

**PREVENTING FAMILY BREAKDOWN IN DERBYSHIRE
DEVELOPING NEW WAYS OF WORKING WITH
ADOLESCENTS ON THE EDGE OF CARE - SUMMARY**

“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.”¹

1. INTRODUCTION

The Innovation Programme challenges local authorities to be creative in finding ways of addressing the generally poor outcomes for adolescents entering or on the edge of care. It asks 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?

Derbyshire County Council, together with four other local authorities², comprise a consortium led by Morning Lane Associates who are piloting the Reclaiming Social Work model within the context of preventing family breakdown with adolescents and their families who are “on the edge of care”. The project also includes developing the role of Consultant Social Worker and exploring ways in which “bureaucracy” can be reduced. In Derbyshire we will also be looking at ways in which systemic and pedagogic approaches can help us improve the way we work with adolescents and their families and this will include exploring ways in which “Children in Need” services under Section 17 may be developed creatively.

2. NATIONAL TRENDS & ISSUES

2.1. Reasons for entering care

Young children enter care primarily for reasons of abuse/neglect and mostly via Public Law Outline (PLO) and the courts. The reasons, as opposed to the circumstances, why adolescents enter care are more diverse.

- 75% enter via Section 20;
- around 9% of those aged 14 or older enter care through the youth justice system;
- one third of adolescents placed in foster care have been recently cautioned or committed an offence (36%);
- A mixture of acute family stress, family dysfunction and socially unacceptable behaviour are the main reported reasons rather than abuse or neglect.

Almost 40% of all children entering care each year are aged 11 or older

2.2. Alongside this and the expectations of young adulthood, many face challenges with:

- their mental and emotional health (64%);
- special educational needs (38%); and
- substance misuse (32%).

¹ Rethinking support for teenager in or on the edge of care , Children’s Social Care Innovation Programme DFE April 2014, p4

² Hull, Buckinghamshire, Harrow and Southwark

2.3. Circumstances leading to admission

Adolescents often enter care during a crisis – with their family, with the police/ community, at school or with their mental/ emotional health. The issues that have resulted in crisis are invariably the “problem” that needs to be addressed but so often the immediate response is to find them a safe place. Whilst this may be a matter of necessity rather than choice in the prevailing circumstances, there is little overall evidence that their admission into the current care system serves them well.

- Compared with younger entrants, adolescents are more likely to:
 - have a more disrupted experience of care/more placements;
 - have poorer outcomes in education; and
 - be at greater risk than others when they leave care.
- A quarter of admissions last less than 8 weeks and equate to an unplanned and expensive respite service
- Many return to homes that are little different from those they left a few weeks before.

2.4. Plans for adolescents entering care

With young children entering care, the focus of intervention is upon achieving the necessary change within the family to enable rehabilitation/return. Where this is either inappropriate or unsuccessful, permanent alternative families will be sought. However, for older children:

- less than 1% of looked after children aged 12 or older are adopted;
- less than 6% of those aged 14 achieve other forms of permanence;
- some three quarters of adolescents return to their birth family when leaving care
 - of these, however, 40% will re-enter care within five years with many of them “cycling in and out of care.”

2.5. Retaining family links

A majority of those who enter care as adolescents still have a relationship, however difficult, with their family and most would prefer to be at home.

- They find it difficult to commit to being in care which fuels placement disruptions.
- One in five of those entering care aged 13 or older have three or more placements within a year (twice the rate for all care entrants).
- Over the course of their time in care the same proportion will experience a total of eight or more placements.
- Whether or not they remain in care or go home, successfully managing family relationships is an essential part of the care system for this age group, even when they remain in care longer-term.

3. WHAT MATTERS TO ADOLESCENTS

3.1. Most of all, adolescents have highlighted the fundamental importance of having an adult in their lives whom they can trust and on whom they can rely. For many in care this is provided by a good, long-term foster carer, or a key worker in a stable residential placement. For others, it could be staying touch with an adult who has been important in their lives prior to entering care, such as a youth worker, teacher or a relative/family friend.

- Such a relationship is fundamental to the building of resilience

3.2. Providing some sense of security and consistency is the second most important factor.

This means feeling secure, knowing that they can continue to get help from a service/maintain contact with a former carer, on their terms, even when other circumstances change. This is a major challenge for those who experience multiple placements and there needs to be positive action to both build and maintain these relationships through:

- more flexible access to help from previous placements/carers;

- the opportunity for those who-re-enter the system to return to a previous placement.

This will require changes to custom and practice and to policies and procedures to bridge the “in care/out of care” dichotomy and develop approaches that sit on the edge of care, facing both ways to provide extra help to avoid the need for “care”, to enable a return home and to provide the planned support to avoid the re-admission.

4. THE CHALLENGE IN DERBYSHIRE

Key findings from an analysis of data trends in Derbyshire³ show that:

- compared with other local authorities, the numbers of adolescents in care are low but rising;
- the *numbers* aged over 10 have fallen slightly but the *proportion* of the total numbers in care has increased - the final data for 2014/15 is expected to show that the proportion will be over 58%;
- this appears to be so because the numbers entering exceed those leaving;
- of those aged 10-12 years, the proportion of admissions has risen over the 3 years from 8.5% to 19%;
- of those aged 13-15, one in 5 is likely to have been in care before;
- of those aged 16-17, one in 4 is likely to have been in care before;
- there should be focus should be on the 10-12 age range and seeking an improvement on both the numbers entering and leaving care.

Based on current trends, a 20% improvement in both those entering and those leaving would lead to a net reduction of 18 adolescents in care.

5. REQUIREMENTS FOR NEW APPROACHES - FLEXIBILITY ON THE EDGE OF CARE

Firstly, and most importantly, some adolescents are owed a duty under Section 20 and this should be acted upon. For them it will be important to have good care plans.

5.1. Recognising what the care system does well

It is important to acknowledge that, for those adolescents who do not want to return home, or come to accept that it is not possible/not in their interests, “the care system” can provide the stability and support to enable them to achieve at school and make a successful transition to adulthood.

5.2. Adapting the system for those who otherwise do not do well

Too many, however, find themselves in care with no meaningful plan that sets out how it will help them get to where they want to be – whether this is to stay/return home or achieve stability in care, more flexibility is required. A more flexible approach will seek to address relationship and behavioural problems recognising that most adolescents would prefer to be at home. To make this happen for them, services will need to:

- help families understand what is happening in terms of their relationships with each other, in particular how a young person in care can feel overwhelmed by the burden of disproportionate responsibility for family problems which they cannot resolve;
- help a young person to manage the anger and frustration they experience and the negative behaviours it generates;
- show everyone that they are capable of change.

³ Adolescents On The Edge Of Care: Data Report 2012 – 2015, June 2015

6. A NEW APPROACH IN DERBYSHIRE

6.1. The piloting of the Preventing Family Breakdown Teams

Two new teams will work intensively with a small workload to deliver a multi-disciplinary, systemic intervention using the Reclaiming Social Work Model to those adolescents and their families who are most at risk of entering care or, having entered care, need extra help to return to their families.

The main elements of this approach will be:

- timeliness to ensure crises do not become emergencies;
- an enhanced response that see crises as opportunities for change and growth;
- individual, bespoke approaches that build and sustain relationships and nurture resilience;
- practical help and support to restore “normal family relations” as quickly as possible;
- access to skilled systemic practitioners to address the underlying relationship difficulties and help adolescents and their families to:
 - better understand how their family functions;
 - identify strengths and weaknesses within the family system;
 - set goals and devise strategies to resolve problems;
 - develop their communication skills;
 - make the entire family unit stronger and safer.
- access to help with mental health, educational and “behavioural” problems.

6.2. Decision-making in a crisis

The respective powers to provide assistance, including accommodation under the Children Act 1989 Section 17 v the duties that are owed to children who meet the criteria under Section 20, have been the subject of numerous judgments by the House of Lords and judicial reviews. Nevertheless, it is our intention to further explore whether or not there may be scope:

- for an initiative under Section 17 to better respond to crises and better manage requests for the removal of an adolescent;
- to develop a short break/respice service.

7. FURTHER INFORMATION

As the Preventing Family Breakdown Project develops, further information will be shared on when and how to make referrals and how the team works

8. BACKGROUND PAPERS

- **Children on the edge of care**
A report of children’s views by the Children’s Rights Director for England, OFSTED 2011
- **Edge of care evidence pack** C4EO 2011
- **What is care for: alternative models of care for adolescents**
ADCS position statement ADCS April 2013
- **Rethinking support for teenager in or on the edge of care**
Children’s Social Care Innovation Programme DFE April 2014
- **Evidence scope: models of adolescent care provision**
Susannah Bowyer and Julie Wilkinson, Research In Practice March 2013
- **Edging away from care – how services successfully prevent young people entering care**
OFSTED 2011
- **Resilience: concept, factors and models for practice**
Briefing Paper by Fiona Mitchell for The Scottish Child Care and Protection Network July 2011
- **Working at the Edges of Care? European Models of support for young people and families**
Janet Boddy et al, Thomas Corum Research unit, Institute of Education, University of London