National Centre for Excellence in Residential Child Care

Ubercaring – the premise and the promise of the concept and method

Ubercaring is the

- interlocked processes of marketisation (running residential child care on the basis of financial logic open to the market)
- commodification of care (the valuing of data and redefining care as a commodity that has to be paid for one demand)
- standardisation of care (manualising and creating one size fits all model of care)

Adopting this premise enables a look beneath, before, behind and beyond what is presented as the explanatory narrative of regional care cooperatives.

It is interested in what we are told is going on

It is also interested in what is going on of which we are not publicly aware.

The situation is, we are being underinformed.

Ubercaring has nothing, or at least very little, to do with care

Two things have become apparent to NCERCC.

1. The amount of activity of people making and taking things to be implemented has grown rapidly. Evaluation is a thing of the past. The focus is on “radical” social transformations wiping away and re-establishing definitions and thresholds. The old boundaries are going. It is an accelerationist gambit that our chosen beliefs about the future (however fanciful) can form and shape our present realities[1]. Don’t think about it, just do it[2] Doing is Being. Doing is affirmational by immersion into a culture,
2. The speed at which things are happening has accelerated. As Virilio observes speed changes the objects and subjects, that which moves with speed quickly comes to dominate that which is slower. Speed of enactment is a taking of territory, whoever controls the territory possesses it.

[1] Paul Haynes 2021 "Is there a future for accelerationism". *Journal of Organizational Change Management*. **34** (6): 1175–1187 Accelerationism is hyperstitional in constructing a prefigurative political imaginary of the very transformation it initiates

[2] Pink Fairies 1971 Do it lyrics.” Don't think about it, Well all you've got to do is, do it! Well don't talk about it. All you do is do it! do it!”

The result is “dislocated, undeveloped ideas swirling around often at the level of great generality. The content is often not particularly logical if viewed from a conventional academic perspective in the human or social sciences”.[3]

Are we done yet? No. The process, still unsure about the focus or destination, is geared to go further, to accelerate the process. In this matter, the truth is that we haven't seen anything yet.

The context for this thinking is the current DfE plethora of policy not being given time for reasoned cool consideration. No space given to reflective, critical or alternative thinking.

Where we started

The idea for seeing regional care coops as Ubercaring came through thinking about the conscious and unconcious of what was being written and said about them.

The more we delved the more we came to see that we “do not even know what we are saying yes to, which blurs the parameters of what counts as a consensual process”[4].

We stumbled across the book ‘Ubertherapy – the new business of mental health by Elizabeth Cotton’. We were convinced that she, and a few others, were ‘on to something’. She described what we had been seeing and trying to find the conceptual language to think through. In writing about dynamics and exchanges in a psychoanalytic frame she helped show the inside and outside of RCCs. She showed how it was possible to adopt a stance to see what was happening.

There was a lot written and happening – but what was really going on beneath this surface? After all there was a lot of science and evidence and presentation, and money being spread around.

It was to prove interesting, informative and shockingly we reflected how underinformed we were, at that time.

Whose interests are RCCs serving and what are their intentions?

Whatever was happening was doing so quickly. Speed was an element in the formation of the RCCs. The feeling Cotton describes is of being “hurled around on a fairground ride.”

The covering narrative was it was necessary because of the curve of doom where needs and placements outrun funds. Using the narrative of profiteering the case was made that the market needed to be managed.

The residential ride was about to crash and burn unless some things happened: providers fees were reduced, placements were reduced (either in total or in length

[3] Steve Redhead *Paul Virilio: Theorist for an Accelerated Culture* commenting on Virilio’s writings
[4] Elizabeth Cotton Ubercaring 2025

and to this end the models needed to short term, solution focussed, standardised, treatment. The description included less of the importance of the relational practice and environment and more of the treatment. On this basis there would be ROI (Return On Investment) that would attract the right homes in the right place set up by not-for-profit entrepreneurs/charities (often the same thing today).

What emerges is an analysis of processes of marketisation, commodification and standardisation.

We had embarked on an odyssey. The odyssey that is children's care. – NCERCC

We found we were to become involved in inquiring, investigating, and interrogating.

Ubercaring has nothing to do with care. Its focus is extraction, of reducing profit, and mining the data. We began to see RCCs as Residential Tinder, as the online booking of short term, solution-focused, standardised placements.

We are very aware that we at "risk of talking about something that people are defended against seeing, and by how by seeing the problem you can become the problem" [5]

It may not have been how it was first thought about consciously, though with behavioural nudge economics, as our drama 'Turning the screw' examines, you can never be certain. Alternative readings are possible.

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RCCs are a denial of the reality that we have created demand that outweighs supply leading to a future where decision making is levered, shepherded, heavily and is being invisibly curated by algorithms few of us understand or even know they are operating. (See Assessment of need tool and platform tender Assessment of Need Tool Market Engagement Notice - Find a Tender)[6]

[5] Cotton ibid

[6] (2026 NCERCC has recently researched social work assessments to the Home Search/Placement Request Forms to support placement provision finding a greater granularity of information than gained from an Assessment of Need tool used previous research and planning)

Background

Increasing numbers of CYP with complex needs require multi-agency support across social care, health, and youth justice. Current processes are fragmented, resulting in inconsistent assessment practices, delayed interventions, and rising use of unregistered or high-cost placements. A unified, evidence-based assessment tool is needed to improve early identification, planning, and outcomes.

Purpose of the Project
The proposed project will design, develop, and implement:
- A validated, holistic assessment tool capturing needs, risks, and strengths.
- A secure, interoperable e-platform with analytical capabilities.
- A training and implementation model for use across five pilot areas.
- Aggregate data and insights to support strategic planning and commissioning.

What DfE Is Seeking from the Market

DfE seeks supplier expertise in:
- Assessment tool design (including modular and rapid-assessment formats).
- Digital platform development, interoperability, security, and predictive analytics.
- Training delivery, engagement, and large-scale implementation.
- Data governance, UK GDPR compliance, and DPIA processes.
- Aggregate data analysis, profiling, and reporting.

Indicative Timescales
The potential project will run for up to 30 months, covering development, rollout, assessment delivery, data analysis, and final reporting.

There are alternatives to this future. (See Geopolitical shocks in the Gulf directly disrupt children's social care – what to do? – NCERCC

This blog engages with matters wider than the care system. Ubercaring has nothing, or at least very little, to do with care

It is always what lies outside any care system that shapes its values, logics and intentions. These are imported into the algorithmic system that is used in Ubercaring. It is also the reason why we need to know about the trajectory of the residential child care sector in the USA where such Ubercaring has already been happening.

An understanding of the platformisation of care (see tender details above) is necessary.

Ubercaring is a facet of current monopoly capitalism[7].

[7] Weigel, 2023.

The models of care become corporatised and commodified as venture capital introduces short-term profit-driven logics into children's care. In such a formulation the rules of the market determine what care exists and who gets it, laying the foundations of what has been called neoliberal paternalism[8]

Algorithmic care is designed for data capture and personalised individual assessments. This leads away from formulation type working depersonalising and deprofessionalising by offering short term solution focused CBT type care derived from the algorithmic assessment of need tool used.

It is a cheaper and politically convenient model of care in that it defines the problem at the level of the individual child and provider[9]. It places a responsibility on the individual child family and provider rather than the care system within which they exist. Establishing digitalization and platformisation is the precursor to pay-as-you-go children's care rather than a longer-term investment international asset. The focus is shifted from care to the data required for the management of the system. Data is extracted and monetised.

The business model is not just about cutting costs and standardising care as a product; it also incorporates the capacity to control supply chains and markets through the size of the network[10]. The numbers of residential care providers can be managed. Ubercaring involves deprofessionalisation in that decision making is predicated on the conclusions of the algorithm from the inputs of the assessment of need tool. This is more than the rationing by budget ceiling seen in Waterhouse studies.

The platform might be used as a predictive system, predicting what is needed on the basis of the data collected, but this is heavily circumscribed by the data that is to be collected. The problem with such disembodied data is that they support and promote bias and with it pre-existing inequalities deepen.

It is in this sense that Ubercaring is an extractive industry in its own right irrespective of the care system it is described as serving. It performs the task of data colonialism that hollows out children's social care in being based on commercial targeting[11]. Children's needs all measured and socially quantified

If the formulation for a child is made by an algorithm and allocates a care provider and a care model and predicts an outcome of 50% or 75% and the potential for well-being thereafter one has to begin to be concerned about the future of professional understanding of children's needs. For example, can an algorithm appreciate the difference between a child in panic, or with a chronic low self-esteem, or a traumatic

[8] Sandford and Silverman, 2012

[9] Dallas 2018
[10] Brahman and Tilan 2019
[11] Couldry and Magius 2019

flashback or the sudden loss of an important relationship and the accompanying bewilderment that goes with it. Maybe it doesn't matter the care this child receives in that in that the care being prescribed meets the behaviours to which the algorithm he's reacting?

Uber caring is a business model not a care model. Indeed, it is an attack on being able to think about a care model

If the algorithm is asking to standardise self-reporting questions it matters how and who have developed the questions and for what purpose

We are dependent on others to grow. We are not dependent on an algorithm as our parent. The algorithm is dependent on the provider to deliver the care as determined and directed by the Assessment of need tool, and the provider is to be evaluated on the comparison of the outcome against what the algorithm's assurance decided.

This runs counter to everything involved in the Care Review, in Family First and Home Again as it denies relational care and relies upon algorithmic evidence.

In this way regional care cooperatives do not offer a continuity of care or a stable framework of care[12]

What Ubercaring provides is a convenience and choice where care is predicated on being be done anytime, from anywhere, by anyone. The problem of relating has been not solved. It has been removed. This is to create a 'Residential Tinder'.

A standardised and digitalised model does not capture us as we really are, and predictive technologies can never know about our future growth and adaptation.

In the requirement to learn new information, for example about current commerce and platformisation, we are being distracted from the important critical thinking we have to do to know if the change of the logic of the algorithm can be made from a financial to a therapeutic. If not, then we need to think of how best we can undertake this work.

If we are to be able to consider the above question, we are going to need a perspective that can not only see inside what is going on, but also can see outside, and crucially that can retain its own space to consider what is happening

In order to inquire about, investigate, and interrogate Ubercaring we have to create and convene spaces that allow people to talk safely. new paragraph.

The care system needs our collective professional relational oversight and co-design.

A book to read further might be Advancing psychotherapy for the next generation by Michaels et al 2023

[12] Weintrobe 2021