



Adolescents in care: needs, pathways and engagement in multiple and interacting systems

Dr. Birgit Larsson, Associate Professor in Social Work and Sociology

Purpose



Adolescents in care-overview and pathways to permanence

Adolescents who return home; adolescents who appear in multiple systems

Multi-agency interventions for adolescents

Recommendations

Adolescents in care

- Adolescents are the fastest growing group in care—some becoming adolescents while in the care system and others entering care for the first time (Clarke and Pennington, 2021)
 - From 2011/12 to 2019/20 adolescents entering care more than doubled (Roe et al, 2021)
 - 65% of children in care are over the age of 10; 27% are over the age of 16 (DfE, 2024)
 - Challenges within the care system around appropriate placements, instability in placements and in professional relationships (Rehill et al, 2022)
 - As well as increasing costs due to complex needs (National Children's Bureau 2025).

Adolescents with complex needs

- Adolescents experience a variety of 'complex social needs' or 'complex needs and circumstances' (Bounds et al, 2020; Bevington et al, 2023)
 - Family context of deprivation
 - Experiences of abuse/neglect
 - Emotional or behavioural challenges, mental ill health from trauma and (hidden) disabilities
 - Extra-familiar harms such as criminal and sexual exploitation and bullying
- Adolescents both visible and invisible because of complexity—gaps in services; criminalization; professionals see 'maturity' rather than 'vulnerability'
 - Concerns when young people reach 18 (maturity gaps) need for transitional safeguarding (Cocker et al, 2024)

Interventions for adolescents

- Recommendations from reviews (MacAlister, 2022; Child Safeguarding Practice Review, 2021; HMICFRS, 2020):
 - increased working with families to keep adolescents at home
 - multi-agency and relational approaches
 - increased professional awareness of trauma
- Thus, complexities due to age/developmental stage, family, community and systems issues but adolescence also recognised as a good developmental stage for interventions due to cognitive flexibility (Masten and Barnes, 2018)

Permanence for adolescents

- The aim for children in care, including adolescents, is to achieve permanence: 'a secure, stable and loving family to support them [children] through childhood and beyond and to give them a sense of security, continuity, commitment, identity and belonging' (DfE, 2021:19).
 - returns to birth family; friends and family care; adoption; non-friends and family care supported by a legal order; or long-term foster care
- Access to permanency pathways differ by children's characteristics, including by age
- Larsson et al (2021) used national SSDA903 (CLA) data from 2014/15-2017/18 to compare children's characteristics by permanency pathway (LTFC, adoption/SGO, and reunification)

Routes to permanence

- Adoption and special guardianship with relatives tend to be used for mostly very young children, and long-term foster care for children entering care in middle childhood
- Children who returned home had the highest mean age (10.4); the age band with most children in was the 11-15 age group (34%).
- Over half of reunified children (52.1%) were aged 11-17.
- For the oldest children, aged 16-17, reunification was the most common permanency route (18.1% compared to 9.1% long-term foster care and 0.9% adoption/SGO).
- This means that reunification is the main, or often only, available permanency route for adolescents (aged 12-17).

(Larsson et al, 2021)

Reunification and adolescents

- Reunifications are not always stable; reunification instability ranges from 15% to 65% (Goldacre et al, 2022; Farmer, 2018)
- Age is an important factor:
 - reunification instability more common for children who enter care in adolescence (12-16)
 - children who return home at an older age (10-15) (Goldacre et al, 2022; McGrath-Lone et al, 2017)
 - Of particular concern are the young people who experience multiple returns home (see Neil et al, 2019).

Reunification study

- Analysis of national CLA and NPD data 2009/10-2017/18 explored reunification stability and educational outcomes at GCSE level—looked at all 3 types of way children return home (planned, unplanned, to someone without parental responsibility)
- Children's characteristics, needs and reunification stability compared by reunification type 2015/16 (N=7,250)
- Children with **unplanned reunifications**
 - Entered care at the oldest age
 - Highest SDQ scores with 50% having scores in the clinical range
 - Most likely to be accommodated voluntary in care under S20
 - Shortest stays in care

(Larsson et al, 2022)

Reunification stability

- 2 year follow-up: differed by reunification type with highest proportion of unstable proportions for group of young people with unplanned reunifications (25%, N=375)
- Regression analysis:
 - children with unplanned reunifications more likely to have unstable reunifications compared to children returning home to someone with no parental responsibility
 - children accommodated voluntarily more likely to have unstable reunifications than children who had a care order
- Highlights groups of reunified children who are particularly vulnerable—adolescents, children with social, emotional and mental health needs, children with unplanned reunifications

Educational outcomes (GCSE) for reunified adolescents

Linked CLA and National Pupil Database data: children who returned home in 2015/16

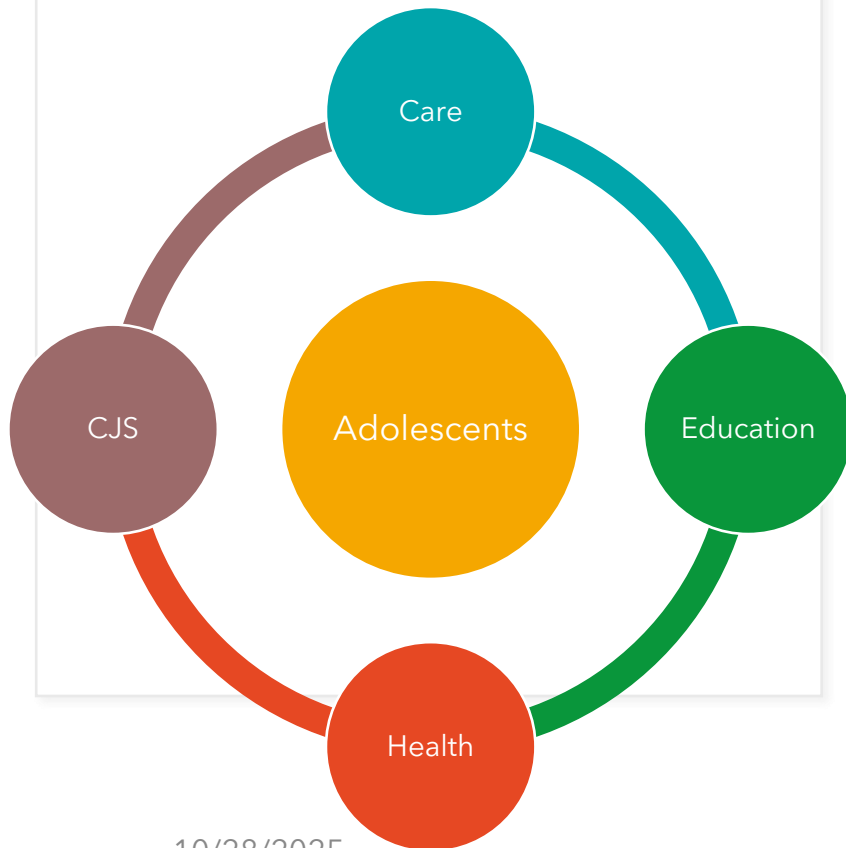
Of 7,250 children returning home in 2015/16, 2,450 children had taken 5 or more GCSEs by the end of the three-year observation period.

- 17% achieved 5 grades A*-C. Similar to the proportion of children who remained in care and achieved 5 A* to Cs (18%) but considerably worse than the average of students in the general population of whom 55.8-59.3% of children achieved 5 A* to Cs in 2015/16 (DfE, 2017).
- Children with unplanned reunifications had the worst educational attainment out of the three reunification types. 11% of this group of children achieved 5 A* to Cs.

Characteristics and educational outcomes

- The regression analysis demonstrated that certain children's characteristics predicted worse educational attainment in their GCSE examinations. The factors with the strongest effect size included gender, SDQ, and type of school.
 - Children with an SDQ score equal to or over 14 (in the clinical range) were 15.1% less likely to achieve 5 A*-Cs than children with SDQ scores beneath the clinical range.
 - Children who attended voluntary (7.3%), special (44.2%), independent (21.8%) schools or pupil referral units (50.4%) were all less likely to achieve 5 A*-Cs than children who attended mainstream community schools.
- Reunified adolescents sitting their GCSEs have needs related to age (adolescence), disability, mental health, a lack of reunification planning, and family poverty. This will affect educational attainment.

Adolescents in multiple systems



Adolescents in care at risk of offending
(Schofield et al, 2014; Larsson et al, 2024)

Internalizing and externalizing behaviours:

- Self-harm, suicide attempts, drug and alcohol misuse, going missing, breaching referral orders, engaging with risky peers or partners.
- Being violent or threatening, destroying property.

Consequences of these behaviours could include: placement disruptions (eg moving to another foster home or to residential care); arrest/conviction; school exclusions

Interconnected systemic consequences

When adolescents were involved in multiple systems, a consequence in one sometimes led to a consequence in another e.g.

- Placement disruption led to leaving education during adolescence
 - Conflicts with their foster carers in adolescence; becoming independent earlier than planned.
 - Loss of both personal and practical support

I dropped out, didn't finish it [course] ... because of everything, moving about ... I got behind on all my coursework

- Leaving care a particularly vulnerable time for education. Navigating paying rent, budgeting, cooking, working part-time and education (including catching up)

It's hard because I haven't got correct grades. Everyone wants maths and I haven't got it

Case example- negative spiral

School exclusion to placement disruption during adolescence

YP (F) in long-term foster care from age 2 (after experiencing physical and sexual abuse) until 12.

In early adolescence, YP started having challenges in school. Care files describing fighting with peers, leading to a school exclusion. Care files suggested the school exclusion led to long-term foster care placement breaking down. Younger birth sibling remained and YP, after several short-term foster placements, entered residential care at age 13. Fighting with peers in residential care led to first conviction. Other convictions followed.

In contrast, positive spiral

Placement stability/supportive professional relationships led to educational stability and changes in behaviour/identity

YP (F) experienced 10 placements because of 'demanding and difficult behaviour' and had school attendance problems entered a supportive long-term foster family at age 11 after a residential care support worker offered to foster her. She was still there, 5 years later, happy and settled, undertaking key school examinations.

Multi-agency adolescent interventions

Multi-agency models for adolescents at edge of care/in care, such as North Yorkshire and Middlesbrough **No Wrong Door**

- Wraparound services—children's services, education, police, health all within a 'hub'

Positive findings for adolescents from early evaluations: reduced arrests, fewer placements in care—cost savings (Collyer et al, 2021; Lushey et al, 2017)

Norfolk's **New Roads** evaluation: a mixed-methods evaluation of the impact of New Roads on the police (Larsson et al, 2024).



Characteristics and needs of adolescents in New Roads

Young people had needs within a variety of systems:

- Care: 75% edge of care/edging to care (N=145)
- Education: 28% were in alternative provision or NEET (Not in Education, Employment or Training);
- Criminal justice: 82% (N=158) had appeared in police data as victims (average 4.58 times); 79% (N=153) had appeared as suspects (average 11.77 times); 71% (N=138) as missing young people (average 8.23 times)
- 42% were at risk of exploitation.
- Police described complex histories, with many having disabilities,

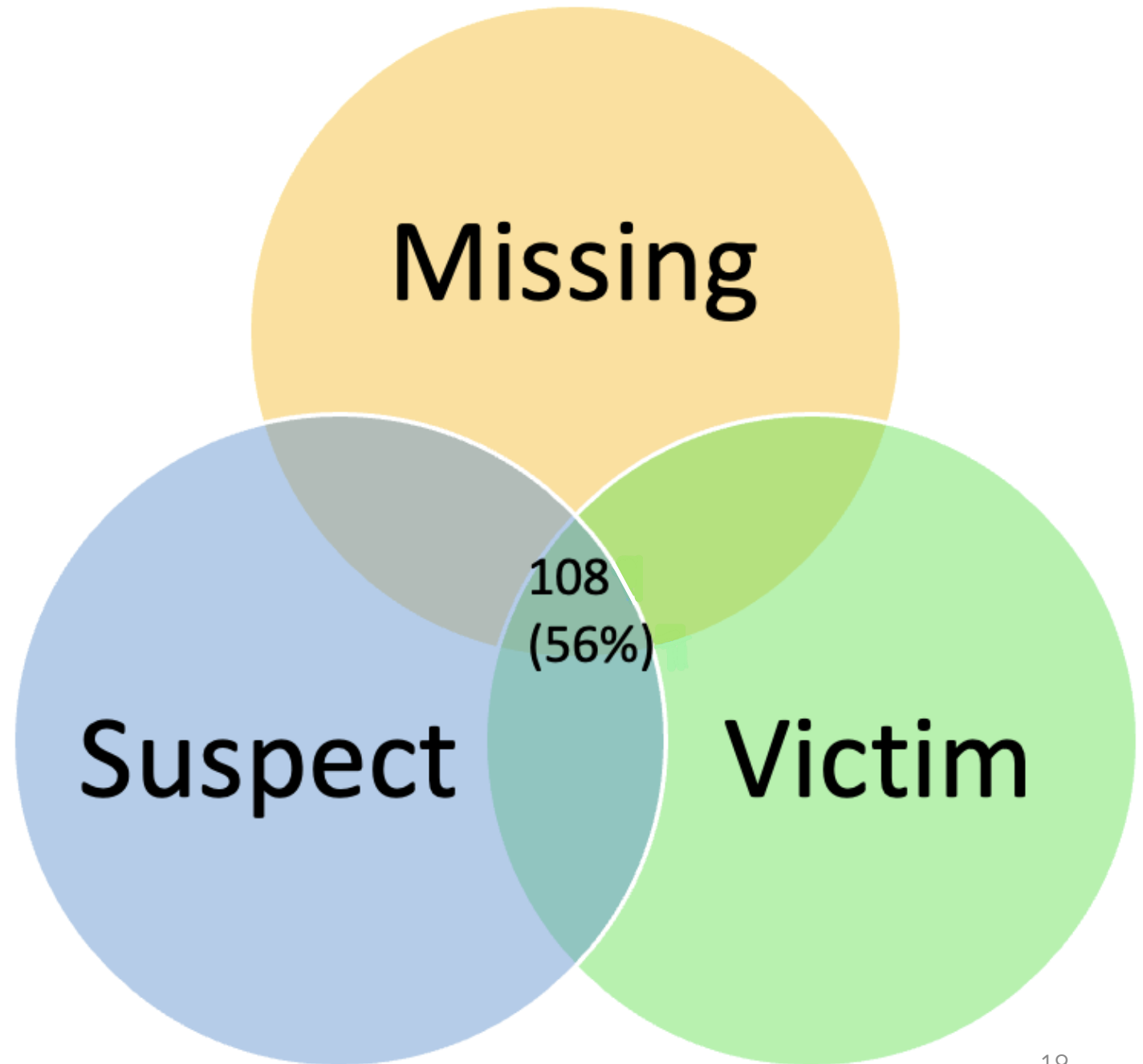
Most of them [YP] have witnessed domestic abuse in their early childhood. There's a lot of ADHD and other conditions, you know autism, things like that. There is a lot of single parent families with you know a few siblings and ...parents with drug and alcohol issues. Mental health is a big one... (Police, interview)

.....but only 11% were diagnosed

Most common overlap in police data was appearing in all three ways (victims, suspect, missing)

Critical to think about the ways the police interact with young people in ways other than as suspects

Going missing (from school/home/care) increases risks of sexual exploitation and/or criminal exploitation (Graham, 2021)



Bullying as 'invisible' victimisation



- School experienced as an unsafe place

It's school tomorrow but I'm not looking forward to it because of [bully]. I hate her..... it reminds me of my old birth life (YP)

if I went to college, I could potentially be putting myself in a very dangerous situation (YP)

Professionals' perspective



Obviously the school's policy is that if schools can deal with it, they should be dealing with it. Police should be last resort. We're finding that more and more parents aren't happy with the school's response to and how they're dealing with things like bullying. And we're not talking about a bit of name calling; we're talking some quite serious things going on in schools, and because of social media it's bleeding out into home. (Police Focus Group)

New Roads 'outliers'

Within New Roads a group of 18 adolescents stood out as 'outliers' in terms of combining the three policing variables (victim, suspect, missing)

- Young people who were outliers had been missing 10 times more often than their peers (44.2 times versus 4.5 times). They'd been suspects five times more often (45.4 times versus 8.3 times), and they'd been victims three times as often (12.95 versus 3.50).
- Compared to their New Roads peers, these young people were more likely to be male (67% versus 47%), looked after (CLA) (44% versus 16%), NEET (28% versus 14%) or in alternative provision (22% versus 12%), at high risk of exploitation (22% versus 8.6%), and using class B drugs (44% versus 14%).
- Only 2 of these young people had a disability diagnosis
 - hidden disabilities for the young people most involved in the criminal justice system (Hughes et al, 2020)

Impact of New Roads on key variables

Time series model estimated the impact New Roads had on missing episodes and criminal charges

- reduction of 0.1 in charges for every month a young person spent in New Roads. Effect size 0.4
- reduction of 0.125 missing episodes every month in New Roads on average. Effect size 0.2

Due to relationship-building and information-sharing between children's services and the police and also due to the police, with the help of social care and health partners, adopting a tailored and disability-friendly approach with individual young people:

with another young man... everyone thought he was quite capable, and he was quite understanding of communication. And actually when [speech and language therapist] pointed certain things out and showed us a different way to do things with him, there was a huge difference. We were all fluffy and trying to make it all - and actually, no, he needed straight dead answers...no fluffiness at all. And it made a massive difference to his behaviours and how he was reacting. (Police focus group)

Recommendations

- Increased communication and co-working needed between systems involved in adolescents' lives – but in particular care, education and health
- Partner agencies—schools and police would benefit from increased awareness around both trauma and neurodiversity—and increasingly the overlap of trauma and neurodiversity
- Schools/the police may have a role supporting preventative work with adolescents—bullying and victimisation, going missing
- Need for targeted educational support to help adolescents catch up or advocate for their entry into courses, particularly when behaviour or attendance has been an issue, or if they have had a social worker in the past
- Awareness that formal consequences in systems may have identity impacts, remove protective factors and lead to disruptions in other systems
- Importance of professional relationships—both between professionals and between professional and adolescents

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