ADCS POSITION STATEMENT
WHAT IS CARE FOR: ALTERNATIVE MODELS OF CARE FOR ADOLESCENTS
(April 2013)

1. About ADCS and this statement

1.1 The Association of Directors of Children's Services Ltd (ADCS) is the national leadership organisation in England for directors of children's services appointed under the provisions of the Children Act 2004 and for other children's services professionals in leadership roles.

1.2 This position statement is the second[1] in a short series that articulates ADCS members' collective aspirations for the care system. In particular, this statement reviews the key messages from evidence relating to models of adolescent care provision[2], examines whether there might be alternative models better suited to the needs of adolescents, looks at the balance of parenting responsibility between the state and a young person's family, offers some propositions for debate, and makes some recommendations as to how we might move forward. The paper builds on the premise that "adolescence" is a construct that does not respect boundaries and asks whether we need to challenge the conceptual underpinning of our current range of services designed to meet the needs of young people.

1.3 Care is never an end in itself, it is always just one stage of a child's journey into adulthood; the true outcome measure for care must be related to the quality of adult life the young person achieves. The key driver for the focus of this paper is the relatively poor track record of state intervention in effectively meeting the needs of those young people who first enter the care system at age 11 or over – 'adolescent entrants' (as distinct from 'adolescent graduates'[3] who enter the care system under the age of 11 and remain in care during their teenage years). There is a predominance of crisis admission into care for adolescents, often following a breakdown in family relationships. This mode of entry into the care system and the simple fact of separation from family and community make it more difficult to work holistically with the young person and their family. Once in care, adolescents are more likely than their 'non-looked after' peers to "go missing", less likely to hit educational attainment targets, more likely to be involved with the criminal justice system and less likely to make a smooth transition to appropriate accommodation and employment or training as a young

[1] The first position statement *What Is Care For* was published by ADCS Ltd on 23 October 2012: http://www.adcs.org.uk/download/position-statements/2012/ADCS%20Position%20Statement%20What%20is%20care%20for.pdf

[2] research in practice was commissioned by ADCS to undertake a rapid review of the evidence from research and practice on models of adolescent care provision beyond the residential children's home model.

[3] Sinclair, I., Baker, C., Lee, J. and Gibbs, I.(2007) *The pursuit of permanence: A study of the English care system*. Jessica Kingsley Publishers.

adult. Furthermore, the construct of "care" as the provision of alternative parenting fails to adequately reflect either the fact that the intervention is transient and the young person's destiny is almost invariably back with their family in their community of origin, or the potential negative impact separation can have on the young person's sense of identity.

1.4 Our evidence review (Bowyer and Wilkinson, 2013) considered a range of models of care and family intervention, both in the UK and abroad. From this it is clear that differences in culture and attitude towards both welfare services and the concept of the family inform the development and impact of services in different parts of the world. **There is no one 'magic bullet' model of care that has been found to be more effective than those currently in use in England**, but there are systemic approaches which produce quite different results for the most troubled young people. Most clearly, the contrast between European systems in which care is seen as part of a continuum of services, and the English model of care as an incident-focussed last resort, is in the constuct of a crisis incident. Equally, there is evidence that some forms of intervention in use in England have a significant positive impact on both safeguarding and enabling young people to develop; but neither commissioning nor placement strategies appear sufficiently well tuned to make best use of this evidence.

1.5 As a nation we need to acknowledge that our approach to "care" does not work particularly well for adolescent entrants, and we need to do something about it. **As system leaders we should review the public expenditure committed to both early help and targeted intervention for adolescents and their families - and realign it.** Current approaches to public sector reform are moving us rapidly in the direction of whole system thinking, with the possible prize of local community budgeting on offer; this paper asks whether our model is appropriate for provision for our most troubled teenagers. The responses of local authorities to the current rounds of reduction in public expenditure suggest there will be a disproportionate impact on community based services for young people, yet there is little evidence emerging to suggest "care", the service with some of the highest unit costs, has been systematically targeted for de-commissioning. Custody numbers continue to fall as a result of changes across the youth justice system, but consequent savings are not yet being earmarked for re-investment at a local level. We are seeing the development of some alternative strategies, including the use of former Early Intervention Grant funding channelled to stimulate local community responses to working with troubled adolescents, but this is far from widespread.

1.6 In addition, since the ADCS launched its "what is care for" debate, the Government[4] and Care Inquiry[5] have both commissioned work to look in detail at other aspects of the care

[4] Letter from Tim Loughton to Sue Berelowitz, 3 July 2012 and subsequent written ministerial statement announcing the establishment of an expert working group with a broad remit to review the quality of provision being delivered within children's homes, including the qualifications of the workforce. This was alongside three other commitments: improving data on children who go missing from care; amending regulations to allow Ofsted to share the locations of children's homes with the police; and making proposals on out of area placements http://www.childrenscommissioner.gov.uk/content/publications/content_581

[5] On 1 October 2012 eight leading charities joined forces to launch The Care Inquiry, an inquiry into how best to provide stable and permanent homes for children in England who cannot live with their birth families. The

system. The final recommendations from these initiatives should support improvements in quality of provision and the workforce and therefore of improved outcomes for young people, but neither will address the issue of whether "care" is an appropriate response by society for all those who currently enter it. **To meet the needs of young people and of society will almost certainly require population level commissioning** that acknowledges and includes resources ranging from kinship care to custody, and which is significantly more flexible than the offer that currently exists. If the evidence tells us that the care and custody systems are attempting to achieve outcomes for which they are ill-suited, we must set out a viable alternative.

2. Impact and effectiveness of care and community based approaches

2.1 Local systems are complex and tend to respond to needs in an individual and pragmatic fashion – which is entirely appropriate for the majority. The fragmented development of social and educational policy over the years has led to the creation of equally fragmented services and responsibilities in respect of our young people with the most complex needs. Whilst local children's services have undergone significant change over recent years, and delivered most of the aspirations underpinned by the Children Act 2004, the evidence is that services to the group of young people from whom the "adolescent entrants" to the care system are drawn have remained remarkably resilient to change. Care, education and custody systems still appear to operate largely in their own silos for this group, and to remain effectively detached from early help in many places.

2.2 The evidence review carried out for ADCS by research in practice (Bowyer and Wilkinson, 2013) indicates that, unsurprisingly, there is no single model of adolescent care provision in operation currently in England, nor in operation elsewhere that could be adapted to better serve the needs and meet the outcomes of all adolescent entrants to the care system. We need a range of care provision to address the heterogeneity of the adolescent care population, addressing age (our approach to older adolescents 15-17 year olds must be different to that which we take towards younger adolescents 11-14 year olds), placement history and the reasons for entering care. However, the development of the residential care market over the years has been unsystematic and provider-led with a consequential uneven geographical spread of resources and, in many instances, weak links to local systems. Much provision delivers "care" to an agreed standard but makes few claims about any medium or long term outcomes for the young person that the intervention will deliver. Our national inspection regime does not make any real judgement about the impact of care, but concentrates instead on the day-to-day processes – no school would expect such a light touch approach to whether its teaching actually made a difference. In order to make judgements about the impact of care, as with schools, the focus of inspection needs to include analysis of how well any provision is supporting young people to meet the challenges they will shortly face as adults.

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aim of the Inquiry, is to collect and explore the evidence on what actually works for children, in order to make recommendations to central and local government about how to succeed in helping them achieve long-term stability and security. http://thecareinquiry.wordpress.com/about The findings and recommendations from the Inquiry will be published at the end of April 2013.

2.3 Schofield *et al* (2012) found that a system is effective at providing good care when it promotes security, resilience and pro-social relationships. It is particularly effective when secure attachments and stability are available and young people's engagement with the community is promoted. Moreover, late entry into care in the teenage years has the greatest chance of success where it capitalises on the protective strengths of relationships and involvement in constructive activities.

2.4 There is a predominance of crisis admission into care for adolescents, often following a breakdown in family relationships. Plainly the way to mitigate crisis admissions and the damaging impacts of childhood abuse and neglect is to intervene early in the life of children and their families. However this is not always possible, or successful. Where care is seen as part of a continuum of services rather than a "last resort" intervention it can be effective in preventing escalation of problem behaviour.

2.5 There are a number of interventions that have been found to be effective in improving outcomes for adolescents. These include multi-systemic therapy, multi-treatment foster care and functional family therapy[6]. These approaches share core, common features including high levels of engagement with the young person and family, being delivered by specifically trained professionals and maintaining some level of service after the intervention ends. The professionals delivering the interventions and the relationships built between the professional and young person and their family, are as important as the interventions themselves. These features are not common in much of the current residential care system. The major voluntary organisations operating in England, originally major providers of care, have been developing a range of options to support both specific interventions and commissioning for outcomes but such services are far from universally available.

2.6 Many adolescent entrants to the care system become part of the youth justice system. This position statement is not the place to explore the complex nature of this relationship, but the Independent Commission on Youth Crime and Anti-Social Behaviour[7] carried out a comprehensive review of evidence and concluded that a radically different series of responses to minor offences (which are the vast majority of those committed by adolescents) would both reduce the likelihood of re-offending and save substantial amounts of public money. One strand of the Commission's recommendations can best be characterised as a call to disinvest in care and custody in favour of developing systemic responses to local need through sustained investment in targeted early help and prevention.

2.7 Social pedagogy provides an approach to intervention which supports the child's overall development – including the passage through adolescence with all the challenges this creates – and is used to underpin services in a number of European and Scandinavian

[6] research in practice's evidence review (Bowyer and Wilkinson, 2013) examines a variety of evidence based interventions and is published alongside this position statement.

[7] *Time For a Fresh Start* (published 15 July 2010) http://www.police-foundation.org.uk/youthcrimecommission/index457a.html?option=com_content&view=article&id=76&Itemid=85

countries, including their residential provision. In England a number of local authorities and some independent care providers have used a social pedagogic approach to underpin their care programmes. The English pilot led to some improvements in the perceptions of young people about the quality of care they received, but was inconclusive in respect of improved outcomes. These findings however need to be contextualised with an understanding of the limitations and contextual challenges of the pilot. Cynicism and initial resistance about a 'foreign' model contributed to misunderstanding that hampered effective implementation. Where authorities have persevered with the approach initial resistance has been superseded by a 'light bulb moment' when it became clear that this approach can bring improved outcomes for young people and a better, more satisfying, working experience for staff. If we are committed to developing residential care to re-engage with child-centred practice, to up-skill residential care home staff and to deliver relationship-focussed work in residential settings, it would be parochial to discount the European evidence on social pedagogy and what this approach offers to remodelling English care provision.

2.8 The research noted a number of implementation inconsistencies, and wider contextual issues that are of relevance. More significantly, the developments examined had restricted the use of social pedagogic principles to the residential care sector and had not, as in other European countries, adopted it as a consistent, conceptual underpinning to the full range of services to adolescents.

3. The balance of responsibility between the state and the family

3.1 The opportunity to experience stable attachment relationships, perhaps for the first time in their lives, is key to determining how an adolescent will develop into adulthood: the original ADCS *What is Care For?* position statement promoted the principle of the right placement for the right child at the right time. However, there is a delicate balance to be found between achieving and maintaining stability in the child's home and leaving a child for too long in a neglectful or emotionally abusive home environment. Current social work practice is rooted in the principle enshrined in the Children Act 1989 that children should be brought up 'within their family wherever possible'.

3.2 ADCS contends that there is a shared obligation between the state and the family to care for our children and young people. A family (by which we mean the extended familial network, not just the parents) has an obligation to 'look after its own'. This does not mean that the family should be left to cope without support nor that a child or young person should be left in a dangerous situation. The focus of the state's support however, should be on building resilience and coping skills within familial networks to help them meet their familial responsibilities and 'look after their own'. This requires assessment of need and risk followed up with a package of early help designed to support the whole family and help it change behaviours. It is through these means that we might re-design care systems – from the bottom up.

3.3 Children in formal kinship placements generally do as well as those in formal foster care in terms of stability; although disruption is more likely for adolescents, with half the adolescent "disruptions" entailing a move back to parents. However, the picture is rather more complex than that because though more stable (due to pre-existing familial

connections, maintaining contact with siblings and parents and remaining in geographic location are more likely), kinship care placements may be of poorer quality than "stranger" fostering arrangements. Children living with relatives or friends have usually endured multiple adversities and can display severe emotional and behavioural difficulties – yet the carers are likely to receive less support than stranger foster carers. The overall quality of care and ability of kinship carers to meet the needs of the child has been questioned by the findings of a number of studies. An absence of longitudinal studies makes it impossible to comment on adult outcomes from kinship placements. Kinship care is not a panacea, nor should it been seen as a 'cheap' option. To be more effective kinship carers need to be provided with support.

3.4 Census information for England suggests that significant numbers of children are cared for by relatives without recourse to support from the state. Analysis of the 2001 Census data indicates that in England 143,367 children and young people living formally or informally with relatives without their parents present in the household. Of these, 97% lived informally with relatives.

3.5 For many young people with more complex needs the shared obligation between the state and the family is brokered via legal intervention – which brings with it a level of regulation out of all proportion to the task of caring. Financial and practical support to families that provide kinship care has often become rule and eligibility based and is perceived by families to be episodic and highly restricted. Consequently, arrangements which in some countries would be seen as having a fluid boundary requiring the application of sophisticated social work discretion in order to navigate and understand the balance of obligation, become institutionalised and highly bureaucratic.

4 . Conclusions

4.1 Responding to the needs and challenges of adolescents is one of society's more complex issues. This position statement has focused on a very small part of a much wider set of public sector duties, yet the evidence review we commissioned does not provide us with a neat, elegant answer to our original question "what is care for". We can conclude that **the current system provides neither value for money across the care sector – the outcomes do not justify the costs – nor a sufficiently clear expectation of what success should look like**. For some young people the purpose of public care is to provide a safe environment where stable, pro-social relationships can be established, nurtured and flourish; for others it is a vehicle through which targeted constructive support (therapeutic or otherwise) can be delivered. Yet we continue to use care simply to "hold" some young people, and for short periods which are never likely to bring about lasting change. Our evidence review suggests that it is time to question whether care is an appropriate response to all those young people for whom it is currently provided and to actively explore both the alternatives to avoid the need for care for some, and the support available to others to help them leave care and remain in safe and stable settings.

4.2 Local systems make insufficient use of the evidence of the impact on outcomes of the provision they commission and provide. Current systems, both community and care based, are also struggling to deal effectively and swiftly with issues such as child sexual

exploitation and the ongoing need to support vulnerable young adults who have left the care and custody systems.

4.3 The challenges associated with re-designing current models of care and the system within which they operate, are significant; but unless we do it, we will both fail to meet children's needs and try to sustain a system which is unaffordable. In the context of diminishing resources coupled with increasing demand, local authorities are trying to find ways to keep a continuum of care provision working effectively. In doing so, some local authorities are re-prioritising and some are re-designing services. It seems clear however that the most realistic way of re-designing care provision is to begin by focussing resources (financial and human) on the improved assessment of needs and risks leading to an early help offer to families in order to ultimately reduce future pressures on care systems. But to achieve this would almost certainly require a re-focus of approach from the spectrum of public services: from schools to the courts; from families to care homes.

4.4 ADCS established the series of propositions below, each of which was designed to contribute to a creative response to the debate. Each was informed by a combination of evidence and experience and followed the overarching judgement that our current approach which places a great emphasis (in terms of both practice and funding) on whether a young person is in care or out of care, must change radically. We tested these propositions with ADCS members, partners and care leavers; from that dialogue we have developed a series of recommendations.

Proposition 1

Local area systems providing services and support to troubled adolescents remain fragmented and duplicate effort; this is especially pertinent in respect of adolescents with special educational needs, disabilities and/ or poor mental health. The spectrum of services, from schools to healthcare settings to the specialist provision of care, should operate as a continuum designed to meet need and manage risk at a community level whenever possible; the principles of public sector reform and community budgets should be applied to local service and pathway design. All services, including youth justice, speech and language therapy, child and adult mental health and targeted local services for young people should be considered as part of a local review. Such an approach requires an holistic approach to children, young people and their families, based on a single conceptual framework such as social pedagogy. The workforce implications, the skills mix required to deliver as much integrated service as possible whilst retaining as much specialism as necessary, require careful analysis.

Proposition 2

There is insufficient flexibility in the way services for young people are conceived. Our construct of care fails to support the development of needs-led, short term interventions and hampers the best use of family support through kinship care. Our support of kinship placements is neither sufficiently robust nor enduring to ensure stable, safe placements. The application of current regulation can, on occasion, prevent the development of bespoke, intensive support designed to relieve family pressure and manage young people's behaviour

whilst maximising the chances of successful re-engagement with local ties and ultimately reunification. Young people require sustained professional support to keep them safe and sure of their place; linking education, care, health and justice services though a holistic, restorative model of intervention. To achieve this, local authorities, schools, health, police, magistrates, family courts in a local area must co-operate to ensure the provision of an holistic intervention.

Proposition 3

The combination of the English construct of "care" and the regulatory framework that has grown up around it, coupled with provider-led market development and an absence of clear, outcome driven commissioning strategies has resulted in an inefficient and occasionally ineffective suite of services for adolescents. Residential care will remain the right placement for a small proportion of children and young people in care (at 31 Mach 2012, 9% of the care population were living in residential provision of some form according to latest DfE data), but the evidence suggests that a significant amount of residential care would be de-commissioned if it were judged more carefully on outcomes. The evidence in respect of outcomes from specialist foster care suggests there should be significant extra investment in these forms of intervention. Local authorities, whether singly or acting as consortia, should rapidly switch to a model of commissioning for outcomes as opposed to commissioning places. The regulatory framework should keep pace with this approach.

5. Recommendations

Having discussed the propositions above with ADCS members and a number of stakeholders, ADCS will be issuing the following recommendations in the form of an advice note to directors of children's services.

5.1 Children's Trust partnerships should consider reviewing the spectrum of local services and pathways in order to achieve a continuum of services and support. Local solutions should be promoted which include:

(i) A more fluid boundary between care and community services to allow for step up and step down services and interventions.

(ii) Greater use of and support for kinship care placements which bridge the binary divide between a young person being in care or not in care. Support (financial and training) is critical to this process if perverse incentives whereby the wider family seek a legal/court order are to be avoided.

(iii) A model of shared or 'part time' care which deconstructs the binary care system. Shared care may help to address some of the negative impacts associated with reunification, particularly repeated reunification attempts. This shared care model should be designed to help adults improve their parenting whilst providing an appropriate placement for the young person concerned. Shared care modelled on Special Educational Needs and Disability provisions, where care is provided within and outwith the family and in a respite context can allow a young person to maintain

a level of connectedness to home and family particularly if the responsibility for care is shared with a supported kinship carer.

(iv) A flexible approach to transition to adulthood which relies on maturity and readiness to move on rather than simple chronological age. In the context of the raising of the education participation age it makes little sense for adolescents to leave care before they are ready for full independence, which will involve supporting young adults in former care placements if stability is to be achieved. Transition to adulthood and independent living must be sufficiently flexible to ensure transition at the right time for the right person.

5.2 Children's Trust partnerships should consider adopting a consistent and holistic approach to underpin the commissioning and provision of support for children and young people across the age range, and their families. One option might be to adopt a system-wide social pedagogical approach to every aspect of intervention and service provision in children's services including in the professional development of the children's services workforce. Social Pedagogy is not an evidence-based programme but a conceptual model which can be used as a way of thinking and working across complex systems which in turn could help to further integrate local services - from schools, to healthcare, to specialist care provision - with a common outcomes focus.

5.3 Local Health and Wellbeing Boards are already showing themselves to be useful and constructive fora to discuss the health and wellbeing of children and young people, including discussion of the opportunity created by the new legislation, to direct public health spending in to the realm of care. Specifically, local Health and Wellbeing Boards should consider having in their respective strategies a commitment to jointly commission specialist therapeutic mental health services for adolescents in and on the edge of care.

5.4 ADCS will continue to promote the need for more work to be done across the public sector to quantify the social and financial consequences and costs of care – looking at the costs associated with youth justice, prison, welfare, and successive generations of children taken into care. This work should consider not only the opportunities for individual agencies to improve their effectiveness, but also new approaches to pooling public sector finance and alternative investment models.

5.5 ADCS will produce, with key stakeholders, a model approach to commissioning for outcomes. However, this is not straightforward as an effective system for commissioning for outcomes will require:

(i) A common approach to the use of outcomes frameworks, for both independent and in-house provision, which would allow us to learn from the best without hampering locally-led innovation and creativity.

(ii) A shift of focus from cost to quality, engaging practitioners in the process.

(iii) Further development of the definition of outcomes, as outcomes are always provisional at the time of measurement (reversal of gains is possible) and need to encompass a focus on later life.

(iv) A change in the current regulatory framework governing the provision of care, particularly residential care, that is much more outcomes-focussed and more tolerant of risk with a clear framework for linking the payment of placement fees with improved outcomes for the young person concerned. Through its robust, productive relationship with the Regulator, ADCS will continue to urge Ofsted to take an outcomes-focussed approach to its inspection of children's homes.