

**“None of us live
independently” – reflections
and recommendations on
continuing care**

A research project by Staf and NAFP into the
implementation of Continuing Care in
Scotland

NAFP¹⁰

NATIONWIDE ASSOCIATION
OF FOSTERING PROVIDERS

staf

Why This Research?

The Scottish Government implemented Continuing Care through the Children and Young People (Scotland) Act in 2014. This guidance sets out that young people can remain in their placement up to the age of 21 after they cease to be looked after under a continuing care placement (CCP).

In 2018–19, 281 young people were recorded as ceasing to be looked after with a destination of Continuing Care or recorded as being in Continuing Care and eligible for aftercare, including those placed with both local authority and independent and voluntary provider (IVP) foster carers. However, these figures are likely to be underestimates of the number in Continuing Care as not all local authorities have been able to return this information.

Five years on, there have been areas of concern highlighted by membership organisations NAFPP and Staf, raising some of the systemic/organisational issues and identifying a varying approach on a national level.

The main areas of concern highlighted by both NAFPP and Staf members include:

- Continuity/consistency of care
- Financial support for Continuing Care, including use of benefits and education grants
- Communication and relationships
- Clarity of policy and process
- Timeliness and appropriateness of preparation and planning
- Clarity over registration of services for adults with the Care Inspectorate, particularly in light of changing legislation

It is timely therefore to undertake an exploratory study on the implementation of Continuing Care from policy into practice from the perspective of agency, carer and through the lived experience of young people and to shine a light on these experiences through the lens of the Independent and Voluntary Sector Providers, who make up a 1/3 of the foster care sector in Scotland.



Who is Behind this Research?

NAFP

NAFP, The Nationwide Association of Fostering Providers (NAFP) is a membership, not-for-profit organisation for independent and voluntary sector fostering agencies. It operates at the interface of those agencies and local authorities.

Staf

Staf (The Scottish Throughcare and Aftercare Forum) is a membership organisation in Scotland for all of those involved in the lives of young people leaving care. Its membership is made up of voluntary and independent organisations and local authorities. Represented sectors include fostering services, residential services, secure care, as well as housing, employability, and mentoring services.

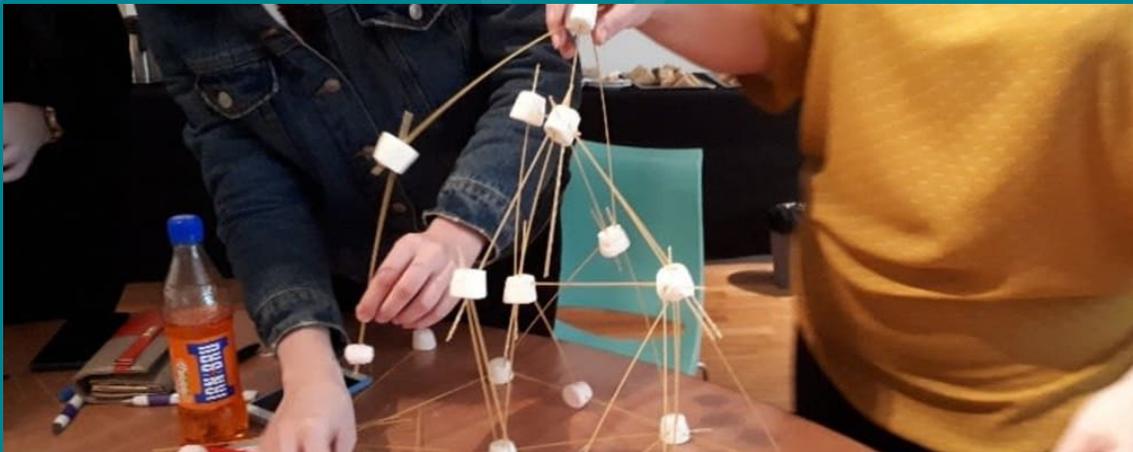


How Did We Collect Our Data?

This research is based on three sources of information:

1. Individual interviews with independent or voluntary foster care providers and local authorities (11 participants)
2. Focus groups with continuing care carers and foster carers (10 participants)
3. Review of national policies, guidelines, and procedures

The research was carried over 20 days between August 3 and December 18 in 2020. All participation in the project was voluntary and all results are presented in an anonymised form.



Summary

What is Continuing Care?

The guiding principles of continuing care were laid out in 'Staying put' (2013) and it sits centrally in the legislative landscape of the Children and Young People Act (Scotland) 2014.

Continuing care offers eligible young persons the entitlement to remain in their care setting up to their twenty-first birthday where they cease to be looked after by a local authority. Anyone who is at least 16 years old can continue in the care placement that they were in just before they stopped being looked after. As such, continuing care is understood as a destination for when young people cease to be looked after. As a result, the term 'continuing care' is perhaps less self-explanatory than first assumed, as one stops being 'in care' to be in 'continuing care'.

It aims to allow young people to better prepare for successful transitions into 'independent life' or 'out of care'. It also increases the eligibility for aftercare up until the age of 26.

For simplicity, this report will refer to young people in continuing care placements as remaining in care, but not 'looked after', as this reflects the language commonly used. However, legally, the distinction is notable.

Importantly, a continuing care placement should not replace a regular care placement before the age of 18, it states:

'It should not be used as an alternative to remaining looked after under the 1995 Act if it is in the best interest of the young person. A young person who is currently looked after under section 17(6) of the 1995 Act should remain ,looked after" up until the age of eighteen years if that is in their best interest.' (p.16)

Before a decision is made a 'Welfare Assessment' should be conducted. Wellbeing should be assessed using the SHANARRI guideline: Safe Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.



Limits

Limitations to the guidance are the lack of statutory requirements. An adopted child or a child in kinship care (under a Kinship Care Order) does not qualify as a 'looked after child' for this guidance.

What Do Organisations Say?

Lack of Uniformity

The most prominent theme of conversations was the lack of uniformity of approach across organisations and local authorities.

An obstacle to uniformity is reportedly the lack of transparency and access to policies, therefore each case is discussed individually, and decisions made on a case-by-case basis.

“Each time we are having to negotiate; having to persuade that this is a good thing and ask for them [local authority] to support financially” – foster care provider

This lack of uniformity comprises finances (carers/young people), interpretation of the guidance, support for carers.

**“It’s all financially driven.
Local authorities don’t
want to pay for children to
remain in services” – foster
care provider**

Most organisations stated independently of each other that their services do not change at any chosen cut off age.

**“Our Services don’t change
the day after they turn 18.”
– foster care provider**

**“Young people don’t
change overnight; the
support doesn’t change
overnight.” – foster care
provider**

Some agencies have continued to provide their services at a loss in order to provide continuing care.

“From an agency perspective we’ve had a lot of battles with local authorities. These battles go against the ethos and the whole point of the continuing care legislation. As long as it doesn’t affect the children it’s okay. Carers have bend over backwards regardless of the financial impact. As an agency we’ve taken the decision to protect our carers and pay the same fee to carers regardless of what LA they’re with. As an agency we take a hit.” – foster care provider

Take-Up of Continuing Care

Most providers say that continuing care has been received well and is taken up by most young people.

“For the children and young people in our care it’s going exceedingly well. They been able to continue in their home.” – foster care provider

For successful uptake, continuing care should be discussed with the carers at the earliest point, for example recruitment. Discussions with local authorities should also take place early.

“We should start to talk about continuing care long before it’s needed.” – foster care provider

Conversations with young people have to be had early, however, one should take into consideration individual circumstances which could lead to a negative impact of those discussions.

Organisations are very aware that for some young people it will be very stressful and/or anxiety-inducing to discuss a potential change or leaving care ahead of the day.

“The young people shouldn’t be exposed to those insecurities, those negotiations; it has an impact on their adult life.” – foster care provider

This is something that providers and social workers can assess on an individual basis. As one provider noted:

“A new generation of young people will be aware of continuing care won’t surprise them” – foster care provider

However, this is not always done successfully. In one case an agency described the response of a young person as ‘panic’.

“His response to continuing care was utter panic. He’s been moved so many times now and he was finally settled, and it’s really set him back. For them to say we are going to change this to continuing care has caused a lot of anxiety.” – foster care provider

In some cases, eligible young people did not enter continuing care.

“We haven’t had situations where we had to persuade carers to continue placements. In situation where that might’ve been needed young people tend to vote with their feet anyway.” – foster care provider

The first group of young people that became eligible for continuing care since 2014 would have turned 21 this year. Many young people stay in continuing care placements until they are 21.

“Most young people choose to stay where they are which goes to show the amazing work of our carer and that they’re thriving. They still need the nurture, guidance and love. It’s a tricky time to move from childhood to adulthood where there is a distinct lack of service (mental health, housing etc).They need the support there more than perhaps any other time, you can lose a sense of an identity as a teenager.” – foster care provider

Due to the pandemic, this has been more flexible allowing young people to stay beyond 21.

In some organisations it is common practice to allow young people to stay in continuing care place until their 22nd birthday.

“The fact that legislation goes up to 21 is really unfortunate. You really don’t want to be putting someone out on their 21st birthday. We are interpreting it up to the 22nd birthday, as long as they are still 21.” – foster care provider

So, while most young people appear to stay until 21, some young people leave their placement before. Agencies have stated that not all of these endings should be viewed as 'premature', some young people have the opportunity to move out at the right time for them. However, for some young people it is due to an interaction of their needs, the relationships in their life and the complexity of the system that results in them leaving a placement from which they would have further benefitted. For example, starting a university course will result in some local authorities terminating a continuing care placement, which can leave the young person and their foster family without any formal support during summer breaks or during extended stays at home.



When It Works

Organisations have used the past 5 years to develop, implement and improve policies and procedures to provide continuing care. Many have done this in consultation with staff, carers and young people. Implementation of continuing care has been done without much clarity or advice from the government.

“Initially continuing care guidance left many questions unanswered, but we got there in the end by adapting existing policies and services and relying on expertise in the organisation” – foster care provider

Organisations recognise the important and benefits of continuing care.

“When CC works it means YP have no care in the world. There’s no question where they belong. Their journey is no different from my own children.” – foster care provider

Relationships are recognised to be at the centre of successful continuing care placements.

““Allows relationship to continue at natural level. Young people can mature, relax and learn until they’re ready.” – foster care provider

Equally, it is recognised that the lack of them can be an obstacle. This can be the case when young people know they will have to leave their placement at 16 or when they are placed into foster care at a later age.

“Why would a young people invest in a relationship, if they know they’ll have to leave at 16?” – foster care provider



Greatest Challenges

Support for Carers

The support offered for continuing care carers varies between organisations. In some organisations, the level of support (financial and other) remains the same as it would be during foster care provision. In others, parts of it decrease while others remain the same (for example finances might change but access to supervision remains the same). In others still, all levels of support decrease. These changes can impact the decision of a carer to provide continuing care. In a case where the support will substantially change, a foster carer described the difficulty in saying no to continuing care.

**“Carers might feel blackmailed to help.” –
Independent foster care provider.**

**“We are relying on good will of foster carers” –
foster care provider**

At times carers are asked to transfer to a local authority in order to provide continuing care or have been offered a greater fee if they transfer. This is not viewed favourably by independent providers.

“As much as it's not illegal it's underhand. Carers shouldn't be stressed with things like 'my young person will not be able to continue here if I don't transfer to local authorities'.” – foster care provider

Agencies have recognised that foster carers need to be supported in the transition to continuing care, as their role in the young person's life changes.

“We are having to work quite hard with our carer to teach the differences between caring for a child or a young adult.” – foster care provider

Age

The age of a young person plays a significant role when deciding on the provision of continuing care. Providers have commented that the guidance is not clear enough on when discussions should be started and at what age the transfer to a continuing care placement should take place. Some local authorities have blanket rules to transfer foster care placements to continuing care at 16.

“If you are not in school you have to transfer to continuing at 16” – foster care provider

Others as a rule transfer young people at 18. There is disagreement as to what is the correct age, but generally and agreement that age should not be the primary reason behind a decision.

“We need to take chronological triggers out of it, to some extent. The state needs to be a better parent.” – foster care provider

Wellbeing Assessment

A welfare assessment is at the centre of the continuing care journey. However, it is imprecisely defined which gives local authorities and foster care provides leeway to make decisions based on ill-defined factors. In some cases, young people appear to be at a disadvantage if they are deemed ‘low-risk’ or as doing well.

**“It’s like you’re punished if you do well, they say: ‘he’s doing well, so we want a reduction in cost’”
– independent foster care provider**

Some agencies stated that local authorities appear to acquire young people's consent by highlighting that if they are in continuing care that they will receive financial support (bursaries, benefits a.o.) which they would not receive otherwise.

"Things had settled for a little while with continuing care but recently two local authorities are now interested in getting children to opt into continuing care 16; by saying 'we'll I've you an allowance, that's be your money'. We've had two local authorities which had that discussion with the young person prior to our knowledge. I asked him: Do you know what that means? It doesn't just mean you get an allowance; you have to know if it's right for you" – independent foster care provider

What Do Carers Say?

Carers have been at the forefront of continuing care, providing young people with a home and care. Carers highlighted the same concerns as agencies did, in particular the difficulties of managing the transition between foster care and continuing care.

“The young person has learning difficulties and doesn’t want to be moved, so the transition was causing a lot of anxiety” – independent foster care provider

Continuing care comes with many changes for the carers:

“The biggest difference is the change in finances, even though the needs of the young person don’t really change” – continuing care carer

However, some local authorities recognise that young adults often costs more to support than children and increase the fee that carers receive.

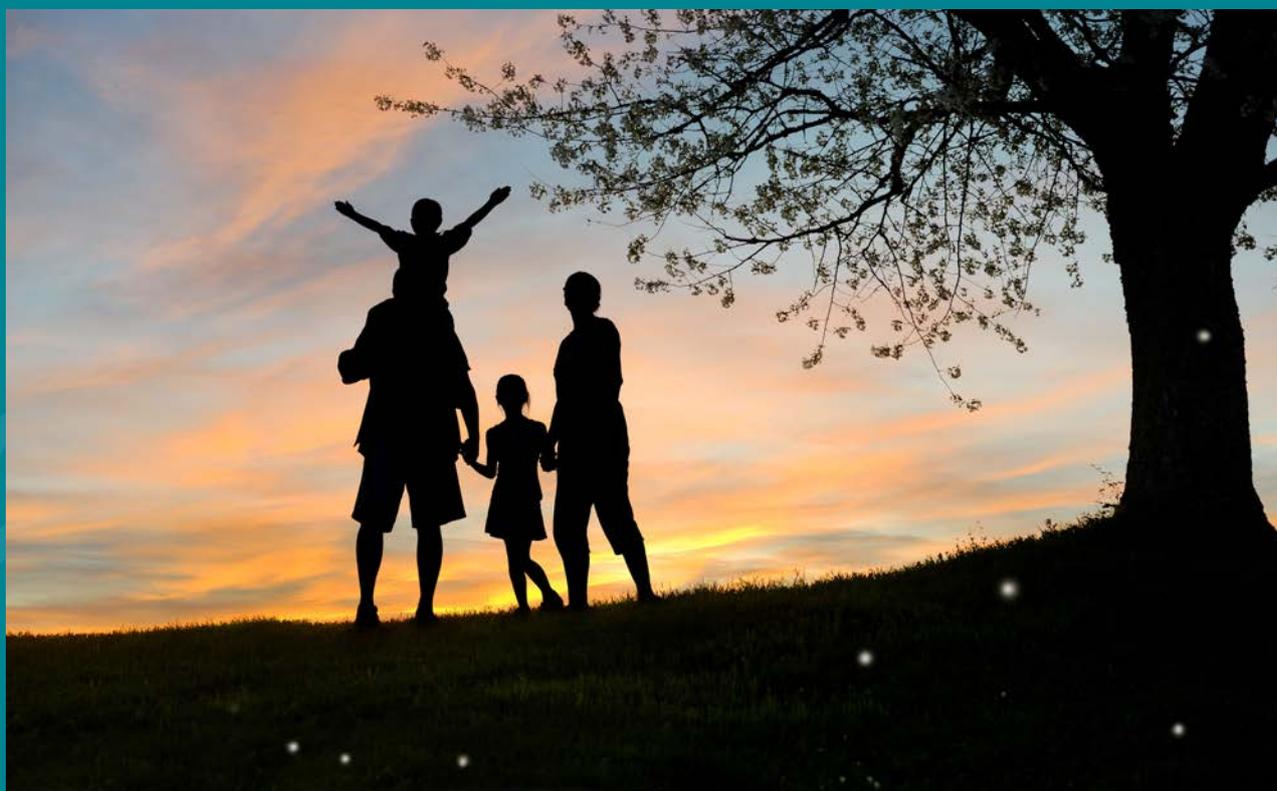
Many carers believe that continuing care simply raises the age at which young people are supposed to be ready, which is perceived to be an arbitrary cut-off.

“No one learns how to be an adult by 18 or 21, so why should the local authorities force the young people in care to know everything.” – continuing care carer

Continuing care carers describe the relationship with young people as life long and they wish that legislation reflected that better.

Carers are also acutely aware of the variations in support depending on which local authority the young person comes from, the social worker and other factors.

“Sometimes young people only get good treatment because they know social workers with a lot of power, but that leaves some young people with no one to advocate for them. Carers and young people shouldn’t have to fight for everything they need.” – continuing care carer



Conclusions

Continuing care has had a wide-ranging impact on organisations, carers and young people. Five years after its implementation it has provided young people with the opportunity to continue in their homes and in their foster families until they are 21.

Our research has highlighted that not all goals of the legislation have been achieved and that there is a need for further protection and guidance to enable uniform provision of continuing care across Scotland.

The Independent Care Review in Scotland (February 2020) recommends that:

Decisions around moving on to independent living or returning to care should be based on what is in their (young people's) best interests, not a strict age criteria.



Recommendations

Staf and NAFPP recommend these following steps towards this goal:

- 1) Full transparency and sharing of policies to increase uniformity of care provision and diminish the post-code lottery
- 2) Organisational structures should support continuing care and reflect the older age at which young people leave care
- 3) Foster carers should not be worse off when they provide continuing care
- 4) Work with carers and young people to evaluate and improve continuing care regularly.

