Supporting young people's experience of preparing to leave children's homes to live independently: Implications for leadership - a view from practice

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Abstract

This paper considers the value of shared leadership and co-production techniques when enabling young people to progress towards independence. Two examples are discussed to illustrate where this worked particularly well in bringing about developments in practice. The first relates to identifying goals for change for young people: My Steps to Success. The second focuses on the production of 'young people friendly' pathway plans. The paper concludes by thinking about some of the ways shared leadership can serve to improve the experiences of young people who are preparing to leave residential care to live independently.

Keywords

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Introduction

From practice and from research, a lot is known about the educative processes involved in helping to improve the experiences of children and young people living in children's homes, and particularly in the light of what this involves for supporting staff teams (Brown, Bullock, Hobson & Little, 1998; Whitaker, Archer & Hicks, 1998; Ward, 2007; Hicks, Gibbs, Weatherly & Byford, 2008). One area of practice which is arguably less focused upon is the transition from residential care to independent living, which brings with it new challenges and opportunities for young people beyond those of routine daily life. This short paper reflects on the value of shared leadership and co-production when enabling young people to progress towards independence. The paper is based on practice insight gained from a programme of work funded by the Department for Education in England, designed to support improvements in young people's experience of preparing to leave residential care to live independently. The paper briefly introduces the programme of work and goes on to discuss two areas where shared leadership functioned particularly

well when seeking to provide the best possible opportunities for young people who were going through this complicated stage of their lives. Finally, the paper considers the benefit of shared leadership in respect of enabling young people to prepare to leave residential care.

The LIFT Children's Homes project and its context

Initially known as 'Getting Ready', the project was renamed as LIFT (Learning Independence for Transition/Life In Full Transition) by young people in the early stages of its development. The LIFT programme of work arose from an awareness that leaving residential care often can be a fairly bleak experience. Young people living in residential care are more likely to have experienced complex difficulties, to have high levels of vulnerability and to make an early transition from care compared to those living in foster care (Stein, 2010). Those who leave early are less likely to be in education, training and employment (Department for Education, 2012). The Association of Directors of Children's Services (2013) acknowledged that intervening with adolescents is the area where the care system is least effective, and research indicates that many young people are dissatisfied with the support which they receive. They report shortfalls in planning and preparation for leaving care which leaves their needs unmet (Ofsted, 2012). Against this backdrop, the project was conceived to address the identified shortcomings in current practice and to improve skills in working with young people.

The project was based in the north-west of England, in an area with the highest concentration of young people living in residential care. Over a two year period, LIFT addressed three core aspects for young people: quality of care and pathway planning; preparation for independence; and support for education, training and employment. Work took place across six organisations, including local authority and independent sector providers, and consisted of an extensive programme of training and peer learning opportunities for staff, co-production workshops with staff and young people, individualised support for young people, and advice and information for staff. By the conclusion of the project over 500 professionals and over 60 young people had been engaged in these events. Evaluation was ongoing at all events and stages, and an independent evaluation reported part way through the project to enable development of the final stages of the programme, with a final overall evaluation report being presented at the end of the project.

Perhaps inevitably, some of the recruited sites experienced difficulties in engaging consistently with the project. The overall programme required time commitments in terms of attending events and workshops, and daily life within the participating homes was hectic and demanding. There were clearly factors which both enabled and prevented engagement. Prevailing concerns with the turbulence of everyday life and staff team stability consumed considerable energy for most participants. In terms of consistent engagement, much seemed to depend on those who took the lead in spotting opportunities for making use of the project to assist in achieving particular goals. For example, where difficulties had been identified already, the project presented a useful opportunity to permit focused attention taking place. This opportunism occurred from various vantage points within sites, by young people, keyworkers and staff teams and other professionals

occupying roles external to the homes, including external managers. The most profound energy surges occurred where similar goals were recognised across roles. The article now moves on to reflect on two examples of such 'turning points', where shared leadership was seen to enable major changes in practice to very useful effect.

Experiences of shared leadership and co-production approaches in direct work with young people: 'My Steps to Success'

Enabling young people and staff to engage with the practical steps involved in preparing for leaving care represented a particular form of challenge. There were many factors seen to be at play which made direct preparation a risky and potentially distressing business, not least in the awareness that this would introduce further uncertainty into already tumultuous lives. To some extent, the multi-agency training assisted staff to share and address the dilemmas associated with pressing-on with this fairly daunting proposition. For young people, moving beyond the present towards planning for the future represented much more than learning new tasks, since it brought to light the prospect of leaving the supported environment of their children's home and moving on to a very different, independent life. Introducing the aims of the project to young people therefore required sensitivity, recognition of individual needs and appropriate pace.

In the initial stages, the project employed incentivisation in the form of gift vouchers to say 'thank you' for participating in workshops, as did some of the children's homes. This motivator, however, was not sufficient to bring about wholesale or continued engagement, since sustaining participation was dependent on seeing that there was something worthwhile – and interesting – taking place. Validation by means of involvement and attention from keyworkers, managers of homes and senior staff within the organisation served to legitimise and encourage participation. In this sense, leadership in respect of this work – in terms of setting the direction of travel – was shared across different levels of functioning. Importantly, the co-production workshops produced 'plans for change' in respect of leaving care preparation and support, and when changes started to be brought about, actually seeing this happen served to boost participation and to sustain it. Essential here was bringing about a collaborative approach to creating an environment over time where young people felt comfortable and free to choose their focus and way of participating, and where residential staff shared in enabling this.

One aspect which emerged from the co-production sessions was the need for a supported way to identify goals, to plan the steps towards achieving these and to monitor progress. During the sessions a tool was developed collaboratively to identify career aspirations. This took account of a young person's starting point, by identifying current strengths and assets, as well as areas for development. Young people worked with carers and project staff to identify the realistic actions and achievements needed, along with the corresponding resources and support required, for example, the building blocks provided by staff, or support from other young people or identified personnel. The resulting tool was visual in nature and came to be known as *My Steps to Success*. By adapting the tool, it was possible to make use of it in relation to setting a wide range of goals, including life skills such as cooking and leisure interests. The inevitable collaboration involved in developing steps in this way enabled staff to plan for supporting young people to aspire

towards realistic achievements, and sometimes to develop sequential sets of plans towards a bigger overall goal. Participants saw this as an informal means of planning and preparing which was separate from a pathway plan but related to it. *My Steps to Success* formed a useful record of direct work with, and completed by, young people. In particular, the tool enabled young people to see the building blocks towards becoming responsible for achievement in different aspects of their lives, and to understand how to be safe, to develop and to achieve.

This example illustrates the powerful potential of co-production, where energies were combined to devise a workable tool with potential for widespread adoption. This form of ongoing collaboration required motivation, the identification of shared goals, comprehensive participation and a level of working consensus. These are all aspects of shared leadership, where influence is less about role or rank than it is about aspirations and goals and ways of achieving these. Much has been written about the term 'shared' or 'collaborative' or 'distributed' leadership and it is not the intention of this article to examine the literature about this, rather a single quotation is offered here to encapsulate dimensions of the concept as it relates to the processes of the project:

> Shared leadership is facilitated by an overall team environment that consists of three dimensions: shared purpose, social support, and voice (Carson, Tesluk & Marrone, 2007, p. 1222).

The following example highlights the ways in which these dimensions hold potential to be applied.

Experiences of shared leadership when changing approaches to Pathway Planning

One prominent change to practice during the course of the project was in respect of attitudes, knowledge and approaches towards pathway planning. As will be seen, the central driver for this was a foundation of shared awareness: 'buy-in from all'. This was enabled by a combination of co-production workshops, joint training and authority and active engagement from senior management within organisations. In this sense, shared or collaborative leadership was seen to be an essential component in effecting change within organisations.

All of the children's homes which signed up to the project were keen to develop their approach to preparation for leaving care, with the general recognition that there was room for improvement in young people's experiences. The voluntary but formal agreement which initiated the project required sites to commit to participation. This represented high level management support for the project and 'permission to engage', and thereby 'top-down leadership' and ownership. This level of hierarchical leadership commitment was essential to establishing the project; all activities beyond this were dependent on more comprehensive and voluntary participation and direction coming from the 'bottom up'. In this sense, the shared leadership developed here was comprehensive.

The training offered in relation to pathway planning, preparation for independence, and education was geared towards involving staff at various levels of functioning and from a range of roles. These included residential staff, internal managers, external and service managers, personal advisors, housing officers, independent reviewing officers, social workers, leaving care managers, supported accommodation workers and managers, and higher education student support officers. Training thus presented an opportunity for different teams, or staff performing different roles, to explore their roles, areas of overlap, drift, duplication and conflict. Using a participatory approach to training meant that different role perspectives were heard throughout the sessions and the vision to change areas of own practice where improvement was merited was conceptualised from a shared base. By the second year of the project, as part of the training sessions it became possible to move beyond the initially included voices of young people from previous research towards integrating, in a cumulative fashion, those of participating young people. These were brought forward from the workshops and individual sessions, sometimes with direct participation. Additionally, colleagues from project sites took part in training during year two of the project as guest presenters. The training sessions themselves were shaped by the comments and action plans created by young people and professionals in workshops. Staff found this to be very influential; importantly, it served to motivate them to collaborate in making changes. Sharing these experiences was instrumental to establishing commitment to goals for change.

Through this dynamic approach to developing understanding it became clear that there was an urgent need for pathway plans to be 'young people friendly'. Plans were thought to be too long, too wordy and not always up-to-date or sufficiently related to individual young people. Professionals from care leavers' teams and residential care attended further training to develop knowledge and gain ideas around best practice and compliance, which was then used to feed into ideas about how to change the documents and the process. Furthermore, local authority sites were directed to the National Leaving Care Benchmarking Forum to gather examples of good practice. A new format for a pathway plan was created in consultation with young people. It included a two page summary and each section was designed to ensure that young people's opinions were the starting point to planning each dimension of need. Feedback from young people about the new forms was very positive, but the process of operationalisation was thought to be quite long and slow, with information and computer technology (ICT) issues often cited as the main reason. At the time of writing, at least 10 local authorities are now re-designing their pathway plans utilising learning from the project.

This exciting and important sea change in practice was brought about by the 'buy-in from all' mentioned earlier. This was dependent upon a robust use of training opportunities, resources and forums and most importantly, from concerted, shared leadership. What seemed to make a difference to levels of achievement was collaboration between participants in dedicating time subsequent to organised events, in order to consider the relevance of the sessions and to plan actions which fitted with their own circumstances. The three dimensions of shared purpose, social support and voice were clearly evident and were fundamental to the changes which occurred.

Concluding thoughts: the value of shared leadership in respect of enabling young people to prepare for leaving residential care

Around the UK, legislative and policy changes being brought about (such as the Children and Families Act 2014 and the recent *Staying Put* arrangements in England) indicate a positive direction of travel for supporting young people living in foster care. While this progress is very welcome, for those living in residential care, such developments remain limited in respect of supporting their transition and offering a sense of stability in relation to that support. This argues for an urgent need to improve 'leaving residential care' support. While residential staff are aware of the need to support transition, many lack the skills and experience base – or position within organisations – to co-ordinate multi-agency working. This needs to occur at the same time as working directly with young people to assist their preparation for independence. Working single-handedly is unlikely to achieve the many tasks required.

The LIFT project worked with residential staff as well as the broad range of professionals involved in providing leaving care support. The project aimed to empower staff and to increase recognition of the need to engage functional networks in order to work comprehensively and effectively with and on behalf of young people, for example, in areas such as pathway and career planning. In working collaboratively and sharing in goal-setting, participants from various roles developed a powerful way of working underpinned by the recognition that responsibility, communication and action needed to be shared in order to bring about change. In consequence, residential staff were better placed to ensure that placement records and plans were reflective of and complementary to pathway plans. In particular, this level of collaboration reinforced the confidence of residential staff, enabled cross-organisational transmission of knowledge about the needs and rights of young people, and developed more active exchanges between professionals external to residential units and staff within them.

Staff found that forums, online resources and peer learning events were essential facilitators of enabling a shared direction to be established within their organisations. Aside from LIFT, such events seemed less generally available for residential provisions than for other branches of children's services, such as leaving care teams. A fundamental aspect of the project was its approach to co-production, where young people were involved in identifying goals, and exploring and developing these, as well as promoting solutions to obstacles. The benefits of this approach were mutually reinforcing insofar as young people reaped positive experiences in terms of developing self-efficacy and self-confidence, and in turn motivation and inspiration were stimulated for residential workers and associated professionals. In this way, co-production, collaboration and shared leadership had a synergistic effect – the sum was indeed greater than the parts.

In concluding this short reflection on practice, it seems helpful to draw attention to the conditions needed to promote shared leadership which are noted by Doyle and Smith (2007). The authors cite Gastil's work from 1997, in order to highlight the importance of the following factors:

- Ownership. Problems and issues need to become a responsibility of all with proper chances for people to share and participate.

- Learning. An emphasis on learning and development is necessary so that people can share, understand and contribute to what's going on.

- Sharing. Open, respectful and informed conversation is central.

(Doyle & Smith, 2007, p. 19)

Throughout the LIFT project there were many examples of the benefits of the shared leadership approach described above. Where this worked particularly well, it was seen to promote positive changes in practice, in opportunities developed with and by young people, and in local policies. Developing and sustaining this collaborative spirit by means of co-production techniques seems to offer a positive step forward in improving the experiences of young people leaving residential care.

Endnotes

Nat O'Brien is the Senior Project Co-ordinator at Catch22. Nat was responsible for the planning and delivery of a range of workshops and training events for young people and professionals across the North West of England, designed to improve young people's experiences of leaving care. Prior to joining Catch22, Nat was the Operations Manager of a carers' campaigning charity in Manchester with a lead around personalisation and young carers. Nat worked as an Accredited Support Broker for Manchester's Adult Social Care Team and with Manchester NHS. He worked for several years as a Senior Residential Social Care Worker in children's homes in the North West of England.

Acknowledgements

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