

# Staying Put & Continuing Care: The Implementation Challenge

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## **Abstract**

The article is based on a qualitative study of residential child care practitioners' views and perspectives of the blocks and enablers to the implementation of staying put and continuing care practice with three Scottish local authorities. This small-scale qualitative study involved semi-structured interviews with nine residential practitioners, working in five children's homes across three Scottish local authorities. Key findings highlight issues around learning and development opportunities for practitioners; the importance of managers and leaders in creating enabling contexts for practice; the challenges of resource pressures and limited capacity in the sector; and key issues around established culture and practice. What emerged was a consistent narrative of a complex, contradictory, nuanced context within which residential child care practitioners operate. The paper discusses these findings within the current context of challenges to implementing child care policy and the need to establish 'a new norm' for looked after young people transitioning from residential care settings.

## **Keywords**

Staying Put, continuing care, residential child care, care leavers, throughcare, improving outcomes

## **Article history**

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## Introduction

Compared to the general population, outcomes for young people leaving care remain disproportionately poor across a range of measures (Stein, 2012). The National Study on Throughcare & Aftercare Provision in Scotland local authorities (McGhee, Lerpiniere, Welch, Graham and Harkin, 2014) highlighted the issue of young people leaving care at too young an age, unprepared and all too often lacking the appropriate levels of support. The report also found overwhelming support from throughcare and aftercare staff for positively delaying the age at which young people move on from care. The culture and practice of young people leaving care too early, with negative consequences is well documented (SCCYP, 2008), whilst the benefits of positively delaying transitions for young people are well established (Wade, 1997; Wade and Dixon, 2006; Broad, 2007; SCCYP, 2008; Stein, 2012). Indeed, research suggests that the single most important factor associated with better outcomes, is the age at which young people leave care (Wade, 1997; Broad, 2007).

Informed by existing pockets of good practice, recent changes in policy and legislation have created the opportunity to change the landscape for care in Scotland by 'encouraging, enabling and empowering' looked after young people to remain in positive care placements longer (Scottish Government, 2013, p.13). The Staying Put Scotland Guidance (Scottish Government, 2013) and Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014 offer the philosophical and legislative parameters for this national aspiration. However, merely publishing guidance and passing legislation is unlikely to be sufficient to bring about the desired practice changes. Delivering improvements in child care practice requires changes within systems that are both complex and fluid (Taylor, McNicholas, Nicolay, Darzi, Bell and Reed, 2013). There are no simple 'magic solutions' or 'silver bullets' (Walshe and Freeman, 2002; Walshe, 2007; Taylor et al., 2013). It is the local implementation of policy that underpins and informs how well national aspirations are embedded into practice (Berman 1978; Van Dyke, 2014). There are numerous policy and legislative changes that have been only implemented in part, resulting in delivery that is piecemeal, inconsistent or ad hoc, and representing positive intentions afflicted by what could be described as a collective implementation deficit disorder.

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.

Children and young people have a basic need for belonging and connection, for 'felt' security (Cashmore and Paxman, 2006) and a basic need to be claimed (NICE, 2015). This is especially true for children in care if and when a return home to their family has been discounted:

For those children and young people who remain in long-term care creating a sense of belonging and emotional security is vital to their health and wellbeing (NICE, 2015, 3.1).

Whilst the age of adulthood in many countries is 18, in Scotland it is more complicated, with 16 years being a key age for some child-to-adult transitions — for example the minimum school leaving age, the ability to marry without parental consent — and this is culturally established as the trigger-age for leaving care (SCCYP, 2008). Simplistic chronological triggers and age thresholds that drive the bureaucratic transitioning of young people from state care are incongruous with the stated aims of policy and the spirit of the new legislation. They do not align with research evidence, practitioner wisdom and the voices and experience of young people.

### **Looked after young people and leaving care in Scotland**

Given what we know about best practice, and our stated ambitions, the journey towards improving outcomes, remains glacially slow (Scottish Government, 2013; CELCIS, 2013). This is despite the publication of significant research evidence into 'what works', copious guidance, inspection regimes, and care standards, and the passing of legislation conferring statutory duties and enabling powers on key agencies. Regardless of individual success stories and good practice exemplars, provision and practice across Scotland's 32 Local Authorities remains inconsistent (Dixon and Stein, 2002, 2005; Scottish Government, 2013; McGhee et al, 2014).

The average age of leaving care in Scotland is around 17 years of age (SCCYP, 2008; Duncalf, Hill and McGhee, 2013; Scottish Government, 2013). Echoing the findings of *Still a Bairn* (Dixon and Stein, 2002) and other research evidence (Wade, 1997; Wade and Dixon, 2005; Broad, 2007) the Sweet 16 Report (SCCYP, 2008) highlighted the issue of young people leaving care at too early an age. It identified a strong cultural norm that exists in relation to expectations of when young people leave care:

Time and again, young people and workers told us about a strong culture that assumed 16 was the age at which young people should leave care (SCCYP, 2008, p. 9).

This issue is not confined to Scotland, being recognised both across the United Kingdom and internationally (Mendes and Moslehuddin 2006; Stein 2006). More recently, in England, the specific vulnerability of children and young people living in residential children's homes was highlighted and called for Staying Put to apply across all care settings (House of Commons, 2014). Children and young people placed in residential care are some of the most vulnerable in the looked after population (House of Commons, 2014; NICE, 2015). As such, stability of placement and quality of care planning are as critical (NICE, 2015), arguably more so, for children and young people in residential care as they are to those in foster care.

Despite caring for a smaller percentage of the looked after population (Scottish Government, 2015a), the status and design of residential group care creates particular challenges for the implementation of Staying Put. It is too often maligned and considered a care destination of 'last resort' for our most vulnerable young people (Skinner, 1992; Corby, Doig and Roberts, 2001; Kendrick, Milligan and Avan, 2005; Smith, 2009).

In Scotland, the publication of the Staying Put Scotland Guidance (2013) and the passing of the Children and Young People (Scotland) Act, 2014, reflect heightened government recognition of issues effecting care leavers. The Staying Put Scotland Guidance states that (regardless of placement type) looked after young people should be: 'encouraged, enabled and empowered to stay in positive care placements until they are ready to move on' (Scottish Government, 2013, p. 13).

Part 11 of the Act gives looked after young people and care leavers new entitlements to 'continuing care', up to age 21, effectively legislating for the principles and philosophy set out in the Staying Put Scotland Guidance.

'Continuing Care' is a new legal term established by the 2014 Act, and refers to a local authority's duty to provide:

young people...whose final 'looked after' placement was in foster, kinship or residential care with the same accommodation and other assistance as was being provided by the local authority, immediately before the young person ceased to be looked after (Scottish Government, 2015b).

The spirit of the policy and legislation is to ensure that, for the young person, the day-to-day experience is the same. The clear intention is that a young person's care should be based on their developmental stage and individual needs, rather than bureaucratic constructs. If fully implemented and combined with the new provisions under Part 10 (Aftercare), these changes have the potential to transform the landscape for looked after young people and care leavers in Scotland. However, issues raised during the consultation phase of both the Staying Put Scotland Guidance and the Children and Young People

(Scotland) Act 2014 highlighted concerns regarding sector capacity and readiness (CELCIS, 2013). These concerns, combined with persistent cultural assumptions around leaving care (Dixon and Stein, 2005; SCCYP, 2008; McGhee et al., 2014), highlight the complexities that underpin consistent and effective implementation (Pronovost, 2011; Burke, Morris and McGarrigle, 2012).

Recent research in Scotland highlighted overwhelming support for the concept and practice of staying put, particularly amongst key groups of front-line practitioners and managers (McGhee et al, 2014). However, this view was often tempered with a note of caution, and reports that some managers were already questioning requests for placements to be maintained. Culture and practice, combined with pressing financial challenges make the path to full and equitable implementation of this policy challenging. Without a considered and coherent implementation strategy, it is unlikely that the full benefits will be achieved (Berman, 1978; Wiggins, Austerberry and Ward (2010); Parenting Research Centre, 2013).

Whilst there is a significant body of research literature and evidence to support the principles and practice of staying put and the potential benefits this holds for looked after young people this relates more specifically to the context of foster care in England (Munro, E., Lushey, C., NCAS, Maskell-Graham, D. and Ward, H., 2012). There is a paucity of literature that addresses the specific challenges of residential care, and none which looks at this within Scotland. The main aim of the study was to capture the views of residential child care practitioners, given their unique position both in relation to caring for young people on a daily basis and to being key players in the successful implementation of policy into daily practice.

## **Research methodology**

This small-scale research study employed semi-structured individual interviews (Moriarty, 2011) to gathering data that were qualitatively analysed using a thematic approach (Thomas and Harden, 2007). Nine residential practitioners were interviewed from five children's homes from three local authority areas. The methodology offered scope to ask additional questions, and allowed participants to share other relevant information on issues not previously considered or anticipated (Moriarty, 2011). As such, this promoted a focus on the reasons and context of young people staying put, rather than the numbers that do or do not (Hancock, Ockleford and Windridge, 2007; Green and Thorogood, 2014).

The issue of power and ethics runs throughout any research project (Moriarty, 2011) and whilst not aiming to explore intrinsically personal matters, this research did have the potential to highlight issues relating to individual practice. As all research has potential consequences of some description (Dickson-Swift,

James and Liamputtong, 2008), it may have given rise to feelings of being judged or scrutinised, inasmuch as participants may have felt exposed in their practice. For example, they may have considered that difficulties with implementation were less to do with external factors or managerial interventions, and more to do with how their own practice contributed to the culture and practice of staying put. Anonymising data helped to ensure that participant's responses could not be linked back to them (Stuart and Barnes, 2005) or their agency directly.

Prior to undertaking this fieldwork, ethical approval was gained from the University Ethics Committee and was deemed to meet the standards required for research involving people (University of Strathclyde, 2013).

## Findings

The study found a consistent narrative of a complex, contradictory, nuanced context within which residential child care practitioners operate. The key findings correlate strongly with the issues raised in earlier literature. These are presented as five main inter-related themes: learning and development; leadership and management; culture and practice; resources and finance; and relationships and young people.

## Learning and development

'Imagine how good we'd be if we'd had all the knowledge' (participant).

A key finding relates simply to workers' knowledge and awareness of policy and legislation. Very few participants could state with confidence or clarity what staying put or continuing care policy and practice entailed in detail:

There's been no training on it or discussion, or literature...it's something we've had to seek ourselves (participant).

Although published and distributed to all local authorities in October 2013, only one participant confirmed that they had read the Staying Put Scotland Guidance prior to the interviews being conducted in November 2015:

I've probably seen the document but not sat down to go over it and read it to be honest (participant).

Another added:

I have like a layperson's working knowledge of it (participant).

Training courses, on their own, no matter how well done, will have a limited impact on informing and influencing change and supporting implementation (Fixen, Naoom, Blase, Friedman and Wallace, 2005; Parenting Research Centre, 2013). However, ensuring access to the necessary information and knowledge is essential to promoting and implementing changes in practice and systems (Blase, 2009). Despite the lack of formal input, most participants spoke enthusiastically of examples of staying put practice in their homes and how, despite foreseeing challenges, they welcomed the potential changes. They spoke, with some degree of frustration, of implementing these changes in spite of, rather than because of, the 'system'. Whilst recognising the importance of policy and legislative knowledge, they also spoke with real enthusiasm about what knowledge and understanding they regarded as core to making these changes work:

I would love someone to come in and talk about love and attachment and trauma (participant).

The lack of coordinated development opportunities for the staff team with key colleagues was regarded as a major block to successful implementation. This raised questions around:

- How staff can implement a policy consistently and effectively if they have had limited development opportunities and;
- Whose responsibility is it for ensuring that front line practitioners have these opportunities?

## **Leadership and management**

The themes of learning, development, culture and practice are interwoven with a theme related to role and influence of leaders and managers. Leaders lead through creativity and innovation; by providing and sharing a vision and by enabling others to see that things can be different; and by inspiring, motivating and empowering others to act (SSSC, 2011). There needs to be clarity about the task expected of residential children's homes (Ward, 2009).

Current practice is predicated on the notion that young people will leave care between 16 and 18 years, yet the guidance talks of creating a new norm (Scottish Government, 2013). The implementation of Staying Put challenges the old norm by creating a care environment for young people to stay longer, well beyond the current average age of leaving care (Ward, 2009; Macleod, 2010).

Yet it is clear that locally the old norm has not yet been challenged just as a new norm has not been championed. Concerns raised by practitioners in the study were often interlaced with anxieties around a lack of a consistency and clarity from managers, often within the same authority:

Because we've never been briefed by management it's hard to know their opinion (participant).

This lack of clear messaging created a more complex anxiety, and combined with the lack of training, fed a lack of confidence, and a concern about being exposed if things 'go wrong':

cos we have to be aware of legislation because there's always the risk if we do something wrong the first thing they ask is 'did you not read the new law' or whatever (participant).

The role of managers in providing a containing function for staff anxieties is well documented (Lyth, 1988; Steckley, 2010). A key function of the manager is in managing staff anxieties and this is particularly important when working within the often highly charged and emotionally challenging milieu of residential child care (Macleod, 2010). Uncertainty over the boundaries of their role was a concern for most participants:

I wouldn't say we were discouraged, but wouldn't say we were encouraged (participant).

This lack of affirmative direction from some managers had an alternative, more loaded meaning for another participant:

We need more knowledge, more training, and a kinda safety net... just in case... [they]...get a bit of heat from management, going against the grain (participant).

The sense of unease which some participants alluded to, chimes clearly with what can be described as a 'blame and enquiry culture' (Jones, 2009), and practitioner disempowerment resulting from the culture of managerialism that has impacted on public services (Pollitt, 1993; Smith 2009). Frontline practitioners may be unable to practice creatively and with confidence (Meagher and Parton, 2004) if doing so challenges the prevailing bureaucratic narrative (Kitchener, Kirkpatrick and Whipp, 2000), particularly in respect of day-to-day practice (Coulshed and Mullender, 2001).

## **Resources and finance**

Life doesn't stop just because the council's skint ... that's no use to our kids (participant).

It is hard to avoid the 'elephant in the room' that is the troubling issue of finances and resources. Implementing public policy at any time is challenging. To do so against the backdrop of severe cuts to public spending amplifies that challenge, perhaps beyond measure. Whilst participants spoke of anxieties regarding capacity within homes, and 'having to do more with less', they also



spoke of being 'protected' to a degree, from the financial and budget pressures that their managers had to contend with.

The development of staying put practice has been described as the most significant reform for children in care for a generation (Cumberland, 2014). Yet the introduction of this policy intention at a time of austerity creates critical challenges for local authorities. Quite simply, if young people stay put, then they occupy placements that require ongoing resourcing. The financial costs of implementing Staying Put have consistently been raised as a barrier for local authorities facing significant cuts in their budgets, and a problem for children's services on whom the financial burden is generally assumed to fall (Kerr, 2014; Sweetman, 2015). This is especially true in relation to the way in which corporate budgets can be set at a local level, and the often short-term thinking that abounds in financially straitened times (Pemberton, 2013; Buckley and Lea, 2015; Fayle, 2015). However, the longer-term costs of 'poor' care can be considerably more than 'good' care, which by its definition incorporates staying put practice. With outcomes for care leavers being poorer than their non-looked after peers, and outcomes for young people who move on from care settings at a younger age being poorer still, there are significant long-term financial implications for the public purse (Hannon, Wood and Bazalgette, 2010; Action for Children, 2013; National Children's Bureau et al., 2014).

Short-term pressures on budgets create challenges for local managers and decision makers. This, however, cannot absolve local authorities, and other corporate parents, of their legal and ethical responsibilities towards looked after young people and care leavers:

revenue decrease of economic downturn does not exempt local authorities from fulfilling their statutory duties to deliver and monitor policies to children and young people (O'Connor, Kinlen, Horgan, McCord and Keenaghan, 2012, p. 27).

With, on one hand, limited (or no) encouragement to implement Staying Put and on the other, anxiety about the implications of doing so, front line workers were expected to practice in a complex and potentially conflicting context. Participants presented budget pressures as an ever-present backdrop that everyone found unsettling:

we have regular updates from our Chief Exec regarding our budget situation and money.... its cash before care and that's the case (participant).

There was also the frustration that, whilst being overwhelmingly welcomed, the Staying Put approach was ill thought out in terms of implementation:

so again its going in half-cocked...it beggars belief...we're the people who have to deal with that...the legislation is good but how it's being done and not finished is a farce (participant).

When policies are poorly implemented, there is a tendency to query the validity of the policy itself, rather than examining whether the flaw lies in its implementation (Durlak, 2013). To question Staying Put as a policy intention because implementation is challenging would be to ignore the evidence and should be regarded as a failure towards our looked after young people.

## **Culture and practice**

Every system is perfectly designed to get the results it gets.  
(attributed to Dr Paul Batalden)

Established culture and practice are just that – 'established'. Currently a powerful norm prevails that accepts, and expects, young people to move on from care at an age that evidence suggest is too young, and in ways that are considered too abrupt. The Sweet 16 reports (SCCYP, 2008; SCCYP, 2009) highlighted the cultural expectation around how both the 'system' and young people themselves continued to regard reaching 16 as the appropriate trigger for moving on. If young people are presented with an unclear future, the 'Can I stay? Will I go?' uncertainty, they may then elect to take some control and leave early, to 'reject before you're rejected' (Stein, 2005; SCCYP, 2008). However, if young people had a sense of predictability about their future, and a degree of certainty based on connection and belonging, and a clear understanding of their rights, this may serve to counter the 'jump or be pushed' dilemma:

it's about having that open, honest culture where we can talk it through  
(participant).

Often the most traumatised, complex young people 'choose' to leave care because of the 'I'm 16' culture and are enabled to do so by workers and Children's Hearings on the grounds of their 'non-engagement' (McGhee et al., 2014). 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; Stein, 2012; Coyle and Pinkerton, 2012; Ward 2014). Thus, there is a need to create an effective team environment where psychological safety or emotional containment for staff (Lyth, 1988; Smith, 2009; Steckley, 2010; Barrett, 2012; Ward 2014) is supported through the development of supportive organisational norms (Murray and Millett, 2012). For some people, the emotional content of the work of residential child care can at times be overwhelming, and committing emotionally to a healing therapeutic relationship can become an emotional risk for staff, particularly where there is uncertainty over their future (Steckley 2010).

The complex and often conflicting array of issues, influences and expectations can impact heavily on the emotional timbre of the work. This can affect staff functioning and potentially the relationships they are able to form with the young people in their care:

‘I find that really challenging’ (participant).

These practitioners felt it important to know they were supported and encouraged to see beyond the technical and procedural care of children and were able to emotionally claim young people and commit to relationships. To achieve this, they needed to be confident that the ‘system’ was not going to move these young people on just because of their age. Participants regarded themselves as the champions of a new practice culture. However, to develop this, workers need clear leadership and direction, clarity around the primary task, and an open and supportive practice environment. Staying put guidance talks of young people being ‘encouraged, enabled and empowered’ (Scottish Government, 2013, p. 13); it is equally important that those who care for them are also encouraged, enabled, and empowered.

## **Young people and relationships**

The house is just a house, the big thing is the relationship...people you know and trust, they are the continuing care that you really need (participant).

All participants regarded relationship-based practice as the bedrock of good care, and a key enabler to young people staying longer. Despite the risks, what these workers wanted to offer was a tangible sense of connection and belonging, of felt security, with positive relationships as the intervention (Stein, 2012):

but here we have the best tool, we have some sort of relationship with them (participant).

A clear message for young people is very important, but this cannot be conveyed if workers are unclear of what they can say, or are allowed to say:

if that (young) person is hearing us harp on about how they should be doing more and maybe subconsciously we’re pushing them out the door and we’re telling them to ‘be an adult, be an adult’... so maybe they’re like that, ‘oh, I’ve got to go’ (participant).

Successfully navigating the often complex and contradictory signals, messages and motivations, and conveying genuine commitment requires skill, courage and insight:

Oh yes without a doubt, out of the six kids I've got, I know for a fact all six would stay as long as they could... they might give a bit of bravado saying I want out of here, blah de blah, but they would stay, I know they would...they feel safe here, it's their home (participant).

## **Conclusion & points for consideration**

Whilst the small-scale of the study mandates some caution in drawing any general conclusions from the findings and applying these to the whole sector, ongoing challenges would suggest at best, limited progress.

Since the publication of the Guidance and the passing of the Children and Young People (Scotland) 2014 Act, there is little evidence to suggest that there has been a wholesale shift in practice or culture. Ongoing national debate, not least with the calls for 'love' to be at the heart of the care system (Beveridge, 2016) have continued to maintain a focus on the need to improve the care experience for our looked after young people. The announcement of a 'root and branch care review' by the First Minister (Rhodes, 2016) is cautiously welcomed, coming with much promise but little detail. Given that we already have many of the component parts, such as copious research evidence for 'what works'; progressive, enabling legislation and policy; and a rich seam of practice wisdom, what are the missing ingredients – what is the implementation Achilles heel?

Findings from this study align with consistent messages from research, and suggest several key, but not exclusive factors, including:

1. **Workforce Development:** Effective implementation requires extensive and sustained development of workforce and integrated systems and organisations that support practice and the staff involved (O'Connor et al, 2012)
2. **Monitoring and accountability:** Without effective planning and monitoring, there are many opportunities for various actors to re-interpret, deviate from, or subvert the original intentions (Tronto, 2010; Pronovost, 2011; Radboud University, 2015).
3. **Long term financial commitment:** Embedding new ways of working, changing culture and practice generally requires long-term commitment and financial investment (Fixsen, Blase, Naoom and Wallace 2009; Weisz et al, 2013, in Wiggins, Austerberry and Ward, 2012).
4. **Leadership:** senior managers are required to ensure commitment and the availability of adequate resources. Notwithstanding the financial challenges that abound, positive leadership is crucial to addressing blocks, obstacles and setbacks (Wiggins et al, 2012).

The vacuum left by the lack of a coordinated implementation plan, adequate resources, clear guidance and effective monitoring and accountability allows local authorities to interpret and apply policy and legislation in a way which leads to continued variation and inconsistency in local provision. Arguably, it is not that there is a lack of knowledge as to what constitutes good residential child care, or what needs to be done to improve matters. From the perspective of workers, implementing Staying Put policy and Continuing Care legislation fully and consistently appears linked more to political will, and the commitment of managers and decisions-makers to implement the changes that are required. The demonstration of commitment, and the message of optimism and hope offered by the practitioners interviewed in this study must be also be matched by the actions of others if we are to turn the rhetoric into reality.

### About the author

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