

Highlighting the key findings published in our report on the implementation of continuing care in Scotland

Continuing Care: An exploration of implementation

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Overview

This research briefing highlights the key findings published in CELCIS's report on the implementation of continuing care in Scotland. The research took place in two phases between 2019 and 2021, using surveys, data analysis, interviews, and a participant focus group with a range of stakeholders to inform recommendations. To understand the richness in the experiences and thoughts shared by participants, please access the full report.

Background

Currently there are approximately 15,000 children and young people looked after by local authorities across Scotland.¹ In 2019-20, 306 young people were recorded as entering Continuing Careⁱ, but we do not have accurate figures for how many young people became eligible for Continuing Careⁱⁱ. The Scottish care landscape is complex, with 32 local authority areas, and it is difficult to accurately ascertain the consistency of implementation of continuing care due to:

- A lack of consistent and available data
- The local interpretation of policy and practice
- The variety of providers and care placements.

While continuing care legislation and policy have been introduced they are yet to be fully implemented, with anecdotal reports of inconsistent availability and a lack of applied understanding of the policy intentions and drivers^{iii iv v}. It is against this backdrop that this research was undertaken with the aim to identify and better understand:

- Implementation and interpretation of continuing care across Scotland

¹ Under the Children (Scotland) Act 1995, 'looked after children' are defined as those in the care of their local authority.

What is Continuing Care?

'Continuing Care' is a legal term established by the Children and Young People (Scotland) Act 2014. It refers to a local authority's duty to provide young people who were last cared for in foster, formal kinship, or residential care with... 'the same accommodation and other assistance as was being provided for the person by the authority... immediately before the person ceased to be looked after'.

The clear intention is that a young person's care should be based on their developmental stage and individual needs, rather than being guided by bureaucratic and chronological constructs.

When fully implemented and combined with the expanded provisions under Part 10 (Aftercare) of the 2014 Act, which enable eligible young people extended support, advice and guidance up to the age of 26, these changes have the potential to transform the landscape for looked after young

- Challenges in implementation of continuing care and how these can be addressed
- Enablers of appropriate implementation of continuing care,

in order to identify, inform and influence any necessary areas of improvement and action at a local and national level.

Methods

We conducted an online nationwide survey of throughcare and aftercare leads. Nineteen of 32 local authorities responded to the survey (encompassing rural, semi-rural, and urban authority areas). The findings from this survey then informed the second phase of the research, which involved interviews with 25 social workers, service managers, and foster carers from across Scotland. After analysing this data we held a two-part 'reflect and learn' event attended by these groups with the addition of Scottish Government, Care Inspectorate, and Social Work Scotland colleagues. In the first part of this event we sense checked our findings with this wider sector representation, and in the second part sought further input from research participants to inform report recommendations.

“ It doesn't always play out as an all systems perspective... [W]e've had a couple of situations where we've had to engage with advocacy services and legal services in order to sort of 'make the case' for continuing care, when the premise should be that that's the norm... ”

(Senior Manager, Independent Provider)

We used primarily qualitative approaches in order to focus on gaining an in-depth understanding of the contexts and experiences of respondents. Accordingly, it is not appropriate to indicate the numbers of respondents who may have expressed any particular view or opinion, and we did not seek to obtain a representative sample for interviews.

Regrettably, we were unsuccessful in our attempts to include the voices of those with lived experience of (attempts at) accessing continuing care. This research was conducted during the COVID-19 pandemic and, as such, access to young people was hindered due to various factors including reduced face-to-face contact with professionals. This is a gap in the research that requires further attention.

Key Themes

Throughout the research key themes were repeatedly mentioned by participants and further emphasised during the 'reflect and learn' session. Detailed findings are presented in the main report which highlight:

- The importance of trusting, long-term, relationships to the implementation of continuing care
- Challenges of legislation and policy (eg misalignment and ambiguity in registration requirements for residential care and foster care settings; lack of clarity around eligibility or conditions associated with continuing care such as age or level of need, or requiring young people to request continuing care)

- Variation in who raised continuing care with young people, and when
- 'Blanket' application of principles without assessment of individual circumstances
- Challenges in the financial resourcing for, and availability of, care placements
- Challenges supporting young people through transitions
- Variations in practice dependant on placement type
- A belief that continuing care provision should be the default starting position.

Overall, it is clear that continuing care is not, at present, implemented consistently between, or even within, local authorities in Scotland. The research highlighted that continuing care is too often discussed with young people and carers too late, not appropriately planned for financially or logistically, and hindered by misunderstandings and misinterpretations of guidance and legislation.

There is a clear desire from practitioners to have continuing care as the 'default' scenario for young people, and for this to be communicated as early as possible. This helps to promote feelings of security within a care setting, and the development and deepening of ongoing caring relationships.

When implemented well, continuing care supports young people to feel part of the family, regardless of setting. We know that this is the single most important factor in improving outcomes and life chances for care experienced young people. This research identified some examples of practices which support effective implementation of continuing care, such as:

- Positioning continuing care as a natural progression as part of the care journey, rather than an end or beginning of different services
- Raising continuing care with foster carers before a child or young person is placed with them
- Local authorities planning well in advance for the financial implications of providing continuing care
- Providing appropriate support to carers throughout the delivery of continuing care for young people.

Conversely, emphasising chronological thresholds in legislation leads to young people transitioning from state care in a way that is incongruous with the stated aims of policy and the spirit of the legislation. These transitions inhibit the development of secure and supportive caring relationships. This research found examples of practices which act to limit young people's sense of being part of a family, or limited their opportunity to have their rights to continuing care fulfilled:

- Bringing young people back 'in house' to local authority foster care provision at 16, thus disrupting their care placement
- Telling young people that they are 'leaving care' before becoming eligible for continuing care
- Conducting assessments to determine whether continuing care is 'appropriate' for a young person
- The reduction of fees and allowances payable to carers being triggered based on chronological thresholds.

Key Recommendations

Culture and Leadership

- All parties to articulate and prioritise continuing care as the default provision for young people
- Improved national finance and resource planning to guarantee care setting capacity
- Local authorities must plan finances to guarantee every eligible young person's continuing care entitlement
- Care planning decisions made with a presumption that the young person will remain to the age of 21
- Information on rights and entitlements to be freely available from multiple sources in appropriate formats
- Clear, practice focused materials for staff, carers, and young people
- Clarified role of Scottish Government and regulatory bodies in monitoring continuing care.

Updated guidance

- Young people should always have a right to return to their care setting up to the age of 18 as a minimum
- Makes continuing care the default position for all eligible young people
- Clarifies a presumption that placements continue to be suitable for continuing care
- Emphasises that the young person does not need to 'cease to be looked after'
- Removes any requirement to 'request' continuing care
- Focuses on early planning.

Practice

- Foster carer recruitment, assessment, registration, and training, conducted on the basis of providing care through to 21
- Continuing care addressed at the start of the matching process
- Consistent national fees and allowances for foster and formal kinship carers
- Residential care settings provide continuing care for all eligible young people in their care
- Young people in continuing care should not pay for their own care placement.

Conclusion

These findings have significant importance for the Scottish Government, local authorities, care providers, and all who are involved in supporting young people into adulthood.

Recommendations build on the good practice already taking place in some circumstances. Incorporating our knowledge about the importance of relationships, voice, rights, and stability to young people gained from The Promise^{vi}, as well as other research, these recommendations will better ensure consistent and effective implementation. It is important to involve young people in future research and participation work to inform the ongoing development and implementation of continuing care to ensure it meets their needs and expectations.

While many recommendations can be put into place quickly, implementing cultural change is both challenging and time consuming. Learning from implementation science^{vii} highlights key aspects to attend to, such as recruitment and giving practitioners the permission and space to make continuing care a reality. It is only through such change that young people in Scotland will be given the same opportunities to succeed as their peers.

Continuing Care is **not** about unnecessary change for young people and adults leaving care – but it is about change in culture and practice. It means **not** moving a young person from their home environment. **Not** expecting carers to reduce the support they provide. **Not** rupturing established, trusted, and loving relationships between young people and their carers. Continuing Care is about providing **consistency, predictability**, and appropriate **support** as a young person develops and grows into adulthood.

ⁱ Scottish Government (2021) *Children's social work statistics: 2019 to 2020*.
<https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/>

ⁱⁱ Scottish Government (2014) *Children and Young People (Scotland) Act 2014*.
<https://www.legislation.gov.uk/asp/2014/8/part/11>

ⁱⁱⁱ Buckley, E. and Lea, J. (2015) *Staying Put: Stakeholder consultation examining implementation and early impact of Staying Put*. Research Centre: National Children's Bureau

^{iv} McGhee, K. (2017) *Staying Put and Continuing Care: The Implementation Challenge*, SJRCC, 2017 Vol.16, No.2
https://www.celcis.org/files/4215/0641/7391/2017_Vol_16_2_McGhee_K_Staying_Put_and_Continuing_Care_The_Implementation_Challenge.pdf

^v National Association of Fostering Providers and Staf (2021) "*None of us live independently*" – *reflections and recommendations on continuing care*.
<https://www.staf.scot/Handlers/Download.ashx?IDMF=ad31682c-8a98-4a2b-af0c-e58e3fb496d8>

^{vi} Independent Care Review (2020) *The Promise*. <https://www.carereview.scot/>

^{vii} Fixen, D., Blasé, K., Metz, A., and van Dyke, M. (2013) *Statewide Implementation of Evidence-Based Programs*, Council for Exceptional Children, Vol. 79, No. 2, pp. 213-230. University of North Carolina
<https://journals.sagepub.com/doi/pdf/10.1177/001440291307900206>

About CELCIS

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