

**ADCS POSITION STATEMENT  
WHAT IS CARE FOR**

**1. About ADCS and this statement**

1.1. This position statement is the first in a short series that articulates ADCS members' collective aspirations for the care system. 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. The spotlight is on the care system. National statistics show that referrals to social care, numbers of care proceedings and numbers of those proceedings resulting in children coming in to care all continue to rise, yet in a small number of local authorities these numbers appear to be stable, or are falling. The range of approaches to the use of care between areas, and the very differing needs of individual children within the system all indicate the need to stop trying to conceptualise "care" as a single system, but instead to break down the picture and re-assess just what outcomes we are, as a nation, attempting to achieve through the use of public care and then to consider carefully the national and international evidence available to us to plan for a more coherent future. In the context of diminishing resources, local authorities are trying to find ways to keep the system working effectively, some are re-prioritising and some re-designing the services they offer, including the use of early intervention to reduce future pressures on the care system. This paper sets out a case for keeping faith with many aspects of our work to use public care to support children, but makes the case for re-considering others.

1.3. National policy and public discourse are currently focussed on individual aspects of the care system, specifically adoption and children's homes. We recognise the importance of the issues under debate and welcome the input this focus brings to help our members improve services. But ADCS members are systems leaders: we must ask what the care system is trying to achieve, rather than focusing solely on the means by which this is done. We need to press the case for a focus on outcomes and consider the role of the state in protecting vulnerable children and young people in the short, medium and long term, and in the context of the wide range of needs and circumstances in families and communities.

1.4. The following statement sets out the Association's view on what care should be for (section 2). We use this to develop a new approach to care (section 3) and outline three issues we have identified as priorities for further work (sections 4 to 6). We outline our next steps in section 7.

**1.5. We believe that aspects of our current system of care are outmoded. Care must be built around the individual needs of each child and young person. We need a new construct of 'care' that is guided by evidence and designed, commissioned and delivered to realise, right placement, at the right time, for every child.**

**2. What care is for**

2.1. The Association has chosen a simple foundation to underpin our analysis and proposals: the Children Act 1989 gives us all the power we need to both support families and to intervene when an alternative placement is required. We believe that the purposes of the care system are to:

- **protect children from harm** by providing a place of safety and stability in which children and young people can flourish – either by helping families to build capacity to care for their children, or away from the family where necessary

- **improve the outcomes of children and young people who are vulnerable** by meeting the specific and individual needs of each child and young person. It must provide support for as long it is needed, responding to changing needs and circumstances as children, young people and families grow
- **address a child's basic need for good parenting** by introducing and planning effective substitute parenting to perform the fundamental role of steering and supporting a child through his or her formative stages of development

### **3. A new approach**

3.1. We know that care can, and does, make a positive difference to many children and young people. Research evidence demonstrates that being in care can improve the welfare of children and young people over time<sup>1</sup> and that a period spent in care can prove effective and beneficial in helping a young person deal with prior abuse and neglect; promoting resilience; and protecting against involvement in crime<sup>2</sup>. We also know that there are children placed in what appears to be an appropriate form of care, but whose needs are not fully met which raise additional questions about the quality of support and placement choice in our systems.

3.2. There are some elements of the current system that appear far less able to meet the needs of the young people placed, and which are hugely costly, potentially drawing resources away from more effective approaches that can have positive impacts on individuals and communities.

3.3. We have identified three areas that will be subject to further work by the Association following the principles outlined above:

- a. Adolescents:** Whilst most young people in long term, stable placements continue to do well, our current approach to intervening with adolescents developing and presenting challenging behaviours both in their families and care placements does not generally deliver any of the outcomes we would aspire to for those young people, either in the short term or as they move into adulthood. What do we need to do to clarify the task we face on behalf of young people, and commission services better equipped to deliver, particularly in the context of the Southwark Judgement?
- b. Stability:** Stability in life is key, therefore repeated moves between home and care do little to improve outcomes for children, young people and their families. How can we ensure the system provides the space and continuity needed for the effective development of relationships between carers and child as the bedrock of the child's future development and good outcomes?
- c. Permanence:** The current focus on just one form of permanence (adoption) although welcome will not improve outcomes for the majority of the current cohort of children in care – what do we need to know about other forms of permanence together with

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<sup>1</sup> Forrester et al (2009) 'What is the impact of public care on children's welfare? A review of research findings from England and Wales' *Journal of Social Policy* 8(3) pp 439-456

<sup>2</sup> UEA/TACT (2012) 'Looked After Children and Offending: Reducing risk and promoting resilience' Available at: [http://www.tactcare.org.uk/data/files/Research\\_n\\_Policy/LAC\\_and\\_Offending\\_Reducing\\_Risk\\_Promoting\\_Resilience\\_FullREPORT\\_080112.pdf](http://www.tactcare.org.uk/data/files/Research_n_Policy/LAC_and_Offending_Reducing_Risk_Promoting_Resilience_FullREPORT_080112.pdf)

adoption to ensure we can provide sufficient suitable places for all children and young people who need to be cared for permanently away from their birth families?

**4. a. Our approach to intervening with adolescents, particularly when they have first entered the care system in their teens, has a poor track record in improving outcomes, how can we better understand both what is realistically achievable for this group, and how to deliver it?**

4.1. Evidence suggests that intervening with adolescents is what we are least effective at, in both the care and youth justice systems. The Southwark Judgement, obliging children's services to provide accommodation and support to homeless 16 and 17 year olds, has changed the profile of post-16 care population in many local authority areas. The factors that combine to bring a young person into care as a teenager correlate highly with those that put them at risk of an abnormal level of offending, and therefore of ending up in custody. Evidence shows that some parts of the care system can actually accelerate a young person's journey into custody. We also know from our work with care leavers that this group is at high risk of homelessness and housing problems; mental health problems; social exclusion; teenage pregnancy; spending time in adult prison; risky behaviour of all types, and exploitation<sup>3</sup>.

4.2. Clearly, comparing the outcomes of looked after children and young people with their peers who have not been in care does not tell the whole story. It does not take into account the different starting point and difficult experiences of many children and young people who come to be looked after. Comparatively poor outcomes of children and young people who have been looked after does not mean that they have not made any progress, or that they would not be doing worse if they were not in the care system. Progress measures can be more useful in evaluating the effectiveness of different types of support.

4.3. The Association will undertake further work to consider how we can develop a more effective approach to measuring and improving outcomes for young people, including those on the edges of and already within the youth justice system. Specifically, we will consider national and international evidence to inform a debate about service design and commissioning to support decision making in respect of questions such as:

- How do we improve our approaches to needs and risk assessment to ensure that appropriate, specialist support is available to all types of placement?
- How can we draw on approaches that are successful in keeping teenagers out of the care system where it is safe and appropriate to do so to consider when accommodating a teenager away from their parental home is a good thing and when is it not the best option, particularly given evidence that it is harder to reunite young people with their parent(s) after they have crossed the care border?
- When a teenager needs to be accommodated away from their parental home, what should be the key tenets of the placement? More specifically:
  - What does effective foster care look like for teenagers?
  - What does effective residential care look like for teenagers? – drawing on the principle of right child, right placement, right time, we will consider how we can move away from the outdated construct of residential care and its use as a placement of last resort
  - How does the concept of “parenting” sit within temporary care for adolescents, and how might we deliver a personalised package of care? Can therapeutic

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<sup>3</sup> Bowyer, S. (2009) 'The Path To Independence: Supporting young people move towards emotional, financial and practical independence'. Totes: Research in Practice; C4EO (2009) 'Care Leavers in Settled, Safe Accommodation'. London: C4EO.

residential settings be used in England, as they are in Scandinavian countries, as an alternative to the use of custody?

**5. b. Stability: Stability in life is key, therefore repeated moves between home and care do little to improve outcomes for children, young people and their families. How can we ensure the system provides the space and continuity needed for the effective development of relationships between carers and child as the bedrock of the child's future development and good outcomes?**

5.1. We know that returning home is the most common destination for care leavers. ADCS Safeguarding Pressures Phase 3 research (2012) found that in 2011/12 37% of children who ceased to be looked after returned home to live with their parent(s) or relatives.

5.2. Evidence suggests that using an episode of care as a single intervention is unlikely to bring about lasting change in parenting, and that approaches to reunification that are not routinely well planned and adequately resourced over time are less likely to be successful<sup>4</sup>. However, offering care in partnership with parents to both support them in their task and to provide respite can have significant positive impact.

5.3. We believe a different approach to working with families is required and this should be an approach that is not predicated on the ultimate threat of a child or young person being removed from their family. We do of course recognise that protecting children from harm does put some limits on working in partnership with parents, but the principles underpinning all developments of new approaches to "early help" should be extended to the planned use of care.

5.4. We believe that one way to help achieve this could be the increased use of 'lifelong' child protection plans, allowing teams of mixed professionals to work around the child and his or her family. This means using child protection plans as a means of compelling adults to change their behaviour and as a way of supporting parents to improve their parenting in a way that reduces risk to their child(ren). In time, increased use of child protection plans in this way may reduce the numbers of looked after children. We will undertake further work to explore this.

5.5. There is also significant variation in the use of kinship care both between areas of Britain, and when we compare our approach with that of other countries. Kinship care, if adequately supported, has an extremely strong track record in providing continuity of placement, reinforcing key aspects of a child's identity, and delivering positive outcomes into adulthood<sup>5</sup>. The variation in use of kinship care needs to be better understood, and the extent to which value judgements (as opposed to evidence) are used to underpin decisions to support (or not) kinship placements should be further explored. The debate about kinship care needs to take into account the evidence from other cultures/nations and consider a wide range of both practice and legal issues which might lead to a need to change regulation. We would welcome a debate on the role of the state in supporting (and paying) families, including the wider family network to 'look after their own' (e.g. kinship care).

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<sup>4</sup> Wade, J. et al (2011) *Caring for Abused and Neglected Children: Making the right decisions for reunification or long-term care* London: Jessica Kingsley; Wade, J. et al (2010) 'Maltreated Children in the Looked After System: A comparison of outcomes for those who go home and those who do not' London: Department for Education

<sup>5</sup> Kelly, S. and R. Hodson (2008) 'Stability of Placements of Looked After Children: Number of moves'. Totnes: Research in Practice; Farmer, E. (2010) 'What Factors Relate to Good Placement Outcomes in Kinship Care?' *British Journal of Social Work* 40 (2) pp 426-444.

**6. c. Permanence: A focus on just one form of permanence (adoption) will do little to improve outcomes for the overwhelming majority of the current cohort of children in care – what do we need to know about other forms of permanence together with adoption to ensure we can provide sufficient suitable places for all children and young people who need to be cared for away from their birth families permanently?**

6.1. ADCS members are deeply committed to adoption. We unequivocally support adoption as one form of permanence for the placement of looked after children and young people. Adoption is an important facet in a successful care system but it is important to maintain a broad understanding of the range of permanence options available and to remember that adoption is an unusual option by international standards.

6.2. For some children, permanent arrangements away from their birth families are necessary. Local authorities have risen to this challenge. Looked after children statistics as at 31 March 2012 show that the number of children leaving care on permanent Orders has increased in the last six years by 45%. This is a 15% increase on last year (see table 1).

*Table 1: Numbers of Permanent Orders by type 2006 to 2012<sup>6</sup>*

| Year ending March    | 2006         | 2007         | 2008         | 2009         | 2010         | 2011        | 2012        |
|----------------------|--------------|--------------|--------------|--------------|--------------|-------------|-------------|
| Adoption             | 3,700        | 3,300        | 3,200        | 3,300        | 3,200        | 3040        | 3440        |
| Special Guardianship | 70           | 760          | 1,130        | 1240         | 1260         | 1740        | 2130        |
| Residence order      | 930          | 1,000        | 910          | 930          | 1,000        | 1180        | 1290        |
| <b>Total</b>         | <b>4,700</b> | <b>5,060</b> | <b>5,240</b> | <b>5,470</b> | <b>5,460</b> | <b>5960</b> | <b>6860</b> |

6.3. The most common reason for children for whom there had been an agency decision to adopt which subsequently changed is because no suitable adopters could be found. ADCS agrees with the government's position that early permanence should be a key aim of the system and that children are best served by being placed with loving permanent families at the earliest possible stage. What we need however is more adopters who have the capacity, support and skills to take those children who currently wait longest to be placed, for example sibling groups and children with additional and complex needs. Until such a time as the current reforms to the assessment and approval of prospective adopters and the important ongoing work to encourage and incentivise more people to come forward as prospective adopters begin to bear fruit, we must continue to give equal consideration to all forms of permanence. We know that adoption will provide the best outcome for some children and young people who are looked after, but not for all.

## **7. Next steps**

7.1. We will continue to work with Government and our partners on adoption reform because it is a matter of profound significance for the numbers of children and young people

<sup>6</sup> Source: Department for Education (2012) 'Children Looked After (SSDA903) return 2011/12' published 25 September 2012.

awaiting adoption. This work does not undermine the imperative of considering care in terms of whole systems reform.

7.2. We will develop our construct of care **that is guided by evidence and designed, commissioned and delivered to realise, the right placement, at the right time, for every child.**

7.3. We will commission an evidence review into both models of adolescent care provision and the use of kinship placements to illuminate our thinking and seek the views of people who have been in care to ensure our thinking covers the right ground.

7.4. We will use this and our vision of the purpose of care to both provide safety and promote outcomes for vulnerable children and young people to consider our approaches to caring for teenagers; to supporting families; to the role of substitute and alternative forms of parenting; and to permanence. We will engage with the judiciary and Government and consider the potential impact of case law and current regulation when making final recommendations.

7.5. We will look practically at the implementation issues that arise from our work and consider the leadership implications of our findings and proposals, this will include asking:

- how best to allocate resources
- how best to develop our workforce
- how best to commission services that are needs and outcomes focussed
- how local authorities can best work with partners, particularly other local authorities, exploring sharing services and the relationship between placing and hosting authorities in terms of both liaison and funding; health services and all schools.