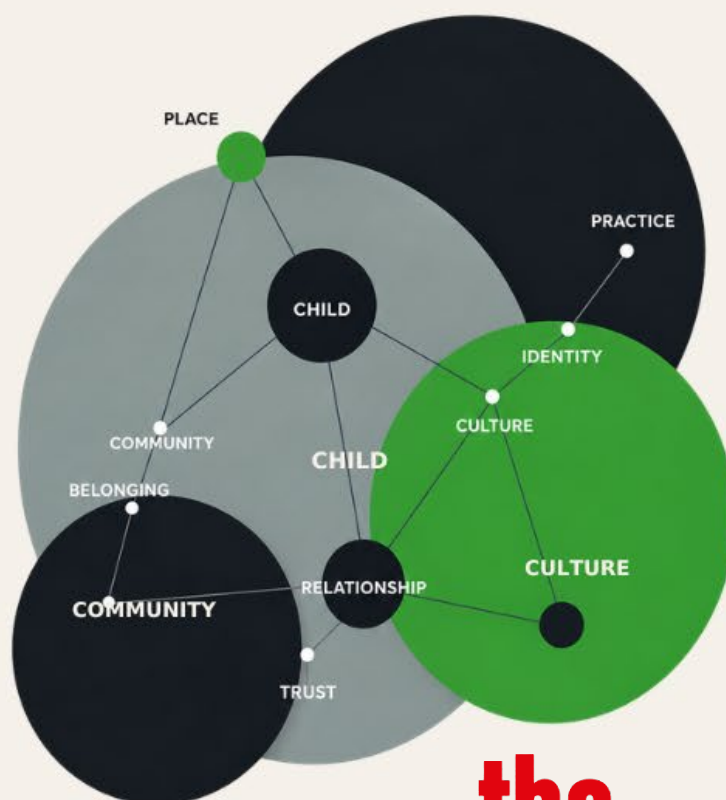


Reimagining Children's Social Care

Integrating Community, Culture and Practice



**the
CHURCHILL
fellowship**

A study of learning, practice and systemic change in children's social care

Reimagining Children's Social Care

Integrating Community, Culture and Practice

Rachel Cole

Churchill Fellow 2025 • Founder and CEO, Black Foster Carers Alliance CIC

Copyright © 2026 by Rachel Cole. The moral right of the author has been asserted.

The views and opinions expressed in this report and its content are those of the author and not of the Churchill Fellowship or its partners, which have no responsibility or liability for any part of the report.

Image credits

Photographs from the Fellowship visits to Ghana, Atlanta (USA) and the Netherlands, and photographs of the author, are from the author's own collection. All rights reserved. They may not be reproduced, distributed or used without prior permission.

Other illustrative images of people and settings in this report were created using AI image-generation tools. They are for illustration only and do not depict real individuals, or the children, families or organisations named in this report.

Organisation logos and names remain the property of their respective owners and are used for identification only.

Contents

Foreword	3
About the Author	4
Glossary and Abbreviations	5
Executive Summary	6
Abstract	7
1. Introduction	8
2. Comparative Analysis of Social Care Systems and Workforce Training	13
3. Case Studies: Practice, Impact and Outcomes	18
4. Transcultural Placement and Ethnic Identity: The Dutch Evidence Base	25
5. Kinship Care: The Right Principle Without the Structure	30
6. Key Findings	33
7. Principles for Reform	34
8. The WHOLE™ Identity, Culture and Belonging Framework	36
9. BFCA Connect	39
10. Building Formal Villages: The Third Sector as Care Infrastructure	40
11. International Certificate in Strength-Based Practice	44
12. Policy Implications and Implementation: Recommendations	48
R1–R8 · National government (Department for Education)	49
R9–R20 · Local authorities and fostering providers	50
R21–R23 · The workforce and its educators	51
12.4 · Six priority recommendations	52
13. Conclusion	53
14. Personal Reflection	54
15. What Next	55
Acknowledgements	56
Appendix A: Organisations Engaged During the Fellowship	57
Further Reading	58
References	59

LOOKING FOR THE RECOMMENDATIONS?

All 23 recommendations are in Section 12 (page 48), grouped by who needs to act, with the six priorities on page 52. A one-page summary, *Recommendations at a Glance*, and the implementation roadmap are on page 48.

Foreword



“There is a moment that happens in fostering that almost never appears in a case file.

A child arrives. Somewhere in the paperwork, their ethnicity is recorded, their religion is noted, perhaps a language is listed. Those boxes are completed correctly. And then, for the years that follow, nobody returns to them. The child grows up in a home where their hair is managed rather than cared for, where their food is accommodated rather than cooked, where their heritage is respected in principle and absent in practice. Everyone involved is doing their best. The child still ends up not quite knowing who they are.

I have seen this as a social worker and I have lived alongside it as a foster carer. What I could never establish was whether it was inevitable — whether this was simply what happens when a system built to protect children takes on the job of raising them, or whether somewhere in the world people had worked out how to do both.

“That is the question I took abroad, and the answer is that they have.

In Ghana I found systems where the community is not the backdrop to a child's care but the substance of it. In Atlanta I found universities where cultural knowledge holds academic standing, and mentoring programmes with decades of evidence that a single consistent adult changes a life. In the Netherlands I found researchers who had followed transcultural placements over years and written down, in those young people's own words, exactly what I had been trying to describe for a decade.

None of what follows is theoretical. All of it is being done somewhere, by someone, now.

I want to be clear about what this report is not. It is not a criticism of foster carers, who are asked to hold more than any household reasonably can. It is not an argument against safeguarding, which the UK does with real seriousness. It is an argument that safeguarding a child and helping a child know who they are were never meant to be alternatives, and that we have built a system in which, in practice, they are.

“The outcomes in Section 1.3 are the cost of that. They are not abstract. **They are children who leave care at eighteen with no one to ring.**

We know what works. This report sets out what I saw, what it would take to do it here, and what I intend to do next.

Rachel Cole

Churchill Fellow

“Safeguarding a child and helping a child know who they are were **never meant to be alternatives.**

ATLANTA
USA

ACCRA
GHANA

AMSTERDAM
NETHERLANDS



COMMUNITY
is the foundation
of care.



CULTURE
shapes identity
and belonging.



RELATIONSHIPS
change outcomes
and save lives.



EVIDENCE
informs better
systems.

ABOUT THE AUTHOR

Rachel Cole

CHURCHILL FELLOW



Rachel Cole is a **qualified social worker**, a **former foster carer**, and the founder and Chief Executive of the **Black Foster Carers Alliance**, a national Community Interest Company working on the recruitment, retention and support of foster carers, with a particular focus on Global Majority carers and on the cultural identity needs of children in care.



Her work spans direct practice, training and national policy. She has led the development of the **WHOLE™ Identity, Culture and Belonging Framework** and the **Cultural Compass Mark™** accreditation, delivers **CPD-accredited training** to fostering services across the UK, and leads a national programme of community and mentoring provision for children and young people in foster, kinship, special guardianship and adoptive care.



She undertook this Churchill Fellowship to answer a question that arose repeatedly in her own practice and in the experience of the carers and young people she works with: **why the UK, with one of the most developed safeguarding systems in the world, is so consistently poor at supporting a child's cultural identity — and what other countries do differently.**



“ Culture is not an extra.
It is not a luxury.
It is a child's right
and a system's responsibility. ”

LEADING CHANGE. BUILDING BELONGING.



LEADER

Founder & CEO,
Black Foster Carers
Alliance CIC



DEVELOPER

WHOLE™ Framework
& Cultural Compass
Mark™



EDUCATOR

CPD-accredited
training for fostering
services UK wide



ADVOCATE

Championing cultural
identity, equity and
belonging in care



W: www.blackfostercarersalliance.co.uk



E: rachel@blackfostercarersalliance.co.uk



GLOSSARY AND ABBREVIATIONS



TERM	MEANING
 BFCA	Black Foster Carers Alliance
 Care leaver	A young person who has left local authority care, generally aged 18 or over
 CIC	Community Interest Company
 CPD	Continuing Professional Development
 Cultural Compass Mark™	BFCA's organisational accreditation standard for cultural competence in fostering services
 DfE	Department for Education
 Family group conference	A meeting at which a family and its network make a plan for a child before a professional plan is imposed
 Global Majority	People of Black, Asian, mixed heritage and other racialised backgrounds, who together form the majority of the world's population
 IFA	Independent Fostering Agency
 Jeugdwet	The Dutch Youth Act, in force from January 2015
 Kinship care	A child raised by a relative or family friend rather than a parent
 Looked-after child	A child in the care of a local authority
 Nidos	The Dutch national guardianship organisation for unaccompanied minor refugees
 Nji	<i>Nederlands Jeugdinstituut</i> — the Netherlands Youth Institute
 Placement breakdown	The unplanned ending of a placement
 RAG	Red / Amber / Green rating
 SGO	Special Guardianship Order
 Transcultural placement	A placement in which the child and the carer do not share a cultural, ethnic or religious background
 WHOLE™ Framework	BFCA's structured assessment of identity, culture and belonging across eight domains



EXECUTIVE SUMMARY



WHAT I RESEARCHED. I travelled to Ghana, the USA and the Netherlands to answer one question: how the UK children's care system could better use community resources and cultural strengths to improve outcomes for diverse children and families. I wanted to understand why a system with strong safeguarding produces such poor long-term outcomes, and why cultural identity — repeatedly identified as a driver of belonging and stability — is so rarely supported in practice.

WHAT I FOUND.



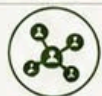
Outcomes in the UK are poor and, for Global Majority children, worse than the published aggregates suggest. The evidence spans education, housing, criminal justice, health and life expectancy, and the disaggregation by ethnicity that would show the full picture is not routinely published.



There are not enough Global Majority foster carers, and there will not be for years. Transcultural placement is therefore a structural feature of the system, not an exception within it.



A child's identity needs do not disappear because the household cannot meet them. Dutch longitudinal research shows what follows when they go unmet: ambivalence, contradictory messages from the adults around the child, and in some cases active distancing from the child's own heritage.



Those needs can be met by the network around the placement. Community organisations and long-term cultural mentoring supply what a transcultural household cannot supply from within itself.



Kinship care is the right principle without the structure. It is the fastest route to placing children within their own heritage, and it is under-prioritised, under-funded and unsupported.



Recruitment failure is a failure of method, not of willingness. The Netherlands runs a targeted, separately resourced recruitment operation for culturally matched carers and has more volunteer families than children.



The UK is dismantling its own knowledge base. Black Studies provision is closing in British universities at the moment the care system is being asked to become more culturally responsive, and unlike the Netherlands the UK has no national knowledge body to hold what universities stop producing.



Mentoring is the mechanism that connects all of this, and the UK commissions it on plausibility rather than evidence because no domestic longitudinal study exists.

WHAT I RECOMMEND.

- ✓ Recognise cultural identity as a named, measured outcome in children's social care policy and inspection.
- ✓ Publish care outcomes disaggregated by ethnicity.
- ✓ Commission cultural mentoring as standard provision alongside every transcultural placement.
- ✓ Pursue Global Majority carer recruitment and community-and-mentoring infrastructure as two parallel, separately funded workstreams.
- ✓ Test a nationally coordinated, separately resourced recruitment operation for culturally matched carers, on the Nidos model.
- ✓ Sharpen kinship care: financial parity, an auditable prioritisation point in care planning, and a national induction standard.
- ✓ Fund a UK study measuring the effect of carer and practitioner cultural competence on children's identity outcomes — a gap the international literature has identified and never filled.
- ✓ Establish an independent national knowledge function for children's social care, with a recognition route for practice tools.
- ✓ Protect the academic knowledge base on which a culturally competent workforce depends.
- ✓ Move successful community provision from time-limited innovation funding into core commissioning.

Abstract

This paper presents a comparative international analysis of children's social care systems across Ghana, the USA (Atlanta), the Netherlands and the UK. Drawing on research conducted through the Churchill Fellowship, it examines how community integration, cultural responsiveness and relational practice contribute to improved outcomes for children and families, with particular attention to children from Global Majority backgrounds.

The UK operates one of the most structured safeguarding systems in the world. That structure is a genuine achievement, and this paper does not argue against it.

It argues that the system is predominantly system-centric: designed to manage risk, evidence decisions and demonstrate compliance, rather than to build the relationships, cultural continuity and community connection on which long-term wellbeing depends (Munro, 2011; Department for Education, 2023a). International models demonstrate the effectiveness of community-led support, kinship structures, mentoring relationships and strength-based approaches in fostering belonging, resilience and stability (DuBois et al., 2011; Ungar, 2013).

Evidence is drawn from case studies of OAfrica and Feed Ghana, Big Brothers Big Sisters of America, Blueprint 58, Clark Atlanta University, Ascent Fostering Agency, Nidos and the Netherlands Youth Institute. The Dutch evidence base on transcultural foster placement receives extended treatment — in particular the longitudinal research of Dr Clementine Degener on how ethnic identity develops for children placed across cultural lines (Degener, 2021a; Degener, van Bergen and Grietens, 2020, 2021b, 2022; Degener, Grietens and van Bergen, 2023).

Ghana demonstrates the reach of community responsibility; the USA that long-term mentoring changes trajectories; the Netherlands what happens to a child's identity when the adults around a transcultural placement are left without support or alignment.

The central argument is that the shortage of Global Majority foster carers must be addressed on two fronts at once. Recruitment and retention are necessary but slow, and thousands of children are living in transcultural placements now. Community organisations and structured mentoring alongside fostering can hold a child's cultural identity, heritage and sense of belonging when the household alone cannot.

Two areas require urgent structural attention. The first is kinship care, where the right principle exists without the process, financial parity or preparation to support it. The second is the UK's academic knowledge base, where the closure of Black Studies provision is removing the research, pipeline and professional depth on which a culturally competent workforce depends.

The paper sets out four principles for reform and the systems developed by the Black Foster Carers Alliance to deliver them: the **WHOLE™ Identity, Culture and Belonging Framework** as the assessment and matching instrument; the **Cultural Compass Mark™** as the organisational standard; **BFCA Connect** and the **Cultural Mentor Programme** as the community and peer infrastructure; and an **International Certificate in Strength-Based Practice** as the workforce development route.

Keywords: children's social care; foster care; cultural identity; transcultural placement; relational practice; community-led support; Global Majority children

1. INTRODUCTION

WHY THIS WORK MATTERS NOW



Children's social care systems exist to protect children from harm and to promote their wellbeing. In the UK this responsibility is embedded in a statutory framework shaped by the Children Act 1989 and reinforced through safeguarding policy, inspection and professional standards. The system has evolved to prioritise accountability, risk management and procedural consistency, and it has become effective at identifying and protecting children at immediate risk.



The pressures on that system are now well documented. The number of children entering care has continued to rise, local authorities face sustained financial and workforce challenges, and placement sufficiency has become a national concern (Department for Education, 2023a). Alongside these structural pressures sits a quieter and more persistent problem: the system does not serve all children equally well.



Black children are disproportionately represented in the care system and are more likely to experience placement instability and poorer long-term outcomes (Barnardo's, 2021). Many children in care report that their cultural identity is not understood, protected or actively supported, and that this affects their sense of belonging and emotional wellbeing (Bernard, 2020). These are not incidental service-quality issues. They point to a limitation in the design of the system itself. A model built to assess risk and evidence decisions is not, by default, a model that builds identity, continuity or belonging.



This paper is informed by international research conducted through the Churchill Fellowship, which explored alternative approaches to child welfare in Ghana, the USA and the Netherlands. Its central premise is that a child's wellbeing is shaped not only by formal systems but by the relationships, cultural identity and community networks that surround them — and that these are assets a system can either mobilise or waste.



“ If we want different outcomes for our children, we must build a **different system around them.** **”**

THE CONTEXT AT A GLANCE



Children entering care continues to **rise**.



Local authorities face sustained **financial and workforce challenges**.



Placement sufficiency is a **national concern**.



Black children are disproportionately represented and experience **poorer outcomes**.



Cultural identity is too often **unseen, unsupported and unprotected**.



Community, culture and relationships are assets a system can **mobilise — or waste**.



THE RESEARCH QUESTION

How can the UK's children's care system better utilise community resources and cultural strengths to improve outcomes for diverse children and families?



In answering it, the paper argues for a shift from a predominantly system-led model towards an integrated one that combines statutory safeguarding with **community-based support, cultural competence and relational practice**. It does not propose replacing statutory duty with goodwill. It proposes building the **community and cultural layer** that statutory duty currently assumes exists and **rarely funds**.

1.1 Aims and objectives

The Fellowship had one aim and four objectives.

Aim: to identify how the UK children's care system can use community resources and cultural strengths to improve outcomes for Global Majority children and families, and to bring back practice that can be implemented here.

Objectives:

1. To examine how children's social care systems in Ghana, the USA and the Netherlands understand and support cultural identity, community and relationship.
2. To identify specific, transferable mechanisms rather than admirable general principles.
3. To test those mechanisms against UK legal, financial and demographic conditions, including the shortage of Global Majority foster carers.
4. To build lasting international relationships through which UK practice can continue to learn, and through which the evidence base this field lacks can be developed.

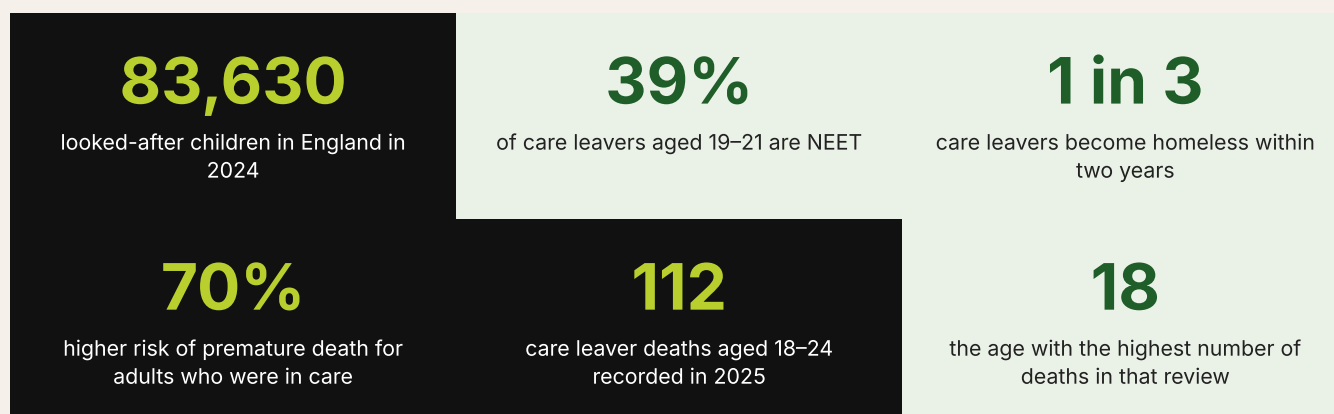
1.2 Purpose of this report

This report is written to persuade. It is intended for the people who can change what happens to Global Majority children in the UK care system: policy officials at the Department for Education, directors of children's services, fostering service leaders and commissioners, foster and kinship carers, and the community organisations already doing this work without recognition or funding.

Its purpose is threefold: to establish that the problem is documented rather than disputed; to show, through practice observed abroad, that it is solvable; and to set out what would need to change here, by whom, and at what cost. It is not a record of my travels. It is an argument built from them.

Readers looking for the recommendations can go straight to Section 12, where they are grouped by who needs to act.

1.3 Outcomes for children in the UK care system



Any argument for reform has to begin with what the current system produces. The figures below are not contested, and they are not improving.

Across England the number of looked-after children stood at 83,630 in 2024, an increase of more than 20% in a decade. The Department for Education's own evidence to the Education Committee acknowledged that care leavers have among the worst long-term outcomes in society across health, housing, education and employment (House of Commons Education Committee, 2025).

- **Education and employment.** 39% of care leavers aged 19–21 are not in education, employment or training — around three times the rate of their peers.
- **Housing.** Approximately one third of care leavers become homeless within two years of leaving care.
- **Criminal justice.** Care-experienced people make up well under 1% of the general population but around a quarter of the adult prison population, and a far higher proportion of those in the youth justice system.
- **Health and substance use.** Adults who spent time in residential care as children are three to four times more likely to describe their health as poor. Addiction and untreated mental ill health recur throughout the evidence on care leaver outcomes (Nuffield Foundation and UCL, 2021).
- **Life expectancy.** This is the figure that should end the argument. Adults who were in care between 1971 and 2001 were 70% more likely to die prematurely than those who were not, and the excess risk of premature death rose from 40% in 1971 to 360% in 2011 (Nuffield Foundation and UCL, 2021).

The most recent evidence is the starkest. The government-commissioned Review of Early Deaths of Care Leavers, published in August 2026 and led by Ashley John-Baptiste and Clare Chamberlain, examined every care leaver death notification recorded in 2025.

It found 112 deaths of care leavers aged 18 to 24 — an estimated rate of around 130 deaths per 100,000, roughly three to four times the rate for the general population of that age. Twenty-two of those deaths occurred at eighteen, more than at any other age in the range, which the review described as strongly suggestive of the pressures young people face at the point support is withdrawn. Just over a third were thought to be deaths by suicide.

The review found that young people leaving care were frequently isolated and without a safety net at exactly the moment the system stepped back. It concluded that the workforce supporting them lacks a specialist knowledge and skills framework adequate to the complexity involved (John-Baptiste and Chamberlain, 2026).

That last finding matters for the argument of this paper. The review did not conclude that care leavers need more services. It concluded that they need people, and that the people around them are not equipped.

Three points follow.

First, the problem is not protection. A system that safeguards children effectively in the short term is producing catastrophic long-term outcomes. What fails is not the identification of risk but everything that surrounds and follows it — relationship, identity, belonging, continuity and the presence of adults who remain.

Second, these are the aggregate figures. Where outcomes are disaggregated by ethnicity, the picture for Global Majority children is worse again. That such disaggregation is not routinely published is itself part of the problem, and it is why organisations outside the statutory system have had to construct the data themselves.

Third, the supply of the thing that works is falling. Foster care remains the placement type associated with the best outcomes and the lowest cost, yet the number of fostering households in England fell by around a tenth between 2021 and 2024, while the number of children living in children's homes has roughly doubled since

2011. Children are moving into the settings with the poorest outcomes not because anyone assessed that as right for them, but because the alternative was not available.

Foster carers are asked to hold all of this. They are recruited, assessed, trained and then expected to deliver identity, education, health advocacy, cultural continuity, contact management and therapeutic parenting, frequently with a supervising social worker who changes annually.

It is not reasonable to expect a single household to carry outcomes of this magnitude alone, and the evidence in this paper suggests it is not necessary either.

1.4 The central argument

The argument of this paper proceeds in four steps.

First, there are not enough Global Majority foster carers, and there will not be enough for some time. Recruitment campaigns, however well designed, work on a multi-year timescale. Assessment, approval and matching add further delay. Retention of the carers already approved is a separate and equally difficult problem. This is a real constraint, and it should be stated honestly rather than treated as a failure of will.

Second, the consequence is that transcultural placement is a structural feature of the system, not an exception within it. For a substantial proportion of Global Majority children, a placement with carers who do not share their heritage is not a compromise arrangement pending something better — it is the placement they will grow up in. Policy that addresses only carer recruitment therefore leaves the majority of affected children unserved for the duration of their childhoods.

Third, the cultural and identity needs those children have do not disappear because the household cannot meet them. The Dutch evidence set out in Section 4 shows what happens when they go unmet: ambivalence, contradictory messages from the adults around the child, and in some cases active distancing from a child's own heritage. These are not inevitable outcomes of transcultural placement. They are outcomes of transcultural placement without support.

Fourth, and this is the practical heart of the argument, those needs can be met by the network around the placement rather than by the household alone. Community organisations, faith settings, supplementary schools, cultural spaces and — most powerfully — structured, long-term cultural mentoring can supply the heritage knowledge, cultural fluency, lived experience and adult mirroring that a transcultural placement cannot supply from inside itself.

Mentoring alongside fostering is not a substitute for Global Majority carers. It is the bridge that carries children across the years while the carer gap is being closed, and it strengthens matched placements as well.

The two strategies are therefore complementary, and both are urgent: recruit and retain Global Majority carers as a long-term structural fix, and build community and mentoring infrastructure now as the means of serving the children who are in placements today.

1.5 Scope and method

The Fellowship research was qualitative and comparative. It combined site visits, practitioner and leadership interviews, observation of practice, and review of organisational documentation and published research in each jurisdiction.

Countries were selected to represent contrasting logics of care: community and kinship-based (Ghana), strengths and cultural-competence based (USA), preventative and municipally integrated (Netherlands), and statutory and risk-based (UK).

Every organisation discussed in Section 3 was connected with directly during this Fellowship. These are not desk-based summaries of published material. I met with leadership, practitioners and, in several cases, the young people they work with, and the relationships established through those visits continue. Where I describe what I took from an organisation, I am describing a judgement formed in conversation with the people running it, and where I can, I name them.

A note on voice: I write in the first person where I am describing my own engagement and the conclusions I drew from it. The analysis and the policy argument are written impersonally.

The paper's limitations should be stated plainly. It is a small-scale comparative study, not a controlled evaluation. Practice observed in one organisation cannot be generalised to a whole national system, and models cannot be transplanted between jurisdictions without adaptation to legal frameworks, funding structures and demographic realities.

The purpose here is not to import a foreign system wholesale but to identify transferable mechanisms and to test them against UK conditions.

2. Comparative Analysis of Social Care Systems and Workforce Training



How practitioners are trained shapes what practice becomes. Systems that train primarily for risk produce procedural practitioners; systems that train for strengths, relationships and culture produce practitioners who work relationally. This section compares four training and delivery cultures.

2.1 UK: statutory competence and procedural drift

UK social workers are trained through accredited programmes that emphasise legislation, safeguarding and risk assessment, and are regulated against professional standards that foreground accountability (Social Work England, 2022). The role is defined largely by statutory responsibility: assessment, case management, coordination of services and evidencing of decisions.

This produces a high standard of accountability. It also produces what Munro (2011) identified as a drift towards compliance, in which administrative and procedural demands consume the time that would otherwise be spent in direct relationship with children and families.

Cultural identity, where it appears in training, tends to appear as a component of anti-discriminatory practice or an item within an assessment framework, rather than as a live, ongoing developmental need requiring specific skill.

2.2 USA (Atlanta): strengths and cultural competence as core curriculum

In the USA, social work education more commonly incorporates strength-based approaches and cultural competence as core components rather than optional modules (Saleebey, 2013). Practitioners are trained to identify and build on the capabilities of individuals, families and communities rather than to catalogue deficits.

This is particularly visible at Clark Atlanta University, a Historically Black College and University, where cultural identity and community engagement are central to the curriculum rather than adjacent to it. The significance for UK practice is not the content of any single module but the position of culture within the professional formation

of the social worker: something a practitioner is expected to be skilled in, not something they are expected to be sensitive to.

2.3 Ghana: community development and shared responsibility

In Ghana, social work practice is closely aligned with community development principles. Practitioners operate within extended family networks and community structures, on the understanding that responsibility for children is distributed across a community rather than concentrated in a household or an agency (Abdullah, 2017).

What I saw on my visits gave that principle a concrete shape. Chiefs and community leaders hold roles that are active rather than symbolic — embedded systems of authority, guidance and accountability — and they operate alongside customary practice shaped by culture, history and collective responsibility. Where formal structures slow down through resource constraints, delay or bureaucracy, the community steps in.

“When structure slows, community moves. When bureaucracy creates distance, relationships close the gap.”

RACHEL COLE, FELLOWSHIP FIELD NOTES, GHANA

This produces a relational and culturally grounded practice with genuine reach into families' lives, and a much shorter distance between the professional and the community. It also carries risks that UK practice should not romanticise: informality can leave children less visible, and resource scarcity constrains what can be offered.

The transferable insight is the assumption underneath the practice — that the network around a child is the primary resource, and the professional's job is to strengthen it.

2.4 The Netherlands: prevention, municipal integration and family-led planning

The Netherlands offers the most instructive structural comparison for the UK, because it made a deliberate policy choice in the opposite direction to English centralisation.

The Youth Act (*Jeugdwet*), in force from January 2015, decentralised responsibility for youth care, child protection and youth mental health to municipalities. It carried an explicit mandate to reduce reliance on specialist and residential provision, expand prevention and early intervention, and mobilise the social networks around children.

The organising principle across the linked decentralisations in the social domain is *one family, one plan, one coordinator*, and the great majority of Dutch municipalities implemented multidisciplinary neighbourhood teams (*wijkteams*) to deliver it. Social workers are trained to work across health, education and social care rather than within a single sector, and the neighbourhood team model assumes collective responsibility for the preventive and social support needs of a defined area.

The Act also gave statutory footing to the family group plan: families and their networks have the opportunity to produce a plan before a professional plan is imposed. This built on the established Dutch practice of family group conferencing, which had accumulated substantial practice evidence and political support prior to the legislation (Onrust, Romijn and de Beer, 2015).

The Dutch experience should be reported honestly, including its difficulties. Decentralisation transferred responsibility faster than it transferred adequate funding, municipal variation in access and quality became a recognised problem, and successive national reviews have led to the Youth Reform Agenda agreed in 2023.

The lesson for England is precise: localism and prevention are the right direction, but they fail if the community infrastructure they depend on is assumed rather than commissioned and resourced.

2.5 | SUMMARY OF COMPARISON

This table summarises the key differences in how children's social care is organised and delivered across the four countries visited. Each system reflects its history, values and public infrastructure, shaping how culture, community and identity are supported in practice.

	 UK	 USA (ATLANTA)	 GHANA	 NETHERLANDS
				
 Organising logic	Risk management and statutory duty	Strengths and cultural competence	Community and kinship responsibility	Prevention and municipal integration
 Primary unit of intervention	The child and the case	The individual within community	The extended family network	The family and its social network
 Position of culture	An assessment consideration	A core professional competence	Embedded in the practice context	An emerging, researched priority
 Principal strength	Accountability and safeguarding rigour	Practitioner cultural skill	Reach and relational continuity	Early help and family-led planning
 Principal weakness	Procedural drift; weak identity work	Variable systemic resourcing	Informality and resource scarcity	Underfunded localism; municipal variation



Different systems. Shared purpose.

When culture, community and identity are treated as assets, outcomes improve.

”

2.6 A narrowing knowledge base: the retreat of Black Studies in UK higher education

There is a further difference between the UK and the USA that bears directly on workforce capability, and it is moving in the wrong direction.

Birmingham City University launched the first dedicated Black Studies undergraduate degree in Europe in 2017. That programme closed in 2024. Its successor, an MA in Black Studies and Global Justice, was validated in 2025, admitted its first students in early 2026 and was withdrawn from September 2026 — around eight months after it began — with the university citing low recruitment as part of a wider portfolio review. More than a hundred academics, writers and activists signed an open letter asking for the decision to be reversed.

The University of Chichester's MA in the History of Africa and the African Diaspora has also closed, and financial restructuring at Goldsmiths has placed at risk the UK's only Master's route in Black British History, alongside Black British Literature. The Royal Historical Society has publicly recorded its concern at the direction of travel.

The consequences reach further than the universities themselves.

It removes the pipeline. Black academics are already significantly under-represented at senior levels in UK higher education. Closing the programmes that develop them narrows an already narrow route, and the expertise lost is not easily rebuilt.

It removes the research base. This paper has had to rely on Dutch research to describe what happens to a Black child's identity in a transcultural placement, because the comparable UK longitudinal work does not exist. That is not an accident of academic fashion. It is what happens when the institutional homes for this scholarship are closed.

It removes the route to depth for practitioners. A social worker who wants to develop genuine cultural knowledge rather than compliance-level awareness has fewer and fewer places to go. Cultural competence cannot be sustained by a half-day training module if there is no discipline standing behind it.

It transfers the burden to the community sector. The knowledge does not disappear; it relocates. It is now held disproportionately by Black-led community organisations, which carry it without institutional funding, without research infrastructure, and while being asked to supply it to statutory partners at low or no cost.

This is the same pattern this paper identifies throughout the care system: cultural expertise is treated as something communities will provide out of commitment rather than something that is commissioned and paid for.

The contrast with Clark Atlanta University is stark. In the USA, the institutional infrastructure that produces Black scholarship is a recognised part of how the profession reproduces its own cultural competence. In the UK, that infrastructure is being dismantled at precisely the moment the care system is being asked to become more culturally responsive.

The two cannot both be true, and the gap this paper identifies will widen unless the knowledge base behind it is protected.

3. CASE STUDIES: PRACTICE, IMPACT AND OUTCOMES



The organisations below were selected because each one solves a problem that the UK system has not solved. They are not illustrations of a conclusion reached elsewhere; they are where the conclusions came from. Each case study therefore ends with what I took from it, and each of those lessons reappears later in this paper as part of the argument or the model.



The table below is a map of that. It shows where each organisation's contribution surfaces again, so the case studies can be read either as a section in their own right or as the evidence behind particular claims.

 ORGANISATION	 WHERE	 WHAT IT DEMONSTRATES
 OAfrica	 Ghana	 Reunification succeeds when it is supported long after the placement ends
 Feedi Ghana	 Ghana	 Material support is preventative safeguarding
 Big Brothers Big Sisters Atlanta	 USA	 Mentoring works when relationships are long, matched and supported
 Blueprint 58	 USA	 Community organisations can hold a long-term role in a neighbourhood
 Clark Atlanta University	 USA	 Cultural competence can be built into professional formation
 Ascent Fostering	 UK	 Cultural support can be embedded in everyday fostering practice
 Nidos	 Netherlands	 Targeted recruitment produces a surplus of culturally matched carers
 Netherlands Youth Institute	 Netherlands	 A national knowledge function makes local delivery work

“

These organisations were not chosen because they are perfect. They were chosen because they work where the UK system is failing. Each offers a solution we can learn from, test and adapt.

”

3.1 OAfrica (Ghana)

MET WITH: THE OAFRICA TEAM, EAST LEGON, ACCRA (JANUARY 2026)

OAfrica (formerly OrphanAid Africa) works on deinstitutionalisation and family reintegration, challenging models of care built around residential institutions. Its work reflects the global evidence that children achieve better outcomes in family and community environments than in institutional settings (UNICEF, 2019).

Ghana's Care Reform Initiative, introduced in 2019, set the national direction: away from large orphanages and towards kinship care, reunification and fostering. What stood out in my discussions with the OAfrica team was their insistence that poverty, not neglect, is often the root cause of a child's separation from family. Their work therefore supports families with resources, guidance and stability so that children can return home safely, and strengthens foster care where reunification is not possible.

Legislation has moved faster than funding and infrastructure — a tension UK readers will recognise — and OAfrica works as a partner to government in making reform real. It does not override community structures; it builds with them, working through extended families, local leaders and neighbours.

The model involves comprehensive assessment of family circumstances, economic and social support to the receiving family, and sustained monitoring after reunification. That long-term engagement is the critical mechanism: reintegration succeeds when the conditions that caused separation are addressed, not when the placement ends.

What I took from this for UK practice: reunification and step-down should be treated as a supported process with a defined duration and resourced follow-through, not as a case closure event.

3.2 Feed Ghana

Feed Ghana addresses poverty and food insecurity as child protection issues, working from the position that meeting basic needs is foundational to safeguarding. By securing access to food and education, the organisation reduces the likelihood of children entering formal care.

This aligns with UK evidence on the social gradient in child welfare intervention: material deprivation is one of the strongest predictors of care entry, and inequalities in intervention rates track inequalities in family circumstance (Bywaters et al., 2016).

The same principle — that the basics come first — was put to me directly by Eyrām King Dotse, a dietitian and nutritionist working with families in Ghana alongside Operation Smile's cleft surgery programme. His team works with families, sometimes for months, so that babies who struggle to feed reach a safe weight before surgery is possible.

“ We are not just preparing a child for surgery — we are preparing them for life.

EYRAM KING DOTSE, DIETITIAN AND NUTRITIONIST, GHANA

What I took from this for UK practice: material support should be understood as preventative safeguarding spend, not as welfare adjacent to it.

3.3 Big Brothers Big Sisters of America

MET WITH: NATALIE MUNDY, SENIOR DIRECTOR OF COMMUNITY PROGRAMS, BIG BROTHERS BIG SISTERS OF METRO ATLANTA

Big Brothers Big Sisters provides structured, screened, long-term mentoring relationships. Meta-analytic evidence indicates that well-designed mentoring programmes produce modest but real improvements across educational, behavioural and psychosocial outcomes, with effects strongest where relationships are sustained and where programmes follow evidence-based practices (DuBois et al., 2011).

I spent two days with Natalie Mundy, Senior Director of Community Programs, and her colleagues at Big Brothers Big Sisters of Metro Atlanta. The first, at their Murphy Avenue office, walked through the Traditional Community-Based Programme, which matches young people one-to-one with adult volunteer mentors in the community.

What stood out was the diligence of the process. Every department — Customer Relations, Enrollment, Match Support and the Programme Leadership Team — exists to protect the relationship at the centre. Mentors are recruited, screened, trained and supported; staff coach both the "Big" and the "Little" throughout the match. Time and again, the team described matches that had lasted years and, in some cases, decades.

The second day was spent in the community. At NCR's Midtown Atlanta headquarters, the Beyond School Walls programme brings young people into a corporate workplace to be mentored by employees. At Russell Middle School, the Level Up group mentoring programme gave a group of young women the space to discuss identity, leadership and the issues shaping their lives with striking confidence. They were not being mentored at; they were being mentored with.

“ Connecting young people with caring mentors doesn't just transform individual lives; it's one of the most cost-effective investments we can make in our country's future.

ARTIS STEVENS, PRESIDENT AND CEO, BIG BROTHERS BIG SISTERS OF AMERICA

The relevant detail for UK commissioning is that effect size depends on programme design and relationship duration. Short, poorly matched mentoring does not deliver; long, well-supported mentoring does.

There is a specific reason this case study matters more than the others. Mentoring is consistently proportionate to positive outcomes for children considered vulnerable — the greater the disadvantage, the more a consistent adult relationship appears to matter.

Yet the UK has no longitudinal study of mentoring outcomes for children in care on anything approaching the scale or duration of the evidence from the USA. UK mentoring provision is therefore commissioned, where it is commissioned at all, on the basis of plausibility rather than evidence, and it is usually the first thing cut.

This is a solvable problem, and it should not be solved by waiting. Big Brothers Big Sisters has produced decades of outcome data on what makes mentoring work: rigorous matching, screening and training of mentors, ongoing programme support for the relationship rather than a hand-off at the point of match, and duration measured in years.

The UK can implement on that evidence now and build its own longitudinal evidence base in parallel. Refusing to act until domestic evidence exists guarantees that it never will.

What I took from this for UK practice: mentoring should be commissioned with duration, matching quality and mentor support built into the specification.

3.4 Blueprint 58

MET WITH: REBECCA (BECCA) STANLEY, FOUNDER, BLUEPRINT 58, ATLANTA

Blueprint 58 offers a community-led, wraparound model addressing housing, education and mentoring together, rooted in a specific neighbourhood over a long period. Its approach reflects ecological models of development, which locate a child's outcomes in the interaction between the child and the multiple systems surrounding them (Bronfenbrenner, 1979).

Becca Stanley began the work in 2012 alongside neighbours, students and families in Pittsburgh, one of south-west Atlanta's most historic and most under-invested Black neighbourhoods. Speaking with Becca, what stood out was embeddedness. Her family lives in the neighbourhood the organisation serves, and her own children attend the local school alongside the children in the programme. The ecosystem of support is anchored to that school, but the work happens in the life of the community around it.

Mentors are matched with children from the fourth grade (Year 5 in England) with the intention of staying with them until the end of high school. The mentoring deliberately takes place outside school, so that it remains a relationship rather than an intervention a child is sent to.

Around it sit Ready4Work, a six-week employment programme for 18 to 25-year-olds; Ready2Lead, a six-month leadership programme for young people who have completed it; and six months of supported housing with case management for young adults in transition.

“ Our neighbors, families, and mentors are the heroes of the story.

BLUEPRINT 58

The organisation's authority comes from its rootedness. It is trusted because it is of the community, not deployed into it.

What I took from this for UK practice: community organisations should be commissioned as long-term infrastructure partners, not as short-cycle project deliverers.

3.5 Clark Atlanta University

MET WITH: DR M. SEBRENA JACKSON, DEAN AND PROFESSOR, WHITNEY M. YOUNG JR. SCHOOL OF SOCIAL WORK, CLARK ATLANTA UNIVERSITY

The Whitney M. Young Jr. School of Social Work was founded in 1920 as the Atlanta School of Social Work. It was the first accredited school of social work at a Historically Black College or University in the USA, and the first in Georgia. It has been continuously accredited since 1928, and its century-long history was built through the era of legal segregation and beyond (Carten, 2020).

What sets the school apart is its curriculum. It teaches an Afrocentric practice model, which the school describes as "a culturally grounded social work practice-based model that affirms, codifies, and integrates common cultural experiences, values, and interpretations that cut across people of African descent."

This is not a narrow or exclusive approach. Students are prepared as culturally competent practitioners able to work with people of every background and with systems of every size. The starting point is strength and culture, not deficit. Culture, intersectionality and spirituality are taught as part of how a practitioner understands any family, rather than as specialist add-ons.

Dr Jackson, who became Dean in 2025, brings that philosophy into practice. In 2008 she founded the National Social Work Enrichment Program (NSEP), a pre-college summer programme that encourages young people in foster care to finish high school, enrol in college and consider social work as a career.

Her published evaluations of the programme show what that looks like. Young people who took part reported a stronger belief in their own ability to succeed academically (Jackson et al., 2022), and her account of building the programme sets out the practical conditions such work needs to succeed (Jackson, Colvin and Bullock, 2020). She has twice been named Social Worker of the Year by her state social work association, in Georgia in 2009 and Alabama in 2017. In 2024 she received CSWE's Distinguished Recent Contributions to Social Work Education Award.

For UK readers, the point is where culture sits. At Clark Atlanta, culture is part of how a social worker is trained to see a family. A practitioner is expected to be skilled in it, not merely sensitive to it.

What I took from this for UK practice: cultural competence belongs in qualifying education and post-qualifying CPD as an assessed skill, not a values statement. A strengths-based, culturally grounded starting point serves every child, not only Global Majority children, and programmes like NSEP show that young people leaving care can be helped into higher education when someone builds the route on purpose.

3.6 Ascent Fostering Agency

MET WITH: SITA ALEXANDER, FOSTERING DIRECTOR, AND THE ASCENT TEAM, SOUTH LONDON

Ascent is a small independent fostering agency (IFA) supporting foster carers across south-east and south-west London. Many of its families live in areas of high deprivation, where foster homes are scarce and the pressure on the families it does have is high. Ascent reports placement stability of more than 90% despite those conditions. It was rated Outstanding by Ofsted in 2022 and 2024, and holds the Investors in People Platinum award.

It shows what an independent agency rooted in its local community can do that a large, distant provider often cannot. Its staff, carers and children share the same streets, schools and communities, and cultural support lives in everyday practice rather than being added at review points.

Ascent is the first agency to hold the Cultural Compass Mark™, and it has now been accredited at **Gold two years running**, in 2024–25 and again in 2025–26, with every area assessed rated Gold. The assessments found:

- children's cultural, ethnic and religious backgrounds treated as central to matching decisions;
- carers supporting Muslim children given faith-specific training and practical help with places of worship;
- young people helping to write the questions used to interview prospective foster carers;
- a quarterly Youth Council and a "You Said, We Did" approach that shows children their views change things.

Foster carers' accounts were striking. They described Ascent as like a family: a place where carers, staff and the director meet as equals. They called the support they receive "a cut above", with supervising social workers available well beyond office hours, and staff described leadership as approachable and non-hierarchical.

That matters because of what is known about stability. Placements are more stable when carers can offer availability, sensitivity, acceptance, co-operation and family membership — and acceptance in particular cannot be delivered without engaging with who a child is culturally (Schofield and Beek, 2009). Carers who are themselves treated as part of a family are better placed to offer it.

Taking identity beyond the placement

In October 2024, Ascent took six young people in care, aged 13 to 16, on a week-long trip to South Africa and Botswana. For most it was their first time abroad, and for some their first flight. Each staff member was paired with two young people throughout the trip.

In South Africa they visited Mandela House in Soweto and the Apartheid Museum. In Botswana they stayed at a camp near Gaborone, where they cooked traditional dishes, learned phrases in Setswana and played football with local young people. At Baratani Primary School they read with pupils and gave them books and sports equipment. A phone-free camp turned out to be welcome rather than resented.

Staff came home describing young people who were more confident and more open. The trip was led by Managing Director Mark Pomell and Fostering Director Sita Alexander.

“ I have connected to my roots.

A YOUNG PERSON FROM ASCENT, ON THE TRIP TO BOTSWANA

What I took from this for UK practice: cultural support has to live in the routine of the placement and the culture of the agency, not in the review cycle. Small, locally rooted IFAs can be among the strongest providers of identity-competent care, and external accreditation lets commissioners see — and pay for — that quality. This is also why the WHOLE™ Framework generates actions with named owners rather than ratings alone.

3.7 Nidos (Netherlands)

Nidos is the national guardianship organisation for unaccompanied minor refugees and asylum-seeking children in the Netherlands. It runs its own recruitment pool, separate from mainstream Dutch fostering, built explicitly around cultural families: foster families sharing a child's origin, language, religion or background. The result is that the Netherlands is reported to be the only European country in which the number of volunteer families exceeds the number of children needing them.

Doctoral research at the University of Groningen qualifies the picture, finding that culturally matched placements help significantly at the outset but can constrain development in the host country over time. A 2025 investigative report also raised safeguarding concerns where placement scarcity created pressure to keep placements going.

What I took from this for UK practice: cultural matching is a recruitment method, not a preference, and it produces a surplus of carers rather than a deficit. The obstacle in England is method, not community willingness — but matching changes the identity task rather than removing it, and it does not substitute for safeguarding structure.

3.8 Netherlands Youth Institute (NJI)

The Netherlands Youth Institute is the national independent knowledge centre for growing up and parenting, financed by the Ministry of Health, Welfare and Sport.

Its most transferable feature is the Database of Effective Youth Interventions. Interventions are submitted, described against defined criteria, independently assessed by a national Recognition Committee drawn from research, policy and practice, and rated according to the strength of their evidence. The Netherlands decentralised youth care to 342 municipalities in 2015 while retaining a single national body responsible for knowing what works and telling everyone.

What I took from this for UK practice: localism without a national knowledge function produces 150 separate learning curves. England has decentralised delivery without the national half, which is why there is no repository of assessed interventions and no independent recognition route for a practice tool such as the WHOLE™ Framework in Section 8.

3.9 Challenges to implementation in the UK

Each of the mechanisms above is transferable, and none of them transfers without friction. Four obstacles recur.

Legal and regulatory difference. Ghanaian community practice operates without the statutory framework that governs UK care. Anything imported has to sit inside Children Act duties, inspection and delegated authority rules rather than around them.

Commissioning cycles. Blueprint 58's authority comes from more than a decade of presence in one neighbourhood. UK commissioning typically funds in one- to three-year cycles, which selects against exactly the organisations this model depends on.

Workforce capacity. Relational practice cannot be trained into a caseload that makes it impossible. Recommending relational continuity without addressing caseload and turnover would produce another expectation practitioners cannot meet.

Evidence thresholds. UK commissioners increasingly require domestic evidence. Mentoring in particular has strong evidence from the USA and no UK longitudinal equivalent, so anything imported has to arrive with a plan for generating that evidence here — which is why measurement runs through the model proposed in Sections 8 and 11.

4. TRANSCULTURAL PLACEMENT AND ETHNIC IDENTITY: THE DUTCH EVIDENCE BASE



The Netherlands merits separate and extended treatment because it has produced something the UK has not: a sustained, longitudinal, child-voiced research programme on what actually happens to a young person's ethnic identity when they are placed across cultural lines.

The work of **Dr Clementine Degener** — completed through the University of Groningen and continued at Rotterdam University of Applied Sciences — is the most directly relevant international evidence available to UK fostering policy, and it deserves to be far better known here than it currently is.



ABOUT DR CLEMENTINE DEGENER
RESEARCHER, AUTHOR, AND PRACTITIONER

Dr Degener's research followed transculturally placed young people over many years, hearing their stories in their own words. Her findings are clear, consistent and deeply relevant to the UK context.

“Young people do not lose their heritage when they enter care. They experience what the system does with it.”

WHY THIS MATTERS FOR THE UK

The UK system currently lacks a comparable evidence base. We do not routinely capture or publish the impact of placement on ethnic identity. Without this knowledge, policy is shaped by **assumptions** rather than the **lived experience** of children and young people.

Dutch research does not offer theory; it offers testimony. It tells us what **helps**, what **harms**, and what leaves young people feeling **uncertain about who they are**.

WHAT THIS SECTION PROVIDES

- ✓ A summary of the Dutch longitudinal research findings
- ✓ Key themes from young people's own voices
- ✓ Implications for the UK fostering system

KEY THEMES EMERGING FROM THE RESEARCH



AMBIVALENCE

Young people often feel caught between two worlds.



CONTRADICTORY MESSAGES

Mixed or confused messages about identity create tension and uncertainty.



DISTANCING

Some young people distance themselves from their heritage when it is not understood or respected.



THE IMPORTANCE OF CONNECTION

Positive identity outcomes are linked to supportive relationships and cultural connection.



THE ROLE OF ADULTS

Committed, culturally competent adults make the difference.



SYSTEMS EITHER SUPPORT OR SILENCE IDENTITY

What the system prioritises shapes what young people believe about themselves.

4.1 Why the Dutch case is comparable

In the Netherlands, as in the UK, family foster care is preferred to residential care for children who cannot remain at home. Also as in the UK, children with ethnic minority backgrounds are over-represented in the foster care population, while the non-kinship foster carer population is drawn predominantly from the ethnic majority.

The arithmetic consequence is the same in both countries: transcultural placement is not an exception to be managed; it is a structural norm of the system.

That framing matters for UK policy. Discussions of "cultural matching" in England often proceed as though transcultural placement were a deviation from a matched default. It is not. For a substantial proportion of Global Majority children, a transcultural placement is the placement. The policy question is therefore not only how to recruit more carers who reflect children's heritage — urgent though that is — but how to make transcultural placements identity-competent.

Both countries have responded to this arithmetic primarily with recruitment. Recruitment is the right long-term answer, and it does not help the child placed this month.

What the Dutch research establishes is that the difference between a transcultural placement that supports identity and one that damages it lies in whether the adults around the child are aligned, informed and supported — a function of the network, not only of the household. That is a gap community organisations and cultural mentors can fill immediately, at a fraction of the cost and lead time of carer recruitment.

4.2 The core findings

Dr Clementine Degener's research programme produced four findings with direct implications for UK practice.

Ethnic identity formation is complex and frequently ambivalent. Interviews with twenty transculturally placed adolescents found that constructing an ethnic identity was a complicated process, marked by ambivalence. Young people received contradictory messages about ethnicity from birth parents, foster parents, peers and strangers, and those contradictions contributed directly to identity confusion (Degener, van Bergen and Grietens, 2020).

Two marginalised identities intersect. The identity of being a foster child and the identity of belonging to an ethnic minority intersect and can compound one another, strengthening a sense of otherness and, in some cases, leading young people to distance themselves from their own ethnic background (Degener, van Bergen and Grietens, 2020; Degener, 2021a).

This is a critical point for UK practice, which tends to treat "care experience" and "ethnicity" as separate protected characteristics addressed by separate policies. The children's accounts suggest they are not experienced separately.

Birth family involvement supports identity exploration. Where birth parents and foster parents co-operated in ethnic socialisation, young people described longing for and belonging to their ethnic background rather than retreating from it. Birth parental involvement emerged as a route into ethnic identity exploration rather than a threat to placement stability (Degener, van Bergen and Grietens, 2020).

Identity is not fixed, and it does not develop in a straight line. The longitudinal study found that ethnic identity fluctuates over time, shaped by the young person's sense of belonging towards foster parents, birth parents and peers, and by their capacity to cope with the contradictory messages they receive (Degener, Grietens and van Bergen, 2023). Identity work, on this evidence, cannot be a single conversation at the point of matching or an annual tick in a review form.

4.3 What foster carers do, and what they are not equipped to do

The dyadic study — comparing the ethnic socialisation messages carers believed they were giving with the messages young people reported receiving — captures the central practice dilemma in its title: being one, but not being the same (Degener, van Bergen and Grietens, 2022).

Foster carers must simultaneously communicate *you belong to this family* and *your difference is real and valuable*. Those messages are not naturally compatible, and carers are rarely given any support in holding both.

Degener's doctoral synthesis found that while most foster parents valued ethnicity in their foster children's lives, their primary focus was providing a safe and stable home. Ethnic socialisation became a difficult balancing act between emphasising family togetherness and acknowledging ethnic difference. The conclusion drawn was that fostering agencies have an urgent responsibility to help ethnic minority young people work out who they are and to whom they belong (Degener, 2021a).

This is not a criticism of foster carers. It is a description of what happens when committed people are asked to do skilled developmental work without training, supervision or tools. UK foster carers are in precisely the same position.

4.4 The evidence gap Degener identifies — and a UK opportunity

The systematic review of transracial placement and ethnic identity reached a conclusion that should be read carefully by every UK fostering provider and commissioner. Foster carers need to be culturally competent — open to the child's minority background and self-reflective about their own cultural values and beliefs — in order to support ethnic identity development. Yet none of the studies reviewed had directly measured the impact of foster carers' skills and knowledge on children's ethnic identity outcomes (Degener, van Bergen and Grietens, 2021b).

In other words: the field agrees carer cultural competence matters, and has never measured whether developing it changes outcomes for children.

That is an unfilled gap and a specific opportunity for the UK. BFCA already delivers CPD-accredited cultural competence training across more than twenty fostering services, operates a structured assessment instrument in the WHOLE™ Framework, and holds a defined accreditation standard in the Cultural Compass Mark™.

The combination of a validated training input, a repeatable measurement instrument and a cohort of participating services is precisely the design required to answer Degener's question. A UK study measuring change in children's identity outcomes following structured carer cultural competence development would be an international first, and would give the WHOLE™ Framework an evidence base no competitor holds.

4.5 Religion, belief and bodily integrity

A further strand of Degener's work addresses trans-religious placement, identifying moral dilemmas that arise where a child's faith background differs from the foster family's. These include pressure from birth families to maintain religious practice, objections from foster families to the birth family's faith, children adopting the foster family's faith, constraints on children's religious identity searches created by ethno-religious boundary-drawing, and the impact of religious traditions on children's bodily integrity.

The conclusion is that foster families need active support with religious reflection, and that children need room for religious self-determination as their identity develops.

UK care planning treats religion primarily as a matter of recorded preference and reasonable accommodation. This evidence suggests it needs to be treated as a live developmental domain with the same status as ethnicity.

4.6 Implications for the UK system

Dutch finding	Implication for UK policy and practice
Transcultural placement is structurally normal	Stop framing it as exceptional; build identity competence into every placement, alongside carer diversification
Contradictory ethnicity messages cause confusion	Align the messages children receive across carer, birth family, school and social worker; make this an explicit care-planning task
Foster child and ethnic minority identities intersect	Integrate identity work into care planning rather than splitting it across separate equality and permanence processes
Birth family co-operation supports identity	Treat birth family involvement in cultural socialisation as a placement asset, with a defined role in the care plan
Identity fluctuates over time	Review identity needs on a cycle, with the child's own account, not once at matching
Carers balance belonging against difference without support	Train, supervise and support carers explicitly on ethnic socialisation; make it part of the supervising social worker's core role
Carer competence has never been measured against child outcomes	Commission UK research linking structured carer cultural competence to measurable child identity outcomes

4.7 The Dutch research base and what it offers the UK

Two Dutch organisations offer directly usable models for UK practice: Nidos, whose separately run recruitment operation produces a surplus of culturally matched carers, and the Netherlands Youth Institute, which holds the national knowledge function that England lacks. Both are set out as case studies in Sections 3.7 and 3.8, with the caveats that make them instructive — the limits of cultural matching over time, and the safeguarding risk created by placement scarcity.

Their significance for this paper is that the Dutch system pairs local delivery with national knowledge, and that a tool such as the WHOLE™ Framework has no domestic route to the independent recognition an NJi-equivalent would provide.

Beyond individual organisations, the Netherlands offers something the UK currently lacks: an active academic community working on transcultural placement and ethnic identity, based principally at the University of

Groningen and Rotterdam University of Applied Sciences. Given the closure of Black Studies provision in UK higher education described in Section 2.6, international research partnership is not a luxury. For the time being it is the most realistic route to building the evidence base UK practice needs.

5. KINSHIP CARE: THE RIGHT PRINCIPLE WITHOUT THE STRUCTURE

No discussion of community and cultural continuity in the UK can avoid kinship care, because kinship care is where the principle this paper argues for already exists in law and policy — and where it is least well supported in practice.



“When children grow up within their own family and culture, they carry strength into their future.”



THE PRINCIPLE IS RIGHT

Children placed with family members are far more likely to maintain their cultural identity, language, relationships and sense of belonging.

The evidence is consistent: kinship placements are more stable, more cost-effective and associated with better emotional and educational outcomes (Department for Education, 2023b; Berridge, 2019).



THE PRINCIPLE IS POLICY

Statutory guidance says local authorities must consider kinship care at the earliest opportunity and give preference to family members where it is safe to do so (Department for Education, 2018). In practice, this principle is applied inconsistently and is rarely audited.



THE PRINCIPLE IS UNDERUSED

Around 8,170 children in England were living in kinship care in March 2023 — just 13% of all children in care, despite family members caring for many more outside the care system (Department for Education, 2023b).



THE GAP IS NOT IN PRINCIPLE.

It is in resources, recognition and support.

WHY KINSHIP CARE IS NOT WORKING AS IT SHOULD



FINANCIAL DISADVANTAGE

Many kinship carers receive lower allowances than foster carers, creating real hardship and disincentive (Kinship, 2022).



LACK OF PRIORITISATION

Kinship is not always considered early or meaningfully in care planning, and decision-making can default to convenience rather than connection.



INSUFFICIENT SUPPORT

Carers report a lack of practical, emotional and therapeutic support, as well as poor access to training and peer networks (CoramBAAF, 2021).



COMPLEX ASSESSMENT BARRIERS

Assessment processes can be lengthy, rigid and poorly explained, deterring families from coming forward or continuing.



POOR DATA AND VISIBILITY

The true scale of kinship care is unknown because data collection is weak and inconsistent across local authorities.



WHAT GOOD LOOKS LIKE

- ✓ Kinship care considered first and recorded as a priority in care plans.
- ✓ Financial parity with foster care.
- ✓ Access to the same training, support and therapeutic services.
- ✓ A national induction and accreditation pathway for kinship carers.
- ✓ Clear data on the number of children, outcomes and support needs.



WHAT THIS PAPER RECOMMENDS (SEE SECTION 12)

- ✓ Financial parity and sustainability for kinship carers.
- ✓ A statutory priority point for kinship in care planning, with auditable recording.
- ✓ A national kinship offer: training, therapeutic support, peer networks and emergency assistance.
- ✓ Better data, visibility and evaluation of kinship care.
- ✓ Co-production with kinship carers in policy and practice.

“

*Kinship care is the fastest route to belonging.
The system must catch up with the principle.*



5.1 The scale and the principle

More children are raised by kinship carers in England than in mainstream foster care, by a substantial margin. Grandparents are the most common kinship carers, but the group also includes older siblings, aunts, uncles, cousins and family friends.

In December 2023 the Government published the first National Kinship Care Strategy, *Championing Kinship Care*, committing £20 million for 2024/25. This included £16 million to pilot financial allowances for special guardians in a small number of local authorities, £3.8 million to extend the role of Virtual School Heads to children in kinship care, guidance for employers, and — significantly — a published definition of kinship care. Statutory guidance for local authorities followed in October 2024.

The principle behind this is exactly right, and it is the same principle I observed in Ghana with OAfrica, whose reintegration work rests entirely on the extended family's capacity to absorb a child when it is supported to do so. Children do better when they remain within their own family and community networks, and the extended family is a resource rather than a fallback.

Kinship care is also, in practice, the closest the UK system comes to cultural matching. It is disproportionately how Global Majority families care for their own children, and it places children within their own heritage without requiring anyone to recruit a single additional carer. Any serious strategy for closing the Global Majority carer gap has to begin here.

5.2 Where the structure fails

The strategy acknowledges the importance of family connection. What it lacks is structure — a defined process that prioritises this group and equips them for what is actually being asked of them.

Prioritisation is aspirational rather than procedural. Statutory guidance on kinship has existed in various forms for more than a decade, and implementation varies widely between local authorities. The result is a postcode lottery in which the support a kinship family receives depends on where they live rather than on what the child needs. There is no consistent point in the care planning process at which kinship options must be systematically identified, assessed and resourced before other options are pursued.

Financial support is inconsistent and often inadequate. Kinship households are disproportionately poor: around two thirds are deprived on at least one measure, and kinship carers are more likely than any other group raising children to be unemployed or in low-paid work. Carers report means-tested allowances that fall far below fostering rates, and the charity Kinship has documented households running out of food (Kinship, 2024).

The structural perversity is well recognised: because guaranteed financial support is available through fostering and not through other kinship routes, families are effectively pushed towards becoming foster carers even where that is not in the child's or the family's interest.

Kinship carers are not prepared for the safeguarding regime they enter. This is the least discussed failure and, from a practice perspective, the most damaging. A kinship carer typically arrives through family loyalty and crisis, not through a recruitment process.

They are then asked to operate inside a system built for approved foster carers: statutory visits, supervision of contact with parents who are their own relatives, recording requirements, delegated authority rules, looked-

after child reviews, medicals, training expectations, and the standard of vigilance the system requires for any child in care. Nobody has explained the difference between raising a grandchild and caring for a looked-after child, because there is no consistent induction that does so.

The consequences are predictable. Carers experience the system as intrusive and suspicious rather than supportive. Social workers experience carers as resistant or non-compliant. Both readings are wrong: what is actually happening is that a family has been placed inside a professional regulatory framework without being told it exists. Placements destabilise for reasons that have nothing to do with the quality of care being given.

5.3 What sharpening kinship care would require

- A defined and auditable point in the care planning process at which kinship options are identified, assessed and resourced, rather than considered where capacity allows.
- Financial parity with fostering allowances, removing the incentive to convert kinship arrangements into fostering arrangements for financial reasons alone.
- A structured induction that explains the safeguarding, recording and contact expectations attached to caring for a looked-after child, delivered before the placement rather than after the first difficulty.
- Support that recognises kinship carers are managing family relationships, grief and loyalty conflicts alongside caring — often for children who are their own grandchildren, nieces or nephews.
- Peer support and mentoring designed for kinship carers specifically, which is where community organisations are best placed to deliver.
- Family-led planning offered early rather than at the point of pre-proceedings, on the Dutch family group conferencing model described in Section 2.4, so that kinship options surface before the crisis rather than during it.

5.4 The economic case

The economics are not marginal. Kinship's modelling indicates that for every 1,000 children raised in well-supported kinship care rather than local authority care, the state saves in the region of £40 million and increases those children's lifetime earnings by around £20 million.

Kinship care is the rare reform that improves cultural continuity, improves stability and reduces cost simultaneously. It is not being pursued with anything approaching the urgency those figures justify.

5.5 Challenges to implementation in the UK

Kinship reform is the most obviously right and most persistently unfunded proposal in this report. Financial parity carries a real cost to local authorities already in deficit, and although the modelled long-term savings are substantial, they accrue over a longer horizon than a single budget cycle.

Any national induction standard would have to be delivered by services that are already stretched. And prioritising kinship earlier in the care planning process requires assessment capacity at exactly the point when teams are managing crisis. These are reasons the reform is difficult, not reasons it is wrong — but a proposal that does not name them will not survive a conversation with a finance director.

6. KEY FINDINGS

Four themes run consistently across all four jurisdictions.

“Children thrive when they are known, connected and supported by people who share their world.”



01

RELATIONSHIPS ARE THE MECHANISM, NOT THE CONTEXT.

In every effective model observed, outcomes were produced by sustained, consistent, individual relationships — mentors, community workers, carers, reintegration workers. Where systems protected relational continuity, they succeeded. Where systems optimised for throughput, relationships became the first casualty. This aligns with resilience theory, which locates positive outcomes in the availability of supportive relationships and accessible community resources rather than in individual traits (Ungar, 2013).



02

COMMUNITY IS THE MOST UNDER-USED RESOURCE IN THE UK SYSTEM.

Ghana treats community as the primary unit of care; the Netherlands legislated to mobilise family networks before professional plans; Blueprint 58 built a decade of neighbourhood presence. England has vibrant community and faith infrastructure in every area where Global Majority children are over-represented in care, and commissions almost none of it as care infrastructure.



03

CULTURAL IDENTITY IS A DEVELOPMENTAL NEED, NOT A PREFERENCE.

The Dutch evidence establishes this most clearly. Identity is not a static attribute to be recorded at matching; it is a process that fluctuates, responds to the messages a child receives, and can be actively supported or actively damaged by the adults around them.



04

STRENGTH-BASED PRACTICE CHANGES WHAT PRACTITIONERS SEE.

Where training foregrounds capability, practitioners identify assets in families and communities that deficit-focused assessment renders invisible (Saleebey, 2013). This is not optimism. It is a different unit of analysis.



05

MENTORING IS THE BRIDGE BETWEEN PLACEMENT SUPPLY AND IDENTITY NEED.

This is the finding that connects the other four, and it emerged from comparing jurisdictions rather than from any single one. Ghana shows that a child's cultural formation can be carried by a network. The USA shows that structured, long-term mentoring produces measurable gains when relationships are sustained and supported (DuBois et al., 2011). The Netherlands shows precisely what goes wrong when no one carries that role in a transcultural placement.

Put together, they describe a mechanism the UK does not currently commission: a consistent, culturally connected adult, matched to the child's heritage, working alongside the foster household for years rather than months. It is the only intervention identified in this research that can respond to the carer supply gap at the speed at which children are actually growing up.

“

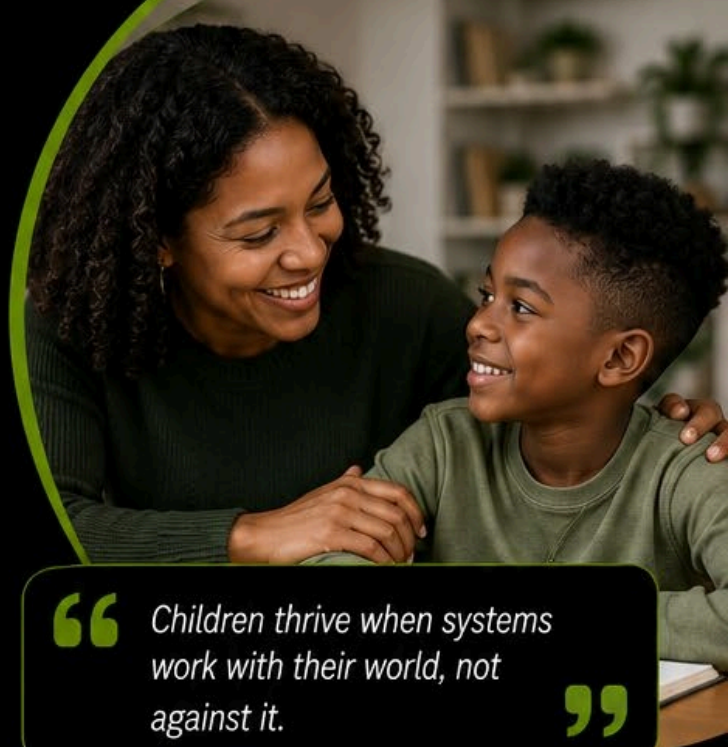
Children do not need more services around them.
They need the right relationships with the right people for long enough.



”

7. PRINCIPLES FOR REFORM

The evidence in this paper points towards four principles. They are not a model or a framework in themselves; they are the conditions any workable model would have to meet, and they follow directly from what the international comparison and the Dutch research establish. They draw on ecological theory, which locates development in the interaction between a child and the systems around them, and on strengths-based theory, which starts from capability rather than deficit (Bronfenbrenner, 1979; Saleebey, 2013).



“Children thrive when systems work with their world, not against it.”



1 STATUTORY SAFEGUARDING IS THE FLOOR, NOT THE CEILING.

Legal duty establishes the minimum. Wellbeing requires more than the minimum, and the outcomes set out in Section 1.3 are what happens when the minimum is all that is delivered.

➤ Demonstrated by OAfrica, where the safeguarding decision to reunify is the beginning of the work rather than the end of it.



2 COMMUNITY IS INFRASTRUCTURE.

The organisations, faith settings, sports clubs, salons, supplementary schools and mentors around a child are not “additional support”. They are the environment in which identity and belonging are formed, and they should be commissioned, resourced and held to standards accordingly.

➤ Demonstrated by Blueprint 58 and by Ghanaian community practice, where the network is the unit of care rather than an adjunct to it.



3 CULTURAL IDENTITY IS A PLANNED OUTCOME.

It is assessed, supported, reviewed and evidenced like any other outcome in the care plan — which requires an instrument capable of doing that, not a statement of intent.

➤ Demonstrated by Ascent Fostering in practice, and by Degener's research in the consequences of getting it wrong.



4 RELATIONSHIPS ARE PROTECTED ASSETS.

Continuity of relationship is a system design requirement, not an aspiration dependent on individual practitioner goodwill.

➤ Demonstrated by Big Brothers Big Sisters, whose organising principle is that professionals change and the mentor stays.

None of this asks the statutory system to do more with less. It asks it to recognise, **commission and connect** capacity that already exists in communities and is currently **unpaid, unrecognised and unmeasured**.

“The capacity to change outcomes already exists. The reform is in how we use it.”

7.1 From principle to practice

Principles that are not operationalised are position statements. The sections that follow describe how the Black Foster Carers Alliance has built these principles into working infrastructure, and which specific failure each component is designed to address.

Problem identified in this research	BFCA response
Cultural identity is recorded at matching and never revisited	WHOLE™ Framework — structured, RAG-rated, re-assessed at every review
Cultural competence depends on individual practitioners	Cultural Compass Mark™ — organisational accreditation against a defined standard
Community capacity is invisible to statutory practice	BFCA Connect — a searchable, live map of community and cultural resource
Carers hold identity work alone and without support	Peer community and carer-to-carer support within BFCA Connect
Transcultural placements lack a culturally connected adult	Cultural Mentor Programme — long-term matched mentoring alongside the placement
The workforce is not trained in identity development	International Certificate in Strength-Based Practice
Nobody measures whether any of this changes child outcomes	WHOLE™ data capture across participating services

The WHOLE™ Framework is the single framework in this model. Everything else is either an organisational standard, a piece of infrastructure, a programme or a qualification. That is deliberate: a system does not need more frameworks, it needs one instrument that works and the infrastructure to act on what it finds.

These are not proposals. With the exception of the International Certificate, each is already operating, which means the model described in this paper can be tested against outcomes rather than debated in principle.

8. THE WHOLE™ IDENTITY, CULTURE AND BELONGING FRAMEWORK



The WHOLE™ Framework applies these principles at the level of the individual child. It converts the principle that cultural identity matters into a structured, repeatable, evidenced practice tool, assessing identity, culture and belonging across eight domains, each **RAG**-rated.

THE EIGHT DOMAINS

	1. HERITAGE & IDENTITY	How the child understands and describes their own heritage, and whether that heritage is actively celebrated in the placement rather than merely recorded on file.	  
	2. LANGUAGE & COMMUNICATION	Home languages, dialect and cultural communication style, including how the child communicates when distressed and whether carers understand them.	  
	3. FOOD & CULTURAL PRACTICES	Access to culturally familiar food, observance of dietary and religious rules, and the everyday rituals that carry cultural belonging.	  
	4. HEALTH, SKIN & HAIR	Appropriate hair and skin care routines and products, and culturally safe access to health services.	  
	5. NEURODIVERSITY & LEARNING	Assessment pathways, educational support and school engagement, with a cultural lens applied to how behaviour and need are interpreted.	  
	6. RELIGION, FAITH & COMMUNITY	Whether faith practice has been sustained since entering care, and whether the child retains access to their place of worship and faith community.	  
	7. GEOGRAPHIC & SENSE OF PLACE	Proximity to familiar community, availability of cultural mirrors in the placement area, and contact with the networks the child came from.	  
	8. SEXUALITY & GENDER IDENTITY	Whether the child can explore and discuss identity safely, held intersectionally with culture, faith and family expectation.	  



GREEN = FULLY MET

The need is being met in a consistent, sustainable way.



AMBER = PARTIALLY MET

Some elements are in place, but gaps remain. Action required to improve.

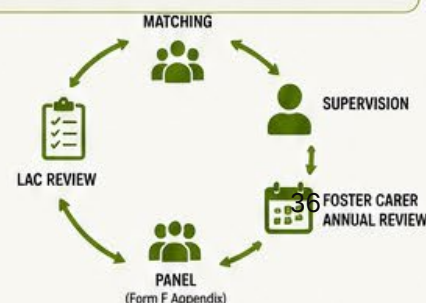


RED = NOT MET

The need is not being met. Immediate action required.



The rating is not a score to be totalled; it is a **trigger**. Every Amber and every Red must carry a **named action**, a **named owner** and a **date**. Because the same instrument is used at matching, at supervision, at foster carer annual review, at panel as a Form F appendix, and at LAC review, the profile becomes a **live document** in which movement — or the absence of movement — is visible to everyone with responsibility for the child.



8.1 What it sees

The Framework makes visible what current care planning does not capture. A standard placement record will show a child's ethnicity, religion and language as categories.

It will not show whether the child can access their heritage foods, whether their hair is being cared for competently, whether they have any adult in their life who shares their background, whether they can practise their faith without negotiation, whether they are the only Black child in their school year, or whether the messages they receive about who they are from their carer, their birth family and their peers are consistent or contradictory.

Each of these is a determinant of the identity outcomes Degener documented, and none of them appears in a standard record. The WHOLE™ Framework's function is to convert them from things practitioners might notice into things the system is required to look at.

8.2 What it does

Seeing is not sufficient; the tool has to change decisions. It does so at three points.

At matching. The RAG profile identifies where a prospective placement can meet a child's identity needs and where it cannot. Crucially, an amber or red rating is not a reason to refuse a placement — that would simply reduce placement choice for the children who already have least. It is a specification of what the placement will need around it: which community connections, which carer training, which mentoring relationship. It converts a matching judgement into a support plan.

In placement support. Every amber or red rating generates a named action with an owner — the carer, the supervising social worker, the community partner or the mentor — and a review date. This is the design feature that distinguishes an assessment instrument from a reflection exercise.

At review. The profile is re-rated. Because Degener's longitudinal work shows that ethnic identity fluctuates over time and responds to belonging and to contradictory messaging, change between ratings — not the rating itself — is the meaningful unit. A child whose profile moves from red to green over eighteen months tells you the support worked. A child whose profile drifts the other way is an early warning that would otherwise surface only as placement instability.

The tool is also designed to capture more than one perspective. The Dutch dyadic evidence shows that the ethnic socialisation messages carers believe they are giving and the messages young people report receiving are not the same. A tool that asks only the adult will record the adult's intention and miss the child's experience, so the child's own account is a distinct input rather than a supplementary comment.

8.3 How it gathers information, and why that matters

Every completed WHOLE™ assessment produces structured, comparable data. Applied across a cohort of fostering services, at matching and at successive reviews, it generates something that does not currently exist anywhere: a longitudinal dataset linking specific identity support actions to specific changes in children's identity and belonging outcomes.

This is the direct answer to the gap identified in Section 4.4. The international literature assumes carer cultural competence shapes children's ethnic identity development and has never measured it (Degener, van Bergen and Grietens, 2021b). BFCA holds the three components required to measure it: a defined training intervention, a repeatable measurement instrument, and a cohort of participating services already using both.

Structured data capture is therefore not an administrative by-product of the Framework. It is the mechanism by which a practice conviction becomes evidence, and the route by which culturally responsive practice moves from something commissioners are asked to believe in to something they can see returns on.

Better structures follow from better data. Once identity outcomes are measured, they can be commissioned, inspected and funded in the way other outcomes are.

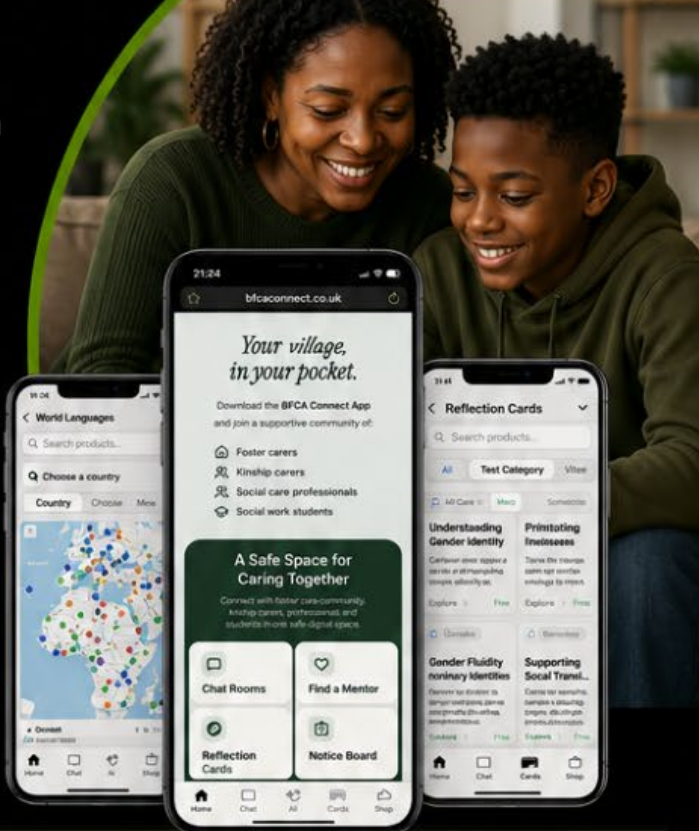
8.4 The organisational standard

The Cultural Compass Mark™ provides the organisational counterpart to the child-level tool, accrediting fostering services against a defined standard of cultural competence. Its purpose is to make quality verifiable at provider level rather than dependent on the commitment of individual practitioners — so that a child's experience does not depend on which supervising social worker they were allocated.

9. BFCA CONNECT

BFCA Connect is the digital infrastructure behind the community principle, now live on iOS and Android. It exists because community connection currently depends on whether an individual carer or social worker happens to know the right person locally. That is not a system; it is luck, unevenly distributed — and it is distributed least evenly in exactly the places where Global Majority children are most over-represented in care.

The platform does three things that bear directly on the argument of this paper.



1



IT MAKES COMMUNITY CAPACITY VISIBLE AND MATCHABLE.

Where the WHOLE™ Framework identifies that a child needs access to their heritage community, a competent hair care provider, a supplementary school, a faith setting or a cultural mentor, BFCA Connect is where that need is matched to an actual provider.

Matching is the operative function: the Framework specifies the need, the platform supplies the connection, and the placement support plan records the outcome.

Without the second step, an identity assessment produces an accurate description of a problem nobody can solve.

EXAMPLE MATCHES

-  Cultural mentor matched to a young person's heritage
-  Hair care specialist in the local area
-  Saturday school with culturally relevant curriculum
-  Faith community that reflects the child's background

2



IT GIVES CARERS A COMMUNITY OF PEERS.

The Dutch evidence describes foster carers attempting a genuinely difficult developmental task — communicating you belong here and your difference is real simultaneously — largely alone (Degener, van Bergen and Grietens, 2022).

Carers who have done this work are the most credible source of support for carers beginning it, and Global Majority carers in particular are frequently the only person in their supervising team with direct experience of what they are being asked to advise on.

Peer community converts that isolated expertise into a shared resource, and it is also a retention mechanism: carers who feel understood stay, and carer retention is part of how the supply gap closes. The rationale draws on evidence linking social networks and social capital to wellbeing and resilience (Putnam, 2000).

WHAT CARERS GET

- ✓ A safe space to ask, share and learn
- ✓ Practical advice from carers with lived experience
- ✓ Peer support groups and forums
- ✓ Resource library and guides
- ✓ Events, training and webinars
- ✓ Recognition and celebration

3



IT CARRIES THE MENTORING PROGRAMME.

The Cultural Mentor Programme, launched in May 2026, addresses the mechanism that recurs across every jurisdiction studied. Big Brothers Big Sisters demonstrated that mentoring produces measurable gains when relationships are long, well matched and properly supported (DuBois et al., 2011). Ghana demonstrated that a network of adults can carry a child's cultural formation. The Netherlands demonstrated what happens in a transcultural placement when no adult carries it.

The Cultural Mentor Programme applies those findings to the specific gap identified in Section 1.4. It gives a transculturally placed young person a consistent adult who shares their heritage, can speak to it from experience, and works alongside the foster household over years.

This is the practical answer to the carer supply problem for the children who cannot wait for it to be solved: it does not replace the need for more Global Majority foster carers, and it means the shortage of them stops being the determinant of whether an individual child grows up knowing *wholly* are.

CULTURAL MENTOR PROGRAMME

-  Heritage-matched mentors
-  Long-term, consistent relationships
-  Ongoing training and supervision
-  Working alongside foster families and professionals

“

Connection is not a luxury. It is the infrastructure of belonging.
BFCA Connect turns that infrastructure into reality.



”

10. BUILDING FORMAL VILLAGES:

THE THIRD SECTOR AS CARE INFRASTRUCTURE

The proverb that a village raises a child is quoted often enough in UK children's services to have lost most of its force. This section takes it literally and asks what it would take to build one.



“It takes a whole community to raise a child.”
– African Proverb

WHAT IS A FORMAL VILLAGE?

A Formal Village is a commissioned network of trusted people, places and services around a child and their foster or kinship family. It is not an informal goodwill network left to chance. It is structured, resourced, quality-assured and accountable. It surrounds the child with consistent relationships, cultural affirmation and practical support that help them thrive.

WHY IT MATTERS



Children in care need belonging, identity and connection.



No single carer or professional can meet every need.



Communities hold the knowledge, relationships and resources — we must invest in them as infrastructure.

THE BUILDING BLOCKS OF A FORMAL VILLAGE



1. PEOPLE

A circle of adults includes mentors, elders, cultural carers, faith leaders, educators, hair and wellness specialists, and peers.



2. PLACES

Safe, welcoming spaces for learning, play, faith, celebration, reflection and support — community hubs, churches, schools, centres and homes.



3. PRACTICES

Cultural celebrations, faith teachings, rites of passage, storytelling, hair care days, language classes and heritage activities.



4. SERVICES

Targeted, culturally competent services — therapy, tutoring, health support, legal advice, family support and emergency help.



5. RESOURCING

Pooled funding from local authorities, third sector, faith organisations and business sponsorships to sustain the village.



6. ACCOUNTABILITY

Clear standards, data collection and feedback loops to ensure quality, safety and continuous improvement.

HOW A FORMAL VILLAGE WORKS

1



Identify Needs

Use the WHOLE™ Framework to identify the child's identity, culture and belonging needs.

2



Map the Village

Match needs to local people, places and services through BFCA Connect and community partnerships.

3



Build the Plan

Create a bespoke Village Support Plan with named members, roles and commitments.

4



Deliver & Connect

Coordinate activities and support around the child and family.

5



Review & Strengthen

Regularly review outcomes, listen to the child's voice, and strengthen the village.

OUTCOMES FOR CHILDREN AND FAMILIES



Stronger identity and self-esteem



Better educational and health outcomes



Reduced isolation for foster and kinship carers



Fewer placement disruptions



Sustained connections to family, culture and community



A network that walks with the child for the long term



THE INVESTMENT CASE

Investing in Formal Villages is preventative and cost-effective. It reduces crisis interventions, placement breakdowns and long-term harm. More importantly, it honours the right of children to grow up connected to who they are and where they come from.

“

When we build villages on purpose, children stop surviving systems and start *belonging in communities.*



10.1 What a formal village is

An informal village is what most children have: whoever happens to be around. It is unevenly distributed, unaccountable, and it disappears at exactly the point a child enters care, because entering care usually means moving away from the people who constituted it.

A formal village is the same function, deliberately constructed. It is a network of identified, funded, quality-assured community and third sector organisations, each with a defined role around a child, operating to agreed safeguarding standards with clear referral routes into and out of statutory services. It is what Blueprint 58 is in its neighbourhood, and it is what the Ghanaian community structures described in Section 2.3 achieve through custom rather than commissioning.

Building one requires more than inviting community organisations to help. Organisations have to be equipped, which means:

- **Safeguarding capability** — policies, designated leads, DBS, supervision and a genuine understanding of thresholds and referral duties, not a downloaded template.
- **Insurance, governance and data protection** sufficient to hold a formal role in a child's care plan.
- **Understanding of the care system** — what a care plan is, what delegated authority means, why contact is supervised, what a placement breakdown costs a child.
- **Sustainable funding** for the role, rather than an expectation of donated expertise.
- **A referral route in both directions**, so that statutory practitioners can refer to community provision and community organisations can raise concerns that are actually received.

The third sector is willing. It is frequently not equipped, and it is almost never funded to become so. Equipping it is a cheaper and faster intervention than most of the alternatives, and it is the mechanism by which the community principle becomes real rather than rhetorical.

10.2 Government direction of travel

Recent UK policy has begun to move towards the model described in this paper, and that shift deserves recognition before it is criticised.

The Independent Review of Children's Social Care, which reported in 2022, placed family networks and community relationships at the centre of its recommendations rather than treating them as adjuncts to statutory provision. Subsequent government activity has followed that direction in several respects:

- **Investment in fostering capacity.** A national programme of investment in foster carer recruitment and retention, delivered through regional partnerships rather than authority by authority, on the explicit basis that fostering costs a fraction of a residential placement.
- **Recognition of kinship care.** The first National Kinship Care Strategy in December 2023, with £20 million committed for 2024/25, funding for kinship carer training and support, an extended role for Virtual School Heads, and statutory guidance in October 2024.
- **Family hubs.** A national rollout of universal early help provision, with several hundred hubs operating and a target of a thousand, intended to reduce the number of families reaching statutory thresholds at all.

- **Regional co-operation.** Regional care co-operatives and multi-disciplinary test-and-learn approaches to assessment and placement, aimed at the placement sufficiency problem that drives high-cost placements.
- **Legislative reform.** The Children's Wellbeing and Schools Act 2026, which strengthens duties towards care leavers and addresses aspects of the transition at eighteen.
- **Innovation funding.** Time-limited innovation and improvement funds that invite voluntary and community sector organisations into social-work-led programmes as delivery partners rather than as consultees.

That last mechanism is the most significant for the argument of this paper, and it is the least discussed. Innovation funding has begun to establish something that barely existed in commissioning practice a decade ago: community organisations, including Black-led and community-rooted ones, working inside statutory partnerships at regional scale, with independent evaluation attached. It changes where the sector believes expertise sits.

Two limitations should be stated as clearly as the achievement.

Innovation funding builds pilots, not infrastructure. Two-year awards produce two-year capability. Organisations recruit and train teams they then have to disband; local authorities lose provision they have only just learned how to use; and the evaluation evidence arrives at the point the funding ends. If the community layer described in this paper is genuinely part of how the care system works, it has to migrate from innovation funding into core commissioning.

Prevention is being asked to deliver savings before it has been resourced. This is the same error the Netherlands made after 2015, described in Section 2.4: responsibility devolved to a local and community level faster than the funding required to carry it. The UK is at the point in that cycle where the direction is right and the resourcing is not yet adequate to the ambition.

The test of the current reform programme will therefore not be what it demonstrates by 2028. It will be what is still standing, funded and commissioned as core provision by 2030.

10.3 The cost problem, and where the money is

The obvious objection to everything in this section is cost. Mentoring, community infrastructure, kinship support and accredited training all require funding that local authorities do not currently have, in a sector already in financial difficulty. The objection is fair and it has an answer.

The money in children's social care is in placements, and specifically in residential care. Foster care placements have historically been estimated at around £800 per child per week, against £3,400 to £4,700 for residential care; government has framed fostering as roughly eight times cheaper than a residential placement.

Those figures are now conservative. Individual authorities report average residential placement costs above £6,000 per week, with complex placements running to £16,000 per week and outliers considerably higher.

Meanwhile the number of children in children's homes in England has roughly doubled since 2011, while foster carer numbers have fallen. An Ofsted analysis found that more than a third of a sample of children living in residential homes had foster care in their original care plan. In other words, a substantial part of residential spend is not a clinical judgement about what a child needs; it is the cost of not having a foster placement that worked.

That is where the savings are, and it maps directly onto what this paper proposes:

- **Preventing placement breakdown.** Each prevented breakdown avoids substantial cost as well as harm, and identity and belonging are among the drivers of breakdown that current practice does not address.
- **Sustaining transcultural placements** that would otherwise fail, through mentoring and community support at a fraction of the weekly cost of the alternative.
- **Retaining carers**, since replacing a carer costs more than supporting one.
- **Shifting children out of residential care** and keeping them out, which is where the largest sums sit.
- **Well-supported kinship care**, with modelled savings of around £40 million per 1,000 children compared with local authority care.

The proposition is therefore not that the sector should spend more. It is that a small fraction of residential placement spend, redirected into community infrastructure, mentoring and kinship support, would reduce the far larger sums currently spent on placement breakdown and residential care.

11. INTERNATIONAL CERTIFICATE IN STRENGTH-BASED PRACTICE

Every argument in this paper eventually arrives at the workforce. An assessment instrument is only as good as the practitioner completing it. Community infrastructure is only used if practitioners know how to use it. Mentoring is only commissioned if the people writing care plans understand what it does. And the Review of Early Deaths of Care Leavers concluded plainly that the workforce lacks a specialist knowledge and skills framework adequate to the complexity it is dealing with (John-Baptiste and Chamberlain, 2026).

The International Certificate in Strength-Based Practice is the workforce development route in this model. It is a CPD-accredited programme designed to equip practitioners to deliver culturally responsive, relationship-based care, drawing the strengths perspective, cultural competence and relational practice together into a single accredited qualification rather than leaving them as three separate half-day trainings that never connect (Saleebey, 2013; Bernard, 2020).



“When practitioners are equipped with the right knowledge, children and families benefit from better relationships, stronger plans and better outcomes.”

ABOUT THE CERTIFICATE



CPD-accredited qualification for social care practitioners, managers and leaders.



International in scope, rooted in evidence and global best practice.



Practical, reflective and strengths-focused.

BUILT ON THREE FOUNDATIONS



STRENGTHS PERSPECTIVE

Focus on abilities, resources and resilience rather than deficits.



CULTURAL COMPETENCE

Understand identity, culture and bias to deliver inclusive practice.



RELATIONAL PRACTICE

Build trusting relationships that create safety and change lives.

WHY IT MATTERS



Builds practitioner confidence and cultural competence.



Improves assessments, planning and decision-making.



Enhances outcomes for children, young people and families.



Supports retention, wellbeing and professional development.

WHAT YOU WILL LEARN



1. STRENGTHS-BASED MINDSET

Adopt a strengths approach in assessment, planning and practice.



2. CULTURAL RESPONSIVENESS

Understand identity, culture and the impact of bias in social care practice.



3. RELATIONSHIP & ENGAGEMENT

Build trust, motivation and attachment with children, families and communities.



4. EVIDENCE-INFORMED PRACTICE

Use research and data to inform decisions that lead to better outcomes.



5. COMMUNITY CONNECTION

Work with communities as partners to create sustainable support networks.



6. LEADERSHIP FOR CHANGE

Lead with confidence, supervise effectively and champion system change.

PROGRAMME DETAILS



Duration: 6 months (part-time)



Delivery: Online & Blended Learning



Accreditation: CPD Certified



For: Social workers, foster carers, managers, educators, youth workers and allied professionals



OUTCOMES FOR YOU

- ✓ Stronger knowledge and skills
- ✓ Greater confidence in practice
- ✓ Improved outcomes for children and families
- ✓ Recognition for your professional development

INVEST IN PEOPLE. CHANGE LIVES.



A skilled, confident and culturally competent workforce is the foundation of a fairer, more effective care system.

ENROL NOW

Build your skills. Strengthen families. Transform futures.

44



When we invest in practitioners, we invest in children. Strength-based practice is how we **change lives for good.**



11.1 Why a single accredited programme

UK cultural competence training is typically delivered as standalone sessions, commissioned reactively, unassessed, and disconnected from the assessment tools practitioners actually use. Practitioners leave with awareness and no method. Nothing changes in the case file.

Bringing the three strands into one accredited programme changes what the training produces:

- **The strengths perspective supplies the unit of analysis** — what this family and this community have, rather than what they lack.
- **Cultural competence supplies the content** — identity development, ethnic and religious socialisation, transcultural placement, adultification, hair and skin, faith, heritage and language.
- **Relational practice supplies the method** — how continuity, availability and trust are built and protected inside a statutory system that fragments them.

Accreditation matters because it makes the learning portable, assessable and recognisable to employers and regulators. A practitioner who completes it holds a credential, not a certificate of attendance, and a commissioner can specify it.

11.2 Partnership with Clark Atlanta University

Discussions are underway with Clark Atlanta University regarding partnership on the Certificate. Nothing is yet agreed, and this section sets out the rationale for that direction rather than a concluded arrangement.

The rationale follows directly from Section 2.2 and Section 3.5. Clark Atlanta is a Historically Black College and University with a School of Social Work in which cultural identity, community engagement and strengths-based practice are central to professional formation rather than adjacent to it. It holds precisely the academic infrastructure that UK higher education is currently dismantling, as described in Section 2.6.

The partnership does three things a UK-only programme could not:

It supplies academic authority the UK cannot currently provide domestically. With Black Studies provision closing in British universities, an international partner is the realistic route to a credential with scholarly weight behind it.

It means the international learning is taught first-hand. The Ghanaian, American and Dutch learning documented here would be taught by people qualified in it rather than summarised second-hand.

It creates a two-way exchange rather than an import. UK practice has something to offer in return: a highly developed safeguarding architecture, and — through the WHOLE™ Framework — a structured measurement instrument that the international literature has repeatedly called for and never produced (Degener, van Bergen and Grietens, 2021b).

11.3 Development pathway: using CPD to scope and evaluate

The Certificate will be built from evidence generated by provision already running. BFCA's CPD-accredited training has reached over 350 professionals across more than 20 fostering services, which makes it both the

delivery foundation and the means of testing viability before the Certificate is committed to. It is therefore being treated as a scoping and evaluation phase, with three questions to answer.

Does it change practice? Awareness is easy to produce and easy to mistake for impact. The evaluation needs to establish whether trained practitioners do anything differently — in assessment, in matching, in placement support planning — and whether that difference persists beyond the weeks immediately after training.

How is it received across the sector? Uptake, completion, seniority of participants, which authorities and agencies commission it and which do not, and whether it is bought as a one-off or embedded in a workforce development plan. A qualification that only appeals to practitioners who are already convinced will not shift a system.

What form should the qualification take? Level, duration, mode of delivery, assessment method, cost and whether the market wants a full certificate or a modular route. These are empirical questions, and the CPD cohort can answer them.

The assessment will be carried out with an independent UK academic partner, giving the findings methodological rigour the sector will accept and a domestic anchor alongside the international partnership. It also means the Certificate arrives with an evidence base attached rather than a prospectus, which matters when the buyers are commissioners.

The sequence is therefore: deliver CPD at scale, evaluate it independently, design the Certificate from what the evaluation shows, and confirm the international partnership around a programme that has already demonstrated demand and effect. That is the opposite of the usual order, and it is the reason the Certificate is likely to survive contact with the sector.

11.4 Proposed curriculum strands

1. Strengths-based assessment and intervention
2. Cultural identity development in care-experienced children, including the transcultural placement evidence base
3. Ethnic and religious socialisation: practical skills for carers and supervising social workers
4. Relational practice and relational continuity
5. Working with community and faith infrastructure
6. Working with birth families as cultural resources
7. Measurement: evidencing identity outcomes

11.5 What it delivers to the system

The case for funding the Certificate does not rest on principle. It rests on what a differently trained workforce changes downstream.

For children. Identity needs are identified by someone equipped to see them, and acted on by someone who knows what to do. On the Dutch evidence, this is the difference between a transcultural placement that supports identity development and one that produces ambivalence and distancing.

For carers. Supervising social workers become a source of practical support on ethnic and religious socialisation rather than a source of oversight. That is a retention mechanism, and carer retention is part of how the Global Majority carer gap closes.

For placement stability. Identity and belonging are among the drivers of placement breakdown that current practice does not address. Every prevented breakdown avoids both harm to the child and substantial cost.

For the workforce. An accredited route into a specialism gives practitioners a reason to stay and a direction to develop in, in a workforce with a retention problem of its own. It is also a direct response to the national review's finding that the skills framework does not currently exist.

For local authorities. Cultural competence becomes verifiable and specifiable in commissioning rather than asserted in tender documents, and connects to an organisational standard through the Cultural Compass Mark™.

For the evidence base. A defined, accredited training input is a prerequisite for the study proposed in Section 4.4. You cannot measure the effect of practitioner cultural competence on children's outcomes until the competence itself is defined and consistently delivered. The Certificate is what makes that measurement possible.

12. POLICY IMPLICATIONS AND IMPLEMENTATION

The recommendations below are directed at three audiences and sequenced by what can be done immediately versus what requires structural change.

“Policy should not just recognise what works – it should resource it, regulate it and remove barriers to it.”

THREE AUDIENCES, SHARED OUTCOME



POLICY MAKERS & GOVERNMENT

Set the direction, legislate, fund and hold the system to account.



LOCAL AUTHORITIES & COMMISSIONERS

Design and deliver services that reflect local communities and need.



THIRD SECTOR & COMMUNITY ORGANISATIONS

Provide the infrastructure, relationships and expertise that communities trust.



SHARED OUTCOME: Children in care grow up with a strong identity, lasting relationships and a sense of belonging.

RECOMMENDATIONS AT A GLANCE



WHAT CAN BE DONE IMMEDIATELY (0–12 MONTHS)

1



Adopt the **WHOLE™** Framework

Mandate use at matching, supervision, reviews and panel. Make it a Form F appendix.

2



Commission community capacity

Fund and contract community organisations, faith groups, cultural mentors, supplementary schools and other identity-supporting services.

3



Launch and scale mentoring

Expand the Cultural Mentor Programme nationally through BFCA Connect. Embed mentoring in every transcultural placement plan.

4



Invest in workforce development

Roll out the International Certificate in Strength-Based Practice for all front-line practitioners and managers.

5



Build local community partnerships

Establish Local Village Partnerships in every area with high numbers of Global Majority children in care.



WHAT REQUIRES STRUCTURAL CHANGE (1–5 YEARS)

1



Legislate for cultural identity as an outcome

Amend statutory guidance to make cultural identity a planned, assessed and evidenced outcome in care.

2



Create a dedicated funding stream

Establish ring-fenced funding for community infrastructure and mentoring as core care infrastructure.

3



Embed accountability and data

Require collection and publication of data on cultural identity outcomes, placement stability and carer retention by ethnicity and area.

4



Expand Global Majority carer recruitment

Implement targeted, community-led recruitment strategies with sustained support to close the representation gap.

5



Institutionalise community care infrastructure

Recognise and integrate third sector and community organisations as equal partners in the care system, with place-based governance.

IMPLEMENTATION ROADMAP

1. FOUNDATIONS

0–6 months



- Endorse the **WHOLE™** Framework nationally.
- Identify and map existing community assets.
- Launch pilot Local Village Partnerships.

2. BUILD CAPACITY

6–18 months



- Scale mentoring through BFCA Connect.
- Deliver workforce training at scale.
- Establish funding and contracting pathways.

3. INTEGRATE & ALIGN

18–36 months



- Embed identity outcomes in care planning and reviews.
- Align commissioning, data and accountability.
- Strengthen cross-sector governance.

4. SCALE & SUSTAIN

3–5 years



- Expand successful models nationally.
- Increase Global Majority foster carer representation.
- Embed community infrastructure in statute and guidance.

5. TRANSFORM SYSTEMS

5+ years



- Community infrastructure is business as usual.
- Cultural identity outcomes improve for every child.
- System is equitable, preventive and relational.



The time to act is now. The evidence exists. The solutions exist.

What is needed is the political will to build a care system that works for every child.



RECOMMENDATIONS AT A GLANCE

This report makes 23 recommendations, grouped below by who needs to act. Six are marked **Priority**: they would change the most if acted on first, and are summarised in the table in Section 12.4.

R1–R8

National government
Department for Education

R9–R20

Local authorities and fostering
providers

R21–R23

The workforce and its educators

12.1 · WHO NEEDS TO ACT

National government (Department for Education)

8 recommendations

R1

Make cultural identity a named outcome **PRIORITY**

Recognise cultural identity as a named outcome domain in children's social care policy and inspection, so that it is measured rather than assumed.

R2

Fund the missing UK study

Fund a UK study measuring the impact of structured foster carer cultural competence development on children's identity outcomes, closing the evidence gap identified internationally (Degener, van Bergen and Grietens, 2021b).

R3

Publish outcomes by ethnicity **PRIORITY**

Require published data on care outcomes disaggregated by ethnicity, including placement stability and placement matching, so that disproportionality is visible and actionable.

R4

Learn the Dutch fiscal lesson

Prevention and community-led models fail when responsibility is devolved faster than resource.

R5

Sharpen kinship care policy **PRIORITY**

Deliver financial parity with fostering, an auditable prioritisation point in care planning, and a national induction standard covering the safeguarding expectations attached to caring for a looked-after child.

R6

Commission longitudinal mentoring research

Commission a UK longitudinal study of mentoring outcomes for children in care, implementing on the evidence base from the USA in the meantime rather than waiting for domestic evidence to appear.

R7

Protect the academic knowledge base

The closure of Black Studies provision in UK higher education removes the pipeline, the research and the professional depth that a culturally competent workforce depends on, and directly widens the gap this paper describes.

R8

Move proven pilots into core funding

Create a route by which successful innovation-funded community provision transfers into core commissioning, so that two-year pilots stop producing two-year capability.

12.2 · WHO NEEDS TO ACT

Local authorities and fostering providers

12 recommendations

R9

Commission community partners for the long term

Commission community and faith organisations as long-term infrastructure partners rather than short-cycle projects.

R10

Make cultural mentoring standard provision **PRIORITY**

Commission cultural mentoring as standard provision alongside every transcultural placement, specified for duration, matching quality and mentor support — not as an enrichment activity dependent on spare capacity.

R11

Run two parallel workstreams

Pursue Global Majority carer recruitment and community-and-mentoring infrastructure as two parallel workstreams with separate budgets. The first is a multi-year structural fix; the second serves the children currently in placement.

R12

Test the Nidos model **PRIORITY**

Establish a nationally coordinated recruitment operation for culturally matched carers, run separately from mainstream fostering and resourced as its own function rather than as a strand of general campaigns.

R13

Create a national knowledge function **PRIORITY**

Establish an independent national knowledge function for children's social care on the Netherlands Youth Institute model, including a recognition route through which practice tools and interventions can be independently assessed. Decentralised delivery without national knowledge produces 150 separate learning curves.

R14

Treat retention as supply

Treat carer retention as part of the supply strategy, and resource peer support for Global Majority carers accordingly.

R15

Assess identity at every review

Adopt a structured identity assessment instrument applied at matching and at every review, with change tracked over time.

R16

Train and supervise for ethnic and religious socialisation

Train and supervise foster carers explicitly on ethnic and religious socialisation, and make this a defined element of the supervising social worker's role.

R17

Write birth family into the care plan

Treat birth family involvement in cultural socialisation as a placement asset with a role written into the care plan.

R18

Seek external accreditation

Seek external accreditation of organisational cultural competence rather than relying on internal self-assessment.

R19

Equip community partners, not just invite them

Fund safeguarding capability, governance and data protection so third sector organisations can hold a formal role in a child's care plan.

R20

Model the redirection of spend

Calculate what a small percentage of residential placement spend would fund in community, mentoring and kinship provision, and what reduction in placement breakdown would be required to pay for it.

12.3 · WHO NEEDS TO ACT

The workforce and its educators

3 recommendations

R21

Assess cultural competence as a professional skill

Position cultural competence as an assessed professional skill within qualifying education and post-qualifying CPD.

R22

Protect relational time

Protect relational time in caseload design; relational practice cannot be trained into a workload that makes it impossible.

R23

Teach work with community networks

Build practitioner capability in working with community networks, which is currently assumed rather than taught.

12.4 Priority recommendations: actors, requirements and benefits

Of the recommendations above, six would change the most if acted on first.

#	Recommendation	Who needs to act	What is needed	Expected benefit
R1	Recognise cultural identity as a named outcome domain	DfE and Ofsted	An outcome definition and an inspection expectation	Identity becomes measured rather than assumed, and therefore resourced
R3	Publish care outcomes disaggregated by ethnicity	DfE	A change to statistical returns	Disproportionality becomes visible and actionable rather than inferred
R5	Sharpen kinship care: parity, prioritisation, induction	DfE and local authorities	Funding for allowance parity and a national induction standard	More children raised within their own family and heritage; substantial modelled savings
R10	Commission cultural mentoring alongside transcultural placements	Local authorities and IFAs	Specification covering duration, matching and mentor support	Identity needs met by the network; fewer placement breakdowns
R12	Test the Nidos model of targeted carer recruitment	DfE and regional fostering partnerships	A separately resourced recruitment function, not a campaign strand	A larger supply of culturally matched carers, addressing the structural gap
R13	Establish an independent national knowledge function	DfE, with an independent body	A recognition route for practice tools and interventions	One national learning curve instead of 150

13. Conclusion

The UK does not need to choose between safeguarding rigour and cultural, relational, community-based practice. The comparative evidence in this paper suggests that the two are complementary, and that the second is the condition on which the first delivers lasting outcomes.

Ghana demonstrates that community can carry responsibility for children. The USA demonstrates that cultural competence can be built into professional formation and that sustained mentoring changes trajectories. The Netherlands demonstrates both the promise of family-led, locally integrated prevention and the cost of under-resourcing it — and, through Degener's research programme, tells us with unusual precision what happens inside a transcultural placement when a child's identity is left to chance.

That last point is the one this paper would most want a UK policymaker to take away. Children placed across cultural lines are not confused because they are in care, and not confused because of their heritage. They are confused because the adults around them send contradictory messages about who they are, and no one is given the job, the training or the tools to resolve it.

The central argument follows from that. The UK does not have enough Global Majority foster carers and will not have enough for years. Recruiting and retaining them is essential and must be pursued with far more seriousness than it currently receives. But it is a long-horizon answer, and children are growing up on a short one.

The immediate answer is to utilise community organisations and to expand structured mentoring alongside fostering, so that the cultural knowledge, heritage connection and adult mirroring a transcultural household cannot supply from within are supplied by the network around it. Both strategies are needed. Only one of them can start on Monday.

The WHOLE™ Framework, the Cultural Compass Mark™, BFCA Connect, the Cultural Mentor Programme and the International Certificate are offered as a practical response — and, importantly, as an operating one rather than a proposal. Together they make cultural identity something the system sees, acts on, measures and can be held accountable for, rather than an aspiration recorded at matching and never revisited.

Children are not raised by systems alone. They are raised through relationships, culture and community. A care system that recognises this does not become less rigorous. It becomes more effective.

14. PERSONAL REFLECTION

I applied for this Fellowship as a social worker and a former foster carer who had spent years being told, in different words, that what I was describing was a matter of preference rather than of need. Cultural identity was the thing that came up warmly in training and disappeared from the care plan. I wanted to know whether that was inevitable.



“ The Fellowship didn't just change what I know. It changed how I will practice, commission and advocate. **”**

1



IN GHANA, I STOPPED SEEING COMMUNITY AS A SUPPLEMENT.

I had understood community support as something added around a child. What I saw was a system in which the network is the primary unit and the professional's job is to strengthen it. That reversal is the single most useful idea I brought home, and it is uncomfortable, because it means the UK system's instinct to take responsibility away from families in order to discharge it professionally may be part of what produces the outcomes in Section 1.3.



Community isn't an add-on. It's the system.

2



IN ATLANTA, I SAW WHAT IT LOOKS LIKE WHEN CULTURAL KNOWLEDGE HAS INSTITUTIONAL STANDING.

At Clark Atlanta University, cultural competence is not an add-on to professional formation; it is the formation. Coming home to read about Black Studies programmes closing in British universities was genuinely difficult. We are asking a workforce to become more culturally competent while removing the places where that competence is produced.



You cannot build cultural competence by closing the places that create it.

3



IN THE NETHERLANDS, I FOUND THE RESEARCH I HAD BEEN LOOKING FOR AND HAD ASSUMED DID NOT EXIST.

Reading Clementine Degener's work on transculturally placed young people was the moment the Fellowship stopped being a comparison of systems and became an argument. Those young people describe exactly what carers and young people describe to me in Leicester and Birmingham — contradictory messages, ambivalence, distance from their own heritage — and someone had followed them over years and written it down. The frustration is that this evidence exists and has not reached UK policy.



The evidence exists. We just haven't used it.

4



I HAD TO REVISE SOMETHING ABOUT MY OWN WORK.

I went out believing the answer was more Global Majority foster carers. I still believe that, and I now think it is insufficient on its own. Transcultural placement is not a temporary failure of recruitment; it is the reality most Global Majority children in care will live in. Accepting that was uncomfortable, because it means the urgent work is not only recruitment but making the placements that already exist identity-competent. That shift is the reason this report argues for two parallel strategies rather than one.



Recruitment and identity-competent placements must move forward together.

5



FINALLY, A REFLECTION ON MY OWN PRACTICE.

I have spent a long time making the case for cultural identity in the language of values. What I learned abroad is that values do not survive a commissioning meeting. Measurement does. The organisations whose work has lasted are the ones that can show what changed. That is why measurement runs through everything proposed here, and it is a change in me as much as in the argument.



Values inspire. Measurement sustains change.

“

This Fellowship confirmed that change is possible. It also confirmed that it will only happen when **identity, community and relationship** are treated as **infrastructure** — not as extras.

”

15. WHAT NEXT

The Fellowship does not end with this report. The following are my intentions for turning the findings into change, and the points at which support would make a difference.



“The work continues. Together, we can build a care system where every child knows who they are and where they belong.”



IMMEDIATE (0-6 MONTHS)



Share this report, or the relevant sections of it, with every organisation I visited, and with the researchers whose work it draws on.



Convene the Village Summit annually, beginning online on 12 November 2026 under the question *Who Raises the Child?*, bringing practitioners, researchers, carers and community organisations across jurisdictions — including Dutch research on transcultural placement and identity, and partners working in West Africa — into direct contact with UK practitioners and commissioners. An annual forum, rather than a single event, is what turns comparative learning into a professional network and builds the relationships through which specific practices can be tested here.



Circulate the recommendations to the Department for Education, to directors of children's services, and to the fostering services BFCA already works with.



MEDIUM TERM (6-24 MONTHS)



Complete the independent evaluation of BFCA's CPD provision with a UK university partner, and use it to design the International Certificate in Strength-Based Practice.



Continue discussions with Clark Atlanta University on partnership for the Certificate.



Pursue the study identified in Section 4.4 — measuring the effect of carer and practitioner cultural competence on children's identity outcomes — which would be an international first and would close a gap the literature has repeatedly named.



LONGER TERM (2+ YEARS)



Make the case for an independent national knowledge function for children's social care, with a recognition route through which practice tools can be independently assessed.



Work towards cultural identity being recognised as a measured outcome domain in national policy and inspection.



WHERE SUPPORT WOULD HELP



Introductions to policy officials and to Fellows working on children's social care, care leavers, kinship care and workforce development.



Connections to funders interested in the mentoring evidence gap, and in moving community provision from time-limited innovation funding into core commissioning.



Introductions to UK academic partners in children's social care research, given how few departments now hold this specialism.



Opportunities to present these findings to sector audiences and at conferences.



Real change is built through *relationships, evidence and action*.
The time to act is now.



ACKNOWLEDGEMENTS



This report exists because people let me into their work, their offices and, more often than I expected, their homes.

My thanks go first to the organisations, practitioners, foster carers and young people in **Ghana**, **the USA** and **the Netherlands** who gave me their time and their honesty. Some of the conversations that shaped this report were not interviews at all — they happened in coffee shops, community halls and long car journeys, and they changed how I understand work I have spent my career doing.

I am grateful to the Churchill Fellowship — the operating name of the Winston Churchill Memorial Trust, — for making the travel possible and for trusting Fellows to follow the learning wherever it leads.

Thank you, too, to my family, who absorbed the absences, and to the colleagues who held things together while I was away.

Most of all, thank you to the children and young people whose experiences sit behind every recommendation in this report. I hope it proves useful to you.

Atlanta



Ghana

Netherlands



*This Fellowship was made possible by the generosity of those who believe in **learning across borders** and in building a **better future for children and families**.*

Appendix A:

Organisations Engaged During the Fellowship

ORGANISATION	COUNTRY	FOCUS	WEBSITE
OAfrica	Ghana	Deinstitutionalisation and family reintegration	 https://www.oafrica.org
Feed Ghana	Ghana	Poverty, food insecurity and prevention	 https://www.feedghana.org
Big Brothers Big Sisters of America	USA	Structured long-term youth mentoring	 https://bbbsatl.org/
Blueprint 58	USA	Community-led wraparound neighbourhood support	 https://blueprint58.org
Clark Atlanta University	USA	Social work education and cultural competence	 https://www.cau.edu/
Barnardo's	UK	SEEN research on Black children in care	 https://www.barnardos.org.uk
Ascent Fostering	UK	Culturally embedded fostering practice	 https://www.ascentfostering.co.uk/
Nidos	Netherlands	Guardianship and culturally matched foster placement	 https://www.nidos.nl
Netherlands Youth Institute (Nji)	Netherlands	National knowledge function and intervention recognition	 https://www.nji.nl
University of Groningen / Rotterdam University of Applied Sciences	Netherlands	Research on transcultural placement and ethnic identity	 rug.nl / hogeschoolrotterdam.nl

Further Reading

A short selection for readers who want to go further than the sources cited in this report. Each is chosen because it develops one of the report's main threads.

Black children, identity and the care system

Bernard, C. and Harris, P. (eds) (2016) *Safeguarding Black Children: Good Practice in Child Protection*. London: Jessica Kingsley Publishers.

Practice-focused chapters on culturally competent safeguarding of Black children in the UK.

Thoburn, J., Chand, A. and Procter, J. (2005) *Child Welfare Services for Minority Ethnic Families: The Research Reviewed*. London: Jessica Kingsley Publishers.

A review of UK research on minority ethnic families' experience of child welfare services.

Bernard, C. (2022) *Intersectionality for Social Workers: A Practical Introduction to Theory and Practice*. Abingdon: Routledge.

Useful background to the intersecting "care experience" and "ethnicity" identities discussed in Section 4.

Community, relationship and social models of practice

Featherstone, B., Gupta, A., Morris, K. and White, S. (2018) *Protecting Children: A Social Model*. Bristol: Policy Press.

Argues for child protection grounded in families' social circumstances and community — the thread running through Sections 2, 3 and 10.

Rhodes, J.E. (2002) *Stand by Me: The Risks and Rewards of Mentoring Today's Youth*. Cambridge, MA: Harvard University Press.

An accessible account of what makes youth mentoring work, and what makes it fail.

Tierney, J.P., Grossman, J.B. and Resch, N.L. (1995) *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.

The landmark randomised study behind much of the mentoring evidence discussed in Section 3.3.

Kinship care

Hunt, J. (2020) *Key Findings from the Last Two Decades of UK Research on Kinship Care*. London: Family Rights Group.

A concise overview of the UK evidence on kinship care discussed in Section 5.

Policy context

Department for Education (2023) *Stable Homes, Built on Love: Implementation Strategy and Consultation*. London: DfE.

The government's response to the Independent Review of Children's Social Care, and the policy backdrop to Section 10.2.

History and heritage

Olusoga, D. (2016) *Black and British: A Forgotten History*. London: Macmillan.

Historical context for the heritage and identity that this report argues children in care should be able to access.

References

- Abdullah, A. (2017) *Social Work in Africa: Issues and Challenges*. Accra: University of Ghana Press.
- Barnardo's (2021) *SEEN: The Experiences of Black Children in Care*. London: Barnardo's.
- Bernard, C. (2020) *Childhood, Youth and Identity in Foster Care*. London: Routledge.
- Bronfenbrenner, U. (1979) *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.
- Bywaters, P. et al. (2016) 'Child welfare inequalities in the UK', *Child & Family Social Work*, 21(2), pp. 164–174.
- Carten, A.J. (2020) *Find a Way or Make One: A Documentary History of Clark Atlanta University Whitney M. Young Jr. School of Social Work (1920–2020)*. New York: Oxford University Press.
- Degener, C.J. (2021a) *Ethnicity Reflections in Foster Families: The Complexity of Transculturally Placed Foster Youth's Ethnic Identity and the Way They Are Ethnically Socialized by Their Primary Carers*. PhD thesis. University of Groningen. doi: 10.33612/diss.190722586.
- Degener, C.J., Grietens, H.W.E. and van Bergen, D.D. (2023) 'Grasping ethnic identity fluctuations of transculturally placed foster youth: a longitudinal study', *Qualitative Social Work*. doi: 10.1177/14733250221081758.
- Degener, C.J., van Bergen, D.D. and Grietens, H.W.E. (2020) 'The ethnic identity complexity of transculturally placed foster youth in the Netherlands', *Children and Youth Services Review*, 113, 104957. doi: 10.1016/j.childyouth.2020.104957.
- Degener, C.J., van Bergen, D.D. and Grietens, H.W.E. (2021b) 'The ethnic identity of transracially placed foster children with an ethnic minority background: a systematic literature review', *Children & Society*. doi: 10.1111/chso.12444.
- Degener, C.J., van Bergen, D.D. and Grietens, H.W.E. (2022) "'Being one, but not being the same": a dyadic comparative analysis on ethnic socialization in transcultural foster families in the Netherlands', *Child & Family Social Work*, 27(2), pp. 143–151. doi: 10.1111/cfs.12861.
- Department for Education (2023a) *Children's Social Care Statistics*. London: DfE.
- Department for Education (2023b) *Championing Kinship Care: The National Kinship Care Strategy*. London: DfE.
- Department for Education (2024) *Kinship Care: Statutory Guidance for Local Authorities*. London: DfE.
- DuBois, D.L. et al. (2011) 'How effective are mentoring programs for youth? A systematic assessment of the evidence', *Psychological Science in the Public Interest*, 12(2), pp. 57–91.
- Gilbert, N., Parton, N. and Skivenes, M. (2011) *Child Protection Systems: International Trends and Orientations*. Oxford: Oxford University Press.
- House of Commons Education Committee (2025) *Children's Social Care*. Fourth Report of Session 2024–25, HC 430. London: House of Commons. Published 10 July 2025.
- Independent Review of Children's Social Care (2022) *Final Report*. London: Independent Review of Children's Social Care.
- John-Baptiste, A. and Chamberlain, C. (2026) *Review of Early Deaths of Care Leavers*. London: Department for Education.

- Jackson, M.S., Colvin, A.D. and Bullock, A.N. (2020) 'Development of a pre-college program for foster youth: opportunities and challenges of program implementation', *Child and Adolescent Social Work Journal*, 37(4), pp. 411–423. doi: 10.1007/s10560-019-00639-2.
- Jackson, M.S., Dozier, K., Colvin, A.D. and Bullock, A.N. (2022) 'Exploring the self-efficacy of foster youth participating in a pre-college summer program', *Children and Youth Services Review*, 143, 106706. doi: 10.1016/j.childyouth.2022.106706.
- Kinship (2024) *Make or Break: Annual Survey of Kinship Carers 2024*. London: Kinship.
- Munro, E. (2011) *The Munro Review of Child Protection: Final Report*. London: Department for Education.
- Netherlands Youth Institute (Nederlands Jeugdinstituut) (2025) *Database of Effective Youth Interventions and Youth Monitor*. Utrecht: NJi.
- Nidos (2025) *Reception and Living in Families: The Netherlands*. Utrecht: Nidos Foundation.
- Nuffield Foundation and University College London (2021) *The Lifelong Health and Well-being of Care Leavers*. Policy briefing. London: Nuffield Foundation.
- Onrust, S.A., Romijn, G. and de Beer, Y. (2015) 'Family group conferences within the integrated care system for young people with ID: a controlled study of effects and costs', *BMC Health Services Research*, 15, 392. doi: 10.1186/s12913-015-1062-2.
- Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.
- Rip, J. et al. (2020) 'Cultural matching factors, child factors and fostering factors associated with successful foster placement: an explorative study into the perspectives of unaccompanied refugee children, their foster carers and guardians', *Children and Youth Services Review*, 118.
- Royal Historical Society (2024) *Statement on History at Goldsmiths, University of London*. London: RHS.
- Saleebey, D. (2013) *The Strengths Perspective in Social Work Practice*. 6th edn. Boston: Pearson.
- Schofield, G. and Beek, M. (2009) *Growing Up in Foster Care*. London: BAAF.
- Social Work England (2022) *Professional Standards*. London: Social Work England.
- Ungar, M. (2013) 'Resilience, trauma, context and culture', *British Journal of Social Work*, 43(2), pp. 255–266.
- UNICEF (2019) *Guidelines for the Alternative Care of Children*. New York: UNICEF.

Contributor sources

- Cole, R. (2026) 'Blueprint58: rooted, relational, real', *Voice of the Alliance*. Black Foster Carers Alliance CIC.
- Cole, R. (2026) 'Lessons from Atlanta: what Big Brothers Big Sisters of America taught us about the power of mentorship', *Voice of the Alliance*. Black Foster Carers Alliance CIC.
- Cole, R. (2026) 'Postcard from Ghana', *Voice of the Alliance*, Issue 6. Black Foster Carers Alliance CIC.
- Cole, R. (2026) 'The village steps in: how OAfrica is redefining social care in Ghana', *Voice of the Alliance*. Black Foster Carers Alliance CIC.
- Cole, R. (2026) 'The village at work: restoring smiles and health in Ghana', *Voice of the Alliance*. Black Foster Carers Alliance CIC.

