
WORKING AT THE 'EDGES' OF CARE? EUROPEAN MODELS OF SUPPORT FOR YOUNG PEOPLE AND FAMILIES

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Introduction

This is a summary of the main findings of a cross-national study funded by the Department for Children, Schools and Families within a programme of research at the Thomas Coram Research Unit. The study compared policy, practice and the professional skills of the workforce in four European countries (Denmark, France, Germany and England) when working with young people at or near the point of requiring accommodation outside their family.

Key Findings

- Denmark, France and Germany all have a greater proportion of children looked after away from home than does England. However, such comparisons are limited by differences in how the statistics are collected and which groups of children are included. There was no clear evidence from interviews that thresholds for care entry were lower in other countries than in England.
- Young people in the care system in England are not a homogenous population. In particular, young people aged 10-15 years form quite diverse groups and there are important differences between those who enter care for the first time aged between 10 and 15 and those who re-enter at this age with a previous history of care.
- Across all four countries, diverse measures were available to support young people and families to prevent out-of-home placement. Research in all the countries highlighted the potential for therapeutic approaches; services in Denmark, France and Germany were informed by theories of psychology and family therapy.
- There were examples in Denmark, Germany and France of a diversified range of placements when children did need to live away from home, including part-time, respite and shared-care arrangements. Innovative models were found in England too, but there is a need to develop further a differentiated array of placement choices.
- In all four countries, interviewees emphasised the importance of engaging young people and their families in the process of planning for placement. However this seemed more difficult to achieve in England, partly due to the much shorter time often available for arranging out-of-home care.
- The workforce supporting children and families in the other European countries had higher levels of qualification than in England. Social workers and social pedagogues worked alongside each other, adopting different roles (case management and direct work respectively). They commonly worked closely with other professionals such as psychologists too.

- The 'edge' of care was less clearly demarcated in the other European countries compared to England, with placement away from home seen as one option for support rather than to be used only when family support measures have failed. The concept of an 'edge' of care may itself be unhelpful because it implies discontinuity between children who enter care and those who stay at home.

Background

This study was conducted against a developing policy background in England, such as the *Care Matters* initiative and the *Children's Plan*, which emphasises the preventive function of family and parenting support in reducing the likelihood that a young person will enter the public care system. There is also growing interest in the potential for social pedagogy¹ - an approach common in continental Europe - for informing ways of working with children and young people. Previous research at TCRU (Petrie et al. 2006; 2007) has examined the role of social pedagogy as a professional, theoretical and policy framework for work with children looked after in residential and foster care. This study builds on that work by exploring European models of support for young people and their families *before* entering out-of-home care. In the Care Matters Green Paper, DCSF coined the phrase 'at the edge of care' to refer to children in this situation. The research focuses on work with 10-15 year olds. Less is known about provision for this age group, and services to support young people and their families appear to be less well developed compared to those for younger children.

Aims

The project aimed to learn from experience elsewhere in Europe and in England in order to identify best practice and inform the development of policy and practice in England. The overall aim was to understand better the ways in which care entry could be either prevented, or planned and supported, for example in relation to parent and child involvement in decision-making about care entry and placement planning. A related aim was to

¹ Social pedagogy can be understood as 'education-in-the-broadest-sense'; its theory and practice is focused on everyday lives, working through relationships, and emphasising individual rights and participation in decision-making, and the development of the whole child. More information can be found on <http://www.socialpedagogyuk.com/>

consider the role of social pedagogues and social pedagogy in the policies, theory and practice of this work.

The research set out to examine national and local policies for supporting parents and young people throughout the transition into public care; the types of support available; the process of decision making about care entry and placement planning (including how involved parents and young people are in this); the professional qualifications of the workers providing support; and the nature and extent of multi-agency working.

The research also addressed some broader conceptual questions, concerned with the purpose and use of public care in the four countries. Why, for example, was placement away from home used? Was it seen as a last resort in any of the three countries other than in England? How did thresholds for placement in care in other countries compare with those applied in England? Was the 'edge' of care as sharply defined in other countries as it is in England? What are the implications for work with young people and families, and the role of social pedagogic theory and practice in that work?

Methods

The research had three components:

1. Knowledge synthesis reports

Experts in public care services in Denmark, France and Germany were commissioned to act as partners in the research². They prepared knowledge synthesis reports for their countries and facilitated (and where necessary, accompanied) interviews in continental Europe. Their reports were working documents, designed to inform fieldwork, and were used, along with the research data, to prepare case studies of each country.

² Inge Danielsen, Copenhagen Social Pedagogic Seminarium, Denmark; Mihai Dinu Gheorghiu and Lucette Labache, Centre for European Sociology, France; and Michael Tetzler and Herbert Colla, University of Lueneburg, Germany.

2. Secondary analysis of population data on looked after children

This included:

- (a) A comparative overview of national data on children in public care, and in particular the 10-15 age group, in the four countries. This contextual data was supplemented with an overview of whole population social indicators, extracted from European Commission data on social protection and social inclusion.
- (b) A detailed analysis of SSDA903 data (held at the time by DfES), which explored the characteristics of young people aged 10-15 who have entered care, with regard to their age; gender; ethnicity; noted reason for being looked after; legal status under which looked after; the type of placement (including short-term placements); care histories; and number of placement changes within one year.

3. Interviews in four countries

Interviews were conducted with a total of 105 people across the four countries, between January 2007 and January 2008. Interviewees were purposively sampled to represent the following range of key perspectives, and to provide examples of good or innovative practice in the field:

- *policy makers* in national and local government;
- *service managers and practitioners* in the state and independent sectors who provide support services for young people in the process of, or being considered for, placement away from home; and
- *representatives of other agencies* who work with this target group, including child and adult mental health; youth justice (or equivalent); organisations that provide advocacy or represent the views of young people in care; and residential or foster care providers.

Interviews were conducted in the capital city and either one or two other areas as follows:

England: an inner-London borough and a non-urban unitary authority;

Denmark: Copenhagen, another city authority and a non-urban local authority;

France: a local authority in Paris, and another local authority with both rural and urban areas;

Germany: Berlin; a city in the former East Germany; and a non-urban local authority in the former West Germany.

The findings summarised below describe firstly the results of the statistical analyses, then the support available for young people still living at home and their families, followed by measures involving placement or accommodation of the young person and the processes involved in this, and finally, the characteristics of the workforce.

Findings

1. Care populations

Cross-country comparisons

Comparative analyses of data on care populations indicated that England had a smaller relative population of looked after children than the other countries. However, this difference cannot be assumed to reflect differing thresholds for care entry, for three main reasons:

- Cross-national comparisons did not compare like with like, but were limited by differences in the nature of published data. For example, differences in the age of criminal responsibility across countries means that children who would be accommodated within the youth justice system in England (and so do not appear in care population statistics) would be accommodated (and counted) within the child welfare systems of other countries.
- Analysis of English care population statistics indicate a high degree of 'churn' in the system, such that a census on any one day under-represents the number of children who spend time in care over the course of a year. Available data from other countries did not permit a comparative analysis of 'churn', but there was more placement stability, for example in Denmark, than in England. This suggests a need to account for the impact of 'churn' when estimating the size of the care population.

- As discussed below, the countries differed in the nature of their services to accommodate children away from home, and so the meaning of 'care' differed across countries, with concomitant implications for the size and nature of the care population.

Young people in care in England

Analysis of English care statistics, both published and unpublished, indicated clear differences in the characteristics of 10-15 year-olds in the care system compared to other age groups, showing that 10-15 year olds have less stable experiences of the care system than younger children. Further differences were identified between those who enter care for the first time aged 10-15 years, and those with a prior history of care who re-enter the system aged 10-15 years. Compared to those re-entering the system, those who enter care for the first time between 10 and 15 years:

- spend less overall time in care during these years;
- are more likely than re-entrants to go into a children's home (although foster care is still by far the most common option);
- are more likely to be accommodated on a voluntary basis; and
- the reason for placement is more likely to be recorded as due to family problems or to the young person's behaviour rather than to a perceived need to protect them from abuse or neglect.

2. Work with young people living at home and their families

Across the four countries (including England), the measures available to support young people and families were diverse. Research in all countries highlighted the potential of therapeutic approaches for preventing the need for placement of a child in care, and in Denmark and Germany, research identified service models informed by theories of family therapy. In all three continental countries, interventions were often designed and delivered by social pedagogues, and hence informed by social pedagogic theory.

- In **Denmark**, most services in all three local authorities were provided through the public sector (local authority social services teams), and a range of modes of social pedagogic support were available. Continuity between universal and targeted services was illustrated by provision such as 'family houses', which offered open-access support and advice alongside targeted individual and group-based provision for families with identified needs.
- In **France**, the administrative system was complex, and could be seen as both centralised and de-centralised. Within both of the areas studied, services for children and families could be delivered directly by workers in local authority neighbourhood teams or could be commissioned from voluntary sector agencies. Interviewees' accounts indicated an emphasis on therapeutic work with the child and family; lead responsibility for the direct work was commonly held by a social pedagogue, and often involved input from a psychologist in the neighbourhood team.
- In **Germany**, support for young people and families is specified in federal law, but - within a highly decentralised system - was delivered primarily by voluntary sector agencies in each of the three areas studied, commissioned (usually on a case-by-case basis) by local authority children's social services departments. In line with a de-centralised system, services in each area were locally determined within the framework of national law. However, in all three areas, there was an emphasis on individually tailored interventions, in line with social-pedagogic principles in law, and on a therapeutic approach to work with young people and families.
- In **England**, preventive services in both the local authorities studied had been developed in line with a national policy emphasis on the need for closer working relationships and greater integration of services between different agencies. One authority had developed community-based multi-agency teams to provide early identification and intervention; in the other, development of preventive services had prioritised intervention with young people and families with existing social services involvement and identified risk of placement. Examples included a respite foster care service and specialist programme for young people at risk of care entry.

3. Measures involving placement or accommodation of the young person

The research indicated that the 'edges' of care were less clearly demarcated in the other countries than in England. Not least, this reflected a different conceptualisation of the purpose of placement in Denmark, France, and Germany, whereby placement measures were described by interviewees as *among the options for intervention* with a child and family - not as an alternative to be used after intervention had failed.

In line with this conceptualisation of choice of accommodation as a form of intervention with a child and family, interviewees in Denmark, France and Germany indicated that options selected for placement should depend on the nature and extent of children's additional needs. This idea was evident in a greater diversity of residential and foster care provision than was seen in England and, correspondingly, less concern about a lack of supply of places.

Short-term and part-time placement options

For some children, short-term accommodation may be sufficient to meet their needs - especially if it forms part of a therapeutic intervention with the family. The needs of children who have to move in and out of care within short periods might be better met by an extended understanding of respite that allows a shared part-time care arrangement within their local community, rather than repeated periods in the care system. The following examples illustrate a range of provision with the potential to inform general service development in England:

- in **England**, respite foster care based within the local community in the inner-London authority, and linked to other interventions for families and young people such as a Young People's Development Programme service;
- in **Germany**, weekday residential settings that closed at weekends - children returned home, and parents could visit and spend time in the setting during the week, enabling joint work with parents and children;
- in **Denmark**, extended use of respite provision, with fewer limitations on the duration of respite care periods than is possible under Section 20 of the Children Act in England, such that children could have flexible access to the same respite provider

(residential or foster care) for up to 21 consecutive days; and

- in **Denmark, Germany and France**, open-access emergency accommodation (sometimes linked to counselling services and/or a telephone helpline) where young people could self-present. In both Denmark and Germany this provision was well-publicised and was used by young people running away from their family of origin as well as by those running from residential or foster care placements.

Differentiated options for placement

Foster placement was seen as a preferred option for most young people when possible, in all countries, but residential care was more readily considered as a first choice in France, Denmark or Germany. Interviewees in all those countries emphasised the use of residential care when necessary to meet a young person's needs and spoke of the use of residential care as an intervention for young people with complex and challenging needs that needed greater professional expertise than could be offered by foster care. This perspective in part reflects the presence of a professionalised social pedagogic residential care workforce, a development that is currently being piloted within the *Care Matters* implementation plan in England.

In Denmark, France and Germany, interviewees' accounts of available provision indicated a graduated range of provision, offering a differentiated approach to meeting the heterogeneity of children's needs. In addition to family-based foster care, the following examples were highlighted:

- residential boarding schools were occasionally used to accommodate young people outside the care system in **Denmark**, although several interviewees expressed criticisms of these schools' abilities to intervene in the difficulties that gave rise to the need for placement;
- models of professionalised foster care, where foster carers had a professional background (e.g. in social pedagogy) were described in **Denmark**, and **Germany**;
- the *opholdssteder* model in **Denmark** provided an example of residential provision that combined a professionalised (social pedagogic) approach with a home-like environment for young people whose needs were unlikely to be met by foster care

provision, but who required a less intensive model of intervention than was offered by state residential care;

- *community-based institutions* in **Denmark, France** and **Germany** that were designed to ensure continuity for the young person (e.g., involvement in social networks; school attendance) and which often provided part-time and respite provision alongside full-time care; and
- *therapeutic institutions* in **Denmark, France** and **Germany** (and, to a more limited extent, in **England**) for young people with significant and complex needs (e.g. significant emotional and behavioural difficulties).

4. The process of placement

In all four countries, interviewees emphasised the importance of engaging young people and their families in the process of planning for placement - to secure agreement that the child should be placed, and to decide where the child should be accommodated. These ideas are emphasised in *Care Matters* and the *Children and Young Person's Act 2008*, and were clearly valued by interviewees across countries - but they appeared more difficult to secure in practice in England.

In Denmark, France, and Germany, systems for care planning decisions necessitated longer timescales than were reported in England, routinely stretching over several weeks and involving (for example):

- a choice of placement options, required in law in **Germany**, but also seen in **Denmark**, and including visits to potential carers or settings by the parent(s) and young person;
- requirements for debate and team discussion; in **France**, this usually included presentation to the children's judge, giving a formal opportunity to debate possibilities for intervention with the child and family;
- requirements for parental agreement; even in the 10-15 year age group, young people in these countries were much less likely to be accommodated without parental agreement than young people in England.

Similar principles were highlighted in policy and practice in **England**, but they appeared more difficult to achieve than in the other countries. Two inter-connected issues were highlighted as particularly problematic in relation to planning

care entry for young people aged 10-15 years: the issue of **supply** (in relation to availability of placements); and **short timescales** for planning care entry.

These constraints were said by interviewees in England to limit placement choice and placement matching for young people. Such issues also reflect a context in which care entry was often a 'last resort' emergency decision. Interviewees' accounts often reflected the accepted practice wisdom that placement was a 'failure' of child welfare provision, and should be a short-term solution, with the aim of securing return home as soon as possible.

5. The workforce

A key theme to emerge across all the countries was the value of a **professionally differentiated** approach, in offering a range of professional perspectives on the child and ensuring that there were different skills to call upon in intervening with young people and families. However, England differed from the other countries in the study in:

- (a) levels of qualification within the workforce; and
- (b) the professional disciplines involved in child welfare teams.

In **England**, teams engaged in therapeutic intervention with young people and families included workers with a range of backgrounds and levels of qualification, including social workers, family support workers (with a variety of formal qualifications), and youth workers. Interviewees in England also highlighted the difficulty of the social work role, and several questioned the extent to which social work education prepared practitioners for a therapeutic role in intervention with families.

By contrast, the routine employment of **psychologists** and **social pedagogues** (alongside social workers) within social work practice in **Denmark, France and Germany** provided a workforce within the social work team that was specifically qualified for therapeutic work. This qualifications base evidently informed the everyday practice of direct work with young people and families, such that multi-disciplinary teams were comprised of professionals qualified to Bachelors-degree level (or with three-year vocational qualifications). In all three continental countries, social pedagogues were seen as the specialists in direct work with children and

families, with particular expertise in work with relationships and with everyday lives.

- In **Denmark**, social workers commonly held overall responsibility for a case, including responsibilities for assessment and care planning, whereas social pedagogues were described as experts in relationships and everyday lives, and carried out direct interventions with young people and families. Both pedagogues and social workers commonly worked alongside other professionals, notably psychologists.
- In **Germany**, direct work with young people and families was usually carried out by workers qualified in social pedagogy (a Bachelors-level degree or a three-year vocational diploma). With a competitive market between voluntary sector agencies bidding to provide interventions, these workers often reported that they had additional qualifications, for example in family therapy or psychology.
- **France** had the highest level of professional differentiation of the four countries, with specialist roles and multi-professional teams within children's services. Across the key agencies and service providers, personnel could include: social workers and *éducateurs* (pedagogues); lawyers and specially trained children's judges; psychologists, therapists, and psychiatrists; and other medically trained professionals.
- In **England** too, fieldwork indicated the perceived value of multi-professional teams, but there was greater variability than in the other countries in levels of professional qualifications, particularly for direct work with young people and families. This finding is consistent with other research that has suggested that English practice is characterised by low levels of training and pay for those supporting young people and their families. Thus, direct support work tends to rely on tacit and functional knowledge, with social workers holding overall responsibility.

Conclusions and recommendations

The research reported here set out to examine the policies and practices relating to work at the 'edge' of care, whilst focusing on a particularly vulnerable population in the English care system - young people aged 10-15 years. In doing so, it has revealed a range of practical examples (e.g. service models) with the potential to be applied

in an English context. In addition, it has highlighted areas for the development of the social care workforce in England, noting the potential of professionalisation and of professional differentiation to intervene to address the complex and varied needs of vulnerable young people and their families.

The evident diversity of the care population in England, together with the high proportion of children who re-enter the system following return home, suggests the need for a more nuanced understanding of and approach to care than is currently the case. Recommendations for future policy and service development in England focus on three key areas:

Recommendation 1

There is a need to **strengthen and to extend the professional composition of social work teams** in England. This is necessary in order to address the challenges facing English social work, and in particular, **to enhance the potential for therapeutic intervention with young people and their families**. The research highlighted the potential of:

- (i) social pedagogy, as a qualification for therapeutic intervention with young people and families; and
- (ii) psychology as a profession within social work teams, distinct from child and adolescent mental health interventions.

It is recommended that future development work - building on the residential care pilot of social pedagogy³ - pilots the inclusion of social pedagogues and psychologists within child welfare teams, as was routinely the case in other European countries.

Recommendation 2

There is a need to review timescales for care planning across local authorities, and subsequently to develop guidance on timescales that:

- (i) ensures the involvement of young people and parents in the care planning process, with the objective of securing parents *and* young people's consent when placement is judged to be necessary;
- (ii) enables placement matching and genuine placement choice for young people and their families.

³ <http://www.ioe.ac.uk/study/departments/tcru/4804.html>

Recommendation 3

The concept of an 'edge' of care may be unhelpful because it implies a discontinuity between children who enter care, and those who stay at home, in their characteristics and in the aims of work with these children and their families. Rather, work with young people (whether living at home or elsewhere) and their families should be defined from a child-centred approach, concerned with working alongside the young person to promote their best interests. Thus, the development of placement services for young people aged 10-15 years should start from the perspective that accommodation forms part of an *array* of services for children and families that are preventive of disadvantage and harm to the child's upbringing and development.

Policy at a national and local government level should prioritise the development of diverse models of residential and foster care, to ensure a differentiated service offer that addresses the heterogeneity of the care population, looking not just at age but also at placement history and reasons for needing care. Placement services should normally be therapeutic in intent, linked to other methods of intervention with the young person and family. There is a particular need to extend:

- (i) short-term and part-time placement options for young people, including open-access emergency accommodation and respite provision; and
- (ii) the supply, quality, and diversity of residential and foster care services, including professionalised models that enable a differentiated and therapeutic approach to provision.

More fundamentally, this cross-national research has questioned the inevitability - and the usefulness for young people and families - of a sharp-edged residual care system. In England, 'care' has primarily been conceived of as a last-resort service only to be invoked when preventive work has failed. In the other European countries studied, whilst interviewees recognised that, ideally, children should grow up with their families, placement was described from a child-needs led perspective, and *not* as a last resort. There was no clear evidence that

thresholds for care entry were lower than in England. In those countries, diversified models of placement (including part-time, respite and shared care arrangements) formed part of a continuum of planned and purposeful interventions which include work with young people living at home and their families. Within this conceptualisation, work with young people in or at the 'edges' of care shares a common (social pedagogic) objective: to support the young person's upbringing and education-in-the-broadest-sense. Such an objective clearly accords with current policy, as set out in the *Care Matters* agenda, and with the need to address the heterogeneity and instability of the care population in developing services that meet individual needs.

References

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Additional Information

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