

## LEARNING SUMMARY #2

# MEETING THE NEEDS OF COMPLEX ADOLESCENTS

---

This summary is intended for use by anyone in children's social care looking to introduce new practices and approaches to meeting the needs of complex adolescents in and on the edge of care. The summary aims to provide thought-provoking ideas and insights from the DfE's Children's Social Care Innovation Programme, including what we know is working, with reference to the places and people that are trying new approaches. The summary draws on the evaluations of Innovation Programme projects published in 2017; on discussions at Programme learning events on looked-after children; and on the on-the-ground experiences of projects.

References to evaluations, key material and reports can be found on the final page, with a full list of links and contact details on the Spring Consortium website [www.springconsortium.com](http://www.springconsortium.com)

## The challenge

In 2016, almost two-thirds of children in care in England were aged 10 and over. Adolescents coming into care often have different, more diverse and more complex needs than younger children. By age 14, 45% of entries to care are due to acute family stress and/or challenging behaviour, with almost a third of these adolescents having special educational needs and around half experiencing mental and emotional ill-health.

Teenagers in and on the edge of care often have multiple vulnerabilities and develop high-risk behaviours, including involvement in gangs, substance misuse and disengaging from education. In addition, around 16,500 young people in England are estimated to be at risk of CSE.

## New approaches

These complex and interlinked vulnerabilities require **comprehensive, whole-person approaches**. This is challenging in systems that have traditionally provided discrete services: a YOT worker for antisocial behaviour; a social worker to support relationships with family; a CAMHS referral for mental health.

At the same time, approaches to working with adolescents must focus on **preparing them for life after care**, balancing a need for structures to keep them safe in the short term with the opportunities to develop independence, forge their own identities, make mistakes, grow and learn. These complex needs and their interdependencies require seeing the young person 'as a whole' and understanding them in the context of their relationships with family, friends and surroundings, both past and future. It requires planning with a focus on adolescents' **long-term ambitions and outcomes into adulthood, as well as short-term risks**. Effective support is comprehensive, personal and supports young people to build the relationships, skills and emotional readiness needed for adulthood.

## Work with complex adolescents in action

### NORTH YORKSHIRE COUNTY COUNCIL

#### No Wrong Door: flexible residential support for complex adolescents

North Yorkshire's No Wrong Door aims for **permanence in a family setting for all adolescents**. Under the principles of 'no child is unfosterable' and 'no move until it's the right move', it creates bespoke plans in collaboration with the young person to support stability at home or in care.

Two hubs bring together **personalised accommodation options and bespoke placements** – including residential, fostering and supported lodgings – with a range of services, specialist practitioners and outreach support. Residential beds are used to stabilise situations and **create the space and time needed to make long-term plans**, within an overall aim of keeping young people at home as much as possible. A single team including psychologists, speech therapists, foster carers and residential workers are able to make 'live' interventions, avoiding referrals, and work collaboratively using Signs of Safety to assess risk and restorative practice in interactions with families. The team wraps around young people and stays with them throughout their journey, **providing consistent and trusting relationships**, while supporting the existing positive relationships in their lives.

In the first two years the service supported 355 young people, with 85% remaining out of care. Placement moves have halved, with reductions in breakdowns, time spent in care and the use of residential beds, and just one new placement made out of area. North Yorkshire is supporting other councils, including **Wigan and Bradford**, to learn from and spread the model.

#### Estimated savings in first 12 months

£160k

to CAMHS

£300k

to speech and language services

£200k

to police

### LONDON BOROUGH OF EALING

#### Brighter Futures: a bespoke practice model to support complex adolescents

Ealing's Brighter Futures programme began with a focus on reshaping support by **devolving decision-making closer to the young person**. Small, multi-skilled teams offering intensive family intervention work alongside a new cohort of **specialty trained advanced foster carers**, specifically recruited to work with the most complex adolescents.

Following the success of the programme, Brighter Futures is being scaled up across the borough to become the ethos and practice underpinning how all children's social care is delivered. At its heart is a **practice model bespoke to Ealing** and designed collaboratively by the Anna Freud Centre, the Dyadic Developmental Network and the South London and Maudsley NHS Trust. Dyadic developmental psychotherapy training for social workers and foster carers is combined with the relational PACE model and daily multi-disciplinary team meetings.

Foster carers report that the training has improved their interactions with their foster children and their ability to prevent situations escalating into crisis. In the first year of the programme, nine young people were stepped down from residential care to foster care, with associated savings of £800,000.

#### Moving 9 young people out of residential care



SAVED  
£800k

### BRADFORD METROPOLITAN BOROUGH COUNCIL

#### Rethinking Social Care for adolescents: combining tried-and-tested models

Bradford's aim is to reinvent care provision for its 900 looked-after children, in particular for late entrants to care aged 15-17, a cohort that includes a high proportion of girls at risk of CSE and boys with offending behaviour. It has become increasingly hard to find foster placements for this age group, with a high rate of subsequent placement breakdown.

Bradford is working closely with North Yorkshire County Council and the Fostering Network to **adapt, adopt and combine two tried-and-tested approaches**. North Yorkshire's No Wrong Door will be adapted to Bradford's very different urban context and be implemented on a larger scale, with eight residential hubs compared to North Yorkshire's two. A senior member of staff from North Yorkshire sits on Bradford's Innovation Programme board to support adaptation to the Bradford context over the next four years. This is combined with the Mockingbird Family Model of fostering to support 'late entry' teenagers by providing **wrap-around peer support in a community setting** for foster carers and young people, learning from the existing Mockingbird sites around the country.

The integrated model will include Signs of Safety and the attachment-based PACE approach to ensure a consistent therapeutic approach across all care settings and to **'re-calibrate' practitioners' and services' attitude to risk** for this cohort.

The partnership working involved in setting up the model has already resulted in a drop in adolescents being placed out of area, as the ethos and ambition of the programme spreads across agencies.

## What do we know about what's working?

Learning from across Innovation Programme projects working with complex adolescents supports the wider evidence base in suggesting that there are a number of common aspects to approaches that successfully promote placement stability and reduce risk.

### Recruiting for culture in addition to competencies

Successful recruitment to key roles focuses on the critical beliefs and values of candidates as well as skills and qualifications, including:

- A combination of high expectations with empathy for adolescents. Workers describe having the same hopes and fears for children in care as they do for their own children.
- A refusal to believe that any child is 'unlovable' or 'unfosterable': that all adolescents can be successfully placed with a loving family, with the right support.
- A commitment to 'doing the right thing' and a 'whatever it takes' attitude: having the confidence to challenge assumptions and habits ('how we do things round here') when these are not in the interests of the young person.
- Resilience and experience of the adolescent cohort. Work with adolescents can be emotionally and physically exhausting, most acutely for foster carers and residential workers. Local authorities are increasingly looking to practitioners with backgrounds in health, education or youth work for these roles.

Islington's **Doing What Counts and Measuring What Matters** programme has embedded motivational social work at all levels, using values-based tools and scenarios in recruitment, monitoring and evaluation processes that include families in the assessment of practice.

### Building strong and skilled multi-disciplinary teams to reduce cross-agency risks

Multidisciplinary, co-located teams (including social workers, youth offending teams and mentors, police, educational psychologists) are paying for themselves by reducing and avoiding costs associated with adolescents going missing; being taken into custody for protection or as a result of

youth offending; or being admitted to A&E. By having access to and implementing the right therapeutic approaches, practitioners can treat the underlying causes of risk taking, enabling adolescents to learn to change their behaviour and keep themselves safe. **North Yorkshire's No Wrong Door** model has seen 32% of young people ceasing or reducing their substance misuse, with missing incidents halved, reductions in criminal activity and improved Strength and Difficulties Questionnaire scores. **South Yorkshire's Empower and Protect** has seen nine out of 14 young people reduce their risk factors, including missing episodes, while increasing protective factors such as school attendance.

The role of police officers, embedded in support teams, is emerging as impactful. Police can be powerful advocates for adolescents in the community and with their colleagues; manage interactions with the justice system; de-escalate situations; keep young people out of custody; and negotiate bail conditions to keep adolescents at home. As part of **Sefton's Community Adolescent Service** police are directly involved in casework from referral and attend home visits.

### Creating safe environments that prepare young people for adulthood

Supporting birth families to provide a safe, warm and respectful environment with opportunities to learn and build consistent relationships is as important as direct work with young people. Outcomes can improve when birth families are seen as an asset in adolescents' lives, and families' strengths are acknowledged and supported to grow. For young women affected by CSE, for example, interacting with men in positive nurturing roles in their home setting can be helpful. Whether in birth families, foster families or residential homes, young people do best when there is a family feel to their home, with shared mealtimes, warm, consistent relationships and opportunities to learn.

In **St Christopher's Safe Steps** programme, practice is informed by high-quality training in social pedagogy and trauma-informed approaches, meaning staff can build positive relationships with young women in a homely and safe environment. **Stoke's House Project** co-operative enables young people to learn new skills and take responsibility for their independence, helping engender a sense of ownership and a real say in creating a long-term home.

**Tri-borough Alternative Provision** provides residential education provision that encompasses life skills, relationship building and communication. A key benefit is the family-type relationships that develop during activities like shared mealtimes, which present opportunities for young people and staff to relate differently to one another.



### Measuring what matters

Work with adolescents requires a balance of measures across short-term risks, medium-term needs and long-term ambitions, which might include living independently (as in **The House Project in Stoke**), completing further education or training (as supported by **Ealing's Brighter Futures** Connexions workers), beginning a career or having a family of their own. In some of the most successful Innovation Programme projects, a theory of change has been used to make clear and explicit the rationale for approaches and the impact for adolescents, with progress indicators tracking success over time. In the short term, common indicators include reductions in criminal activity, missing episodes, self-harm and substance misuse. In the medium-term, measures look for signs that adolescents are managing risk themselves and growing key skills. These include the number and quality of positive relationships they are able to form and hold; their ability to create plans for the future; and engagement in learning.

Demonstrating progress in keeping adolescents out of care, improving outcomes and increasing value for money is making it possible to sustain these new approaches. Funding decisions are significantly faster and more positive when convincing evidence of impact is available. Demonstrating how savings accrue across the system is crucial for multi-agency buy-in. **North Yorkshire's No Wrong Door** model, for example, has demonstrated savings in its first year of £160,000 to CAMHS, £300,000 on speech and language services and £200,000 to the police.

## Other projects and places looking at supporting complex adolescents

**The House Project:** a housing co-operative for care leavers that focuses on building ownership, responsibility and agency, piloted by Stoke-on-Trent City Council and now being implemented by Warwickshire, Solihull, Staffordshire, Islington and Cheshire East.

**Gloucestershire County Council:** developing a multi-agency, LA-wide service for the most vulnerable young people aged 10-25.

**London Borough of Enfield's Family Support Hub:** setting up three multi-disciplinary teams focussed on re-unification, edge of care and CSE.

**Sefton Council's Community Adolescent Service:** creating a multi-agency/multi-disciplinary service to address the needs of vulnerable 12-25 year-olds.

**Tri-borough Alternative Provision:** residential education provision for adolescents on the edge of care.

The London **Mayor's Office for Policing and Crime's** adaptation of the Scandinavian Child House model: a child-centred, multi-agency response to sexual abuse.

**Wigan's Achieving Change Together:** co-designing social-care responses to CSE with young people.

**London Borough of Havering:** developing a multi-agency systemic service for 11-24 year olds.

**St. Christopher Fellowship's Safe Steps programme:** developing a flexible, high-supervision model of accommodation for looked-after girls at risk of sexual exploitation in London.

**Durham County Council's Aycliffe secure children's home unit:** testing a new model of support for young people who have experience sexual exploitation to move into independent living.

## Resources projects have found useful

### Innovation Programme materials:

- 'Adolescent service change and the edge of care', Innovation Programme thematic evaluation report by the Rees Centre, July 2017
- Adopting and Adapting Innovation to Improve Outcomes for Looked After Children, event hosted by Bradford and Spring Consortium, July 2017
- Residential Care and Staying Close, event hosted by Spring Consortium, November 2016
- Innovation Programme Interim Learning Report, January 2016

### Wider research:

- J. M. Green et al, 'Multidimensional Treatment Foster Care for Adolescents in English care: randomised trial and observational cohort evaluation', *British Journal of Psychiatry*, 204, 2014
- 'Edging Away from Care: how services successfully prevent young people entering care', Ofsted, 2011
- Scott and Skidmore, 'Reducing the risk: Barnardo's support for sexually exploited young people – a two year evaluation', Barnardo's, 2006
- Leeds 'One Minute Guide' to the Mockingbird Family Model

Evaluation reports for all projects in the Innovation Programme, contact details for projects mentioned and further learning and research materials can be found at [www.springconsortium.com/evidence-learning](http://www.springconsortium.com/evidence-learning)

## Five things to consider when innovating to meet the needs of complex adolescents

1

Support should balance short- and long-term risks, needs and goals and focus on helping adolescents to become confident and independent adults.

2

Adolescents in care often display risky behaviour because they are attempting to process trauma. Therapeutic approaches that address the causes of trauma, not behaviour management, have the greatest effect on outcomes.

3

All young people can be placed successfully in a family setting with careful planning and the right support for carers. This should be the default goal, while recognising that there may be isolated exceptions. Residential care should be used to support this ambition, rather than as a long-term solution.

4

Multi-disciplinary, co-located teams are necessary to provide the holistic care that adolescents need; coupled with one access point and consistent relationships, for the young person.

5

New approaches to, and understanding of, risk are essential to empower staff to make decisions and for practitioners and systems to see families as part of the solution.