ○ Support to police forces investigating child sexual exploitation. ○ Offer dedicated intelligence and analytical expertise to enhance investigative capacity, data use, and technical proficiency in responding to exploitation. • Address adultification through professional development: increased training and support across safeguarding, education and criminal justice sectors to understand consequences of adultification and develop skills to actively avoid it. • Highlighted good practice including the “Smith algorithm” used by West Yorkshire Police to proactively identify children in care involved in or at risk of sexual abuse.

Appendix B: The REA Protocol: Inclusion and exclusion criteria

Table 13. Inclusion/exclusion criteria in the REA protocol

Dimension of assessment	Inclusion/exclusion criteria (if any)
Population of focus	
Children and young people in (or with experience of) residential care and/or foster care	This also included those children transitioning into and out of these types of care.
Studies that included mixed populations	These were included only if subgroup data were presented or the care-experienced group was a primary focus.
Studies not focused on care-experienced populations	These were excluded.
Areas of interest	
Involvement in violence was captured as:	• Victimisation / extra-familial harm (for example exposure to community violence, criminal exploitation, peer or intimate partner violence). • Offending or perpetration (for example violent offending, weapon carrying, group-related violence). • Excluded studies where violence outcomes were tangential. • Excluded studies focused solely on child sexual exploitation or international trafficking.
Determinants: risk and protective factors at individual, family, peer, school, placement, community and system levels (including pre-existing factors on entering the care system). The role of the care system in risk and protection.	If studies referred to specific targeted interventions designed to protect children in care from involvement in violence, we drew out these examples. ²⁶
Equity lens: differential patterns and mechanisms by race and ethnicity, intersectionality with other vulnerabilities, and system-level contributors including structural racism, unequal exposure to risk environments, and barriers to disclosure and help-seeking.	Studies referring to these patterns were prioritised for inclusion.
Study types	
Academic literature in the form of higher-level syntheses, systematic or rapid reviews, and meta-analyses.	These were included.

²⁶ We expected that identification of specific programmes for children in care was more likely to arise from the policy review than the evidence review.

Dimension of assessment	Inclusion/exclusion criteria (if any)
Primary academic studies that were highly relevant and had clear methods.	These were included.
Grey literature where highly relevant to UK policy and practice and the focus of the review.	These were included.
<i>Geography</i>	
Studies published in the UK only, and prioritised UK-based studies.	These were included.
International studies published in the UK where there is high relevance.	These were included.
<i>Time period and language</i>	
Published in the last 10 years.	Only these were included.
English language.	Only these were included.