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Continuing Care: An exploration of implementation

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CELGIS, the Centre for Excellence for Children's Care and Protection is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long lasting change in the services they need, and the practices used by people responsible for their care.

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Context

Over the last few decades, there has been a growing body of international research into the outcomes of care and the specific issues impacting on care experienced young people (Stein, 2020). These issues are well-documented and indicate that too many care leavers make accelerated abrupt transition from care to adulthood without adequate preparation or support. This can impact disproportionately on their outcomes into adulthood with increased risks of homelessness, unemployment and poorer mental health (Stein, 2012; Mann-Feder and Goyette, 2019). Whilst the United Nations Convention on the Rights of the Child (UNCRC) requires all governments to give 'special protection and assistance to young people who cannot be looked after by their families' including providing alternative care (Article 20), this protection ends at 18 (United Nations, 1989).

Currently there are approximately 15,000 children and young people looked after¹ by local authorities across Scotland. In 2019-20, 306 young people were recorded as entering Continuing Care (Scottish Government, 2021), but we do not have accurate figures for how many young people became eligible for Continuing Care. The Scottish care landscape is complex, with 32 local authority areas, a variety of statutory and independent providers, and across care settings. Due to the local interpretation afforded to each of the 32 local authorities, and this variety of providers and care placements, it is difficult to accurately ascertain the consistency of implementation of continuing care.

Despite the growing body of evidence to inform improvements in policy and practice, particularly in relation to 'extended care' (van Breda et al, 2020) numerous concerns remain. While continuing care legislation and policy have been introduced, a variety of factors have meant that it is yet to be fully implemented (Buckley and Lea, 2015; McGhee, 2017; NAFP and Staf, 2021). It is against this backdrop that this research has been undertaken with the aim to identify and better understand some of the blocks and enablers to more accurate and consistent implementation.

Legislative and policy background

The publication of the Staying Put Scotland Guidance (Scottish Government, 2013) and the passing of the Children and Young People (Scotland) Act 2014 (Scottish Government, 2014) provide the philosophical, policy and legislative context and framework for 'continuing care'.

Published in 2013, and drawing on emerging policy from other parts of the UK, the Staying Put Scotland Guidance (Scottish Government) provided the underpinning principles and philosophy of care to the Part 11 (Continuing Care) of the 2014 Act (Scottish Government, 2014). It was developed to encourage and assist organisations to

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

change the culture in which they try to meet the needs of young people transitioning from care to adulthood and interdependence.

The Staying Put Scotland Guidance emphasises the importance of young people being 'encouraged, enabled and empowered' (Scottish Government, 2013, p13) to remain in positive care settings until they have developed the practical skills, 'emotional readiness' (Scottish Government, 2013, p13) and networks of supportive relationships that can underpin successful adult life. The guidance explains that abrupt and accelerated transitions should be avoided with young people being supported to make gradual and phased steps to more interdependent living. Central to this approach is the importance of relationship-based practice and the concept of *interdependence*, which reflects the day-to-day reality of an extended range of healthy inter-personal relationships, social supports and networks that are sought for young people (Scottish Government, 2013).

Building on the principles and philosophical underpinning provided by the Staying Put Scotland Guidance, Section 67 of the 2014 Act inserts s.26A into the Children (Scotland) 1995 Act (UK Government, 1995) to place a legal duty on local authorities to support looked after young people to remain in positive care until aged 21 years (Scottish Government 2014).

'Continuing Care' is a legal term established by the Children and Young People (Scotland) Act 2014, and 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 (Scottish Government, 2014, p37).

The Act, and the accompanying Part 11 (Continuing Care) Guidance (Scottish Government, 2014; 2016), emphasises the crucial importance of continuity of relationships and the expectation that 'staying put' in positive continuing care arrangements becomes the new 'norm' for Scotland's looked after children and young people.

Continuing care is available to all eligible young people who were looked after in foster care, in formal kinship care (if they were looked after under Section 17(6) or Section 25 of the Children (Scotland) Act 1995) and in residential care. This includes young people in care placements commissioned by the local authority from independent providers. There are certain caveats whereby a local authority does not have a duty to provide continuing care to an eligible young person, namely:

- a) If the young person was accommodated in secure care immediately before ceasing to be looked after

- b) If the young person was in a care placement where the carer/provider has indicated that they are unable or unwilling to continue to provide the placement
- c) If the local authority considers that providing the care would significantly adversely affect the welfare of the person.

However, notwithstanding the caveats above, the Part 11 guidance also clearly emphasises that:

The only reason for failing to provide Continuing Care is if to do so would significantly adversely affect the welfare of the young person (section 26A(5)(c)). This must be evidenced in a Welfare Assessment carried out under articles 4 and 7 of The Continuing Care (Scotland) Order 2015 (Scottish Government, 2016, p16).

This must be carried out as soon as reasonably practicable before the person ceases to be looked after by the local authority (Scottish Government, 2016; CELCIS, Care Inspectorate and Clan Childlaw, 2020).

The spirit of the policy and legislation is to ensure that, for the young person, the day-to-day care and living experience is the same as was being provided by the local authority, immediately before the young 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 people and care leavers in Scotland.

Between 2017 and 2020, the Independent Care Review conducted a 'root and branch' review of the care system in Scotland, engaging with, and giving 'voice' to, care experienced children, young people and adults and setting out a vision for making Scotland the 'best place in the world to grow up' (Independent Care Review, 2020). Based on engagement with these groups the Review highlighted the importance of language to the experiences of children and young people within the care system.

Throughout this report we have used non-stigmatising language wherever possible. Where terms such as 'placement' are used, they refer to the physical vacancy within a care setting (whether a foster, residential, or kinship environment), and never to a child or young person.

Transitions from Care to Adulthood and Interdependence

In Scotland the average age of leaving care was around 17 years of age in 2013 (SCCYP, 2008; Duncalf, Hill and McGhee, 2013; Scottish Government, 2013). Unfortunately there are no published national figures or research which accurately inform us about the

current average age of leaving care. The average for leaving home in Scotland for those who are not looked after is around 26 years (A Way Home Coalition, 2019). The aims of the continuing care policy and legislation of positively delaying transitions for young people with its impacts on employment, housing, and mental health, are well established, whilst the culture and practice of young people leaving care too early, with corresponding negative consequences, is also well-documented (Wade, 1997; Dixon and Stein, 2005; Wade and Dixon, 2006; Broad, 2007; SCCYP, 2008; Stein, 2012).

Research suggests that the single most influential factor in improving outcomes for looked after young people and care leavers is the age at which they transition from care to adulthood and interdependent living (Wade, 1997; Broad, 2007; Stein 2012). This was brought into sharp focus in Scotland in 2008 with the publication of the 'Sweet 16' Report which found *'many young people being pushed out of the care system before they are ready'* (Scotland's Commissioner for Children and Young People, 2008, p5). This echoed the findings of the 'Still a Bairn' report, which found that:

[T]he age at which most... young people leave care to live independently and their subsequent experiences contrast starkly with normative youth transitions to adulthood. Most of the young people ... surveyed have compressed and accelerated transitions (Dixon and Stein, 2002, p138).

A more recent report by the UK House of Commons' Education Committee further highlighted the specific vulnerability of children and young people living in residential children's homes and called for staying put to apply across all care settings in England (House of Commons, 2014). While staying put has not yet been enacted across all care settings in England, a 2020 evaluation of the 'Staying Close, Staying Connected' initiative reinforced the importance of extending transitions for young people (Dixon et al., 2020).

The National Study on Throughcare and Aftercare Provision in Scotland's Local Authorities also highlighted the issue of young people leaving care at too young an age and found overwhelming support from participants for positively delaying the age at which young people move on from care (McGhee et al., 2014). Across international contexts there is a heightened recognition and ongoing focus on the need to ensure that looked after young people remain in stable supportive care environments and that policy is in place to enable this (van Breda et al., 2020; Mendes, 2020).

Despite individual good practice examples, there remains considerable variation and inconsistency in understanding, interpretation and implementation in relation to continuing care. There is also a reported disconnection in practice between the permanence planning agenda and continuing care and transitions into adulthood alongside the perception of a broader disconnection between strategic planning, policy implementation and practice (Scottish Care Leavers Covenant, 2020).

Closing the implementation gap between policy and everyday practice is a recognised challenge (Fixen, Blase, Metz and van Dyke, 2013), and this can be particularly so for young people transitioning from care to adulthood (Scottish Care Leavers Covenant, 2015).

Legislation and policy provide only the enabling context and there are inherent complexities involved in delivery and practice. Cultural and organisational pressures, along with the motivations and drivers for individual young people, can result in a chaotic morass of often-contradictory expectations. The danger is that young people's needs, and their right to care and ongoing support, can get lost (McGhee, 2017, p2).

As a key rationale for this research, anecdotal evidence shared by local authorities and independent care providers confirmed that significant challenges existed regarding equal access to entitlement for young people, with little evidence that legislation and policy was being applied consistently and accurately. These challenges echoed earlier findings from 2017, which found that leadership and management, learning and development, culture and practice, finance, and capacity, were all variously both blocks and enablers to successful implementation (McGhee, 2017).

While it is recognised that we are still in a transitional phase, the clear expectations and this enabling context have not yet fully changed young people's experiences; they often continue to find themselves moving on from care at too early an age, before they are ready, often poorly prepared or poorly supported and with limited or no choice (A Way Home Coalition, 2019, p13).

It is against this background that CELCIS undertook this research, to better understand:

- The implementation and interpretation of continuing care across Scotland
- The challenges in implementation of continuing care and how these can be addressed
- The 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.

Methodology

The data collection for this research was conducted in two phases, which were unavoidably separated due to the development of the COVID-19 pandemic. Phase One comprised a small-scale survey of throughcare and aftercare leads within local authorities, while Phase Two involved interviews with practitioners and carers to identify barriers and enablers to effective implementation of continuing care and was followed by a reflect and learn event.

Phase One utilised qualitative and quantitative methods, while Phase Two and the reflect and learn session used qualitative approaches. Quantitative data allows us to quantify different elements numerically and these are reported accordingly. Qualitative data collection seeks to gain an in-depth understanding of the range and complexity of respondent experiences, and accordingly it is not appropriate to indicate the numbers of respondents who may have expressed any particular view or opinion. As an exploratory piece of research we used purposive sampling to target participants from across Scotland with differing expertise and varied experiences relating to continuing care. We then used snowball sampling to expand our sampling reach. Focusing on recruiting participants with a predetermined set of experiences or characteristics in order to create a superficially 'representative' sample would have risked excluding individuals with relevant experience from the study.

Ethical permission for the research was initially obtained from the University of Strathclyde Ethics Committee in December 2019. This was amended in March 2021 to reflect the online methods to be used in Phase Two data collection.

Phase One

The data collection for Phase One consisted of an online survey using Qualtrics. This was distributed to the identified lead for throughcare and aftercare within each of the 32 local authorities within Scotland between January and March 2020. Twenty seven respondents, representing 19 of the 32 local authorities responded to the survey. Fourteen of these respondents indicated they were a service manager or equivalent, seven were team managers or equivalent, four were practitioners, one was a head of service, and one worked in service development.

The survey consisted of a set of quantitative and qualitative questions. The qualitative questions were used to gather general information about continuing care implementation across Scotland (eg How young people are informed of their rights, or involved in care planning), and to use responses to identify areas for further exploration in Phase Two. Accordingly, they are not presented in this report. Quantitative questions used 5-point Likert scales to assess participants' perceptions on the importance, understanding, and implementation of Continuing Care.

Phase Two

Phase Two data collection consisted of semi-structured interviews with 25 participants to explore in greater depth stakeholders' understanding, implementation and experience of continuing care, between April and June 2021. Participants were recruited via targeted approaches to organisations (eg residential facilities) and individuals (eg social workers, foster carers) based on information gathered during Phase One of the study and contacts known to the researchers through experience of working in the field, and snowball sampling. The researchers ensured a geographic spread of responses across Scotland, encompassing rural, semi-rural, and urban authority areas.

Table 1: Participant Roles in Phase Two data collection

| Phase 2 participant role | Number |
|--------------------------------------|---------------|
| Foster Carer | 5 |
| Independent service professional | 9 |
| Local authority service professional | 11 |

Young people were approached via established groups (eg Champions Boards), and via an open call for responses. One young person initially showed interest in being interviewed alongside their carer but did not eventually take part. This research was conducted during the COVID-19 pandemic and, as such, access by young people was hindered due to various factors including reduced face-to-face contact with professionals. The research created an opportunity to incorporate the views of young people in more dynamic ways and the researchers reached out using social media platforms such as Twitter, Instagram and Facebook, as well as through organisational networks. Unfortunately, and due to the COVID-19 pandemic, even these limited ways in which we were able to more proactively seek their views and opinions did not yield any responses.

The professional roles incorporated heads, managers, and leaders of locality teams and services such as fostering, social work, and throughcare and aftercare, as well as foster carers, social workers and an Independent Reviewing Officer. Phase Two questions focussed on identifying the barriers and enablers to implementation of continuing care, the importance in the lives of children and young people, and the good practice which could be identified.

Due to the ongoing COVID-19 pandemic and national guidance to work from home, primary data collection took place remotely, using approved University of Strathclyde video-conferencing platforms from approved home-working environments and university-issued laptops. All interviews were transcribed by the researchers and entered into a computer assisted qualitative data analysis package (NVivo). All interviews were coded using a mixed coding approach using both deductive and inductive coding. Deductive codes related to specific research questions (eg 'barriers' and 'enablers') while new codes were created to represent the data contained in the interviews which related to the implementation of continuing care (eg 'aftercare contact' and 'professional boundaries').

Once all interviews had been analysed using all of the deductive and inductive codes developed, the themes and findings in the data relating to continuing care were identified. The researchers then collaboratively developed the findings from the data captured.

Finally, in order to further develop the findings and recommendations from the research, an online 'Reflect and Learn' session was held. This consisted of a first session which was open to anyone with an interest in the project, where the initial findings were presented alongside reflections from key stakeholders, and a second session open only to those who had been involved in the research to further discuss the findings and provide further input into the recommendations and learning to be taken from the research. This session was held virtually via MS Teams on 27 October 2021.

Limitations

Representation

It is important to note that, as described above, we were unable to obtain the views of young people who had made a decision about, or experienced, their continuing care. While a number of avenues for their participation were provided, the pandemic had a particular impact and we are unable to reflect their views and experiences in this report.

This represents a significant gap that requires further research to address, and we would hope to conduct this work in the future. However, the '1000 Voices' work conducted by the Independent Care Review in 2018-19 collected the perspectives of young people with experience of being looked after throughout Scotland. This work evidences the importance to young people of voice, their rights, and active involvement in their care planning (Independent Care Review, 2020). The researchers were thus able to hold these values and views in mind when considering the findings and recommendations.

COVID-19

As indicated above, this research took place in Scotland immediately prior to, and then during, the COVID-19 pandemic. The pandemic created changes in the practice and context of continuing care that were unforeseen. Accordingly, the results from Phase One, in particular, may not reflect the current situation as accurately as would be desired. Data for Phase Two was conducted one year after the onset of COVID-19, and responses can therefore be interpreted in light of the practice and context which exists in March 2022.

Findings

Phase One

Overall, respondents felt that young people in their authority were fully informed of their rights and entitlements (mean 4.15, sd=0.718) and to a lesser extent were involved in planning around continuing care (mean 3.78, sd=.892). They also considered that continuing care was very important in meeting the needs of young people transitioning from care in relation to education, employment, their mental and physical health, and general wellbeing (Figure 1).

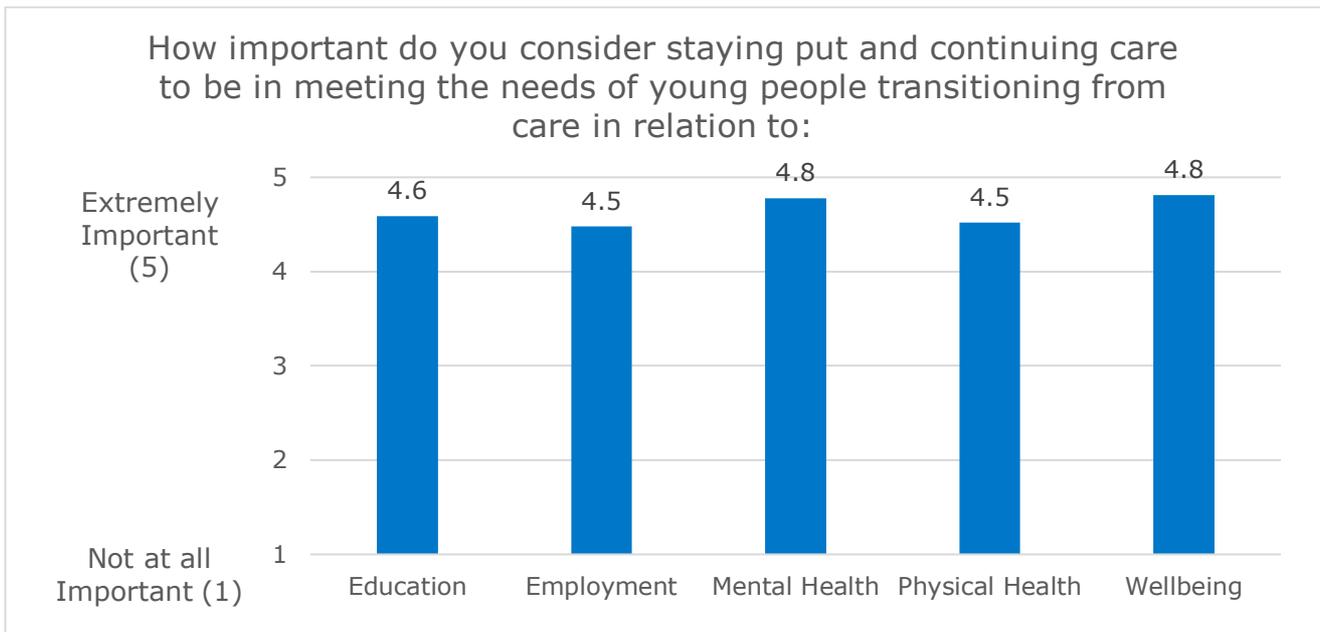


Figure 1: Importance of continuing care

Respondents indicated that they thought there was a varying understanding of continuing care among different groups, with social workers and residential staff considered to have a high level of understanding, and other stakeholders (eg housing) a lower level.

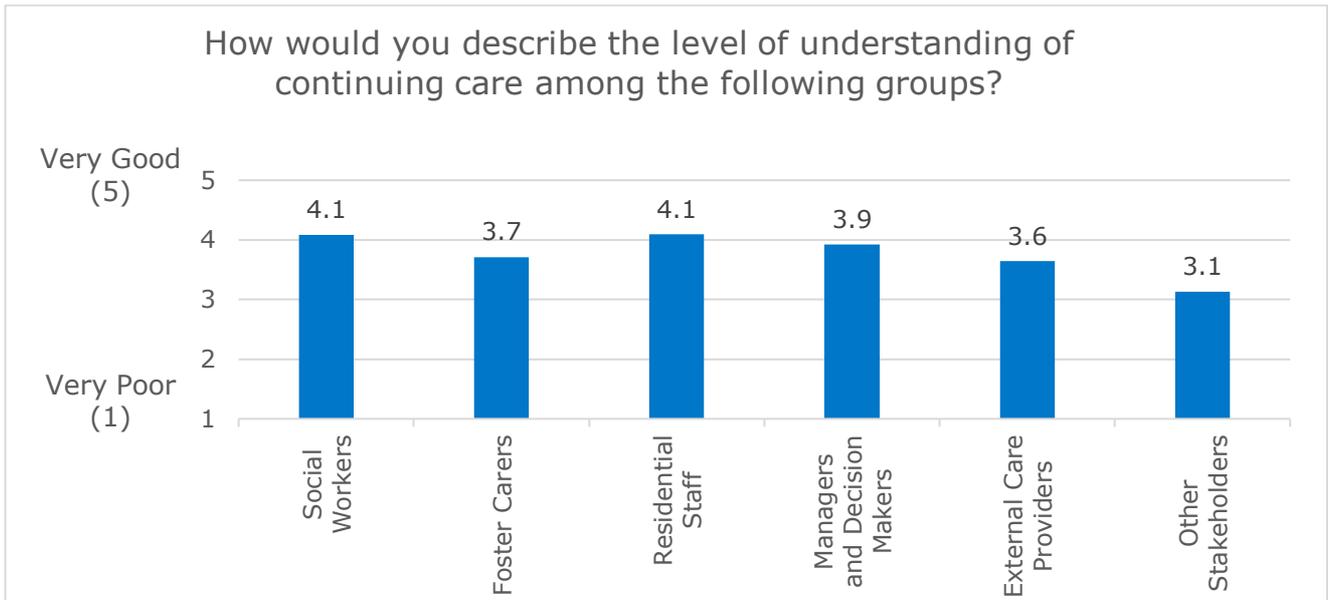


Figure 2: General understanding of continuing care

When asked about more specific areas of understanding, there was also variation. The principles of continuing care were reported to be well understood, with other areas such as implementation and roles and responsibilities less well understood.



Figure 3: Understanding of aspects of continuing care

A large majority of respondents (13 of 20) felt that resourcing was inadequate to support continuing care provision in their local authorities. There was a more even split between those who considered that there was adequate infrastructure and capacity, and those who did not.

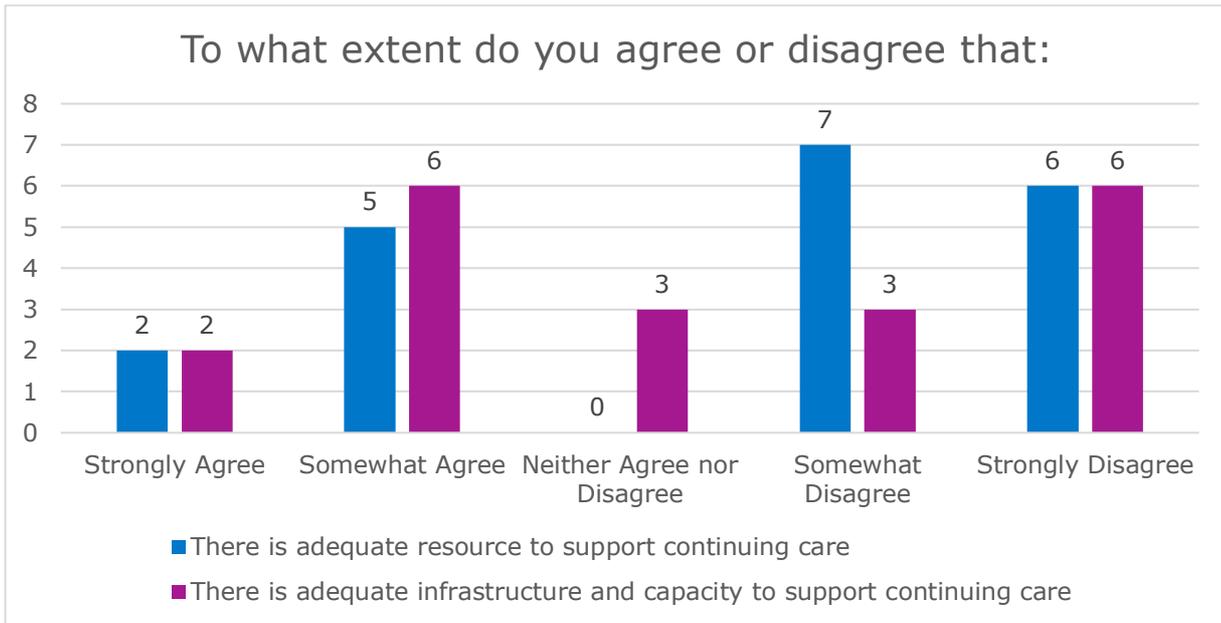


Figure 4: Resourcing of continuing care

When asked about the leadership around continuing care provision, respondents were generally very positive, indicating that they agreed that there was clear leadership, guidance, and processes in place, although there was less agreement that there was adequate staff capacity to meet need.

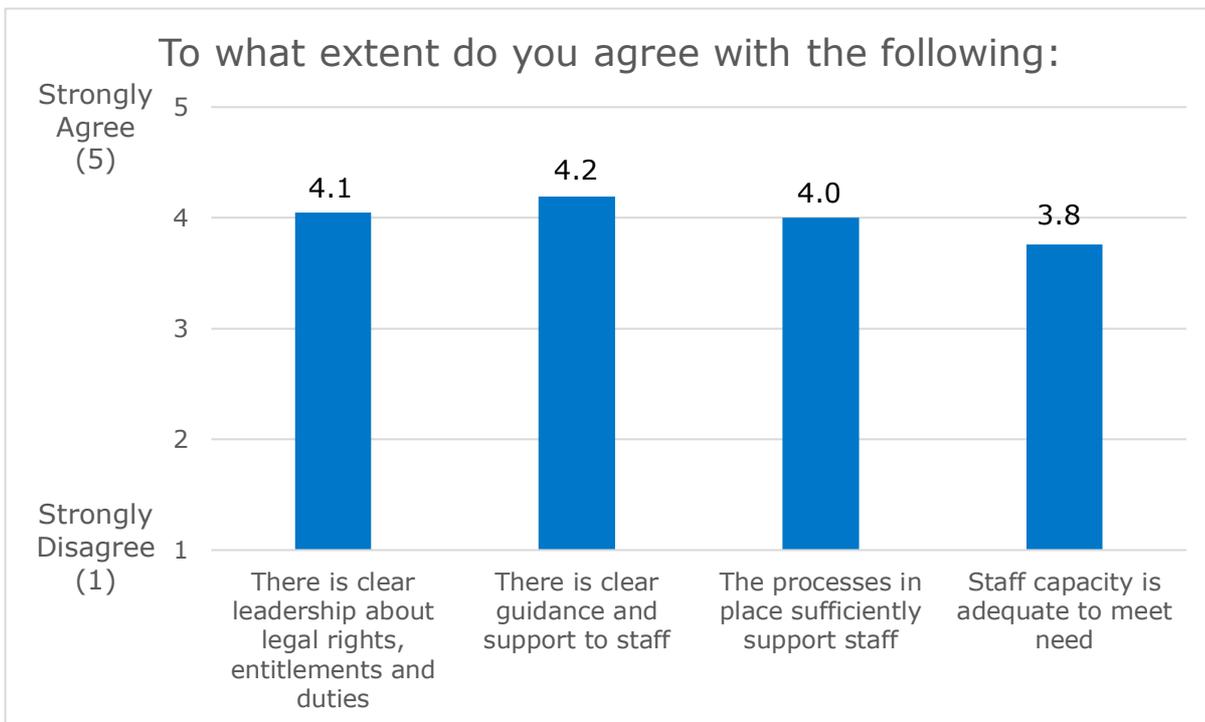


Figure 5: Leadership and guidance in relation to continuing care

Finally, the respondents were asked about the extent to which they felt that continuing care was explored with young people and carers appropriately in different situations. These questions received lower average scores, indicating that the respondents were not confident that best practice was always followed in the implementation of continuing care.

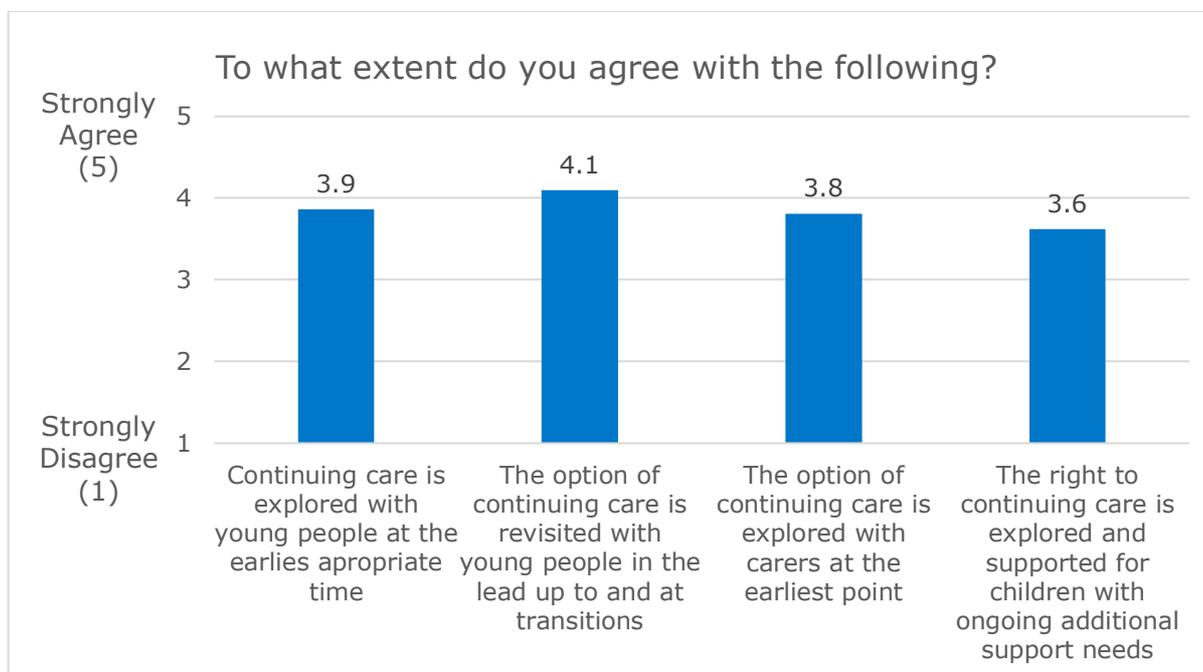


Figure 6: Exploration of continuing care with young people

Summary

Participants in the survey were generally employed in management or senior management roles, with a majority of participants being senior managers. The importance of continuing care was rated highly in relation to all outcomes for young people, and participants reported a reasonable level of understanding of continuing care across the workforce. However, when asked about more specific areas, knowledge was rated lower in relation to, for example, how continuing care was to be implemented, and roles and responsibilities within this. A majority of participants also felt that continuing care was under-resourced, and half of participants felt that there was insufficient capacity to meet need.

When asked about leadership, the participants believed that there were high levels of leadership, guidance, and processes to support staff to implement continuing care, but expressed less confidence that continuing care was being explored at an appropriate time and manner with young people and carers.

It is important to note that all of these responses were collected in the period prior to the onset of COVID-19, and therefore reflect the situation as it was experienced during this time. Since the onset of the COVID-19 pandemic, experiences and perspectives may well have changed significantly.

Phase Two

Professionals' experiences and perceptions of providing continuing care

Both 'Staying Put Scotland' Guidance (Scottish Government, 2013) and the Part 11 (Continuing Care) Guidance of the 2014 Act (Scottish Government, 2016) highlight the context in which continuing care should be understood. Staying Put Scotland highlights that 'delaying the exit of young people from care settings until they are sufficiently skilled, and more crucially emotionally and psychologically equipped is not new' (Scottish Government, 2013). Part 11 guidance also indicates that 'continuing care should be understood in the context of the Scottish Government's aim to address the inequalities between looked after children and their non-looked after peers by providing a stable home and ensuring that young people are not discharged from care until they are prepared and ready to leave' (Scottish Government, 2016, p5).

Continuing care is the right to stay in a care setting up to the age of 21, unless it 'cannot be provided' (s.72) or the welfare assessment shows that remaining in that care setting 'significantly adversely affects the welfare of a young person' (s.74) (Continuing Care Guidance, 2016). Young people are no longer considered 'looked after' when accessing continuing care. At 21, (or from 16 if a young person decides to not take up continuing care) eligible young people have the right to access aftercare support up to the age of 26.

Throughout the data presented below, there are references to differences in experiences dependent on placement type and/or location. However, it is clear from the reports of individuals throughout this research that there are no clear criteria around which these differences are formed. Rather, experiences and provision of continuing care vary across placements and geographies within individual local authorities, as well as between local authorities. In addition, a number of participants work across multiple local authorities and it was not always known which local authorities they were referring to. Accordingly, we do not report on numbers of local authorities that do or do not engage in various practices, as this cannot be known from these interviews. This makes drawing general conclusions about the contexts in which experiences and implementation are good or poor, impossible from the data available.

Continuing care as the 'new norm'

Given continuing care legislation, it is positive that a number of interviewees viewed continuing care as the 'default' scenario for young people. Furthermore, interviewees spoke of explicit messaging within their services, often in local policy, that continuing care must be considered early on, when a child or young person is initially brought into their care. They also spoke of a commitment to what is best for the young person, and an agreement that continuing care provides continuity of care, relationships, and care setting.

There was discussion of continuing care as the 'default': that continuing care should be planned for *all* young people unless this would not benefit a young person. This clearly

aligns with the legislative duty.

"[W]e are promoting the expectation at the moment that all young people will be expected to stay with us up to the age of 21... So definitely it's a default of ours, we would say. So there's an expectation. We're talking about staff, and that part of that expectation that we're communicating across our services. Now when I say our services, I mean everything from the expectations of field workers staff, to our dedicated throughcare and aftercare team. To our residential staff, for our foster carers as well" (Senior practitioner, independent provider).

"So we're starting to have the language roundabout it I suppose as early as we can and always having that as part of [Looked After Child] reviews and starting to introduce it... Yeah, it's an ongoing process I suppose, but we try to be introducing it as early as possible without introducing anxieties there as well" (Foster carer, independent provider).

"I think if the relationships can be maintained and the connections can be maintained. So, the children's homes in [local authority] are now also providing all their own aftercare to young people when they do move into their own tenancies. So that's where it continues to be provided by the person who's been looking after them and we've got foster carers that do that as well" (Service manager, local authority).

Understanding and interpretation of policy and legislation

Some comments went beyond the legal duty to simply provide continuity for young people. Some interviewees thought that continuing care maintained a family environment where young people can feel a sense of belonging.

"And beyond the law, I think actually what it means for these people, to want to be in a family and want to remain as part of that family... Continuing care for me was about giving them that extra protection for that wee bit longer until they were able to amass all of those skills" (Foster carer, local authority).

Residential workers and foster carers in particular spoke of young people being part of the family.

"I mean, I certainly see the biggest shift is probably our own residential, because I think for a long time they build relationships with young people... over a number of years as well through really challenging times, sometimes for them... what [our residential staff are] saying is that they're becoming probably, more with the different ages probably, but more like a real family. Where there's a teenager or a 21 year old who can go and have a pint after work with their pal and come home. And so it has, I mean, there's real opportunities I think in children's residential. That's certainly something that we hear from the staff because there's some of

these young people can be brilliant role models for younger children coming in (Service manager, local authority).

The duty to provide continuing care is not, however, universally understood or provided. Participants spoke of times when they had needed to advocate for young people to access continuing care, particularly young people who were thriving and not considered 'in need' of continuing care, and when young people moved out from or spent significant time away from the care setting in order to study at college or university.

"It doesn't always play out as an all systems perspective. So you know, need then becomes deficit driven and we'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... So I think there's an assumption that the continuing care is available is the expectation unless there is a reason. I suppose the welfare assessment stuff, but more broadly, it's just a broader 'why wouldn't you?'" (Senior manager, independent provider).

Age and Stage

In responding to expectations for continuing care, many mentioned independence and responsibilities or skills for adulthood. Some raised issue with the chronological age as the trigger for changes to support offered, noting that age cannot act as an indicator of readiness to take on additional responsibilities or to live independently, even recognising that 21 will be too soon for some young people.

"[W]e were hoping young folk would stay in placement for as, well... I don't think you can say for as long as they need it because it's not every young person who is ready to move on at 21" (Team manager, local authority).

Participants also highlighted that relationships in continuing care are also critical to creating and celebrating key moments or normative rituals in a young person's life. Artificially imposed thresholds and relationship disruptions inhibit the development of these secure and supportive relationships.

"One of the residential house managers said to me... he's got a chap who turns 18. He came up and said to him and he says '... I would love when I turn 18 that you take me from my first pint'. Great relationship with the boy. Been there since he was about 10 or something. And he obviously has a really brilliant relationship to the point where you know he's such a figure and very important figure in his life" (Service manager, local authority).

Several participants desired a legislative change that would delay young people's transition to continuing care from 16 to until the age of 18, with a few stating that continuing care should be accessible until the age of 26.

"I would like to... standardise it across every local authority. Make it up to 26, but then leave it into the hands of the children. So from like 21, if they felt that they

wanted to move on at 21, then that would be fine... Accept that the looked after thing is gonna be until they're 21 and then beyond that it can be until the 26th. But if they feel that they've got the skills or whatever to go before that, then that would be their choice. That I think moving forward that would be the one thing that I would like to see changed" (Service manager, local authority).

One participant discussed how this has shaped local policy:

"In terms of developing our continuing care policy in line with Staying Put, what we thought is we need to try and maintain young people in foster care, or residential care when they're 18. You know, to give them that level of protection. And beyond 18 to 21, promoting the continuing care" (Residential service manager, local authority).

There were also a few comments about the expectation that continuing care is a time during which young people would be supported to build skills for independence. When asked about this, examples provided included skills such as being responsible for a house key, doing laundry, or learning to cook.

"So within our organisation, there is a commitment to 'if it's right for the young person and that's what the young person wants, then we are kind of committed to looking after that young person and providing them with the support that they need to develop the confidence to move on and do well'. And so there's a whole range of practical stuff there. There's relationship stuff, you know that all that is the sort of stuff that we see as part of our role in terms of supporting young people to become the kind of healthy young adults that you know that they kinda want to be" (Service manager, independent provider).

How is continuing care raised with young people?

Participants were asked how they and their services make young people aware of their rights and the options available to them. The level of engagement with the concept of continuing care also varied for young people. Workers interviewed discussed situations in which young people:

- Were not told about nor offered continuing care
- Were told about continuing care but it was not an option for them
- Were not told about continuing care in explicit terms but were told they were in their home until they decided to leave
- Were told about continuing care but were not involved in preparation discussions
- Were engaged in on-going, explicit conversations about their options regarding continuing care.

The type of care setting affected how the conversations took place, and more importantly, the type of continuing care provision that could or could not be provided within that care setting or service.

In some areas, there are issues with record-keeping for kinship care, with services unaware of whether a kinship care arrangement was formal or semi-formal. In Scotland, kinship care is referred to as 'formal' where the child or young person is 'looked after' by the local authority. Semi-formal kinship care placements are made where the local authority supports (which may include financial support) the provision of care from a friend or extended family member, but the child or young person is not looked after. Only children and young people in formal kinship care are eligible for continuing care. Without the ability to easily determine who is eligible for kinship care, young people in formal kinship care arrangements may be overlooked. Similarly, if young people or kinship carers are unaware of their rights, they will be unable to advocate for continuing care if it is not offered to them. While both formal and semi-formal kinship care arrangements have experienced some social work involvement and there may be little difference between the needs of children and young people in the two groups, the legislation does not place a duty of the local authority to provide continuing care to young people in semi-formal kinship care arrangements.

In some examples, notably in foster care and in residential care settings, young people were not explicitly told about the legislation around continuing care but were told, either when a permanence order was granted or when they were accommodated, that the home they were living in would be their home. Some workers reflected that while young people were offered continuing care, the conversations about options and support should be more explicit and take place earlier.

"[We're] not having explicit conversations early on, but only at transition. I suppose our kind of priority's for them to settle and this be their home. And in my experience with the children who currently live with us or recently have left our care but been with us, I would suggest one in particular example, is we probably as a multi-agency group probably didn't approach it as early as, now with reflection, would have been more helpful... I think it's probably something that should be introduced as part of their coming to us process so we almost talk about it from day one. Because I think whilst they know that this is their home and they can live with us, as long as placement works for them... I wonder if the words continuous [sic] care isn't used" (Residential worker, independent provider).

Others consciously avoided the explicit conversations in order to create a secure environment, or to reduce worry around future transitions for the young people they support.

"We tend not to have those conversations with young people unless they invite it because we're certainly not in the business of frightening young people to think that we're going to be living independently of us or anyone else just as soon as they turn sixteen... [We] try to hold on young people for as long as we possibly can" (Operations manager, local authority).

When conversations about continuing care did take place with young people, participants said that the topic was generally broached by workers when the young people were

between the ages of 15 and 18. However, others reflected that they would introduce the idea of continuing care more informally at an earlier stage, when thinking about a young person's general vision for their future.

"[T]he young people that have moved into continuing care placements have tended to be with their fostering families for 10 years plus. So they see that as a family. In many cases they're referring to those carers as mum and dad. Yeah, so we're not setting a date on their 16th birthday or 17th birthday or whatever to say 'alright we need to talk about continuing care'. The conversations we're having with young people is more about 'so what are your plans, are you staying on at school, when are you going to put your name down for a house, are you going to apply for a house, what are you wanting to do? Are you wantin' to stay here, are you wantin' to move on?'" (Social worker, independent provider).

The Looked After Child review meetings (held at least every six months for children who are looked after) often seem to be a trigger point for these discussions, whether prior to or at the specific review at which the decision would be made. Continuing care may be an agenda point in a young person's regular Looked After Child Review meetings, to take into account their current views and shape the decision-making. Some services mentioned raising discussions on continuing care in more informal ways, such as through in-house meetings, or one-to-one support meetings.

"Within our own children's houses we've got... meetings that are... less formal than the formal [Looked After Child] review process. It's an opportunity within the young person's own home. It's held within the children's house with the children's house manager, senior residential workers, the team around that child. They would use that forum to iron out any difficulties or anything that needed to be altered within the young person's care plan. So there would be discussions going on there in terms of young people's options and choices. And they would be able to influence what their care plan looked like through that meeting. So they don't have to wait for a [Looked After Child] review" (Residential service manager, local authority).

"[Our] experience, tells us that that the older you are when you leave care the better the outcomes are for you... And we just call it continuing care and we say, all that means is you get to stay where you are till you're 21. So it's just quite, you know, quite simple. So that planning would start at our involvement at fifteen" (Throughcare team manager, local authority).

Although some reflected that the way young people are informed of continuing care could be improved, we need to remember that the examples above all reflect situations where continuing care is being provided for young people. What we know less about is the extent to which continuing care is discussed directly or proactively with eligible young people, for whom local authorities' duties to support continuing care are unfulfilled.

Challenges and conflicts in explaining continuing care

While there were examples of services explaining and implementing continuing care effectively, this is not consistent practice across Scotland. In some areas, regardless of how clearly and sensitively workers inform young people of their rights to access continuing care up until the age of 21, the local authority duty toward them too often remains unfulfilled. In some areas, and for some care settings, continuing care is not being provided even for young people who are eligible and are not exempted as outlined in the guidance (see above).

Participants expressed disappointment or frustration at the gap between what young people are entitled to, compared to what they have access to, especially in relation to residential services that do not provide continuing care. Several participants indicated that pressure to care for new children or young people, capacity of the care setting, and issues around clarity of registration to accommodate young people over the age of 18, inhibit the implementation of continuing care.

"We've got to be really mindful that we've got a trusting relationship. We've built a relationship based on truth and trust and honesty. And if we're saying to these children, yeah, you know you'll get a [support service] worker and someone will support you and you'll be able to get help with that... And then that doesn't happen because the facilities aren't there, that then damages the relationship that you've got with that young person because you've told them that they can get this and they can't. And in their minds, they don't see us, it's difficult for them to look at [a] holistic picture of it as they should get this, and '[my residential worker] told me I was going to get this, so she was lying. She told me a lie, I don't get that'. And it's not because I've lied to them, because they're entitled to it. It's because it's not there" (Manager, independent provider).

Participants highlighted the perceived negative impact on recruitment and retention of foster carers in having conversations about continuing care prior to a child or young person being placed with them. They also mentioned logistical issues around approvals for foster carers to care for children and young people long-term, potentially into age-ranges which carers may not be previously approved for.

Young people's decision-making

Although the research was unable to engage with young people about their decision-making experience, it is clear from professional participants that implementing continuing care with young people is a complicated and non-linear process.

- Young people have a right to change their minds, which can alter planning at late stages.
- Young people can face a stark choice between choosing continuity of accommodation, relationships and support, or leaving these completely. This does not match how peers without care experience often have the support to leave and return home multiple times.

- Young people may not be provided with clear options as professionals or carers themselves may not be knowledgeable enough about young people's eligibility or local authority's duty to provide continuing care. This affects both the actions professionals take and how young people are informed.
- Young people may be inaccurately recorded in some systems when in formal kinship care settings. This may result in eligible young people being recorded as being in semi-formal kinship care, and so ineligible for continuing care. This has implications for local authorities' ability to plan for continuing care for those individuals and raising discussions with both young people and carers at an appropriate time.
- Young people may be informed of their eligibility for continuing care by professionals or carers, yet that provision may not be available.
- Young people may not have the support they need from a trusted individual when making complex decisions around continuing care.
- Young people may feel that the language used by the adults around them does not accurately reflect their developing agency, transitioning through adolescence to becoming adults in their own right. Terms such as a 'children's home' or being subject to 'Looked After Child reviews' exemplify this for late teens, for example.

"They don't want to be viewed as a child. You know subjected to children's processes. Looked after child stuff like reviews. Yeah, they don't want to be a part of that. They want to be viewed as a as a young adult with the paperwork for want of a better term, doesn't lend itself to that. Our adult processes don't lend themselves to that. And even the translation from children and families, teams to add to adult teams, that sit within the localities. Sometimes, it's not seamless. It can be quite difficult to, quite difficult to navigate sometimes" (Social worker, independent provider).

- Young people being informed that if they lived away from home while studying at college or university they would no longer be eligible for continuing care; or that if they begin working they would have to financially contribute to the costs of where they are being cared for.

How consistent is continuing care?

Structurally, Scotland's continuing care landscape is complex, with 32 local authority areas, a variety of statutory and independent providers, and multiple care settings. Interviewees recounted a wide variation in the implementation of continuing care both within and across local authority areas. This ranged from no continuing care offered, to some support being provided in some areas, to what was described as a 'seamless' transition to continuing care.

Where interviewees thought that continuing care was working well and consistently for young people, they gave examples of young people in foster care and residential homes remaining in their homes, maintaining relationships, and being loved, claimed and told that they were part of the family.

Some observed young people being 'claimed' as belonging to their care family prior to beginning continuing care.

"Generally you have a good sense when it's in foster care and it's our foster carers of 'Is the placement going well? Have they been claimed, do they love each other?' You have a good sense of that well before them turning 18 and those conversations start well before that" (Independent Reviewing Officer, local authority).

Others stated that this was part of their service vision.

"We call it our extended family. Extended family care model is what is sort of - it's no' a catchy term - but it, I think, captures what it is. It's about having an extended family. An extended care family" (Manager, local authority).

"Residential work isn't a typical job, it's more than that. It's almost like a calling... We should apply the same standards, the same expectations, the same love, the same care and attention [to] our young people as they would their own children or their own family members ... [We] claim them and hold on to them and make sure that we're not going anywhere, we'll remain. [We're] seeing really strong evidence build up over the years where young people always come back to see us. They always do. And not just at times of crisis but also when they've got something, some good news to impart. You know, maybe an engagement, maybe the birth of a child, or a pregnancy, or anything, a new job. Anything that any person would celebrate we would expect that they will come and tell us that" (Operations manager, local authority).

In some areas, services worked with young people for them to choose to move to another care setting, such as a supported flat or unit linked to the residential home. These arrangements were designed to actively develop skills to enable more independent living and were not understood by the participants to be continuing care. In these examples, young people left their care setting yet retained some ongoing support from the residential staff.

Others reported instances of these set ups being incorrectly referred to as continuing care. Further, some reported that set ups such as these were established but with the support provided by new staff, thus requiring the young people to form new relationships at the point of transition. These arrangements were still referred to as continuing care.

We also heard examples from both a local authority and independent providers where the local authority moved responsibility for the care of the young person from the independent provider to the local authority. The young person would remain with the carer, with the local authority managing the continuing care offer, with a change in finances and support received by the carers. This could result in the carer having a supportive relationship with a supervising social worker severed, and having to forge a new relationship with a new worker because of a move to a new agency. There were

conflicting views on whether this was appropriate, based on different measures (in the young person's best interests, or in the service's financial interests).

Participants described pressure on foster carers to agree to changes in order to continue providing care for young people they knew and loved.

"So our carers then have to make a decision 'well do we then change over to local authority?' Which is understandable from local authority's point of view I suppose, but then it creates problems for foster carers when this is your job and your income" (Senior practitioner, independent provider).

Independent providers highlighted the impact of needing to recruit and train new carers to maintain capacity having lost carers who decided to move to the local authority. Local authority managers are clearly operating under financial pressure to manage budgets, but this has significant knock-on impacts for carers, agencies, and potentially young people.

While the intent of all is to secure appropriate care for young people, these changes can undermine relationships and create instability for young people.

Young people being 'returned' to local authorities

Interviewees also raised examples of local authority practice or procedures to 'return' young people accommodated outside of their home local authority to the local authority area itself. These procedures and practices, often triggered by age (e.g. 16) or when young people cease secondary education, not only change accommodation and support, but can also risk a young person's stability and relationships. Interviewees indicated that this could be the result of a 'blanket' application of a principle that young people should be returned to their home local authority, even where that was not in an individual young person's best interests.

"When we're working with young people from outwith the local authority there's still this drive to return them to the local authorities and, for the young person I was mentioning before, going back to his local authority would've been a terrible move for him. You know, he had so much trauma stuff there and his associations with that area. He was saying to us 'If I go back home, I will end up in jail. I just know that's what's going to happen to me, whereas I see myself as having a chance down here.' And the local authority would absolutely not listen to it because they're like 'oh no but the guidelines say that young people are best looked after in their home local authority' and stuff like that. And it's like generally speaking, I would agree, but that's not always going to be the case.

"I've got a young person at the minute — their social worker, or no, not even the social worker — the chair of looked after meetings is wanting us to start pathway planning to return him to his local authority. He's not lived there since he was three. He's been in foster care and he's been in residential care. And he's got family there but he doesn't really know his family that well. There'd be no reason

to move him away from the supports that exist where he's living now to a really unfamiliar place. But there's this fixed mindset that's all about 'now, he's from here, he needs to return here'" (Service manager, independent provider).

Age differences and placement management

If continuing care is provided to young people in settings where other young people also live, this will often result in young adults living in care settings with younger children. Some interviewees with experience of working in or with residential services spoke about concerns over the mix of ages of young people living in residential homes. In some settings, age differences between young people accessing continuing care and teens was viewed as either something to be carefully managed or thought to be inappropriate.

Other interviewees from both foster care and residential care settings spoke positively of age differences noting that this created role models, realistic family environments, and improved felt security for younger young people.

In other residential care homes, participants reported that there is no option for young people to access continuing care due to a belief that the residential service is not registered for continuing care, or not prioritising space for young people once they reach a particular age. As highlighted in the discussion section of this report, there are no specific registration requirements on residential care homes to provide continuing care.

What are the barriers to consistent implementation?

When asked about the barriers they faced to ensuring consistent implementation of continuing care, interviewees spoke of clarity; capacity and resources, including finances; differences between placement types, and clarity of legislation, policy and guidance as well as how it was interpreted.

Interpretation

Interviewees spoke of a lack of clarity as a barrier, including individual interpretations of legislation or local policies, and service level interpretation, policy, and implementation. There was a range of examples shared to illustrate differing interpretations, many of which had, or had the potential to have, a negative impact on the young person's wellbeing or options.

- Social workers moving to terminate Compulsory Supervision Orders as young people approach the age of 16, not recognising that this would make them ineligible for continuing care
- The expectation when undertaking welfare assessments that young people should exhibit a particular 'need' for continuing care. Those that are doing well or thriving are not considered eligible, even though it is a legal duty to provide continuing care unless doing so would be a detriment to the young person's wellbeing.
- The drive to return young people to their placing local authority

- Deciding that young people are no longer in placement with a carer, and thus no longer able to receive continuing care, if they stay away from the family home to study at college or university
- Expecting young people to contribute financially to their care placement if they begin working.

"[The] other problem we're finding is that... if she starts working, the local authority could then say that [she's] got to contribute to her placement, right? Which is crazy. That's their interpretation of that. So [she] then has to contribute to her continuing care placement if she starts working. So a massive incentive not to work! A massive incentive. Either you end up on the dole, signing on... Or you do a 'dummy tick' college course that's basically not going to lead anywhere" (Senior social worker, local authority).

Expectations of care provision

In some instances, there is an expectation for the care to noticeably reduce due to an arbitrary age threshold or trigger, reflected in the move to a continuing care arrangement, in the absence of an expressed or assessed change in need. This impacts on family dynamics and relationships between young people and carers. There were examples of carers and foster care managers saying that the carers had been asked to stop providing particular communal household items such as toiletries, or no longer including young people in continuing care on family holidays.

"We've had comments from a local authority, for instance, so a young person goes on holiday three times a year and she [local authority worker] said 'well that's not helpful, you know that's not realistic, for when they're leaving care'. And I suppose I'm like 'well so I'm not sure, is it bread and water then'? You know? Do we start changing the lifestyle at 18 because we've got to prepare them for what is reality? So there's some of the things that we get caught up with" (Head of fostering, independent provider).

Two foster carers, interviewed together, also discussed how a change in resources was encouraged:

A: "We were like 'so what's happening with this, because obviously, you know what we're meant to be providing here. Obviously it's emotional support and a lot of time it is emotional support once they're 18 plus, but it's their home. You know, 'you're asking us to actually stop doing things. Well, what do you want or what' - You know, once they said to us he had to buy his own toiletries. And I just go 'I beg your pardon? If he wants to buy his own toiletries, he'll do that anyway! However, he lives in a household'. So if we're going on family holiday, they're saying we can't take him."

B: "Because that was their other thing. He [can] no longer go on holiday with you."

Researcher: "Really? They explicitly mentioned holidays?"

A: "And we're not, we're not, doing that to him. We're just leaving him here? So we go off with the other one, off on a jolly jaunt, but you can't come because you're in continuing care?" (Foster carers).

Demonstrating emotional connections

It was also clear that staff can experience challenges in expressing their emotional connection to a young person within the bounds of professional practice.

"We love them all, we really do. And to be with a child for this length of time, you know we're keeping them, were helping them. They love us back... we've got that relationship. And then it's actually going to break my heart when I have to say to him you know, 'see ya'. The rules of our agency is that professional boundaries [mean that] I can't call him and say how are you doing? I can do it through work, but I can't phone him at 10 o'clock at night and say look, I noticed you were really struggling... We can stay in touch as long as it's through work" (Operations manager, independent provider).

Capacity

As shown in the section on national variation, different types of care setting have different challenges in implementing continuing care. Capacity issues were a common response, including a lack of opportunity for young people to access continuing care in many residential services; lack of Independent Reviewing Officers, or staff with delegated responsibility for undertaking welfare assessments and ensuring continuing care arrangements are reviewed; lack of clear processes around welfare assessments and reviews and challenges ensuring that services staff are suitably registered.

Some areas were reported to lack clear reporting or review processes for all young people in formal kinship care. This can result in services and staff being unsure whether a young person is eligible for continuing care.

"The way it's working at the moment that children in foster care and residential will have formal LAC reviews. Children in kinship care should have but they're not... So that's where the gap is I think. And we're struggling to resource reviews for them and I think once we get that right, they would just continue in line with continuing care reviews" (Independent Reviewing Officer, local authority).

While there are examples of relationships continuing once a young person leaves a residential home with staff supporting them through transitions, interviewees also discussed residential units where continuing care was not provided. In these instances, young people move away from the care setting and ongoing care and contact with staff known to them ends. In some cases, a separate organisation may provide aftercare support.

"I think the recognition as from sort of senior management that actually continuing care could cause a bottleneck in terms of placements in residential care. We have [a small number of residential homes with limited capacity] so that there isn't... massive provisions for continued care. But it's a legal requirement and if that's been that child's home, for you, know several years and they want to remain there, then legally, we need to support that" (Team manager, local authority).

Where capacity was discussed, finances were often also raised as a significant influencing factor. There was a recognition from several interviewees that the budget for continuing care was inadequate to meet demand, with deficits pre-dating continuing care, budgets not increasing with inflation, the end of additional implementation funding, and an increase in the number of young people accessing continuing care without corresponding budgets. Participants indicated that local authorities made efforts to budget for continuing care, yet budgets were not able to be rapidly adjusted.

"And we probably prepare quite early for continuing care in terms of our budgets. So if we've got young people who are maybe 17-18, we project that they'll remain in that placement till they're 21 so that there's not big surprises when it comes to the fact that they're still there. So when any projections are made, it's about them staying until they're 21, and if they leave before that, then, I suppose it's a bonus to the local authority, because they've budgeted it for 21 but they may choose to leave a wee bit earlier" (Foster care, independent provider).

One local authority intentionally slowed implementation to ensure appropriate resourcing, while workers in other areas discussed successes or challenges in creating projected budgets taking into account young people's potential future uptake of continuing care. Carers and foster carer social workers explained that carers could feel concerned or stressed in response to a reduction in finances received to continuing care for young people, despite the continued emotional support and home environment provided.

Some local authorities spoke of the financial savings gained from 'moving' the administration and support for care placements from independent providers back to the local authority. This was sometimes accompanied by a promise to pay higher carers' fees or indications that the young person would have to move to new carers if a carer did not agree to move from the independent provider to the local authority.

Once a carer has moved to local authority management, local authorities no longer needed to pay the commissioning costs that contribute to independent providers' buildings and staff. Independent providers highlighted the subsequent change in relationships and support experienced by carers, and the impact on their service from losing the expertise and the need to recruit and train new carers.

What are the enablers to consistent implementation?

Existing enablers

In response to a question on what enables consistent implementation of continuing care, interviewees raised both existing enablers and those that they feel would benefit implementation. Unsurprisingly, there is a level of mirroring between barriers and enablers. Existing enablers could be categorised into forms of structure, policy, and practice.

Legislation and Guidance

Several interviewees discussed how the legislative duties around continuing care has set national expectations for service provision. Amongst the workers interviewed, there were varying degrees of confidence in understanding or speaking about the specifics within the legislation, and interpretation between individuals and across services arose as a barrier.

Understanding the legislation included an understanding that provision of continuing care must be based on the best interests of the young person, rather than financially driven. A few interviewees mentioned having found guidance or summaries on continuing care helpful, with guidance on the welfare assessment specifically named.

"Absolutely. The legislation is there. However, there's still a battle about the legislation. The legislation's telling us this is what this is what the kids are entitled to. But there's still a huge fear, an unwritten grey area" (Operations manager, independent provider).

Interviewees indicated that having services registered to offer continuing care and foster carers registered as continuing carers, also supported implementation of continuing care.

Local or national policy and leadership

Approaching continuing care as a default in local areas enabled advance planning and budgeting for individuals, with local systems supporting implementation, along with a service or area 'ethos' of nurturing, person-centred care. Local policies including clear messaging to carers and across services that continuing care should not be configured in response to finances, but instead tailored to young people's needs. Having national and local policies that supported these practices, and seeing continuing care working, were also cited as enablers to consistency.

A consistent approach to ensuring that welfare assessments are resourced, staffed, and taking place was also cited as an enabler.

Practice

Factors enabling good practice included understanding how continuing care should and can work, with a 'passion' for getting it right for young people. Interviewees found it

helpful to know about young people's rights to be provided with continuing care in order to inform them, advocate for them or to support implementation.

"So I mean the first, the first thing is as letting young people kinda know about their rights, which we do and we've developed an understanding of the legislation, so as we're able to kind of explain the rights to young people. And obviously, part of my role is about kind of liaising with the local authorities, you know the social workers about the young people's wishes and trying to make sure they are and they are kind of you know upheld, you know" (Residential manager, independent provider).

When interviewees spoke of delivering continuing care well, there was an emphasis on maintaining a young person's place in a family environment (regardless of setting) in which they could feel a sense of belonging, and providing consistency and support to develop independence.

"I mean I think for us the thing that's useful in terms of sort of underpinning our practice philosophy of care if you like. Is the focus on nurture principles" (Locality team leader, local authority).

Workers discussed the importance of having staff skilled in supporting carers through transition. Carers also named financial support as important for enabling them to continue to provide the care and support needed.

Desired Changes

In general, interviewees readily responded that they would like to see universal continuing care and national consistency, regardless of care setting. They spoke of changes or additions to how continuing care is legislated for, monitored and carried out in order to improve national consistency.

Regarding legislation and guidance, workers voiced a desire for:

- Legislation, policy, and implementation that is relationships-focused
- Guidance that is more specifically targeted about key issues and aspects of practice (i.e. detailed guidance on financing; positioning the full carer's allowance as the default allowance; what is considered a 'positive placement' and how it is decided) or feedback on current local practices

"We had hoped that that would clarify some of the financial issues around continuing care that would put an end to the postcode lottery of different local authorities doing different things. We had hoped there'd be standard procedures introduced that would make it easier. We had hoped there would be more guidance. The fact that it's not been there hasn't prevented us from doing it" (Social worker, independent provider).

They also spoke of other national measures:

- National monitoring (ie of implementation; age of leaving care)
- National messaging to young people, services, and the public, about young people's rights to receive continuing care, and changing perceptions around the expected age of leaving care.

Resources

Calls for additional resourcing appeared to reflect particular experiences of local implementation. These included:

- Approaching and planning for continuing care as the default expectation for young people, positioning it as 'a natural progression as part of the journey' rather than a beginning or end
- Ensuring that finances are available to support continuing care placements through long term budgeting and considering the financial implications of continuing care at the outset of placements, especially in the case of externally commissioned placements
- Residential buildings to be expanded and built with continuing care in mind
- Production and distribution of clear staff information on continuing care and welfare assessments
- Adequate staff resourcing for undertaking welfare assessments
- Finalising the local assessment frameworks.

Issues around transitions

Transitions were a clear theme throughout the interviews, with specific responses within the context of discussions on enablers. Workers spoke of both staff skills to support carers as well as carer skills and training in making the transition between supporting a young person in foster care and supporting a young person in continuing care. They would also like to see, and have the ability to provide, relationship consistency for young people as they access or move on from continuing care. Similarly, there was a desire for 'service overlap' where young people could be introduced to new staff and services (for example throughcare and aftercare workers) prior to leaving continuing care, or in situations where continuing care is not offered.

"...coming into care is difficult. So the child's come into care with us and then we spend four years doing trauma informed work and the building those relationships and allowing the child to trust us. And then we say 'cheerio, see you later' and they go and they haven't got a chance even to meet those other people [that will support them]. But I think we need to see some sort of overlap between services so that either the people from the next service...spend a bit more time with the kids. They need to have these people in their lives a good year, two years before... they're actually moving on. I think a lot of foresight needs to be looked at. You know, people need to work with not just what's happening today, how we're

managing this child right now. We need to look at what's going to happen when they become an adult" (Manager, independent provider).

Reflect and Learn Event Findings

In October 2021, CELCIS hosted a three-hour online 'reflect and learn' event, delivered in two sessions. This event had three key aims:

- For attendees to hear, and provide feedback on, the research findings
- To hold interactive discussions on good practice and solutions to common barriers
- To collectively develop recommendations for ensuring that Continuing Care is consistently accessible to young people across Scotland.

The first session was an open event aimed at anyone with an interest in the continuing care research and agenda. During this session, the researchers presented on the initial findings and emerging principles, and sought feedback, questions, and discussion from the attendees.

The emerging principles presented to participants were as follows:

- Providing continuing care is a legal duty and should be the default service provision
- Prior placement type or care setting should not affect availability of continuing care
- Continuing care provision should be shaped in response to each young person's circumstances rather than finance and other pressures
- Informed choice to 'opt-in' or 'opt-out' of continuing care is dependent on the right to continuing care being meaningfully explained
- Relationships sustained into and beyond continuing care: Corporate parents going beyond legal duty to provide continuing care to ensuring that young people enjoy the right to family life, across settings and into adulthood.

This was followed by an invitation-only session with those who had taken part in the research to discuss how well they thought the findings aligned with their experiences, to have a more in-depth discussion of the findings, and to focus on developing recommendations and ways forward to ensure that continuing care is consistently implemented across Scotland.

In the discussions, comments largely focused on four areas:

- Legislative and guidance changes to continuing care to promote consistency and good practice
- Leadership around continuing care (at a local and national level)
- Practice with carers and young people
- How continuing care is discussed with young people.

Overall, there was a clear message of frustration among all concerned that continuing care was still not working consistently at a national level. There was a recognition that continuing care provided an important support to young people, but that the promise of continuing care was not yet being made a reality across the country.

When asked how things could or should be changed to improve the delivery of continuing care, participants spoke creatively and with aspirations for the best outcomes for the young people they support and care for. They highlighted the possibility for legislation or guidance to be changed to allow for a range of improvements to take place, which focused on removing obstacles and impediments to effective practice.

- Removing the leaving care age thresholds to ensure that continuing care is available to every young person with care experience
- Removing the focus on continuity of *placement* (which has significant implications for secure care and often residential care facilities) to instead focus on ensuring that supportive *relationships* are maintained and facilitated
- Questioning the need for a separate term or policy of 'continuing care', instead suggesting that we simply consider that care continues to the age of 21. It was suggested that this would better reflect the circumstances of young people who do not have care experience who often remain in the family home to this age and beyond.

"Is there a need for separate Throughcare and Aftercare teams? Or indeed continuing care as a separate service? It would be a game-changer for everyone if children in Scotland could remain in foster care 'til 21" (Reflect and Learn session participant).

When discussing the context of continuing care, it was also highlighted that participants felt that continuing care was a priority that should not be lost in the context of other initiatives. Participants particularly highlighted the National Care Service consultation (underway at the time) and implementation of The Promise of the Independent Care Review in this context, emphasising that changes to improve continuing care implementations should not wait for the outcomes of these processes to become clear.

Leadership in the delivery of continuing care was also raised by attendees. There was consensus that senior leaders within local authorities needed to be clear that alongside articulating that continuing care was a priority, they needed to do more to challenge poor practice and to improve monitoring and oversight of continuing care.

It was also felt that training and support was still needed to ensure that there was a comprehensive understanding of the rights and duties associated with continuing care among staff and carers. It was highlighted that national training for foster carers had been raised when continuing care was first introduced, but that it had become lost among competing priorities.

Participants at the Reflect and Learn session were also asked to consider what changes are needed 'up stream' to ensure the implementation of continuing care. This raised a number of areas of improvement to promote continuing care:

1. Long-term planning

Attendees were of the opinion that long-term planning at the beginning of a young person's care journey would significantly reduce the obstacles encountered in the implementation of continuing care. There were two key areas in which this planning was required: Financial planning, and resource planning.

In relation to financial planning, attendees felt that local authorities should be recognising a financial commitment to a child or young person through to the age of 21 from the outset of their care journey (even if this was when a child was very young). This would then mean that the cost of a placement continuing should never need to be an obstacle to a local authority fulfilling its duties in relation to continuing care.

It was also recognised that alongside the financial planning, it was necessary to conduct long-term planning in relation to resources, namely ensuring there are sufficient placements to meet future needs. This might mean expanding the residential accommodation available or recruiting more foster carers, but this would remove some of the pressure on placements which make the provision of continuing care more difficult.

2. Working alongside young people

There was a view that planning for continuing care needed to be conducted alongside or in partnership with young people. This meant introducing the idea that the young person could stay in their care setting at the earliest possible time, in an age and stage appropriate manner. This idea was also expanded to include thinking about how reviews are conducted, to generate child-led care plans, for example, and to be clear about timescales and processes at appropriate points. The importance of reviews being strengths-based was also highlighted as supportive of positive relationships and placements.

3. Providing appropriate support services

The perceived lack of support for carers who support young people in continuing care was highlighted. The supports which were thought to be useful included access to clinical psychologist support and greater understandings of trauma, but also included ensuring parity between foster, kinship and adoptive care supports. It was also noted that work needed to be done to ensure that requesting support was not seen as a 'weakness', and that carers reaching out for additional support should not be met with talk of 'removal' by care services.

Throughout the Reflect and Learn session, there was a clear theme from the participants that a relatively straightforward concept – that young people should not be moved from their homes based on arbitrary chronological or legislative triggers – had been made

unnecessarily complicated. Continuing care should enable a seamless journey from childhood to adulthood – for the child, the carer(s), and the agencies involved.

Discussion

Relationships

Stable, predictable relationships are crucial for young people. The development of a supportive network of interdependent relationships enabling a range of positive social, emotional and moral experiences, are the bedrock of a healthy identity and sense of resilience. The importance of these relational connections cannot be over-emphasised being described as *'the crucible of personhood'* (Van Breda, 2018, p8).

Within all the data collected for this project, the importance of relationships was a recurring point of discussion. These discussions included personal stories, policies or practices, and feelings, about the importance of relationships. The relationships young people have across their lives including those between young people in placements, with their carers, with birth family prior to placement, with non-familial relationships, and with those they've built relationships with in their placements and local areas, were also explored.

The purpose of continuing care is to ensure that these relationships are maintained and supported through a young person's development into adulthood, thus ensuring the young person is well supported during this transition. Key points which have emerged to support this include:

- Raising continuing care with foster carers before a child or young person is placed with them
- Trying to place young people within their own local authority in order to facilitate contact with the birth family, including siblings who may not be placed together, and maintain a supportive network
- Commitment to continuing care has the potential to create a sense of security in that relationship for both young person and carer.

However, it also became clear that some organisational and practice approaches create challenges to supporting these relationships within a continuing care context. Variations in the time and opportunity afforded to staff to build and sustain relationships with young people, and variation in interpretation of professional boundaries, all contribute to inconsistent experiences of continuing care across Scotland.

Additional specific challenges included situations in which young people were placed out with the local authority in residential care which was unable or unwilling to provide continuing care. This can necessitate moving a young person back to their 'home' local authority. While this allows the young person to return to pre-existing relationships, it simultaneously severs them from relationships which have been developed up until then.

This exemplifies the challenges to practice presented by continuing care. The standards and guidelines workers follow are often developed in the context of *child* or *youth* care, and may not be applicable in the complex arena of the transition to adulthood covered by continuing care. Young people can be both a child and an adult at the same time, but at times the systems and practice operating in Scotland do not allow for this duality of identity, and accordingly inhibit staff practice and the relationships they are able to form.

Established relationships are important to understanding and recognising the ongoing need for support for young people in their journey into adulthood, and the emotional attachment of carers is a key part of these relationships. Staff who are emotionally connected to young people, experience challenges in how they are able to interact or express themselves, whilst simultaneously feeling responsible for ensuring that young people feel loved, and are appropriately supported. This is reflected in other research which highlights that supporting young people in, and transitioning from, care and addressing complex needs and issues can be emotionally and intellectually challenging for practitioners (Stein, 2005; Steckley, 2010).

Implementation issues with legislation and policy

The term 'continuing care' was introduced as a new term by the Children and Young People (Scotland) Act 2014, and eligible young people have to 'cease to be looked after' in order to access continuing care (Scottish Government, 2014). The clear intention of the legislation and policy is that a young person's care should be based on their developmental stage and individual needs, rather than bureaucratic constructs. In practice, the 'ceased to be looked after' wording can often be conflated and confused by staff, carers, and young people themselves who can conflate 'cease to be looked after' with the notion of 'leaving care'. This creates a separate or unhelpful distinction considering the primary function of continuing care is to ensure that 'young people are encouraged, enabled and empowered to remain in positive care settings until they are ready to move on' (Scottish Government, 2013, p13).

The Part 11 (Aftercare) Guidance states that when an 'eligible young person in a foster placement, residential care, or looked after in kinship care requests Continuing Care then they are requesting to remain in that placement with the same carers and they will receive the same package of support they were receiving before they entered Continuing Care' (Scottish Government, 2016, p15). The notion of a young person having to 'request' continuing care would then work against continuing care being considered a default or seamless process.

Furthermore, the duty to undertake a Welfare Assessment can often be interpreted as a hurdle which needs to be cleared prior to accessing continuing care, which can also lead to a justification of why continuing care is not provided.

These combined factors illustrate some of the complexity of delivering seamless, person-centred care for young people within a bureaucratic and legislative framework. This context by its very nature, struggles to accommodate the more relational and adaptive

nuances of caring for young people that interviewees described. Unless suitably clarified and addressed, there is an identified ongoing risk that the core relational dimensions of continuing care are undermined by the rational-technical focus on procedure and bureaucratic requirements, resulting in young people experiencing reduced support as they develop into adulthood.

Our interviewees identified issues where young people were being informed that if they chose to, or had to, live away from home during term time while studying at college or university, they would no longer be eligible for continuing care. This implies that the young person has effectively chosen to reject continuing care and to 'leave home'. Whilst the explicit expectation outlined in the Staying Put policy is to support a more normalised and graduated transition, and to encourage and support young people to return 'home' at weekends and holidays, the legislation offers no legal 'right to return'. This is at odds with the normative experience and expectation for most young people in further or higher education (Stein, 2007, 2010; SCLC 2018) who do return to the family home at weekends and academic holidays and who make their journey to adulthood and more independent living over several years. As such, it potentially adds an extra layer of anxiety and an additional hurdle for care experienced young people who wish to attend college or university and experience the full range of student life. This includes residing in halls of residence and shared flats during term time with the reassurance and safety net of a return home during holidays and at times of difficulty.

In other residential homes, interviewees reported that there is no option for young people to access continuing care due to the residential service not being seen to be registered for continuing care - or not having space once that young person reaches a particular age. This issue, as reported, in itself highlights a basic misconception or interpretation around residential care service requirements as the Care Inspectorate Guidance clearly states:

We have increased the age range for children and young living in a care home to age 21 years to support continuing care (Care Inspectorate, 2017; 2019).

It may be that interviewees themselves were unaware, or unclear of the guidance issued by the Care Inspectorate, or that a local or agency position is not to provide continuing care in these residential services. These examples of a lack of accurate and applied understanding of the guidance around registration give cause for concern. It also raises the question of how 'space' can become unavailable once a young person reaches a particular age. Again, the notion of chronological triggers or thresholds are determining factors over the provision of continuing care, rather than a needs-led approach to fulfilling legal obligations to provide continuing care for eligible young people.

The interviewees in our research recognised the basic need for belonging and connection, for 'felt security' that young people in their care have. This is a central theme, which runs throughout literature and research concerning improving outcomes for looked after young people and care leavers (Cashmore and Paxman, 2006; Tarren-Sweeney, 2010; Christiansen et al, 2013). The terminology and wording of existing legislation and

guidance remain bureaucratic in nature despite some of the more enabling and aspirational language espoused in the Staying Put Guidance. This was evident in the ways in which many interviewees attempted to interpret or describe how continuing care is perceived either by themselves or by colleagues. The challenge is how to offer continuing care to young people within the realm of public care, which by design and definition is bureaucratic and procedural.

A key challenge then for implementing continuing care is how a whole-system culture shift can be achieved. This will require attention to implicit and explicit expectations, cultures and practices from day one of a child's need for alternative care. In particular, an expectation that where cared for away from their original family home, and unless they return home, the young person will most likely remain in that care setting beyond their 16th birthday. For continuing care to become the default and the 'new norm' requires all component parts and processes to be aligned and congruent, with consistent messaging, decision-making and language, with resources directed to support this (Anglin, 2002).

Practice Issues

Raising continuing care with young people

Throughout the discussions of continuing care in both the interviews and the Reflect and Learn event, there were instances of a disconnect or contradiction between statements which reflected participants' understanding of continuing care, and how it was discussed in a variety of contexts. Participants were clear that it was important to raise continuing care at as early a point as possible in an age and stage appropriate manner. However, there were also responses which indicated that discussions of continuing care might not take place with young people unless the young person raised the topic themselves, in order to reduce worry around future transitions.

While the desire to reduce worry and stress around future transitions is understandable, this runs the risk of actually stoking stresses relating to transitions. Young people are likely to be aware of their legal status as care experienced, but may not be aware of their rights to stay in their care setting under continuing care. Not addressing the long-term nature and stability of a young person's care may encourage them to make plans for when their placement 'ends', which they are likely to understand is at 16 or 18 years of age from witnessing the care journeys for older young people in similar situations.

This reticence to discuss continuing care may also be fed by uncertainty or doubt on the part of the carers that the local authority will be able to fulfil their duty in relation to continuing care, despite a young person expressing a desire to stay.

'Blanket' application of principles

Some participants also indicated that local authorities could have 'blanket' approaches to some situations. This was raised particularly in relation to out-of-authority care placements, where local authorities would look to move a child or young person 'home'

from a residential care placement as standard practice. This application of standardised approaches is inconsistent with prioritising the best interests of the young person, which was clearly articulated as a core component of providing effective continuing care. The process of seeking to ensure a carer is managed by a local authority rather than an agency when providing continuing care, is another example of a blanket approach being applied which may not be in the best interests of all young people.

While there will of course be children and young people for whom these decisions will be in their best interests, the blanket application of this approach appears to prioritise reducing the financial costs to local authorities of fulfilling their duty to provide continuing care.

Age discrepancies

As detailed above, the guidance relating to continuing care clarifies that its purpose is to provide as 'family like' an environment as possible for young people. Interviewees frequently articulated similar views, yet also raised concerns regarding having discrepancies in age between young people within different care settings, despite this being something which typifies the make-up of a family. This concern appears to emanate from a risk-averse culture (Who Cares Trust, 2013; Hazlehurst, 2014) which is at odds with family life outside of care settings.

Some workers articulated that rather than being seen as a risk, these discrepancies can be seen as a strength. Older young people can act as role models for those younger than them, and seeing young people aged 18+ within their home environment can set a tone of security among others, that they are claimed and cared for in the long-term. It may also be considered that this ongoing residence and relationship is part of demonstrating sibling-like love within these environments.

Transitions

In the general population, most young adults will phase their departure from the family home over months or years, depending on their own circumstances and needs (Arnett, 2000; Stein, 2019; Mann-Feder in Mann-Feder and Goyette, 2019). The purpose of continuing care is to enable looked after young people to develop in the same way. Extended care and ongoing relational support are critical to help develop both the practical life skills, and importantly, the emotional readiness to move on to more interdependent living. For many young people independence does not exclude support, but rather is about avoiding dependence. For most young people the journey to adulthood is not linear and there needs to be a greater recognition and accommodation for this in relation to young people transitioning from care to adulthood.

Continuing Care as the Default

One of the clear themes emerging from the research findings overall was the desire felt by interviewees and participants that continuing care should be the 'default' for all children and young people. However, even in relation to circumstances where a local

authority had a duty to provide continuing care to young people, there were many instances of language and practice which run counter to this.

Language

Language such as 'offering' continuing care, 'if it's right', and 'where it is available' and following an 'assessment' all speak to a gate-keeping process to ensure that young people 'qualify'. While there are clear criteria in the legislation regarding who is eligible for continuing care, these types of phrases were often used despite recognising that the local authority has a duty to provide continuing care. The extent to which there appeared to be substantive gate-keeping in the provision of continuing care across Scotland varied, but the language remained.

In particular, the language around the availability of residential care placements was often challenging in this regard. Interviewees spoke of residential facilities 'not being registered' and of placements (including continuing care) being made on the basis of 'need'. This suggests a model where young people who should be being provided continuing care are required to 're-qualify' to stay in the home environment they already live in. Continuing care does not require that a care placement needs to be 'found' (the young person already lives in it) only that this living arrangement is not removed or re-allocated. Unfortunately, it appears that in residential care settings this is often not the approach taken.

There was also often discussion of a transition between caring for a young person in foster care and caring for that same young person in continuing care. The differences between these scenarios is a legislative rather than a practical one. The care and support a young person needs does not change on their 16th or 18th birthday. Rather, the care and support they require is constantly changing and carers adjust on a day-to-day, week-to-week, and year-to-year basis to respond to this. Language of transition does little to support the ethos and objectives of continuing care.

Resources

A consistent theme raised throughout this research has been in relation to pressures on finances and the financial support made available to carers as young people move from foster care into continuing care arrangements. Previous guidance (Scottish Government, 2013) advised that local authorities should ensure that any 'conversion of placement type does not threaten the stability of the placement by creating financial problems for the carer' (p20). As we have evidenced however, financial drivers and changes in fees and commissioning arrangements can potentially undermine relationships and threaten placement stability. These changes are described as being based on arbitrary age-related or legislative triggers, or blanket agency requirements, often with little or no regard to the existing and ongoing support needs of young people.

Discussion of requests to remove certain supports when a young person is cared for under continuing care arrangements (eg holidays, washing clothes) are highly concerning. Not only does this change at an arbitrary point not appear to take the best

interests of the young person as its starting point, but it appears to actively undermine the desire that young people are claimed, loved, and made a part of a family. The financial security of a care placement facilitates long-term, loving relationships that allow a young person to gradually develop into adulthood.

Making continuing care the 'default' plan for children and young people when they become accommodated can be a mechanism through which some of these challenges are addressed. Resource planning for continuing care should begin at the point a child or young person is accommodated. This would include both the purely financial aspects of payments for the care placement delivered, but would also include constructive planning of residential care placements, alongside foster carer recruitment. While these are areas where local (and national) authorities already work to plan appropriately, the inclusion of continuing care through to the age of 21 would begin to address some of the systemic pressures that limit the provision of appropriate continuing care throughout Scotland.

In order to ensure that young people who are cared for under continuing care arrangements are supported equally to their peers without care experience, payments to foster carers or other providers might be made, to ensure that care placements are available to be returned to when young people progress to college or university. This would provide both practical and physical support during, for example, end-of-term holiday periods, and also enhance the sense of felt security, and the development of long-term caring relationships.

The position of Kinship Care

Throughout the research, there were recurring references to ambiguity which exists in relation to young people in kinship care placements. One of these issues is the appropriate recording of young people in formal kinship care placements as being 'looked after' at the age of 16 and therefore eligible for continuing care. Keeping an accurate record of which children and young people are in formal kinship care has been challenging in the past and is improving (PACE, 2020), however it is clear from some of the reports here that this issue is far from resolved.

Some interviewees also raised questions about the exclusion of children and young people in semi-formal kinship care. While these care placements are facilitated (and often supported financially) by the local authority, the young people are not formally 'looked after', and thus there is no legal duty on the local authority to provide continuing care. Participants highlighted that these young people could experience the same challenges and difficulties as their formally 'looked after' peers, but were being denied the ongoing support of continuing care as they develop into adulthood. This was felt to be a moral, if not legal, failing on the part of continuing care and one that should be addressed.

Overview

The lack of evidence of any increase in the average age of leaving care, combined with the significant implementation challenges, requires to be addressed and closely

monitored. It is anticipated that the findings from this research will have significant value for the Scottish Government, local authorities, independent care providers and other key stakeholders in improving implementation and ensuring duties and entitlements are fulfilled. This will enable effective, equitable provision for all eligible young people so that they have the opportunity to benefit from continuing care into adulthood.

At its core, continuing care is not about change for young people. Continuing care means *not* changing something. It is 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. It is about providing consistency, predictability, and appropriate support as a young person develops and grows into adulthood.

Recommendations

Through this report we have reflected that continuing care is not implemented consistently between, or even within, local authorities in Scotland. Continuing care is too often discussed with young people too late (15-18) and when they may have already made tentative plans, perhaps due to a feeling of necessity. When implemented well, continuing care supports young people to feel part of the family, regardless of the environment this is in.

Many of the challenges identified within this report require complex change in a wide range of organisations. In order to achieve such change, there must be a commitment to improving our collective understanding and skills in making change happen, for example through the application of improvement and implementation science and practice.

Whilst the existing legislation is enabling, and existing policy encourages continuing care to be considered the default position, this research has identified a number of bureaucratic factors alongside a range of cultural and practice factors which work against this. The following recommendations build on the good practice and enablers that have been identified as 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 (Independent Care Review, 2020) as well as other research, these recommendations will better ensure the consistent and effective implementation of continuing care.

- **Culture and Leadership**

- 1. All agencies, stakeholders, individual staff members, and carers, work to articulate and prioritise continuing care as the 'default' provision for all young people.** This should fulfil the ambition outlined in the continuing care guidance to 'reinforce the legal and ethical responsibilities of local authorities to looked after young people and care leavers'.
- 2. Improved national finance and resource planning to guarantee care setting capacity** to meet continuing care entitlements for all eligible young people. This will include consideration of facilities, staffing, and support across foster, residential, and kinship care settings.
- 3. Local authorities must plan their finances to guarantee every eligible child and young person's continuing care entitlement from the point of entry to care.** This should take account of current and projected costs associated with their current care setting to ensure stability and continuity of care, especially in externally commissioned care settings.
- 4. Make care planning decisions with a presumption that the young person will remain in that care setting to the age of 21.** This would apply to all children and young people, regardless of age at placement.
- 5. Ensure information on young people's rights and entitlements when being cared for in foster care, residential care and kinship**

- care is be freely available in various age and needs-appropriate formats.** This should clearly, and appropriately, cover continuing care into adulthood, focussing on relationships and emotional security.
- 6. Publish clear, practice-focused information and other materials for staff, carers and young people,** clearly explaining continuing care as the legal duty towards all eligible young people. This should clarify both practice and procedural issues to ensuring continuing care as the default provision for young people, and challenge perceptions around the expected age of leaving care.
 - 7. Clarify the role of Scottish Government and regulatory bodies in monitoring continuing care,** including commitments to improvement activity and thematic inspections.
- **Updated guidance should be re-drafted and re-issued as statutory guidance which:**
 - 1. Removes the possibility for a young person to forfeit their right to continuing care.** Young people should always have a right to return to their care setting up to the age of 18 as a minimum.
 - 2. Emphasises local authorities' duties** to make continuing care the default position for all eligible young people.
 - 3. Clarifies a presumption that any young person's placement continues to be suitable for continuing care.** Any assessment should only be to confirm that continuing the placement is not significantly detrimental to their welfare.
 - 4. Emphasises that the young person does not need to 'cease to be looked after' in order become eligible for continuing care.** Continuing care should be positioned as a seamless, natural progression rather than a beginning or end.
 - 5. Removes any requirement for young people to 'request' continuing care.**
 - 6. Focuses on the importance of early planning,** stability, emotional wellbeing and continuing relational connection into adulthood.
 - 7. Contains clear language and messaging,** removing any bureaucratic or procedural ambiguities and interpretive barriers.
 - **Practice:** The provision of all care should be improved to ensure it better reflects the values and implementation of continuing care.
 - 1. Foster carers' recruitment, assessment, registration, induction, and ongoing support should be based on the explicit presumption of carers providing continuing care through to 21.**
 - 2. Foster and residential registration and/or regulations should be amended** to remove any bureaucratic or procedural barriers to the implementation of continuing care and to align with the 2014 Act.

- 3. Continuing care should be explicitly addressed from the outset of any matching process.** Both local authority and external providers should plan for this, and it should be explicitly addressed in any commissioning process with independent providers. The provision of continuing care should not be contingent on foster carers moving from independent providers to local authority management.
 - 4. National fees and allowances for foster and formal kinship carers should be introduced** which reflect the true costs of caring for young people in transition to adulthood. There should be no arbitrary reduction in fees or allowances based on chronological or legislative triggers or thresholds.
 - 5. Residential care settings will provide continuing care for all eligible young people in their care.** Residential care providers will work proactively with the Care Inspectorate to address any real or perceived obstacles to registration and practice.
 - 6. Young people in continuing care should not be expected to pay for their own care placement.**
- **Future Research**
 - 1. Children and young people's views and experiences of Continuing Care.** It is important that the views of young people inform the ongoing development and implementation of continuing care to ensure it meets their needs and expectations.
 - 2. Impact of Continuing Care on outcomes for young people.** To develop a clear understanding of the impact of continuing care on outcomes for young people including, but not limited to: relationships; mental health and wellbeing; education; employment; and housing.

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CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

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