



Position Statement

WHAT IS CARE FOR?

May 2021

The Association of Directors of Children's Services Ltd



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2021

1.0 Introduction

1.1 The Association of Directors of Children's Services (ADCS) is the national leadership organisation in England for directors of children's services appointed under the provisions of the Children Act 2004 and their senior teams. In 2012 and 2013, ADCS published position statements articulating members' collective aspirations for the care system with a particular focus on how we support adolescents, taking into account the balance of parenting responsibility between the state and a young person's family. Much has changed in the intervening period and this updated position statement considers the purposes of care in light of the challenges facing children, young people and families in 2021 and the context in which local authorities currently operate. This paper maintains the focus on adolescents as their needs continue to be less well met by our current very binary construct of care. The paper does not, however, touch on care leavers and the support available to them.

1.2 As in 2012, there continues to be a sharp focus on the care system. In January 2021, the government's long-awaited review of the care system was announced. The review is described as 'bold and broad – a once in a generation opportunity to reform systems and services'. The remit is wide, and considers the whole system of safeguarding, including the child's journey into and out of the system, along with the role of early help and prevention, and the role of partner agencies. Both formal care settings, including youth custodial settings and informal kinship care arrangements, are in scope. Adoption is not specifically part of the focus.

1.3 Since 2010, year-on-year funding reductions have given rise to greater variation in the funding, design, and delivery of local services, including the level and usage of early intervention and prevention to meet need as soon as possible and as a result, reduce the number of children entering the care system. ADCS Safeguarding Pressures research shows that between 2008 and 2020, referrals increased by 19%, children subject of a child protection plan increased by 76%, children in care increased by 32%, unaccompanied asylum-seeking children numbers increased by 82%, and, care leavers by 19%¹. The range of different approaches to the use of care between local areas, and the very differing needs of individual children within the system all underline the need to stop conceptualising "care" as a single system, but instead look to re-assess the outcomes we are attempting to achieve for children, young people and their families through the use of public care.

2.0 Context

2.1 Since we first asked 'What is care for?' in 2012, there have been three general elections, five Secretaries of State for Education and six Ministers for Children and Families. The care population has grown by approximately 13,000 (from 67,000 in 2012 to 80,080 in 2020) but of course many more children and young people have entered and left care over the last nine years. 'Brexit' has dominated the political agenda over the last five years, however, a whole host of reforms and new legislation relating to adoption, education and support for children and young people with special educational needs and disabilities have been enacted. The government has also commissioned separate independent reviews on adoption, residential and foster care, youth justice and more recently, has announced its

¹ADCS Safeguarding Pressures Phase 7 (2021) <https://adcs.org.uk/safeguarding/article/safeguarding-pressures-phase-7>

intention to ban the use unregulated provision for children under 16 whilst also introducing national standards and a registration and inspection regime for this provision. The country has also been dealing with the effects of a worldwide pandemic, which is not yet over.

2.2 Greater support is now available to care leavers and there have been some moves to offer more stability and flexibility to young people in residential and foster care placements beyond their 18th birthday. However, during this same period there has been a significant shift in the provision and ownership of residential care placements, with local authorities less likely to own and operate children's homes. Another phenomenon is the worrying increase in the number of large organisations, backed by private equity investors, entering into children's residential and fostering services. This new reality is not reflected in regulatory frameworks and in the current fiscal context public services are operating in, the ability of private equity companies to extract huge profit from the care of children is concerning, as is the level of debt and the implications that financial failure would mean for children and young people. In March 2021, the Competition and Markets Authority launched a study into this which we hope will bring more transparency and address the significant risk that we perceive to be in the system.

2.3 ADCS members are concerned about the fragmented development of social and educational policy and the creation of equally fragmented services and responsibilities in respect of young people with the most complex needs. Care, education, health, immigration and justice systems operate independently and essentially remain detached from each other. Despite efforts to support joint working at the local level, national policy for children and young people continues to be siloed, spread across multiple government departments and subject to short term funding arrangements.

2.4 Since 2016 there has been a growth in the number of unaccompanied asylum-seeking children arriving in this country and entering the care of the local authority under Section 20 of the Children Act 1989. The number of children and young people in conflict with the law has fallen by almost 80% since 2010 but there are worrying signs that this trend may well be reversing as more and more adolescents are drawn into serious violence. There has been a significant loss of secure children's homes capacity; in 2010 the estate was almost double the size it is today and there are now urgent sufficiency challenges around placements for young people with the most complex needs. The same challenges exist in terms of access to tier 4 inpatient mental health services. The reasons are two-fold; partly a result of health partners drawing distinctions between children and young people's emotional and behavioural needs and their diagnosable mental health condition, and the NHS policy drive to reduce the number of children in tier 4 mental health placements.

2.5 In terms of practice we know more now about the impact of trauma on children's development and their outcomes. Early intervention in the life of children and their families can help mitigate the damaging effects of childhood abuse and neglect and avoid the need for more intensive interventions. However, this is not always possible, or successful, nor has the provision of this early help and support been prioritised in successive governments' policies nor spending plans – the early help grant has fallen by two thirds since 2010.

2.6 Where young people first enter the care system in their teens, care has the greatest chance of success when it builds resilience, capitalises on the protective strengths of relationships and involves constructive activities, such as education, training, skills or employment. There is now greater acknowledgement of, and emphasis on, the benefits of relationship-based working which sits at the heart of social care work; building, developing and maintaining relationships between children in care and their families, friends and wider networks. Complex, contextual and transitional safeguarding models help us to respond

more effectively to the risks adolescents face. DfE has funded local authorities to try new and different ways of working with adolescents and children in care via its Innovation Programme.

2.7 However, these new and innovative ways of working are set in the context of a 50% reduction in local government funding over the last 10 years. Austerity has skewed the limited national debate on the care system to a binary discussion about numbers and funding. ADCS is clear the questions we should be asking are as follows: are the right children in care, are they in the right placements, and do they have access to the right support?

3.0 What care is for?

3.1 As in 2012, the principle that children should be brought up 'within their family wherever possible,' sits at the heart of social work practice and indeed is enshrined in the Children Act 1989. There is, however, a delicate balance to be found between achieving and maintaining stability in the home and exposing a child to risk which could potentially be harmful. The 1989 Children Act provides local authorities with the power to both support families (by which we mean the extended familial network, not just parents) to build resilience and the capacity to change, as well as the power to directly intervene to protect a child when these efforts are not successful. As in 2012, ADCS believes that the core 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 so they can return home, or providing an alternative where this is not possible
- **improve the outcomes of children and young people in care** 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. Local authorities cannot achieve this alone, corporate parenting places expectations on partners, as 'partnership parents', that they too will meet the needs of children in care as a priority
- **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 their formative stages of development. This may not apply in the same way to adolescents entering the care system as it does to younger children and this issue is explored further below.

3.2 In addition, we must recognise and acknowledge a further and important purpose of the care system is to **provide children and young people with relationships that are meaningful**, where there is an emotional commitment from adults so children feel loved; it is the difference between being cared for and being cared about. This is what children in care and those who are care experienced tell us is important to them.

3.3 For the majority of children in care, care continues to be the right response to protect them from significant harm, or the risk of significant harm. However, children in care are not a homogenous group and there are particular cohorts where the purpose of care, as set out, does not directly relate to their wishes and needs. ADCS would welcome further debate about the response to unaccompanied asylum seeking children and young people on remand who are accommodated under Section 20 of the Children Act 1989 and whether this is the right response to meeting their needs.

3.4 Over the last few years, ADCS has attempted to counter the negative narrative surrounding the care system and initiate a public debate about the specific and changing needs of adolescents who are being criminally exploited or enter care following a crisis leading to a breakdown in family relationships. The construct of “care” as the provision of alternative parenting does not necessarily meet the needs of adolescents entering care for the first time, yet there is no alternative option. The binary nature of care, you are either in care or not, fails to reflect either the fact that many young people will almost invariably return to their family in their home community, or the profound impact separation from family, including siblings, can have on a young person’s sense of identity and belonging.

3.5 To meet the needs of young people entering the care system, we need a new approach to “care” that is guided by evidence and designed, commissioned and delivered to realise, the right placement, with the right support, at the right time, for every child and young person.

4.0 A different approach

4.1 We know that care can, and does, make a positive difference to many children and young people. Research evidence clearly demonstrates that being in care improves both the educational welfare² and outcomes³ of children and young people over time 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 crime⁴. ADCS hopes the government will bring this evidence to the fore as part of the Care Review and starts to challenge the negative narrative and stereotypes associated with the care system.

4.2 Stability in life is key, therefore we must ask ourselves how can we ensure the system provides the space and continuity needed for the effective development of relationships between carers, children, and their families as the bedrock of a child’s future development and good outcomes?

4.3 The link between care and poverty is well established, therefore what is the best model of care to meet needs driven by poverty? Given all we know about stability, the importance of relationships and the fact that the majority of children who leave care return home, is it time to construct a different response to need linked to poverty? The state does not resource family care to the same level as foster care and residential care. Do we need to consider if we can achieve better outcomes and make more progress by resourcing families adequately as an alternative to care?

4.4 We know that returning home is the most common destination for children who leave care. Evidence suggests that using an episode of care as a single intervention is unlikely to bring about lasting change in parenting, and approaches to reunification that are not routinely well planned and adequately resourced over time are less likely to be successful⁵.

² 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

³ <http://www.education.ox.ac.uk/research/linking-care-and-educational-data-the-educational-progress-of-looked-after-children-in-england/>

⁴ 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%20n%20Policy/LAC%20and%20Offending%20Reducing%20Risk%20Promoting%20Resilience%20FullREPORT%20080112.pdf)

⁵ 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

We believe a different approach to working with families is required, one that is not predicated on the ultimate threat of a child or young person being removed from their family, particularly given the ongoing anomaly within the legal system that allows for children with care orders to remain at home with their parents.

4.5 The principles underpinning early intervention and prevention should be extended to the planned use of care as a means to support families better. The current care system is binary – a child is either in care or not. The needs of children and families are not so clear cut and we need a flexible system of care to help to shape the support provided according to need. The concept of 'shared care' as a way of working with parents to support them in both the short and longer term – the provision of respite can help to de-escalate rising tensions, avoiding family breakdown, for example, and has been widely used to support the families of children with disabilities.

4.6 The use of 'lifelong' child protection plans is also something which might usefully be considered, allowing teams of mixed professionals to work around the child and their family long-term, as a way of working collaboratively with parents/ carers to support them to improve their parenting capacity in a way that reduces risk to their child(ren), maintains family relationships and which may, in time, reduce the need for entry into care. This approach would perhaps be most effective when tackling issues around neglect, where there are inter-generational needs which require support over a longer timeframe, avoiding the potential for repeat re-referrals and ongoing instability. Such long-term interventions, addressing the holistic needs of the family, should be a partnership endeavour; this approach cannot be solely funded or delivered by children's social care.

4.7 The use of special guardianship orders (SGOs) awarded by the courts has increased significantly over the last decade, the latest data shows that the number of children leaving care to an SGO now outnumbers those leaving care to adoption⁶. Kinship care, if well supported, has a strong track record in providing stability, reinforcing key aspects of a child's identity, and delivering positive outcomes into adulthood⁷. The Public Law Working Group has recently published best practice guidance⁸ on SGOs in an attempt to enable fairer and speedier decisions. The support available to special guardians, both pre and post order, is also the subject of debate. How we ensure that, where appropriate, children can remain successfully within their own families in the least intrusive way possible and with the right kind of support is a key consideration. Many family carers do not want to become registered foster carers, private kinship and family arrangements do not need to be a function of the state. Funding to support such arrangements to thrive should be met through the state benefit system, with local authorities continuing to meet any additional support needs via the established assessment processes, as is the case for all families.

4.8 In 2012, we noted that an ongoing focus on just one form of permanence (adoption) will do little to improve outcomes for the majority of children in care – what do we need to know about other forms of permanence, together with adoption, to

the Looked After System: A comparison of outcomes for those who go home and those who do not' London: Department for Education

⁶ Department for Education (2020) Looked after children including adoptions, <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions>

⁷ 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.

⁸ https://www.judiciary.uk/wp-content/uploads/2021/03/Special-guardianship-BPG-report_Clickable.pdf

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?

4.9 Several adoption initiatives, measures and reforms have been introduced since 2010, including the development of a performance scorecard, the establishment of a national Adoption Leadership Board, now the Adoption and Special Guardianship Leadership Board, and the formation of Regional Adoption Agencies. Adoption is an unusual option by international standards, however, ADCS members remain committed to adoption whilst recognising it is just one form of permanence for children in care. The number of children adopted from care remains relatively small and, following a high of 5,360 in 2015, the numbers continue to fall.

4.10 It remains the case that the most common reason for children for whom there had been an agency decision to adopt which subsequently changed is because a suitable adopter could not be found. As in 2012, we still need more adopters who have the capacity and skills to care for those children who currently wait the longest to be placed. Although progress has been made on timeliness, the reality is that older children, sibling groups, children from black and ethnic minority backgrounds, and those with disabilities, continue to wait longer than others and this has been the case for some time. The government's adoption reforms to date have not shifted the outcomes for these groups of children and we continue to explore the challenges that exist here.

4.11 More recently, questions about what adoption in the 21st century looks like have been posed by the sector, given all we know about the importance of contact and self-identify. In this digital age, where the internet and social media are part of everyday life, is the concept of closed adoption really viable, and the best decision for children? Everything we know about a child's best interests tells us that self-identity is key; children want to understand where they have come from. If we are to shift the paradigm to one which is more open and supports continued contact with birth families, we must ensure we are recruiting adopters who are comfortable with this whilst developing our offer of support to birth families to help them engage meaningfully and without reinforcing previous trauma.

4.12 Other forms of permanence, including long-term fostering, special guardianship and kinship care, have not received the same policy attention or investment as adoption, even though these children generally have the same needs as those who are adopted from care. It is hoped the outcome of the Care Review will broaden the policy lens and bring into view the importance of all avenues to permanence.

4.13 The majority of children in care continue to be placed in foster care, either in emergency, short-term or long-term placements. The introduction of Staying Put in 2014 enabled young people to stay with their foster carers beyond their 18th birthday. Despite a significant review of fostering in 2018, little has changed as a result. Local authorities continue to experience capacity challenges and the shortage of foster carers, particularly for older children and those with complex needs, limits placement choice. Programmes such as Mockingbird have been successful in supporting both the needs of foster carers and families, contributing to both placement stability and improving recruitment and retention, yet not all local authorities have access to this programme.

4.14 Over many years, long-term fostering has been used as one form of permanence, particularly to enable contact for large sibling groups who may be placed across multiple foster carers. However, this mode of permanence and the benefits it can bring for children and young people has received little attention in the debate around permanence options to date.

4.15 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 needed for this group, and how to deliver it?

4.16 The age profile of children and young people in care is increasing; in 2019/20 20% of children entering care were aged 16 years and over. This is a result of the ongoing impact of the 2009 Southwark Judgement which requires children's services to accommodate 16 and 17 year olds who present as homeless, our growing understanding about extra-familial threats such as criminal and sexual exploitation, and the growing numbers of unaccompanied asylum seeking children arriving in this country with no family ties. The evidence suggests that intervening with adolescents at risk, or experiencing a crisis, is what we are least effective at doing in terms of delivering better outcomes through the use of care. While it is important to caution against hindsight bias, we also need to challenge ourselves and consider if we would have made greater progress with some adolescent entrants if they had come into care earlier.

4.17 There is no single model of adolescent care provision that can meet the needs and outcomes of all adolescent entrants to the care system, we need a range of options. Our approach to 15 - 17 year olds must be different to that which we take with 11-14 year olds, we also need to consider previous placement histories and the reasons for entering care. A realignment of the public expenditure committed to both early help and targeted intervention for adolescents and their families is needed, but this shift is difficult to achieve as it draws on the remit of multiple government departments. As policy makers, the government should acknowledge that the needs of adolescent entrants require further funding, focus, attention, and cross-government co-ordination.

4.18 The numbers of children and young people in custody have fallen dramatically since 2010 which is right given what we know about the impact and effectiveness of custody; official data shows that over 70% of young people who are sentenced to less than six months went on to reoffend within a year⁹. However, the savings realised in this part of the system have not been re-invested in children; young people who may have, at one time, entered custody, are now being supported by children's services in the community with no additional funding to underpin this intensive activity. Had this funding been redirected to children's services, these funds could have supported the development of a systemic response via sustained investment in targeted early help and prevention in local areas.

4.19 The binary inflexible nature of care is mirrored in the outdated regulatory framework which does not serve children with complex needs well. Many adolescents entering care have complex, over-lapping health and social care needs requiring a tailored multi-disciplinary support response. This is particularly true for the cohort of young people on the edge of hospitalisation (tier 4 mental health services), criminalisation, or who are in need a welfare secure placement. A change in the regulatory framework to make it more flexible to respond to children's needs is essential. Registering placement providers rather than physical settings, similar to the approach taken in fostering and adoption, could provide some of the flexibility needed to allow local authorities to tailor the care and support around the individual needs of children and young people, particularly those with the most complex needs for whom we struggle to find placements within registered children's homes.

⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577103/youth-justice-review-final-report.pdf

4.20 A persistent shortage of foster carers in England has hampered the development of a therapeutic foster care offer across the country and there is a lack of capacity in specialist and secure children's homes that can offer intensive care and support for some of the most vulnerable children who may be a risk to themselves or to others. In research commissioned by DfE exploring local authority use of secure placements¹⁰, researchers note that the concept of alternatives to secure care is not straightforward. Additionally, the same research showed that whilst providers may claim to provide therapeutic services, when this 'offer' is interrogated, it can mean many different things across a vast spectrum. On top of this, the group care model (by which we mean multiple-occupancy children's residential homes) continues to grow in England, this runs counter to the orthodoxy of promoting the benefits of family based care wherever this is possible for children and young people. The expansion of the residential care market has been provider-led, resulting in placements which do not meet needs, spread unevenly across the country (a quarter of all homes continue to be located in the North West) and, in many instances, with poor connectivity to local health, education and welfare systems. This does little to support children to maintain their links with family, friends and the communities where, inevitably, the majority will return.

4.21 The contribution of health and its poor prioritisation of the needs of vulnerable children, not limited to the role of CAMHS but also therapies such as speech and language, continues to be a longstanding concern for ADCS members. The health system has joint responsibility with children's social care for ensuring that the needs of young people with complex health, emotional and mental health needs are met, with suitable provision which is jointly funded. Given all children who enter care will have experienced some level of trauma, the role of health in supporting children and young people to thrive cannot be underestimated, yet there continues to be significant challenges in accessing the right support for children in care, particularly when they are placed and cared for out of their home local authority.

4.22 In 2012 we identified 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 therapy¹¹. These approaches share several common features including high levels of engagement with the young person and their family, being delivered by specifically trained professionals and maintaining a level of post-intervention support. 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 and interventions are not commonly available across the totality of the care system.

4.23 Again, in 2012 we explored the lessons offered by the social pedagogy that underpins the design and delivery of services in a number of European countries, including their residential provision. In the intervening period, there has been a greater recognition and use of relationship-based and restorative practices which are at the heart of social pedagogy. If we are committed to developing child-centred practice in residential care settings, then more must be done to up-skill staff and to deliver relationship-focussed work; they are the workforce that spends the most time with children and young people in care, yet this important cadre of the workforce has received the least policy focus, investment and attention. The growth in private providers in this sector requires changes to national policies

¹⁰ Department for Education (2020), Local authority use of secure placements, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582375/Local-authority-use-of-secure-placements.pdf

¹¹ Research in Practice's evidence review (Bowyer and Wilkinson, 2013) examines a variety of evidence based interventions and is published alongside this position statement.

and standards in order to affect the positive change we seek. Again, there is more evidence to draw on from the Department for Education's Innovation Programme. Over £200 million was invested in new ways of working and some promising models and practices, such as Family Safeguarding, family drug and alcohol courts (FDAC), and No Wrong Door, have all shown promising signs of success. The piecemeal nature of the allocation and distribution of new funding has meant the benefits have been limited to a small number of local authorities. It would be helpful if all local authorities were resourced to explore new ways of working and where there is evidence of what works, all were resourced to implement such models.

5.0 Conclusions

5.1 Form must follow function, we have the safest child protection system in the world and other countries consistently look to us for learning. So, we must safeguard the elements that work well whilst being open about the challenges in the system and how best to address them collectively; structural solutions will require time, money and attention and offer no guarantees of delivering meaningful, sustainable change. The history of structural change is of under-estimating the disruption caused and over-stating the benefits to be gained.

5.2 The Care Review presents a timely opportunity to debate how far the state should intervene in family life and to understand what actually helps families to thrive. The binary "in" or "out" system of care in this country no longer best meets the needs of the children and families we work with, particularly adolescents who are entering care for the first time. The needs and circumstances of families fluctuate over time and we need an offer that is responsive to such changes.

5.3 ADCS members believe there is more that could be done to re-balance and re-shape the care placement market, particularly the ability to generate significant profits from the care of children and to pay huge shareholder dividends with public money. The state is the only purchaser of placements; there is a clear role for government to galvanise a mixed-provider market into creating placements that actually meet the real and present needs of children in care today.

5.4 Responding to the needs and challenges of adolescents is one of society's more complex issues and we can conclude that the current system provides neither value for money across the care sector – the outcomes of some adolescents in particular do not justify the costs – nor is there a sufficiently clear expectation of what success should look like for young people. For some, 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. As in 2012, we continue to question whether care is an appropriate response to all those young people for whom it is currently provided and hope the Care Review will provide the space and willingness to explore the alternatives to care, particularly the support available to help them remain at home.

5.5 Longer term, it seems clear that a re-focussing of resources is required so we can re-embrace the original intention of the Children Act 1989, a proactive programme of support to meet the needs of children and their families early, leading to a meaningful support offer to families in order to ultimately reduce the need for entry into care. To achieve this a re-focusing of approach from the spectrum of public services: from schools to the courts; from families to children's homes, is needed, along with commitment from central government to sustainable long-term investment in preventative services. The recovery and rebuilding phase of the pandemic offers an opportunity to change what we do in this space.

The Association of Directors of Children's Services Ltd (ADCS)

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