



Department  
for Education

# **Rethinking support for adolescents in or on the edge of care**

**Department for Education Children's  
Social Care Innovation Programme**

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# Focus area two: Rethinking support for adolescents in or on the edge of care

## 1. Introduction

The Children's Social Care Innovation Programme is a two year programme supported by £30m in the first financial year and substantially more in the second. The Programme's key objective is to support improvements to the quality of services so that children who need help from the social care system have better chances in life.

Since the Programme was announced, the Department for Education has been assessing the opportunities for innovation in children's social care. Experience from other programmes shows that innovation is better prompted by specific, defined problems than by a general call for ideas<sup>1</sup>. We have therefore chosen two focus areas for the Programme, and rethinking support for adolescents in or on the edge of care is one of these.

This document seeks to fuel debate and discussion about this focus area in particular. It presents the conclusions of an intensive eight week evidence-gathering project undertaken by the Department of Education and Deloitte Social Care Practice. It summarises our analysis on:

- the challenges currently facing services for adolescents in or on the edge of care;
- what might help to overcome these challenges; and
- how the Innovation Programme will operate in this area to support the sparking and spreading of innovative approaches.

We are asking everyone with an interest in supporting vulnerable children and families to address three fundamental questions:

- what should the care system's purpose be in working with adolescents?
- how should this purpose drive practice and the structure of services?; and
- who is best placed to do the most challenging work with adolescents?

Young people's needs cut right across organisational and service boundaries. We hope that this report will encourage all those who have the skills or expertise to improve

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<sup>1</sup> Those interviewed or engaged include NESTA, the Young Foundation, Cabinet Office Mutuals Programme, BIG Lottery Fund, Deloitte Innovation Pioneers, Doblin (Innovation Consultancy), DWP Innovation Fund, the Innovation Unit, Big Society Capital and the CLG transformation challenge.

support for young people to come together to tackle these questions. This includes frontline staff and service managers, strategic leaders such as Directors of Children's Services and Directors of Public Health, and organisations such as Academy chains, charities and apprenticeship providers.

## 2. The case for innovation

'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'

ADCS: What is Care For – Alternative Models of Care for Adolescents, published April 2013

The Association of Directors of Children's Services (ADCS) published a position statement and research paper in 2013 which made a strong case for rethinking how we respond to the complex needs of adolescents<sup>2</sup>.

39% of all those entering care each year are aged 11 or older. These 11,000 'adolescent entrants' to the system tend to experience a larger number of placements, a more disrupted experience of care, poorer outcomes in education and are at increased risk of struggling when they leave care<sup>3</sup>.

At the edge of the care system, this age group makes up 45% of Children in Need, 23% of children on a child protection plan and 24% of Serious Case Reviews<sup>4</sup>. A typical new case for a social worker is just as likely to be a teenager in need of help as a child aged under five.

Adolescents often enter care during a crisis – with their family, with the police or with their mental or emotional health. The response to this crisis and finding them a safe place tends to drive the system's immediate response. Too often this initial 'safe containment' can drift into a longer-term approach. When we consider the impact on young people's lives it is difficult to say that our current care system serves them well.

We need to find innovative ways to improve and re-design service delivery to achieve higher quality, improved outcomes and better value for money. The aim of the Innovation Programme is to provide support to local authorities and other organisations to develop, test and spread more effective approaches to supporting adolescents in or on the edge of care.

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<sup>2</sup> <http://www.adcs.org.uk/publications/position-statements.html>

<sup>3</sup> Sinclair et al "The Pursuit of Permanence; A Study of the English Child Care System" 2007

<sup>4</sup> [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/181651/DFE-RR040.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181651/DFE-RR040.pdf)

### 3. What challenges do we face currently?

Our research, interviews and data analysis have highlighted three main challenges for our current approach to supporting adolescents: purpose, stability and matching support to needs.

#### Purpose

What is care for? This question – posed by the ADCS – is particularly important for adolescents. For most young children, becoming looked after is in response to abuse or neglect (70% of children in care aged 10 or under) and there is an expectation that, once safe, care will lead to some form of permanence for the child. This includes being supported through a safe return to the birth family or through adoption, long-term fostering, special guardianship or kinship care.

Permanence is a much more challenging issue for young people, who are often already starting to manage the difficult transition into adulthood. Less than 1% of looked after children aged 12 or older are adopted. For children aged 14 or older special guardianship or residence orders are also much less common – fewer than 6% of children aged 14 or older leave care in this way. **Most – three quarters of – adolescents return to their birth family** when leaving care. However, **40% will re-enter care within five years** with many of them cycling in and out of care.

Many adolescents in care will still have a relationship with their family, however difficult. More than three quarters of those entering care aged 11 and older are accommodated by the local authority with the agreement of parents. Young people are often focused on returning to their family and more likely to reject placements<sup>5</sup>. Successfully managing family relationships is an essential part of the care system for this age group, even when they remain in care longer-term.

The reasons for entering care and **the level and complexity of need are also far more diverse** amongst this group. By age 14, abuse or neglect accounts for just 42% of entries to care, with 45% accounted for by a mixture of acute family stress, family dysfunction and socially unacceptable behaviour. Alongside this, many face challenges with their mental and emotional health (64%), special educational needs (38%) and substance misuse (32%).<sup>6 7</sup> Around 9% of those aged 14 or older enter care through the youth

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<sup>5</sup> Sinclair et al

<sup>6</sup> Biehal et al, "Evaluation of Multidimensional Treatment Foster Care for Adolescents (MTFC-A)" 2012

<sup>7</sup> Farmer et al, 'Fostering Adolescents' 2004

justice system. One third of adolescents placed in foster care have been recently cautioned or committed an offence (36%)<sup>8</sup>.

Faced with this complexity, and the challenges in identifying long-term options, the care system is often caught between two competing priorities: to provide an immediate place of safety; and to develop a long-term plan based on individual needs. This requires strong, strategic commissioning with a broad range of placement options and an understanding of local need. But **the immediate pressures of keeping young people safe**, with the sheer volume of calls on the system, **can undermine attempts to redesign or recommission services**. For many adolescents, the most likely long-term placement is back with their family, but it will only be successful if properly planned for and supported. One in four adolescent entrants to care – almost 3,000 young people a year – are looked after for less than eight weeks, **a large, expensive and often unplanned respite service**. In the worst instances young people may return to homes and families that look little different from those they left a few weeks before.

## Stability

The difficulty in spelling out a notion of permanence for adolescents is exacerbated by the often **frequent moves through the system**, particularly where placements break down. One in five of those entering care aged 13 or older have three or more placements within a year (the equivalent rate for all care entrants is one in 10). Over the course of their time in care the same proportion will experience a total of eight or more placements.

Changes in social worker or other key professionals are a constant complaint from young people. For adolescents who have strained or fragmented relationships with their family, and particularly for those who have experienced abuse or neglect and have poor attachments to their parents, frequent changes in key professionals can be devastating and mitigate against attempts to engage or support them in a meaningful way. Changes of social worker can also undermine care planning and contribute to placement breakdown<sup>9</sup>.

The Government's Staying Put reforms, which will enable young people to stay with their foster carers up to the age of 21, will help increase stability at a critical stage, but a remaining challenge is to look at how the system can build stability into support when adolescents first enter care.

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<sup>8</sup> Farmer et al, Biehal et al

<sup>9</sup> SCIE [www.scie.org.uk/publications/guides/guide07/placement/](http://www.scie.org.uk/publications/guides/guide07/placement/placement/)

## Matching support to needs

The range of adolescents' needs, the tendency to approach care services at crisis point and the difficulty in forecasting the number of young people who need particularly specialist support place significant demands on commissioners.

There is an understandable tendency for services to respond to the immediate crisis. We heard from many of those involved in supporting adolescents that **far too often the response is determined by the availability of appropriate places**. And once a temporary placement is made it can drift into a long-term approach without an appropriate review or thorough assessment of need.

Children's social care will usually only be one of a network of services that have contact with the young person or their family. However, it is usually the service of choice during a crisis.

Older teenagers tend to contact housing services when things break down, but they often arrive with a range of more pressing needs<sup>10</sup>. For adolescents and their families the same holds true. The immediate need for a 'care placement' is wrapped in a range of other difficulties.

One of the main opportunities to improve outcomes in this area lies in **realigning the work of different agencies**, with a clear approach to supporting adolescents on the edge of care. We heard from a number of local authorities who were making significant progress on this.

**Residential care** provides a particularly acute illustration of this challenge. Children's homes and other residential settings are a significant part of our current model of care for adolescents. 23% of adolescent entrants to care in 2013 were placed in children's homes, secure units or other residential settings. These provide a range of support including specialised therapeutic provision for young people with mental health needs, secure settings and long-term residential placements for young people with disabilities. Around a fifth (22%) of homes are run by local authorities, with the majority run by private or voluntary organisations.

Three quarters of those in residential care are aged 14 or older. For a significant number, a care home is perceived as a placement of last resort. They are seen to have 'failed their way' into residential care following a series of placement breakdowns and frequent moves through the system. Approximately 29% of those in residential care have experienced six or more placements.

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<sup>10</sup> Social Exclusion Unit 2005 'Transitions: Young adults with complex needs'

Residential care is relatively high-cost. A freedom of information request sent to Local Authorities in 2013 found that the average price paid for independent sector homes is £2,800 per week, with the most expensive places in excess of £9,000 per week<sup>11</sup>. Residential care accounts for **around one third of the national spend on looked after children** – around £1 billion out of a total of £3 billion.

**For some young people, residential care will be the best option**, but only if provided at the right time and with a clear purpose based on their needs. Used in this way, the relatively high costs of some residential placements represent good value for money.

For example, they may be used as part of an early period of thorough assessment and support following a crisis and before a longer-term placement is chosen. They may be part of a carefully chosen therapeutic approach to tackle substance misuse, with a supported move back into more independent living. Or they may provide a longer-term stable placement for children with highly specialist needs.

But we heard that residential placements are particularly likely to be used in response to a crisis, and often following the breakdown of a previous placement. They may be seen as the only available option equipped to cope with challenging behaviour, or very complex needs. The aim of the placement, beyond safe containment, may not be clearly set out or agreed.

We also heard that individual local authorities often commission relatively small numbers of these placements each year. This makes it difficult for them to project demand, understand the range of options available and work with suppliers to shape provision accordingly.

This leads to a distorted market, **where services are poorly matched to needs**. Those local authorities looking for specialist placements are hampered by a lack of clear information and reliant on previous experience of provision. Too often there appears to be confusion between commissioner and provider about the nature of the young person's needs, the support provided, the costs involved and the expected outcomes.

Once placed, it can be difficult for commissioners to make decisions about adapting or revising care packages. The ongoing assessment of need is taken by the provider, sometimes leading to tensions about the most appropriate next steps.

## 4. What are the key ingredients of successful approaches?

The research, inspection evidence and the views of those working directly with troubled adolescents are all strikingly consistent on the most important factors in providing

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<sup>11</sup> <http://www.pssru.ac.uk/project-pages/unit-costs/2013/index.php?file=stanley-rome>

effective support. We hope the following summary will be of use to local authorities and others looking to consider new approaches.

The quality of the **relationship** between the worker and the young person is the factor most often cited as making the difference between success and failure. This requires workers to have a high level of skill in working with this age group, resilience and perseverance in the face of resistance or even aggression. As well as a focus on workforce development, it also requires that service structures give staff the **time and consistency** to build these relationships. An evaluation of Intensive Intervention Programmes (IIPs) which successfully worked with adolescents with very complex needs on the edge of care found that 88% of those worked with had the same key worker for the whole period of support. This was 8.2 months on average, but up to two years.

Young people themselves talk about the importance of having an adult in their lives who they can trust and on whom they can rely. For many adolescents in care this is provided by a good, long-term foster carer. But for those who experience multiple placements we need to be much better at building and maintaining these relationships – including through more flexible access to previous placements or support staff if young people move around the system.

Providing some sense of **security and consistency** is the second most important factor. This includes reducing unnecessary placement moves – with more than 20% of those entering care aged 13 or older having three or more placements in a year. It also means young people feeling secure, knowing that they can continue to get help from a service, on their terms, even when other circumstances change. And it means a clear, consistent and explicit approach to making decisions, using sanctions and a plan for the future<sup>12</sup>.

Successful approaches also tend to **continue working with young people as long as needed**. While IIPs and other services had a clearly defined exit plan, the pace of this exit was adapted to the changing needs of the young person. Young people's progress is rarely straightforward and they are likely to need to revert back to some level of support as new challenges emerge. This is particularly true for vulnerable adolescents who often have to become independent at a much earlier age than their peers.

The flexibility to get further help from services that a young person knows and trusts provides a level of stability, even where that individual's placement or personal circumstances go through significant change. In Denmark, young care leavers often have a 'transition regime', which can include short-term or weekend access to their former care home if they need it. In the UK some children's homes maintain outreach support to young people after they have moved on from the home – providing support to them, their

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<sup>12</sup> Ofsted – Edging Away from Care 2011

family or foster carers, and providing a 'hub' for the young person to access health, education and other specialist services.

## 5. What might more successful approaches involve?

There is no single model or approach that will effectively tackle the diverse needs of adolescents in or on the edge of care. In fact, in many areas the core services that are likely to be needed are already in place, but are having limited impact because of the challenges outlined earlier in this paper.

The single most important change – and the one sought through the innovation programme – is to reshape the care system for adolescents with a clear purpose: we think this could be **providing stability and support for them to grow into adulthood successfully**. This notion includes having a safe, stable and supportive place to grow up – whether at home or in care – getting a good education and the chance of a job or training, and developing a support network of friends and family<sup>13</sup>. It should play the same role in shaping care and edge of care services for adolescents as 'permanence' does for younger children. For those unlikely to return home, this aim of care as a 'launchpad' for independence should be much more explicit and services should be shaped around it. For those at risk of cycling between home and care there should be a much more flexible use of care to support the gradual move into independence and to build more effective family relationships.

Wider reforms – particularly the introduction of Staying Put – are already underway to support this. But the Innovation Programme will focus on significant strategic changes which focus the system around this purpose. This implies a much clearer understanding of different groups of adolescents, their likely journey through care and packages of support that are needed to help them move into adulthood successfully.

We have already heard from local authorities, charities, schools and providers interested in exploring new approaches. We are open to any idea that helps improve support for adolescents and effectively responds to the challenge set out above. We set out below some illustrative examples of proposals we would be interested in: we hope they will help stimulate the thinking of all organisations and individuals with an interest.

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<sup>13</sup> This description merges the aspirations that young people themselves have for independence, with some of the key public policy priorities such as reducing substance misuse, unemployment and teenage pregnancy that commissioners raised with us.

## **A broader, more effective response to families reaching crisis point**

This would include a more fluid use of care to provide respite while the intensive work with families and young people is undertaken. For adolescents entering care for whom a return to the family is the likely option, this should be explicit from the start of the period in care and should define the role and approach of the care placement and the full range of support services engaged with the family. The programme will support local areas seeking to free up resources by working more effectively with those young people on the edges of care or cycling in and out of the system.

## **A 'no wrong door' service for adolescents**

This would see a consistent team working with young people in or on the edge of care, those involved in offending, substance misuse or the other issues that vulnerable adolescents commonly face. This would involve better information-sharing about risks and needs, a reduction in bureaucracy and management costs. Crucially, it would provide continuous, trusted relationships with a staff team irrespective of placement change of the type of service needed.

## **New approaches to sub-national commissioning for specialist placements**

These would go further than commissioning framework agreements, with a single body acting as commissioner on behalf of the other members and responsible for commissioning strategy, quality assurance and the outcomes for young people. These approaches will make more effective use of needs analysis, play a more active role in shaping the market and commission at a scale that gives some consistency and sustainability to specialist placements.

## **A positive, more integrated approach to the use of residential care and greater diversity of provision**

This is likely to include more effective use of residential placements for assessment of need, and for preparing and matching young people to an appropriate foster care placement, or a successful return home. It could also see children's homes –including larger homes – providing a hub of specialist staff who could continue to provide support to young people across a range of settings. Adolescents moving to or between foster care placements, back with their family or into independent living should have a continuous relationship with the team supporting them. There should be flexibility for young people to access residential support in a crisis or as a form of respite.

## **New partnerships between education and care providers**

These would focus on the practical, behavioural and emotional barriers that often prevent adolescents from making the most of education. They could include joint work between an Academy chain or cluster of schools and a fostering service or residential setting to increase support for carers' involvement in school, or partnerships between boarding schools and care services to provide carefully matched placements. They could also include respite packages for young people on the edge of care or support for young people to access sixth form placements.

## **A model of commissioning pathways through care, rather than individual placements**

This could include commissioning a package of care from a consortium of specialist providers covering residential services, intensive support and foster care. It could include a short-term assessment and therapeutic service prior to a carefully selected and supported long-term placement. More radically, a fixed budget could be delegated to providers for an agreed period of care leading to a stable, long-term outcome. The team working directly with the young person could adapt the pace of any moves through care and the intensity of support to maximum impact.

## **6. What is the Innovation Programme trying to achieve in this area?**

The overall aim for this strand of the Programme is to kick-start systemic changes so that care provides a stable, effective launchpad for adolescents and helps more of them to move successfully into adulthood.

We want to work with local authorities and other organisations who wish radically to redesign their approach to supporting adolescents in this way.

In two years, we want to have a proven portfolio of, regional and local approaches which demonstrate a more effective care and edge of care service for adolescents.

We want to have a network of approaches and strategies that provide more stable support for adolescents, strengthen effective family relationships, reduce the amount of time that young people spend in care unnecessarily and make more effective use of children's homes as part of a network of local and specialist placements.

We want to be ready to replicate these approaches, where appropriate, and to have established strong links with other local authorities to help spread the impact across the country.

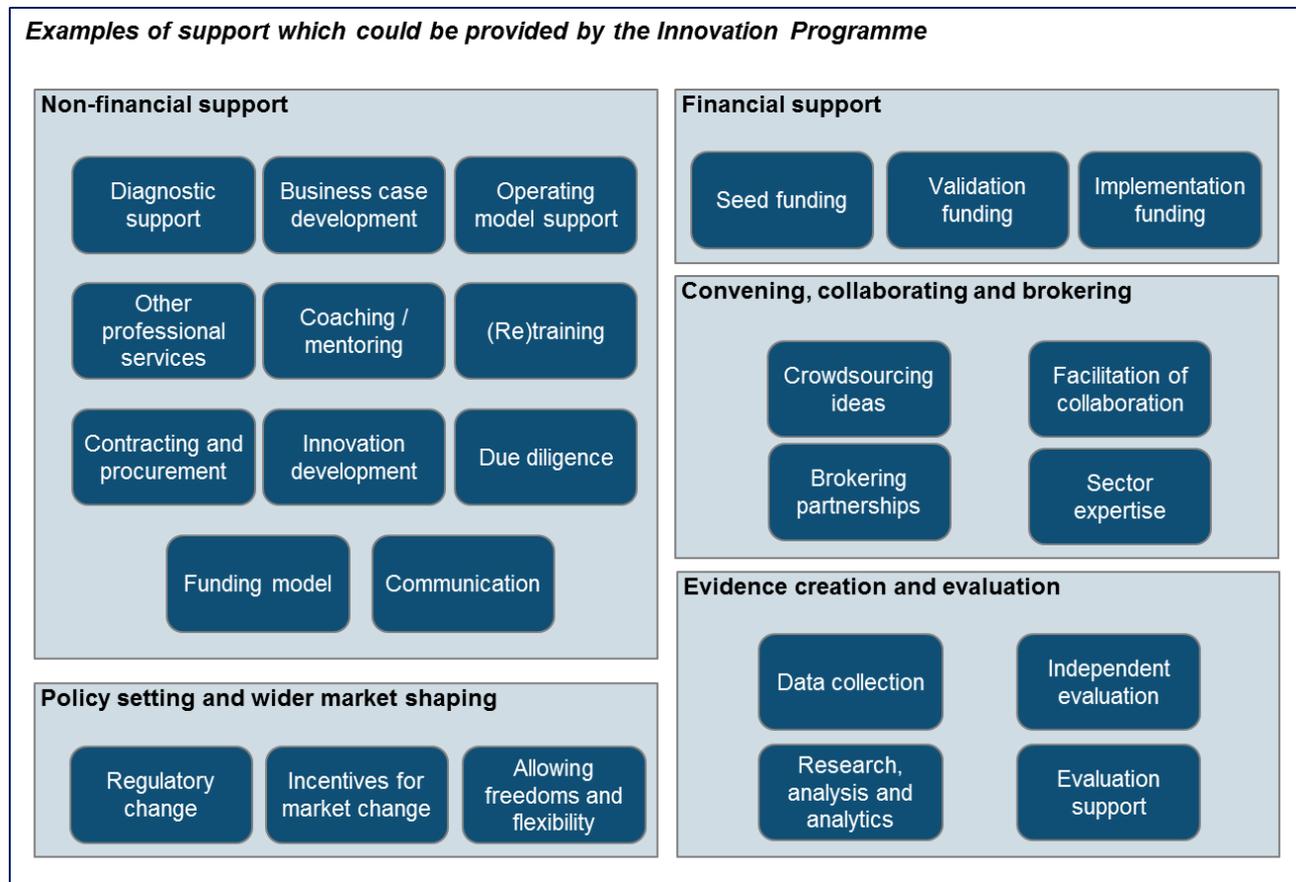
Work under the 'rethinking social work' strand of the programme will play a major role in tackling these issues – improving the quality and consistency of young people's

relationships with their social workers and enabling more effective care planning. The two strands will be closely aligned to ensure that successful bids have the maximum impact for young people.

Do	Don't
<p>Be <b>creative</b> and seek to <b>test new approaches</b> which have not yet been tried</p> <p>Think about <b>linking</b> with other organisations who want to change too, so you <b>can learn together</b> and create more generalised findings</p> <p>Get in touch <b>even if you only have a rough idea</b></p> <p>Be <b>ambitious in scale</b> and seek to <b>create whole system</b> change</p> <p>Look to test the validity of an <b>independent model</b> (i.e. one commissioned, but not directly provided, by the local authority)</p> <p>Seek to <b>work with partners</b> – both 'usual' and 'unusual' to help foster innovative approaches</p>	<p><b>Make assumptions</b> about our level of ambition in size, scale or level of risk we are looking for in new approaches</p> <p><b>Rule out ideas</b> based on barriers created by current guidance, regulation or policy. We will help you to work with individual regulators and policy-makers on fresh approaches</p> <p><b>Worry too much</b> about how to make it happen (yet)</p> <p>Only apply if you are a <b>current provider of social care services</b>. We are interested in hearing from anyone who has a good idea</p> <p>Assume that we will fund a <b>large number of small pilots</b>. We are looking for whole system change</p> <p>Ask for support for <b>something that you could do anyway</b>. We want you to really engage with the barriers that have held you back to date</p> <p>Assume that we are only interested in <b>structural innovation</b></p>

## 7. What support is the Innovation Programme actually offering in this area?

The paper on the design of the Innovation Programme sets out our analysis of the types of support we think organisations will need if they are to innovate successfully. The main types of support we are planning to offer are:



## 8. What do I do next if I want to be part of the Innovation Programme?

Visit the Innovation Programme website: [www.springconsortium.com](http://www.springconsortium.com). Alternatively, you can email us at [innovation@springconsortium.com](mailto:innovation@springconsortium.com).



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