Leaving Care in Scotland: The Residential Experience

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Introduction

Each year over a thousand young people aged sixteen and over leave care in Scotland. What does leaving care mean for these young people and what happens to them in the early stages of post-care living? What has helped them to prepare for leaving care and how best can they be supported to achieve positive outcomes as they continue their transition to independent living? These questions formed the basis of a recent survey of young people who had moved on from the care of three Scottish local authorities (Dixon and Stein, 2002a; 2002b)

This paper presents a brief overview of the main issues arising from the survey. It will particularly draw on the views and experiences of a group of young people who left residential care to provide an indication of what happens to young people within the first year of post-care living. It will consider their experience alongside that of those moving on from other care placements and will situate them within the wider context of throughcare and aftercare for care leavers in Scotland. In doing so it will highlight some of the issues facing care leavers and will carry relevance for those involved in caring for and developing services for looked after and previously looked after children and young people.

The research

The study, which took place between 2000 and 2001, looked at the ways in which local authorities were meeting their responsibilities under the Children (Scotland) Act 1995 and involved three stages:

- A national policy survey of all Scottish local authorities to explore the delivery of throughcare and aftercare services.

- A survey of 107 care leavers from three local authorities to explore their transition from care to aftercare. On average, this took place six months after the young people left care.

- A follow-up survey of 61 young people exploring intervention and outcomes. On average, this took place eleven months after the young people left care.

Information was gathered from young people, their specialist leaving care worker or social worker and throughcare managers through a combination of postal and administered questionnaires and interviews.

It is important to emphasise that most young people taking part in the survey had varied experiences of care. Many had experienced a range of placement types, including foster care, home supervision, kinship care, secure units, residential schools and children's homes. The mixed care backgrounds of these young people make it difficult to isolate completely the residential experience; therefore we have avoided any strong statistical inference. It is possible, however, within the data to show the patterning of their specific experience against the context of the general experience of young people taking part in the study.

Who took part in the study?

Most young people entered the study within six months of moving on from care at an average age of sixteen. Gender was evenly split and 99 per cent described their ethnic background as white, the remaining one per cent were of mixed heritage.

Information gathered from support workers indicated that around a third of young people in the survey had experienced a residential placement during their last care episode. An analysis of the final care placement prior to leaving care showed that 29 per cent had left from foster care, 32 per cent had been looked after on a home supervision requirement, and 9 per cent were looked after by other relatives. Almost a quarter of young people had left care from residential placements: children's homes (10 per cent); residential school (11 per cent); and secure units (1 per cent). Almost two-thirds of the young people who had left care from a residential placement took part in the follow-up survey.

Introducing the young people leaving care from a residential placement

This section looks at the characteristics of young people leaving care from a residential placement in relation to the wider survey group.

In keeping with the national picture (Scottish Executive, 2002), more males than females left care from residential placements (56 per cent as against 44 per cent), whereas the reverse was true for those leaving other placements. Proportionally, those leaving residential care were also more likely to be young parents at the point of entering the study (13 per cent compared to 8 per cent

of other placement groups) and were twice as likely to be pregnant or have a partner who was pregnant (7 per cent, compared to 3 per cent).

Early parenthood amongst care leavers has been well documented in previous research (Corlyon and McGuire, 1997). In our survey, 9 per cent of all young men were parents and 16 per cent of young women had a child or were pregnant by the age of seventeen. This compares to 7 per cent of all Scottish young women in the 16–19 age group who experience pregnancy (NHS Scotland, 2000).

Health issues also appeared to be more prevalent for those who left from residential care, with over twice as many (21 per cent) reporting a physical heath problem. They were also more likely to be described by their support worker as having mental health issues (7 per cent compared to 4 per cent of other care placements) and emotional and behavioural difficulties (53 per cent compared to 38 per cent). Twice as many had a record of needs.

Previous research highlights the greater vulnerability to mental health issues and emotional and behavioural difficulties of young people who have been looked after (Koprowska and Stein, 2000; Saunders and Broad, 1997). McCann et al. (1996), for example, found that 57 per cent of those in foster care and 98 per cent of those in residential care had some form of psychiatric disorder.

The care experience

For young people leaving residential care the care experience was mixed both within and across individual accounts. When asked about the good aspects of care, they talked about social and material advantages such as having holidays or day trips out and having money for new clothes or following hobbies. More commonly they talked about having company and comfort, feeling safe and having someone to talk to who understood or who had similar experiences:

> *The good things were a bit of security with staff there all the time and I could relate to the other young persons in the unit.* (Susan)

> *People who look after you, make you feel loved and wanted.* (Gill)

Amongst some of the negative aspects of being looked after away from home were a lack of privacy and feelings of being restricted by 'rules and regulations'. Feeling cut off from family and friends was particularly evident:

> *The most bad thing about being in care was being so far away from home and not being able to see your friends and family when you wanted.* (Rona)

> *Even if it [care] was the best place I would still have hated it because it was not home.* (Brian)

Sharon, who had moved five times, summed up her experience of care in terms of the good and bad aspects:

> *You know you will be looked after if your own parents can't look after you properly. Leaving care and social work try to make sure you don't have a hard time of it [but] there's not a lot of choice about where you go and a lot of moving around. Children's homes can sometimes get overcrowded [and] people tend to discriminate against you when they find out you were in foster care.*

'Moving around' was a common experience for all young people in the study. The average number of placement moves during the last care episode (lasting three years on average) for those leaving residential care was three, with over a quarter experiencing four or more moves. Only 6 per cent had remained in the same placement. This was representative of the general picture, which showed that most young people in the survey had experienced unstable placements with a third having moved on four or more occasions and only 7 per cent having remained in the same placement throughout.

Previous research has highlighted the tendency for looked after young people to experience movement and disruption in their lives and has emphasised the importance of continuity and stability in providing a basis for positive life chances. Stability has been associated with improved outcomes in a range of life areas including education, career and relationship skills (Biehal et al., 1995; Jackson, 2002). Continuity and consistency of support are also important in identifying and meeting educational and health care needs at an early date.

Moving on from care

All young people leaving residential care had done so before their eighteenth birthday. Nearly two-thirds had begun the transition to independent living at sixteen.

There was little difference in the age of leaving care between the different placement groups, the average age being sixteen. Almost all young people in the survey (93 per cent) had moved on from care before turning eighteen, far sooner than their non-care peers who on average leave home in their early twenties (Heath, 1999).

Young people were asked whether they felt they had some choice in when they left care. Just under a third of those leaving from residential care (29 per cent) felt that they had not had a choice. This was slightly fewer than those from other placements. Reasons for leaving care were varied although common themes emerged. For example, age was significant for many.

Some felt that it signalled the right opportunity to take responsibility for their life:

> *I had been in care too long, it was time to move on… I had made all the progress I could make.* (Chloe)

Others felt that they had outgrown their care placement:

> *[I] was out of place, one of the oldest in the residential school.* (Stephen)

> *I was older than all the other residents and staff thought it was time for me to move on. I agreed because I was getting fed up with being in a home with younger kids.* (Ivan)

Some felt under pressure to leave:

> *I felt I was being pushed out.* (Lewis)

> *No choice - [supported] carers were allocated and I went to stay with them.* (Frank)

If the age of leaving care is to reflect normative transitions to adulthood, adequate resources to maintain young people in suitable supported placements are necessary. It also requires a change in culture and attitude amongst policy makers, social workers, carers and young people themselves, so that remaining in care past sixteen is viable and those who want to remain in their residential unit or foster home are able to do so comfortably in an age-appropriate manner until they feel ready to move on.

A further issue is preparedness for independent living. Most young people felt that they had received enough information and support with basic life skills: self-care, independent living skills and lifestyle issues such as safe sex and substance misuse. However, at the follow-up, half of those who left from residential care said they would have liked more information on budgeting skills and a third would have liked more support to help them cope with adult life. Again, this reflected the general experience.

Research suggests that the process of preparing for leaving care should be well planned (Stein and Wade, 2000). However, support workers reported that only half of those leaving residential care had received a planned throughcare programme. Young people from foster/kinship care and those looked after at home appeared even less likely to have received one (47 per cent and 16 per cent respectively). Reasons for not receiving a planned programme include an unplanned move, a programme not being available and being unable to engage the young person. Additionally, 60 per cent of the young people had not had

a formal leaving care review to help them plan their transition. Most of those who had, however, were from residential care.

Aftercare – what helped?

Most young people, whether they are living with their own families or looked after at home, in foster or residential care, experience some problems during their journey to adulthood. Care leavers share a lot in common with other young people, but research shows that they take on the responsibilities of adult life far sooner and in a much shorter timeframe than their non-care peers. In short, they have accelerated and compressed transitions to adulthood (Stein, 2002).

The aftercare experience of young people in the survey was addressed on two levels: outcomes and support.

Outcomes

Education, training and work

High levels of educational disruption and poor attainment were evident in the wider survey group. Of those leaving residential care, 95 per cent had experienced truancy and exclusion and half had been bullied. Only 27 per cent reported having any qualifications, the average number being three standard grades (compared to the national average of seven for all Scottish school leavers). Importantly, a quarter of leaving care/social workers were unaware of the educational attainment of the young person with whom they were working.

Unmet educational needs and regrets at missing out on schooling were highlighted by several young people in the study. Colin, who had attended residential school, commented:

> *My experience in classrooms wasn't good, people walking in and out, not taking it seriously. As a result I can't read and write very well and I feel bad about it. I didn't get the help I needed from teachers and care workers.*

The education of looked after young people is high on the Government agenda. Whilst it is important to take account of other influencing factors such as early childhood experience and disadvantage, it is important to consider the contribution of care in facilitating young people's educational progression. Evidence from this and previous research suggests that young people should be supported to reach their full potential through the provision of a stable, supportive and educationally encouraging environment, backed up by strategies

to address the causes of truancy and exclusion (Jackson, 2002). In the current survey, those young people who had achieved good educational outcomes tended to have been in long-term stable placements, had not experienced truancy or exclusion, and had continued to receive a consistent package of support.

Educational disadvantage casts a long shadow and at the point of entering the study most young people in the survey were unemployed. A quarter, however, were in education or training and one tenth were in paid work. For those leaving residential care, unemployment was an issue for 73 per cent and none were in paid work or education. However, they appeared to be three times more likely to be involved in training than those leaving other care placements (27 per cent and 9 per cent respectively).

Career outcomes were fairly constant over time and at the follow-up point half of those who left residential care remained unemployed and none was in paid work a year after leaving care. However, 29 per cent were in training and 7 per cent had entered education.

For those who had 'good career outcomes' (i.e. paid work, education or training) most had been assisted by professionals and/or family and social networks, to identify or finance opportunities. Again, most had been in long-term stable placements and were continuing to receive an integrated package of support. They were also more likely to have stable, supported post-care accommodation.

Accommodation

At the point of entering the study, the most common accommodation types for young people leaving residential care were hostels (33 per cent) and returning to live with parents (28 per cent). In comparison to those leaving foster care, they appeared less likely to be living in supported lodgings (26 per cent and 11 per cent respectively) and their own tenancy (25 per cent and 6 per cent respectively). However, by the six-month follow-up over a quarter (29 per cent) of those who left residential care had moved into their own tenancy.

The housing experience of the group showed that most young people had received assistance in finding accommodation and most (87 per cent) felt generally positive about their housing situation. Issues associated with adjustment, however, were common. Gill, who had returned home, found that:

[Mum] still treated me like I was a wee lassie.

And Deb, who had been living in her own tenancy, commented:

It's really difficult when you leave a [residential] school that's full of lassies and go and live by yourself. I still find it difficult. And coping with the bills, that I find difficult.

Problems of transitory and insecure housing were evident in the follow-up survey with 60 per cent of all young people having moved accommodation between one and four times during the year since leaving care. Those who left residential care moved an average of five times, with three quarters having moved at least once since leaving care.

Homelessness had also been an issue for almost 40 per cent of the whole group, although few had slept rough. Similarly, just over a third (35 per cent) of those who left residential care told us they were currently homeless or had been since leaving care. Homelessness mostly included staying with friends or family out of necessity or staying in a homeless hostel.

The fact that young people were assisted to find subsequent accommodation and were helped out of homelessness reflects the high priority given to the accommodation needs of care leavers. This appeared to be a key area of work for most support workers and most local authorities reported access to a range of housing options and most had in place formal agreements with housing departments and providers. Securing suitable accommodation for young people leaving care, however, requires careful planning and resourcing, and staff talked of the dilemma of matching young people's expectations and wishes with the options available, particularly when dealing with an unplanned move or crisis situation.

Support

Building effective support systems, both formal and informal, is an integral part of preparing for and assisting the transition to post-care living. The importance of a supportive social network was emphasised in both the views of young people and in the analysis, which showed that those who lacked a positive social network (friends, family) were more likely to have poorer well-being and self-esteem and cope less well with life skills.

Evidence from the study showed that maintaining family links had been encouraged whilst young people had been looked after, with the majority having some form of contact with immediate or extended family within 6–12 months of leaving care. Almost all of those leaving residential care (95 per cent) were in contact with family and two-thirds felt that they could turn to a family member if they needed help or were feeling unhappy.

Friends and partners were also frequently identified as a source of support,

although some young people commented on the loss of friendships after leaving care.

For those looked after away from home, loss of contact with ex-carers was also an issue, with only half having contact with ex-foster or residential carers at the point of entering the study. For some, this contact included infrequent face-to-face or phone contact only, although half of those leaving residential care still had monthly contact with a residential worker. Contact with ex-carers tended to fall away over time for all young people in the follow-up survey. For the residential group, only one-quarter still had contact with a residential worker a year on from leaving care.

Maintaining contact with ex-carers crosses the informal/formal support boundary and offers an important source of continuity. A third of local authorities identified strategies for facilitating ongoing contact such as subsidising visits, activities and overnight returns to ex-placements; and one authority told us that continued contact was facilitated by residential carers taking on outreach work. It was, however, acknowledged by young people and staff that workload and new responsibilities posed a barrier for ongoing contact and support. One throughcare manager commented:

> *Staff and carers are not disinterested but do have a recognisable new focus.*

Providing effective aftercare support relies on contact with support workers. However, at the point of entering the study, a third of all young people no longer had contact with a social worker or specialist leaving care worker. Analysis indicated an association between last care placement and whether a young person had continued contact with support workers. Those from residential care were more likely to be in contact with a social worker (65 per cent) or a leaving care worker (65 per cent) when compared to those from foster care (42 per cent, 62 per cent) and home supervision (12 per cent, 4 per cent). However, contact decreased over time for all young people and at the follow-up stage only half of the residential group still had contact with a leaving care worker and only 15 per cent had contact with a social worker. The survey also suggested that some young people were confused about who was working with them. Over a tenth were unsure whether they had a social worker or leaving care worker. Young people identified a range of people who had assisted after care, ranging from carers, family and friends to professionals such as social/leaving care workers, health professionals, housing workers and advocacy workers.

Analysis across a range of outcome areas consistently showed that the mediating factor between poor starting points and good outcomes for young people leaving care was the existence of reliable accessible support, whether formal or informal.

Conclusion

As stated at the outset, most young people had experienced a range of placements types. The focus on residential care in this paper, therefore, should be seen as an indication of the general pattern of experience. For young people in and leaving residential care, areas for further consideration in practice and research include young parenthood and health and wellbeing. More generally, the issues raised in the survey highlight a number of the key messages that are relevant to all young people leaving care:

- Throughcare and aftercare services need to build upon good quality substitute care. Stability and continuity are the foundation stones, along with improving links with family, carers and community and identifying and meeting educational, health care and emotional needs early.

- Young people's access to education, training and employment should be maximised. This should be integrated with prioritising and improving the education of looked after children.

- The provision of formal and informal support and continuing personal support across a range of life areas after care is pivotal to facilitating good outcomes.

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