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# Supporting Adolescents on the Edge of Care: The role of short term stays in residential care.

**Executive Summary.**

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Jo Dixon, Jenny Lee, Sarah Ellison and Leslie Hicks.



# Overview.

The report offers up to date evidence and analysis on; the concept and use of 'edge of care', respite care in all forms and effective family support provision, alongside in depth practice examples.

It specifically considers the merits of developing short stays in residential care as one option on a broader menu aimed at reducing the numbers of children coming into care, and found that many local authorities and service providers *are* taking a more fluid approach, and offering a range of options for adolescents and their families.

There is a need to better understand the policy changes needed to support a shift to a more preventative approach whereby respite residential care is an option within a continuum of child and family support.

A longer term evaluation will be needed to explore *if* and *how* short term residential care can achieve its goals to safely prevent entry to care and produce positive long term outcomes for adolescents and their families.

The Department for Education's Children's Social Care Innovation Programme and the Children's Residential Care Review should explicitly acknowledge the evidence in this review about the *potential* benefits of therapeutic residential respite for edge of care adolescents and their families.

The findings of this report should be considered by those with corporate parenting responsibilities, including commissioners and providers of residential care, adolescents and family support services.

To access the report please go to [actionforchildren.org.uk](http://actionforchildren.org.uk).

## The context.

The evidence scope was commissioned to contribute to current debates about how best to respond to the high numbers of adolescents entering care. Entry to care for adolescents can often be short term and crisis driven, and they are less likely to settle in care. Many will return home within a few months, often to families where there has been no change in circumstance or support to resolve the difficulties. The English care system has been critiqued for being too binary, with care seen as a last resort, compared to European models which offer a continuum of options (ADCS, 2013).



# Key messages about short term residential stays for adolescents on the ‘edge of care’.

## a) Prevalence

Whilst there is little *published* evidence on the prevalence or effectiveness of short stay residential care for young people on the edge of care, the scope found new primary data about a number of models operating across the UK. The researchers unearthed 14 examples of residential care being used in this way, with a further 8 agencies / local authorities planning to develop this provision.

## b) Potential benefits of using residential care at edge of care

There is emerging evidence from service providers and commissioners that respite that combines direct work with young people *and* support for their families has helped achieve three aims:

1. Reducing entry to care by improving young people’s relationships with their families, and their families’ ability to care for them.
2. Supporting planned and appropriate entry to care for those young people who cannot stay with their families.
3. Delivering costs efficiencies.



These successes are attributed to the following reasons:

- Respite offers a 'breathing space' – for young people, for their families and for services to be able to gain a deeper understanding of need over time rather than at the point of crises.
- Residential care (compared with foster or kinship care) can better meet the needs of *some* older adolescents and/or those with more challenging behaviours.
- Some young people prefer residential care rather than being in a family home.
- Logistically, residential units can support several young people using short respite stays each week in a less disruptive way than might be the case within a family environment.

### c) Elements of effective provision

A number of factors were identified by contributors as being key to effective respite provision:

- Rigorous referral and assessment practice and processes
- Regular risk assessments
- Appropriate matching of young people in the home, under regular review
- Tailored, needs led packages of support
- Effective multi-agency working; firm agreements in place
- Agreements made with families and young people
- Good staff training and improved skills



The key challenge lies in creating an offer that can support a *variety* of approaches; long-term and short-term care using kinship, foster and residential carers with a range of effective family support offers.

- Such an approach requires strong leadership and commitment at all levels of each of the organisations involved.
- For some adolescents, care-preventative approaches might prove ineffective or indeed detrimental if they delay entry to care.
- Difficulties in engaging young people and their families.
- Concern that earlier intervention could lead to an increased pressure on services (at least initially) and the risk that families become dependent on services.
- Need to manage demands placed on staff particularly when moving towards providing family outreach services or particular therapeutic interventions.
- Respite breaks could offer a chance for negative influences to take hold.
- Practically, respite services need to retain under-occupancy and this may be difficult to sustain if beds need to be filled to maximise cost efficiencies.

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**For more information contact: Emma Smale, Head of Policy & Research, Action for Children at [emma.smale@actionforchildren.org.uk](mailto:emma.smale@actionforchildren.org.uk)**