

Evaluation of the Right2BCared4 Pilots: Final report

Emily R. Munro*, Clare Lushey*, Harriet Ward* and National Care
Advisory Service

with Jean Soper*, Samantha McDermid*, Lisa Holmes*,
Jacqueline Beckhelling** and Kim Perren**

*Centre for Child and Family Research, Loughborough University

**Centre for Research in Social Policy, Loughborough University

This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Executive summary

Introduction

The Right2BCared4 pilot began in October 2007 in 11 local authorities and is based on the following principles:

- Young people should not be expected to leave care until they reach 18 years old;
- They should have a greater say in the decision making process preceding their exit from care; and
- Should be properly prepared for living independently.

Key to this pilot is that the transition from care to independence should be planned and properly managed, that young people should be consulted about their wishes and feelings and that they should have access to independent advocacy.

Key findings

Right2BCared4 is an approach underpinned by a set of key principles intended to improve outcomes for young people making the transition from care to adulthood; it is not a single approach or intervention. It has allowed pilot authorities to focus their efforts on improving practice to promote the welfare of young people making the transition from care to adulthood and has contributed to a cultural shift in professional attitudes concerning care planning and decision-making for young people aged 16 years old and over. Authorities have been proactive in encouraging young people to remain looked after until legal adulthood and there has been an increase in the percentage of young people remaining in care until the age of 18. The pilot had also increased local authorities' willingness to provide *appropriate* accommodation to meet the needs of this group (although the availability of placements and young people's wishes and feelings meant that this was not without challenges).

The pilot was undertaken at a time of rapid policy development in relation to leaving care services with local authorities developing policy and practice in response to: the Children (Leaving Care) Act 2000, the Southwark Judgement, Care Matters: Time for Change and more recently the Children and Young Persons Act 2008. The findings from the evaluation demonstrate that the comparator authorities, selected because they offer high quality leaving care services, are generally operating in line with the principles of Right2BCared4 and that their practices are similar. In this sense the research offers an insight into current good practice and illuminates how authorities might deploy their existing resources to best effect to meet their existing statutory duties.

The evaluation revealed that:

- A higher proportion of those in the pilot authorities were looked after until they reached legal adulthood compared to those from comparator authorities.
- Professionals reported a change in culture; with an increased emphasis being placed upon young people's entitlement to stay in care for longer.
- Challenges were sometimes experienced by professionals trying to sustain placements as this was conditional not only on the young person wanting to stay, but also on foster carers or residential units being willing and able to care for the young person (see also, Munro *et al.*, 2010a; 2010b).
- Around three fifths (39; 59%) of the care leavers surveyed said that it was their choice to leave care. The figures reveal that a slightly higher percentage of those in the pilot authorities felt that they had had a choice about when they left compared to those from comparator authorities; 62% and 52% respectively.
- Over half of those who moved into semi-independent or independent living arrangements were positive about their transitions. Around a quarter identified that the process of transition could have been improved and that moves had been rushed and abrupt.
- There were three main transition pathways. The **direct pathway** whereby young people moved straight from foster or residential care to independent

living arrangements (15%; 3). The **transitional placement pathway** involving young people moving from care to supported accommodation before moving into a rented flat (55%; 11). The final pathway was **complex** and characterised by multiple moves and breakdowns (30%; 6).

- Reasons for changes of accommodation were varied. **‘Young person led’** decisions were influenced by a number of issues including: young people’s desire to be ‘free’ and ‘independent’, as well as levels of satisfaction with existing placements and relationships with carers. Wanting to set up home with a partner was also influential. In contrast, some moves were **‘age related’**. These moves were necessary because young people were approaching or had reached the legal age of adulthood, or because of rules and regulations governing certain placement types. Placement breakdowns or multiple reasons for change were identified in a small number of cases (**‘breakdown or multiple’**).
- Using a typology developed by Stein, 35% (6) of young people from the interview sample were classified as being in the **‘moving on group’**. They were settled where they were living, engaged with what they were doing and had clear ambitions for the future.
- Twenty nine percent (5) of young women aged 18 to 19, were classified as **‘survivors’**. Each had experienced difficulties living alone but appeared to be coping. Their current circumstances appeared to be fairly positive because they had received (or were still receiving) additional support and services, although the extent to which such support was acknowledged by the young people concerned varied.
- Thirty five percent of the sample (6 young women) were **‘struggling’** at the point of interview. There was evidence that their accommodation situations were precarious and emotional and behavioural difficulties were evident. Four were NEET¹ and two of these young women stated that they had no future goals or ambitions. It should be acknowledged that they were offered and were often receiving support and services.

¹ Including one parent

Aims

The overarching aim of the evaluation is to assess the extent to which the Right2BCared4 pilots help care leavers achieve better outcomes. The evaluation examines the extent to which the Right2BCared4 pilots have:

- Empowered young people to participate meaningfully at each stage of the transition process;
- Enhanced communication and relationships between social workers/Independent Reviewing Officers (IROs) and young people;
- Implemented robust review mechanisms that ensure care and pathway plans reflect the needs and wishes of young people;
- Improved the stability of final care placements and reduced the number of young people moving to independence before reaching aged 18;
- Provided additional benefits and improved outcomes compared to more standard leaving care services;
- Assess the relative costs of operating Right2Bcared4 as compared with those of operating a standard leaving care service and explore the cost implications for local authorities.

Methodology

This final report presents findings from the national evaluation of Right2BCared4 which was commissioned by the former DCFS. The study was conducted between January 2009 and October 2010 and the following work was undertaken:

- A mapping exercise and focus groups involving social workers, personal advisers, IROs and other key professionals from each of the 11 pilot sites, to explore: how each of the pilot sites planned to meet the objectives of Right2BCared4 and any changes compared to plans submitted to the former DCFS; and early benefits and challenges since implementation (see Munro *et al.*, 2010a for the main findings from this aspect of the evaluation).

This informed selection of seven pilot sites for inclusion in the in-depth study. Two comparator (non-pilot) authorities were also recruited as a 'control' to facilitate comparison between pilot sites and authorities providing high quality services to eligible, relevant and former relevant young people, so that Right2BCared4 could be evaluated against best 'standard leaving care' practice². This in-depth work involved:

- A baseline survey of 184 young people (133 from pilot authorities and 51 from comparator authorities) and 41 at follow-up (28 from pilot authorities and 13 from comparator authorities);
- Face to face interviews with 33 young people (25 from pilot authorities and 8 from comparator authorities). These interviews were conducted by peer researchers/care experienced young people trained by the National Care Advisory Service (NCAS) and the CCFR, Loughborough University to undertake research in order to try and minimise power imbalances between the researcher and participants (Kilpatrick *et al.*, 2007);
- Scrutiny of the case records of 21 of the young people (13 from pilot authorities and 8 from comparator authorities) who participated in interviews and who gave their informed consent for access to these data;
- Telephone interviews with 16 leaving care personal advisers and/or social workers; seven IROs and two advocates. To supplement the IRO interviews, a focus group was convened in one local authority (three IROs) and a member staff from one local authority supplied data in response to key questions on: the management of cases when young people want to leave care earlier than is deemed to be in their best interests; placement breakdowns; similarities and differences in IROs and social worker perspectives; and gaps in services provision (non cases specific);
- Face to face interviews with six managers responsible for the delivery of Right2BCared4;
- Twelve focus groups and two interviews involving social workers, leaving care personal advisers, IROs and advocates were conducted in two pilot authorities and two comparator authorities to collect 'time spent activity' data for the costing exercise (which employed a bottom up costing methodology).

² The evaluation reveals that these authorities were also operating the underpinning principles of Right2BCared4.

Verification questionnaires were also completed by 37 children's social care professionals and;

- Three pilot local authorities also supplied anonymised Management Information Systems (MIS) data on those fitting the sample criteria for study.

The local authorities involved in the pilot were expected to meet the criteria for Beacon status and comparator authorities were purposively selected on the basis that they were identified as providing best 'standard leaving care' practice, as such, the findings should not be viewed as representative of current leaving care provision across England. In interpreting the study findings it should also be noted that in comparison to the general looked after children population, the interview sample consisted of a higher proportion of young women than men and a high proportion of young mothers.

Findings

Young people's entitlement to remain in care until they reach legal adulthood and the right to return

- Offering the option for young people to return to care if they left before the age of 18 and encountered difficulties was seen to offer an important 'safety net' and replicated normative experiences. However, foster care shortages meant that it was rarely possible for a young person to return to their previous foster or residential placement.
- Four fifths of survey respondents said that they thought young people should be permitted to return to care if living independently did not work out. Thirty one percent (12) of care leavers in the pilot authorities stated that they had considered returning to care after they had left, whereas only one (6%) young person from the comparator authorities had. Only one survey respondent had actually returned to care. A small number of young people were unable to return to care either because the authority struggled to identify an appropriate placement or because the young person had reached legal adulthood.

- The cost and challenge of securing appropriate placements for young people with complex needs influenced decisions about whether or not they were able to return to care.

Pathway planning and review

- Scrutiny of case records revealed deficits in the quality of recording on pathway plans. Over two thirds of plans failed to record information on young people's needs in relation to identity; support from birth family, carers or the responsible local authority; and family and environmental factors.
- Data on young people's education, training and employment were the most comprehensive. Forty eight percent (13) of pathway plans provided comprehensive data on this and a further 37% (10) provided limited data.
- Forty one percent of plans (11) included comprehensive data on young people's accommodation needs. A further 30% (8) provided limited data. Given the importance of securing stable, safe and supported placements for young people making the transition from care to adulthood this is perhaps surprising.
- Only 22% of plans (6) provided comprehensive data on young people's health needs. This is of concern given the prevalence of health need in the looked after population and given the additional pressures that may impact on young people's emotional and physical health during periods of transition and change.
- Four fifths of young people were aware that they had a pathway plan.
- A higher percentage of young people surveyed either felt 'very involved' or 'quite involved' in their pathway plan in comparator authorities (93%; 38) compared to those in pilot authorities (80%; 85).
- A higher percentage of IROs, residential workers³ and independent advocates were involved in the development of plans in pilot authorities. However, the percentage of respondents in the pilot areas who said they were only 'a little involved' in the development of their pathway plan was much higher than in

³ This does not simply reflect differences in current accommodation types as a similar proportion of young people were in residential in pilot and comparator sites

the comparator authorities (15% (16) in pilot authorities and 5% (2) in comparator authorities).

- Young people appeared to value plans when they explored current circumstances and how these might change; when clear goals were set and it was clear what services the local authority would supply to support them in making the transition to adulthood.
- Delays in completion of initial plans, or failure to review and update them, could undermine their relevance and there were cases in which it was clear that completion of the pathway plan was a one off event rather than an ongoing process.
- Overall, 71% of young people reported that they were always encouraged to express their wishes and feelings at review meetings however only 53% felt they were always listened to.
- Around two thirds of young people (62%, 111) were in favour of additional reviews when significant changes in their life were proposed, thus signalling their desire to be involved in the decision-making process. However, the review meeting itself could inhibit their active participation because of the large number of professionals involved.

The role of Independent Reviewing Officers

- Under Right2BCared4 IROs are required to consult with young people prior to their review to establish their wishes and feelings. Survey data revealed that a higher percentage of young people in the pilot authorities identified that their IRO was involved in discussions around pathway plans (37 (35%) in pilot authorities and 10 (24%) in comparator authorities). In both pilot and comparator authorities there was high satisfaction with the level of support offered by IROs. Sixty three percent (52 out of 82) of young people in pilot authorities rated the support offered as 'very good' or 'good'. A further 20% (17) judged it to be 'OK'. Findings from the interviews suggest a more varied picture within and between local authorities; it was not uncommon for young people to be uncertain about who their IRO was.

- Three pilot sites introduced dedicated IROs with specific responsibilities for the Right2BCared4 cohort. A key aspect of this role included developing a culture of meeting young people prior to their reviews (e.g. offering to meet with young people on a different day from the review). However, not all young people wanted to meet with their IRO on a different day to the review but some did find having the option to do so beneficial.
- An identified benefit of the enhanced involvement of the IRO was that this afforded young people the opportunity to discuss concerns about their relationship with, or the care provided by their foster parents, with someone who was 'independent' and impartial.

Independent advocacy

- As part of the pilot a number of authorities sought to promote the use of advocacy services. Just over half of survey (54%; 67) respondents from the pilot authorities indicated that they had been offered the opportunity to see an independent advocate, compared to a slightly lower percentage of young people in comparator sites (48%; 22). Uptake of the service was higher in pilot authorities (62%; 40) than in comparator authorities (41%; 9).
- Only a small percentage of advocates were involved in supporting young people with the pathway planning process. More young people in the pilot authorities (12; 11%) indicated that their advocate had been involved in discussions around pathway planning than in the comparator authorities (2; 5%).
- The majority of young people who received support from an advocate rated this highly.

Preparation for making the transition from care to adulthood and support from professionals, carers and birth family

- The most prevalent practical issue young people in the interview sample identified they struggled with (6 out of 20), was budgeting and management of finances. Survey respondents also identified anxieties in this respect,

although 85% of them had received advice about this. The emotional challenges of living alone were also identified. A significant number spoke of isolation and loneliness.

- A lower percentage of young people from pilot authorities (60%; 74) reported receiving advice about claiming welfare entitlements than those from comparator authorities (71%; 36) and registering with a dentist or general practitioner (90 (72%) in pilot authorities and 43 (88%) comparator authorities).
- At least three quarters of those surveyed were confident about their abilities to: do the laundry; shop for food; and prepare meals. Young people were least confident about their abilities to: manage their finances, pay their household bills and claim welfare entitlements.
- Seventy nine (43%) young people out of 184 were offered the opportunity to move to supported accommodation. Just over half (47; 59%) took up this offer. Young people from comparator authorities (16; 73%) were more likely to take up this offer than those from pilot authorities (31; 54%). Most young people found supported accommodation to have been either 'very helpful' (30; 63%) or 'quite helpful' (12; 25%)
- Over nine tenths of young people (167; 93%) surveyed felt that they had someone they could turn to if they needed advice or if they were experiencing difficulties.
- The majority of young people rated the support they received from workers and carers very highly. Sixty six percent (122) rated their social worker as 'very good' or 'good'. Forty four percent of young people who had a leaving care personal adviser rated them as 'very good' or 'good'.
- Just over two thirds of young people who reported that they received support from their families judged this to be 'Ok, good or very good'. For the remaining third, birth family did not provide support, or if they did, this was judged to be poor or inconsistent.

Costs

- The time spent on core social work tasks to support young people in transition was similar in Right2BCared4 and comparator authorities.
- Young people are entitled to remain in care until they reach 18 but historically they have not always been encouraged to do so, even when this would have been in their best interests. The national estimated cost of keeping all 16 to 17 year olds in care for a year longer is £212.8 million.

Early outcomes

- On the whole young people rated their health, emotional wellbeing and confidence highly. Amongst those that had health complaints, the most common issue, affecting a quarter (25%; 6 out of 24), was depression⁴.
- The education, employment or training (EET) status of the Right2BCared4 cohort was similar to that of former care leavers nationally. Performance was slightly higher in the comparator authorities.
- Young people from the comparator authorities were around three times less likely to be not in education, employment or training (NEET) than those from the pilot authorities. However, this difference was not significant ($p>0.05$).
- Respondents who had two or three placements were around four times more likely to be NEET than respondents who had had one placement in the previous three years. These differences were significant ($p<0.05$). This highlights the importance of placement stability in young people's lives.

Implications for policy and practice

Pathway planning and reviews

- Looked after children have a higher prevalence of both psychosocial adversity and psychiatric disorders than young people in the general population (Ford *et*

⁴ This was self-reported and may not have met thresholds for clinical diagnosis

al., 2007). Given the added pressures associated with transition to adulthood it is important that young people's health needs are assessed and that plans outline how such needs will be met.

- As young people reach adulthood they may want to reconnect with birth family and many may return to live with family when they leave care. For some young people these relationships will be beneficial and supportive, however, for others they may be damaging (Biehal *et al.*, 1995; Dixon and Stein, 2005; Stein, 2004; Wade, 2008). It is important that social workers and leaving care workers are proactive in exploring family relationships, managing young people's expectations, and preparing them for renewed or increased contact.
- Review meetings are adult centric forums for decision-making; offering young people greater say in who attends, the venue and format of the meetings allows young people greater control of the process.

The role and contribution of Independent Reviewing Officers and Independent Advocates

- It is critical that IROs are skilled and willing to scrutinise and challenge and that local authorities respond appropriately.
- The timely resolution of disputes is important to ensure that young people do not spend long in limbo awaiting decisions about their future.
- The role of the advocate is distinct in that they seek to represent a young person's wishes rather than seeking to ensure that decisions are in their best interests. It is therefore important that the distinct role that an advocate may play in supporting young people is made clear to them so that they can make an informed decision about whether or not to take up the offer of this service.

Preparation, support and transitions to adulthood

- Professionals identified that not all young people want to remain in care for longer. White British young women, especially parents, tend to leave care early. The reasons for this and approaches that may be employed to

encourage them to remain looked after for longer warrant consideration. It is also important that services and support are available to support those who chose to move to independence.

- Many young people still anticipate that they will leave care at 16 or 17 as this is what they have witnessed around them. Local authorities need to be proactive in encouraging young people to stay and explaining the benefits of doing so.
- Young people who have experienced multiple placement changes (often due to complex needs) are likely to leave early. It is important that packages of support are available to meet the needs of this group.
- Supported accommodation options may serve as a useful bridge to independence but consideration should be given to: young people's safety and the quality of the accommodation, its geographical location (relative to young people's support networks) and the duration of time young people are able to stay.
- Right2BCared4 has not fully resolved difficulties surrounding young people's transitions from care to adulthood although it may postpone them until young people are slightly older. Some young people continued to experience age related rather than needs led changes in their living arrangements as they had to leave care at 18 even if they did not feel ready to do so. The Staying Put 18+ Family Placement Programme offers young people the opportunity to stay in care for longer if they are not ready for independent living at 18.

Costs

- In both pilot and comparator authorities additional reviews were held in response to 'significant changes' to care plans and a slightly higher percentage of young people in the pilot authorities met with their IRO prior to review and had an advocate attend their review meeting. These developments increase the costs of core social care activities.
- Young people with more complex needs may experience multiple placement breakdowns and require more costly placements and the provision of wrap-around provision to meet their needs.

Conclusion

Over the life course of the pilot (2007-2010) a series of legal and policy developments have served to reiterate the importance of ensuring that the principles of Right2BCared4 guide strategic planning and operational practice in all local authorities. Although the number remaining looked after into adulthood is rising it was acknowledge that some age related eligibility conditions mean that some young people continue to leave care before they are necessarily ready to do so. Around a third of young people from pilot authorities felt that they did not have a choice about the timing of their transition from care to adulthood and amongst the interview sample there were examples of young people who continued to experience age related rather than young person led moves, as the quote below illustrates:

I didn't want to go. I still had to go anyway. I didn't have a choice...I was moving out at eighteen, end of discussion, and the bit that really pissed me [off] is [that] they chucked me out on my eighteenth birthday.

Messages from young people serve to reiterate the central importance of consistent and supportive relationships with social workers and personal advisers to assist them in preparing for and navigating the transition from care to independence. Overall, realistic assessments and plans, developed in conjunction with young people, alongside effective preparation provide a foundation for planned and supported transitions. Given the diversity in young people's needs and circumstances the level and type of ongoing support they will require once they have left care will vary, as one young man reflected:

It's down to the individual person, if they want help then they can ask for help and they should be able to receive it...

Chapter one: Introduction

International research demonstrates that, as a group, young people making the transition from care to adulthood are at high risk of social exclusion and poor outcomes including low educational attainment, unemployment, poverty, mental health problems, social isolation, homelessness, instability and involvement in crime (Biehal *et al.*, 1995; 1999; Broad, 1999; Cashmore and Paxman, 1996; Courtney *et al.*, 2001; 2005; Munro, Stein and Ward, 2005; Stein *et al.*, 2000; Stein and Carey, 1986; Stein and Munro, 2008). Studies in England have served to illuminate gaps in service provision to meet the needs of young people leaving care or accommodation and helped inform changes in legislation, policy and practice intended to improve outcomes (Broad 1999, 2005a; Broad and Robbins, 2005; Dixon and Stein, 2005; Priestley, Rabiee and Harris, 2003; Stein, 2004; Wade, Mitchell and Bayliss, 2005; Wade and Munro, 2008). The Children (Leaving Care) Act 2000 aimed to delay young people's transitions, enhance preparation and planning, improve the consistency of support and strengthen financial arrangements to assist this group (Department of Health, 2001a). *Care Matters: Time for Change* (Department for Education and Skills, 2007) also reiterated the importance of narrowing the gap in attainment of children in and leaving care compared to their peers in the general population and the role of the corporate parent in helping young people reach their potential. The Rt Hon Alan Johnson committed to:

Ensure that children in care get a softer landing into adulthood, instead of being pushed out too early by the system. The average child leaves their parental home at the age of 24, yet a quarter of children in care will leave at the age of 16. We will support young people for longer – well into their twenties if necessary. Young people who have been in care should be entitled to much more – with personal support from their carers and others until they are properly ready to make the transition to adulthood' (p. 4).

This report explores the impact that one of the Care Matters pilots, Right2BCared4, has had on leaving care practice, young people's experiences of the transition from care to adulthood and *early* outcomes. The Right2BCared4 pilot began in October 2007 in 11 local authorities, involving approximately 1,100 young people and is based on the following principles:

- Young people should not be expected to leave care until they reach 18 years old;
- They should have a greater say in the decision making process preceding their exit from care; and
- Should be properly prepared for living independently.

It is identified that transitions from care to independence should be planned and properly managed, that young people should be consulted about their wishes and feelings and that they should have access to independent advocacy. Right2BCared4 provided an opportunity for authorities to develop services and implement changes to complement their existing leaving care provision⁵. In interpreting the findings of the evaluation it is important to recognise that the principles of Right2BCared4 align with *existing* statutory requirements; the pilot provided authorities with the opportunity to develop different strategies to strengthen practice and improve outcomes for young people making the transition from care to adulthood. The approaches employed by the seven pilot sites⁶ in which in-depth work has been undertaken are outlined in Table 1, below.

⁵ Local authorities received between £69,000 and £325,680 funding per annum. The amount of funding allocated to each authority varied due to a combination of factors including the regional context; number of young people in care and the focus of each recommended pilot site. Some authorities planned to allocate a significant amount of the funding to placement costs, whilst others focused more on the management and coordination of the care planning process such as additional resources for IRO and Independent Advocacy services.

⁶ Three of these sites are also piloting the Staying Put: 18+ Family Placement Programme.

Table 1.1: Core elements of local authority plans for delivering Right2BCared4

Pilot areas for in-depth evaluation	Core elements of authorities applications
A	<ul style="list-style-type: none"> • Young people chairing their own reviews • Independent advocacy in response to 'significant changes' • Arm's length IRO unit
B	<ul style="list-style-type: none"> • Use of a range of methods of communicating with young people (text, email) • Increase use of volunteer mentors • 4 bedded residential unit for young people aged 16 +
C	<ul style="list-style-type: none"> • Support for young people who leave care of their own volition without proper planning • Provision of IRO for young people returning to their families, so ongoing support and advice • Cross-borough reviewing pilot (wider cohort than Right2BCared4)
D	<ul style="list-style-type: none"> • Automatic contact from Children's Rights for young people in the pilot to support the review • Accommodation partnership officer for vulnerable young people – to work with local housing authorities and the private sector and help young people identify suitable accommodation • Placement support youth worker • Residential Respite Weekend Activities • Corporate Parenting Awareness and Training
E	<ul style="list-style-type: none"> • Exploration of the most effective way of providing support to the young person – whether from independent advocates, carers, family/friends or mentors • Plan to support placements where breakdown might otherwise lead to early discharge • Extension of the learning support service
F	<ul style="list-style-type: none"> • IROs to assume responsibility for all foster carer reviews to ensure foster carers contribute to planning for young people and empower young people to make their own decisions and prepare

	<p>them for independence</p> <ul style="list-style-type: none"> • Care leavers to have equal access to independent advocates once they leave care • Participation worker post to encourage young people's and develop creative participation (already using drama, art, music to engage young people)
K	<ul style="list-style-type: none"> • Less formal reviews from 15+ and more age appropriate agencies (Connexions) may be involved and management attendance may be minimised to empower young people • IROs to have remote access to documents in advance of reviews • Extend advocacy by targeting young people in placements that are not as stable as others • Expanding independent advocacy to those who are 18 plus

The pilots were undertaken during a time in which there have been changes in legal and policy frameworks that influence perspectives on appropriate service responses to meet the needs of young people in and leaving care (2007-2010). For example, *G v LB Southwark* ('the Southwark judgement') ruled that councils should ensure all 16-18 year olds, who find themselves homeless, have a full assessment of their needs and support for employment, health, education and finance as well as accommodation. Public Service Agreement 16 also aimed to increase the proportion of care leavers in 'settled accommodation' and in education, training or employment at the age of 19.

The provisions of the Children and Young Persons Act 2008, although not yet fully implemented are intended to: ensure young people (up to age of 18) are not forced to move out of care before they are ready; provide more support for care leavers by extending their entitlement to a personal adviser to age 25 (for those who resume an education and training pathway; provide more support for care leavers by providing an entitlement to a bursary for those going into higher education). The Act also places a general duty on authorities to provide sufficient accommodation to meet the needs of their looked after children, including supported accommodation options. The role of the IRO is also strengthened under the provisions.

The practice of Right2BCared4 and other local authorities needs to be considered within this wider context, as these developments are also likely to play a part in shaping services responses across local authorities. Changing expectations bring with them cost and capacity implications. The current financial climate may also influence local authority priorities and decision-making (Holmes, Munro and Soper, 2010).

Chapter two: Methodology

Aims and objectives

The overarching aim of the evaluation is to assess the extent to which the Right2BCared4 pilots help care leavers achieve better outcomes.

The evaluation examines the extent to which the Right2BCared 4 pilots have:

- Empowered young people to participate meaningfully at each stage of the transition process;
- Enhanced communication and relationships between social workers/IROs and young people;
- Implemented robust review mechanisms that ensure care and pathway plans reflect the needs and wishes of young people;
- Improved the stability of final care placements and reduced the number of young people moving to independence before reaching age 18;
- Provided additional benefits and improved outcomes compared to more standard leaving care services; and
- Assess the relative costs of operating Right2BCared4 as compared with those of operating a standard leaving care service and explore the cost implications for local authorities.

The objectives were to:

- Determine the relative costs of preparation and leaving care planning and reviewing processes, and advice and advocacy functions in Right2BCared4 pilot authorities compared to standard provision and practice;
- Describe the role of IROs and independent advocates and their contribution to the effectiveness of care planning for Right2BCared4 care leavers;
- Assess which organisational structures for the delivery of IRO services promote effective planning and in which circumstances they work best;
- Describe the nature, extent and quality of care leavers' involvement in the care planning and review process;
- Identify what facilitates young people's full participation;

- Assess the suitability and stability of final care placements and young people's satisfaction with final outcomes; and
- Analyse Right2BCared4 care leavers' outcomes, including educational attainment, housing status, levels of self-esteem and any impact that the pilot project might have had in order to identify whether the model has particular benefits for some groups of care leavers.

A mixed methods approach was adopted. During the first phase of the study a mapping exercise and focus groups with social workers, personal advisers, IROs and other key professionals from each of the 11 pilot sites⁷ were undertaken, to explore:

- How each of the pilot sites planned to meet the objectives of Right2BCared4 and any changes compared to plans submitted to the former Department for Children, Schools and Families (DCSF); and
- Early benefits and challenges since implementation.

This preliminary work was conducted between January and June 2009 and informed selection of six pilot authorities for in-depth study in Phase two (see Munro *et al.*, 2010a for the findings of Phase 1). Authorities were chosen to maximise the opportunities to explore a range of different approaches to the delivery of Right2BCared4. Two of the six pilot authorities were also engaged in work with the Centre for Child and Family Research (CCFR) on a study funded by the former DCSF to identify and monitor the costs incurred to social care and other agencies in supporting children in need, including care leavers (Holmes *et al.*, 2010a). An extra pilot authority was recruited because at one stage it was unclear whether one authority would be able to participate fully in Phase two of the evaluation.

Two comparator (non-pilot) authorities were also recruited as a 'control' to facilitate comparison between pilot sites and authorities providing high quality services to

⁷ One local authority (Cheshire) underwent restructuring after the Right2BCared4 pilot began and Cheshire East, and Cheshire West and Chester authorities were formed. As both these new authorities were operating the same delivery plan for Right2BCared4 they are referred to as one authority for the purposes of the evaluation.

eligible, relevant and former relevant young people, so that Right2BCared4 could be evaluated against best 'standard leaving care' practice. Identification and selection of these was informed by data from a baseline survey of services available to older looked after children and care leavers between January 2007 and April 2007 carried out by the National Care Advisory Service (NCAS)⁸. Forty three local authorities completed a questionnaire and a number of service managers were interviewed. Annual performance assessment data (2006-2007) on the 'percentage of care leavers aged 19 living in suitable accommodation' were then examined and those performing below pilot authorities were excluded. This 'long short list' was then narrowed to exclude authorities with small populations of looked after children aged 16 or above. Those authorities that receive leaving care services provided by the charity Catch 22 (which NCAS sits within) were also excluded as NCAS are part of the evaluation team. The research team then drew upon their current knowledge of local authority practice to select two comparator authorities. The rationale was that this would offer a fair comparison, given that pilot authorities were expected to demonstrate similar characteristics to those identified as being necessary to meet the criteria for becoming a Beacon council for children in care services⁹. In seven R2BCared4 and two comparator authorities the following work was undertaken:

- 1) A survey was administered to all young people fitting the sample criteria above at two time points (six months apart) to collect data on the progress of those who were involved in Right2BCared4 and compare their experiences and outcomes (including, for example, educational attainment, employment, housing situation, self-esteem) against non-participants. Young people had the option of completing this by hand, electronically or on the telephone with a peer researcher. Baseline data were provided by 184 young people (133 from pilot authorities and 51 from comparator authorities) and 41 at follow-up (28 from pilot authorities and 13 from comparator authorities).

⁸ see: http://www.leavingcare.org/professionals/products/baselining_survey.

⁹ Beacon councils are expected to: have a long-term vision and strategy aimed at improving services for looked after children; ensure that arrangements are in place to enable children to be involved in decisions that affect their lives; demonstrate that they have in place the key elements of a successful corporate parent (as set out in Care Matters); have established good joint planning and delivery arrangements with partners in their trust and demonstrate a systematic approach to working with private and voluntary providers; be commitment to equality and diversity; and have clear objectives that focus on outcomes for looked after children.

- 2) Face to face interviews with 33 young people (25 from pilot authorities and 8 from comparator authorities). These interviews were conducted by peer researchers/care experienced young people trained by NCAS and CCFR to undertake research in order to try and minimise power imbalances between the researcher and participants (Kilpatrick *et al.*, 2007). The purpose was to explore young people's experiences of the care planning and review process; relationships with and support received from professionals (including leaving care personal advisers, social workers, IROs and advocates) and other key people; satisfaction with the transition process and outcomes; strengths and weaknesses of the support provided; what was done well and what could have been done better; and any gaps in service provision. Changes in young people's circumstances (education, housing, relationships and support) and outcomes over time were also examined.
- 3) Scrutiny of the case records of 21 of the young people who participated in interviews and who gave their informed consent for access to these data. Data were collected to explore: the use and completion of ICS compatible tools; how the wishes and feelings of young people have been recorded and taken into account; and to facilitate examination of the quality of assessments (including those to inform pathway plans, personal education plans (PEPs)).
- 4) Telephone interviews with 16 leaving care personal advisers and/or social workers; seven IROs and two advocates. To supplement the IRO interviews, a focus group was convened in one local authority (3 IROs) and staff from one local authority supplied data in response to key questions on the management of cases when young people want to leave care earlier than is deemed to be in their best interests, placement breakdowns, similarities and differences in IROs and social worker perspectives and gaps in services provision (non cases specific). The purpose of the interviews was two-fold. First, to explore organisational, resource and policy issues relating to care planning and leaving care, and to identify any gaps in provision to meet the needs of young people. Issues relating to the role and value of advocacy services, uptake and delivery were also examined, as were organisational strengths and weaknesses in structures for delivering IRO services. Second, the interviews explored case specifics for each young person, including: details of the: care planning process; reasons for changes in plans; young people's needs,

circumstances and participation; services and support provided and outcomes. Similarities and differences in professional perspectives on case management and decision making were examined.

- 5) Face to face interviews with six managers responsible for delivery of Right2BCared4 were also undertaken to explore how local authorities have operationalised the principles of Right2BCared4 and to examine their perspectives on the strengths and weaknesses of the approaches employed¹⁰. Their perspectives on the role and contribution of the pilot to improving outcomes were also explored.

Table 2.1 below provides details of the number of young people meeting the criteria for Right2BCared4 in each participating local authority and the number of key research participants involved in the evaluation in these areas.

¹⁰ Due to changes in staffing arrangements it was not possible to interview the managers from two authorities.

Table 2.1: Samples sizes in pilot and comparator authorities

Local authority	Potential sample	Young people surveyed (baseline)	Young people surveyed (follow-up)	Young people interviewed	Case file sample	Social workers/ leaving care personal advisers interviewed	IRO perspectives	Independent advocates interviewed
Pilot sites								
LA A	143	28	8	3	2	1	1	1
LA B	18	7	2	2	2	2	0	0
LA C	101	17	2	3	0	0	3 ¹¹	0
LA D	204	39	5	7	4	3	2	0
LA E	100	26	5	6	5	5	0	0
LA F	35	9	5	4	0	0	2	0
LA K	20	7	1	0	0	0	0	0
Pilot total	621	133	28	25	13	11	8	1
Comparators								
LA 1	90	35	7	4	4	2	1	1
LA 2	50	16	6	4	4	3	1	
Comparator total	140	51	13	8	8	5	2	1
Total	761	184	41	33	21	16	10	2

¹¹ These three IROs took part in a focus group.

In addition to the data above, four local authorities provided their internal evaluation reports on Right2BCared4, which included details on the operation of their pilots and the outcomes of core components. Three pilot local authorities also supplied anonymised MIS data on those fitting the sample criteria for study. Data were used to explore patterns of placement and fed into the 'bottom up' costing exercise that was undertaken. Two pilot sites and two comparator sites assisted with the costing exercise. Eleven focus groups involving social workers, leaving care personal advisers, IROs and advocates were conducted. Two interviews also took place where staff had been unable to attend focus groups. Verification questionnaires¹² were completed by 37 social care staff. More information on the methodology employed for the costing exercise is provided in appendix 2. The report presents findings derived from analysis of the focus group data collected from pilot authorities in Phase one and all the data collected during Phase two.

Characteristics of the sample of young people

Characteristics of young people in the survey sample

One hundred and eighty four young people completed the baseline survey and of these 133 (72%) were from pilot authorities and 51 (28%) were from comparator authorities. Forty one young people completed the follow-up survey and this included 28 (68%) young people from pilot authorities and 13 (32%) from comparator authorities.

Sixty one (34%) young people from the baseline survey indicated that they were no longer in care. Slightly more young people from the comparator authorities were likely to report that they were no longer in care than those from the pilot authorities; 20 (39%) and 41 (32%) respectively. Eight (21%) young people left care in the six month period between baseline and follow-up. Again slightly more young people (3; 23%) from the follow-up comparator authorities were likely to report that they were no longer in care than their counterparts in the pilot authorities (5; 19%). Please see table 2.2 below.

Table 2.2: Care status of survey sample

	Pilot authorities (baseline)	Comparator authorities (baseline)	Total (baseline)	Pilot authorities (follow-up)	Comparator authorities (follow-up)	Total (follow-up)
In care						
Yes	87 (66%)	29 (58%)	116 (64%)	20 (77%)	10 (77%)	30 (77%)
No	41 (32%)	20 (39%)	61 (34%)	5 (19%)	3 (23%)	8 (21%)
Don't know	3 (2%)	2 (4%)	5 (3%)	1 (4%)	0 (0%)	1 (3%)
Total	131 (100%)	51 (101%)	182 (101%)	26 (100%)	13 (100%)	39 (101%)

At baseline and follow-up most young people were in foster care; 67 (37%) and 19 (46%) respectively. However, young people from comparator authorities were much less likely to be in living in a foster home than those from pilot sites (53 (40%) from pilot authorities and 14 (28%) from comparator authorities). Furthermore, young people from comparator authorities were much more likely to be living with family or friends than those from pilot authorities; 12 (24%) and 12 (9%) respectively. At follow-up young people were mainly in foster homes. Please see table 2.3 for further details. Analysis of the survey data also showed that young people with disabilities were more likely to be living in children's homes compared to their peers (24% (4) of disabled young people were in this placement type compared to 4% (6) of their peers).

Table 2.3: Placement or accommodation type of survey sample

	Pilot authorities (baseline)	Comparator authorities (baseline)	Total (baseline)	Pilot authorities (follow-up)	Comparator authorities (follow-up)	Total (follow-up)
Foster care	53 (40%)	14 (27%)	67 (37%)	14 (50%)	5 (38%)	19 (46%)
With family or friends	12 (9%)	12 (24%)	24 (13%)	3 (11%)	2 (15%)	5 (12%)
Supported accommodation¹³ or lodgings	21 (16%)	9 (18%)	30 (16%)	3 (11%)	1 (8%)	4 (10%)
Secure unit	1 (1%)	0 (0%)	1 (1%)	1 (4%)	0 (0%)	1 (2%)
Children's home	8 (6%)	3 (6%) ¹⁴	11 (6%)	2 (7%)	2 (15%)	4 (10%)
Mother and baby placement	2 (2%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)	0 (0%)
YOI	3 (2%)	0 (0%)	3 (2%)	0 (0%)	0 (0%)	0 (0%)
Rented flat or house	27 (20%)	12 (24%)	38 (21%)	5 (18%)	2 (15%)	7 (17%)
Other	6 (5%)	1 (2%)	6 (3%)	0 (0%)	1 (8%)	1 (2%)
Total	133 (101%)	51 (101%)	182 (100%)	28 (101%)	13 (99%)	41 (99%)

Eighty three young men (47%) and 95 young women (53%) completed the baseline survey. At follow-up young women (30; 73%) were substantially more likely to complete a survey than young men (11; 27%) in both pilot and comparator sites (please table 2.4 for further information).

¹³ Includes training flats, hostels and B&Bs.

Table 2.4: Gender of survey sample

	Pilot authorities (baseline)	Comparator authorities (baseline)	Total (baseline)	Pilot authorities (follow-up)	Comparator authorities (follow-up)	Total (follow-up)
Gender						
Young men	58 (45%)	25 (51%)	83 (47%)	6 (21%)	5 (39%)	11 (27%)
Young women	71 (55%)	24 (49%)	95 (53%)	22 (79%)	8 (62%)	30 (73%)
Total	129 (100%)	49 (100%)	178 (100%)	28 (100%)	13 (101%)	41 (100%)

The baseline and follow-up survey sample comprised of young people aged between 15 and 19 years and older. The mean age of respondents was 17 years old at both baseline and follow-up. There were substantially more 18 year olds in the pilot authorities than in the comparator authorities at baseline and follow-up (see table 2.5 below for further information). Young people aged 19 years old and over from the pilot authorities were considerably more likely to complete the survey than those from comparator authorities; seven (25%) and one (8%) respectively.

Table 2.5: Age of survey sample

	Pilot authorities (baseline)	Comparator authorities (baseline)	Total (baseline)	Pilot authorities (follow-up)	Comparator authorities (follow-up)	Total (follow-up)
Age						
15	2 (2%)	1 (2%)	3 (2%)	1 (4%)	1 (8%)	2 (5%)
16	17 (13%)	5 (10%)	22 (12%)	4 (14%)	2 (15%)	6 (15%)
17	45 (35%)	23 (46%)	68 (38%)	12 (43%)	7 (54%)	19 (46%)
18	33 (25%)	7 (14%)	40 (22%)	4 (14%)	2 (15%)	6 (15%)
19+	33 (25%)	14 (28%)	47 (26%)	7 (25%)	1 (8%)	8 (20%)
Total	130 (100%)	50 (100%)	180 (100%)	28 (100%)	13 (100%)	41 (101%)

The majority of baseline and follow-up survey respondents indicated that they were White; 135 (75%) and 36 (88%) respectively. There were a slightly higher proportion of White participants in the comparator authorities (41; 82%) than in the pilot authorities (94; 72%) in the baseline sample. At follow-up all those from the comparator authorities were White (13; 100%). Please see table 2.6 below for further information.

Table 2.6: Ethnicity of survey sample

	Pilot authorities (baseline)	Comparator authorities (baseline)	Total (baseline)	Pilot authorities (follow-up)	Comparator authorities (follow-up)	Total (follow-up)
Ethnicity						
White	94 (72%)	41 (82%)	135 (75%)	23 (82%)	13 (100%)	36 (88%)
Mixed White and Asian	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Mixed White and Black	2 (2%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)	0 (0%)
Other mixed background	1 (1%)	1 (2%)	2 (1%)	0 (0%)	0 (0%)	0 (0%)
Asian or Asian British	12 (9%)	3 (6%)	15 (8%)	1 (4%)	0 (0%)	1 (2%)
Black or Black British	9 (7%)	3 (6%)	12 (7%)	2 (7%)	0 (0%)	2 (5%)
Other	10 (8%)	2 (4%)	12 (7%)	2 (7%)	0 (0%)	2 (5%)
Prefer not to say	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Total	130 (101%)	50 (100%)	180 (101%)	28 (100%)	13 (100%)	41 (100%)

The baseline survey sample included 28 (16%) unaccompanied asylum seeking children (UASC) and there were similar numbers of UASC in both pilot and comparator sites. At follow-up a slightly lower percentage of UASC completed a survey (4; 11%); none were from comparator authorities.

Only a small number of young people from the baseline and follow-up survey indicated that they had a disability; 17 (9%) and seven (18%) respectively.

Twenty five (14%) of the baseline survey sample were parents and six (15%) of these completed a follow-up survey. Young people from the comparator authorities were much more likely to be parents than young people in the pilots; four (31%) and two (7%) respectively.

Characteristics of young people in the interview sample

Thirty three young people participated in face to face interviews. Twenty five of these young people were from pilot authorities (76%) and the remaining eight (24%) were from comparator authorities.

Fifteen (45%) interviewees reported that they were no longer in care and the remaining 18 (55%) revealed that they were still looked after. A slightly higher proportion of young people from the pilot authorities indicated that they had left care compared to those in the comparator authorities; 12 (48%) and three (38%) respectively. Please see table 2.7 for further information.

Table 2.7: Care status of interview sample

	Pilot authorities	Comparator authorities	Total
Care status			
In care	13 (52%)	5 (63%)	18 (55%)
Not in care	12 (48%)	3 (38%)	15 (45%)
Total	25 (100%)	8 (101%)	33 (100%)

The young people interviewed were most often living in rented accommodation (private or council), followed by foster care; 13 (39%) and 10 (30%) respectively. Interviewees from the comparator authorities were most likely to be in foster care (3; 38%), whereas those from the pilot authorities were most likely to be in rented accommodation (11; 44%) – although this is based on very small numbers. Furthermore, those interviewees from pilot authorities were more likely to be 18 or older than those from comparators, which would explain why more were living in rented accommodation (see table 2.10). Table 2.8 provides further details on accommodation.

Table 2.8: Placement or accommodation type of interview sample

	Pilot authorities	Comparator authorities	Total
Foster care	7 (28%)	3 (38%)	10 (30%)
With family or friends	0 (0%)	1 (13%)	1 (3%)
Supported accommodation or lodgings	6 (24%)	1 (13%)	7 (21%)
Children's home	1 (4%)	0 (0%)	1 (3%)
Mother and baby placement	0 (0%)	1 (13%)	1 (3%)
Rented flat or house	11 (44%)	2 (25%)	13 (39%)
Total	25 (100%)	8 (102%)	33 (99%)

The interview sample comprised of a substantially higher proportion of young women (23; 70%) than young men (10; 30%). Furthermore, there were no young men in the comparator sample and the pilot sample comprised of 15 (60%) young women and 10 (30%) young men (see table 2.9 below).

Table 2.9: Gender of interview sample

	Pilot authorities	Comparator authorities	Total
Gender			
Young men	10 (40%)	0 (0%)	10 (70%)
Young women	15 (60%)	8 (100%)	23 (30%)
Total	25 (100%)	8 (100%)	33 (100%)

Those participating in the interviews were aged between 16 and 19 years old and were most commonly aged 17 (10; 39%). Please see table 2.10 for further information.

Table 2.10: Age range of interview sample

	Pilot authorities	Comparator authorities	Total
Age¹⁵			
16	4 (22%)	2 (25%)	6 (23%)
17	6 (33%)	4 (50%)	10 (39%)
18	4 (22%)	1 (13%)	5 (19%)
19	4 (22%)	1 (13%)	5 (19%)
Total	18 (99%)	8 (101%)	26 (100%)

The majority of young people taking part in the interviews identified themselves as White (18; 69%) and all those from the comparator authorities reported that they were White (please see table 2.11).

Table 2.11: Ethnicity of interview sample

	Pilot authorities	Comparator authorities	Total
Ethnicity¹⁶			
White	10 (56%)	8 (100%)	18 (69%)
Mixed White and Asian	0 (0%)	0 (0%)	
Mixed White and Black	2 (11%)	0 (0%)	2 (8%)
Other mixed background	0 (0%)	0 (0%)	0 (0%)
Asian or Asian British	2 (11%)	0 (0%)	2 (8%)
Black or Black British	1 (6%)	0 (0%)	1 (4%)
Other	2 (11%)	0 (0%)	2 (8%)
Prefer not to say	1 (6%)	0 (0%)	1 (4%)
Total	18 (101%)	8 (100%)	26 (101%)

Four (15%) young people from the interview sample indicated that they had a disability. Seven parents and six UASC were interviewed. Response rates and sample bias are considered further below.

¹⁵ Data missing on seven young people from the pilot authorities

¹⁶ Data missing on seven young people from the pilot authorities

Response rates and sample bias

Young people aged 18, who had spent time in local authority care were trained as peer researchers for the study and they had a key role in designing publicity materials, recruiting young people, conducting the survey and interviews with young people and analysing the data they were involved in collecting (see Edwards, 2011). Adopting this approach was thought to have methodological benefits because it minimises power imbalances between the researcher and participant and maximises opportunities to hear young people's views and explore their experiences (Kilpatrick *et al.*, 2007). It also provided young adults who have spent time in care with training and skills.

A baseline survey response of 24% was secured; 21% of all the surveys were completed by young people over the telephone with a peer researcher¹⁷. The response rate appears reasonable given that young people in and leaving care are a difficult cohort to access and recruit. A *national* survey polling young people in care about sibling contact yielded a lower number of responses (112) than the survey distributed in seven local authorities for this evaluation (184) (National Voice survey, 2006). While the baseline survey response rate was reasonable, despite reminders and encouragement, only 41 of the 184 young people completed a follow-up survey. The reasons for this are unclear, but the timescale between administration of the two surveys was short (6 months).

A comparison was made between the characteristics of the young people in the baseline survey sample (pilot group and comparator group) and those in the interview sample (pilot group and comparator group) and the general looked after children (LAC) population. These comparisons were made on a number of variables including gender, ethnicity, UASC and age at first entry into care. This was to identify any potential sample bias.

¹⁷ The majority opted to return the survey by post.

In comparison to the general LAC population, both samples show:

- A higher proportion of young women than young men compared to the national figures (56% are young men and 44% young women) (Department for Education, 2010a). The survey sample shows that 47% are young men and 53% young women). The interview sample shows that 30% are young men and 70% are young women. White young men are particularly under-represented within the interview sample (2).
- The majority of young people first entered care between the ages of 11 and 14 years old, which is consistent with the national figure of 36%. Fewer young people entered care under the age of five compared with the national figure of 38% (12% survey sample and 0% interview sample).
- A similar proportion of White respondents representing 76% of the LAC population nationally (Department for Education, 2010a). The survey sample shows 76% White respondents and the interview sample shows 69%.
- A high proportion of young mothers. Nationally, mothers aged 16 to 17 represent just over 2% of the female LAC population aged over 12 years old (Department for Education, 2010a). In the survey sample, there are 19 mothers representing 21% of the female respondents. In the interview sample, there are seven mothers, representing 30% of the female respondents.

Specifically, in the survey sample there is:

- A slightly higher proportion of Asian or Asian British young people in the pilot group at 9% (12) compared with the national figure of 5%; and
- A significant proportion of UASC at 16% (28) which is three times the national average of 5%, the majority of whom are young men.

Specifically, in the interview sample there are:

- No young men within the comparator group;
- All eight young women in the comparator group are White and six are young mothers; and
- Five of the 25 young people in the pilot group are UASC and four of these are young men. Again, this is three times the national figure.

Strengths and limitations of the data

The peer research methodology was successfully employed over the 20 month study. The publicity materials to encourage young people's participation in the study and the research tools were developed in collaboration with care experienced young people. As such the language and terminology employed was accessible to the target audience and the topic coverage reflected the issues that the peer researchers perceived to be critical in exploring young people's transitions from care to adulthood. This alongside the range of methods available for young people to give their views (postal or electronic or telephone completion of the survey and face to face interviews (with peer researchers) maximised the likelihood of securing the participation of a wide range of young people with different backgrounds and with different experiences. The peer researchers' involvement in the analysis of interview data collected from young people also provided a valuable opportunity to explore their readings of the data rather than being confined to adult centred perspectives. The production of a young person's report (Edwards 2011), written by the peer research team, outlining the findings from the interviews, also provides a rich account of the findings from this aspect of the evaluation, as well as illustrating the role and contribution that peer research can have in developing the skills and esteem of the peer researchers themselves. Complementing the data collected from the young people with that from case records and professionals involved in their care also facilitated exploration of similarities and differences in perspectives on decision-making, experiences and early outcomes. However, the research team faced a number of challenges during the course of the evaluation. Awareness of these and associated limitations in the data are outlined below to help the reader contextualise the results.

Additional support under Right2BCared4 and in comparator sites

It was recognised at the beginning of the study that not all young people eligible for Right2BCared4 would receive additional support (for example, because they have not experienced significant changes to their plans which necessitate additional reviews and an enhanced role for the IRO or because they decide not to participate or quickly drop out. It was envisaged that this would allow for comparisons between

participants and non-participants *within* each authority as well as comparison with a cohort of young people receiving high quality 'standard provision' (comparator authorities). However, in practice this proved problematic for a number of reasons.

First, the approaches that authorities have adopted to meet the principles of Right2BCared4 are wide ranging (see Munro *et al.*, 2010a and p.27) and this makes direct comparisons between different pilot sites problematic. Second, as Right2BCared4 was based on principles the pilot authorities were unable to make a distinction between young people who received additional support and those who had not. Third, developments in policy and practice over the last three years (influenced by the Care Matters agenda and statutory guidance on care planning and review and IRO functions) mean that many of the principles of Right2BCared4 have become increasingly embedded in the practices of local authorities that are not involved in the pilot. While the comparator authorities were intended to act as a control group the findings from the study demonstrate that the comparators, selected because they were offering high quality standard provision, were practicing in similar ways to the pilot authorities and the distinction between 'standard' practice and 'Right2BCared4' is therefore blurred.

Response rates

While considerable effort was made to maximise response rates, the sample sizes secured were not as high as had been hoped for. Despite reminders from the research team and encouragement from peer researchers, the response rate to the follow-up survey was low. This limited opportunities for tracking changes in outcomes over time and analysing similarities and differences between comparator and pilot authorities. Further it did not prove possible for the peer researchers to interview as many young people as it had been envisaged. In some local authorities the potential pool of participants was low and in one pilot authority it did not prove possible to interview any young people about their experiences. The number of young people from comparator authorities expressing an interest in, and ultimately participating in interviews was also low, making it difficult to draw comparisons between practice in these areas and that in pilot authorities. Young people's

informed consent for access to case record data and interviews with professionals involved in their care was also sought. Many gave their consent to one or more interviews with those involved in their care, however, it was not uncommon for consent to interview IROs to be withheld. The reason for this is not clear, but may reflect perceptions of their limited involvement in some young people's care.

Outcome data

Originally the research team intended to collect anonymised MIS data from each local authority on all young people meeting the sample criteria, to provide contextual data on in care experiences, including age at entry, placement types and changes, characteristics and special needs, as well as data on key outcomes and progress. The intended purpose of this was to explore similarities and differences between young people receiving additional support through the Right2BCared4 initiative and those receiving support from comparator authorities. Such a dataset would facilitate exploration of whether specific groups, for example, late entrants to care with additional support needs, particularly benefit from additional support. To minimise the burden on local authorities the key data items requested were as far as possible those that are required for the SSDA903 statistical returns. These include, for example, data on date of birth, gender, ethnicity, disability, UASC, looked after girls who are mothers, date care episode commenced, category of need, placements, dates of statutory reviews, participation in reviews and educational attainment. Three authorities supplied the data they had available. However, it became apparent that there were significant gaps in the outcome data supplied. One reason for this was the age of the sample. The majority had not reached 19; the age at which performance data on care leavers' outcomes is sought. Further, authorities were not able to differentiate between young people who received Right2BCared4 and those who had not, making comparison problematic. On this basis it was agreed with the Research Advisory Group (RAG) that it was inappropriate to continue collecting these data. The data that had been collected have been utilised for the costing exercise. Each pilot authority was also asked to supply their internal evaluation reports so that outcome data they had collated could be examined. Although a

number of requests were made for this only four of the seven pilot authorities provided this information.

To assist with determining similarities and differences in outcomes, progress and the self-esteem of those who had been involved in Right2BCared4 compared to those who had not, the Rosenberg Self-Esteem Scale (RSE) was going to be administered with the baseline and follow-up survey. This is the most widely used valid self-report self-esteem measure (Blascovich and Tomaka, 1991; Gray-Little, Williams and Hancock, 1997) and has been validated for use with adolescents and adults in clinical and general populations (Robins, Hendin and Trzeniewski, 2001). The RSE is a 10-item, 4-point Likert scale. It consists of statements related to overall feelings of self-worth or self acceptance and can be completed in less than five minutes (Rosenberg, 1965). However, the peer researchers felt strongly that such a tool was intrusive and that young people would not want to complete it. In light of this and in consultation with the RAG it was agreed that this and other standardised tools would not be used in the evaluation. General information on health, wellbeing and education was sought at baseline and follow-up to facilitate analysis of changes over time and variations according to young people's characteristics, however the low response rate at follow up limited the analysis that could be undertaken.

Quantitative Analysis

Quantitative data from MIS and the young people's survey were imported into SPSS for analysis. The baseline survey sample size was 184. Within this sample, some groups that were of particular research interest were small; for example, there were 28 UASC and 19 young mothers. This had implications for the range of quantitative analyses that could be conducted as well as the interpretation of results.

A series of (theory-driven) cross tabulations were conducted to present possible associations between the characteristics of young people and their experiences and outcomes. Building on this, logistic regressions were seen as the most useful way of presenting possible associations (or the lack of association) between young people's characteristics and their current situation. These logistic regressions model the

relative likelihood of a particular outcome (such as a young person being not in education, employment or training (NEET) at the time of the survey) by other characteristics (such as parental status). Unlike cross tabulations, these more complex models are able to control for confounding factors. For example, a respondent's age will affect both the likelihood that they are not in care and the likelihood that they have a child; only by 'removing' the influence of age will it be possible to get a sense of whether there is an association between having a child and not being in care.

The logistic regressions were designed to incorporate factors that were of clear research importance (such as the outcomes of asylum seeking young people) whilst also taking account of strong interactions between categories that would undermine the model. For example, 26 of the 28 asylum seekers are non-white. Consequently, it would not be possible to develop a model that included a variable that specified whether a young person was an asylum seeker, *as well as* a variable that specified whether the young person was from a black or minority ethnic (BME) group as there would be too much overlap. For this reason, a composite variable was computed that differentiated between asylum seekers, white non-asylum seekers and BME non-asylum seekers. Similarly – theoretically – being a parent is likely to have a much bigger impact on the outcomes of young women (e.g. whether they are NEET) than young men. For this reason, a composite variable was designed that only takes account of the parental status of young women.

It is standard practice to only accept that characteristics are associated with outcomes where the difference is statistically significant at less than 5% ($p < .05$). For relatively small sample sizes, such as this one, quite large apparent differences (as reflected in the odds ratios) may be statistically insignificant. This is particularly likely to be the case where some of the categories that are of particular interest (e.g. asylum seekers and mothers) are so low. Some of the variables included in the logistic regression models could have been manipulated to enhance their significance and make them statistically significant; this route was not taken. For example, the 'age entered care' variable was kept as five categories to illustrate the outcomes of young people who entered the care system at different ages. If this had

been collapsed into just two categories ('under 11' and 11+) this detail would have been lost but the statistical power would have been increased.

The follow-up survey had just 41 cases; furthermore, (as is generally the case) the young people who took part in the follow up survey tended to be less disadvantaged than those that did not and so could not be seen as being representative of the baseline cohort. This placed limitations on the quantitative analysis that could be conducted as well as its interpretation.

Qualitative analysis

Qualitative interviews were recorded and transcribed. Manual coding of young people's interview transcripts was carried out by the peer researchers with support and training provided by the research team at CCFR, Loughborough University and NCAS. Thematic analysis of all the data was also conducted by the CCFR research team using the qualitative software analysis package NVivo 8. Attention was given to exploring variations in practice within and between Right2BCared4 and comparator authorities, as well as considering differences in views and experiences according to professional role and background (social worker, leaving care personal adviser, independent advocates). Young people's perspectives were also explored and considered with reference to outcomes and services provided.

Ethical approval was obtained from Loughborough University's Ethics Committee prior to commencement of the evaluation. In presenting the study findings, to protect anonymity and confidentiality details concerning the local authorities and research participants have been withheld. Direct quotes from young people and social care staff participating in interviews have been used throughout the report; where names have been given these have been changed to protect the anonymity of those involved. Minor details have also been changed in all the case studies; however none of these details relate to the issues that the examples are used to illustrate.

Chapter three: Pathway planning and review

Introduction

The pathway plan is intended to support seamless planning for young people up until their 18th birthday. This chapter examines the quality of the plans developed by social workers to prepare and support young people as they approach adulthood and the action taken by professionals to try and facilitate young people's involvement in the process. It also explores young people's experiences of pathway planning and review and identifies factors that promote and inhibit young people's active participation. The chapter concludes with a summary of key messages for policy and practice.

Pathway Planning

Case recording and the quality of pathway plans

Under the Children (Leaving Care) Act 2000 local authorities are required to prepare a pathway plan, detailing each young person's *current* and *predicted* needs in relation to health and development; education, training and employment; emotional and behavioural development; identity; family and social relationships; social presentation and self-care skills; support; family and environmental factors; and accommodation and how these needs will be met. The plan should be informed by an assessment of needs to determine what advice and support should be provided.

To assess the quality of assessments the research team assessed the information recorded on the pathway plans of all the young people who gave their informed consent for the research team to access this data (21; 13 from pilot authorities and 8 from comparator authorities). All but two young people had a pathway plan, however at the time of data collection there was evidence that both these young people had participated in an assessment of need fairly recently and therefore plans may still have been being written. In total 27 plans (14 from pilot authorities and 13 from comparator authorities) were explored as five young people had two or more pathway plans on file, including the original plan and an updated version. Two of the

updated plans were identical to the original version; the only change apparent was to the date recorded on the plan.

Using a three point scale: 1 = no data recorded; 2 = limited data recorded; 3 = comprehensive data recorded, the extent to which individual sections of the pathway plan were completed were examined. Consideration was given to the information supplied on each of the key dimensions outlined above. Table 3.1 below provides a summary of the findings.

Table 3.1: Information recorded in pathway plans

Data recorded on pathway plans	Health and development	Education, training and employment	Emotional and behaviour development	Identity	Family and social relationships	Social presentation and self-care skills	Support	Family and environment factors	Accommodation
No data	7 (26%)	4 (15%)	12 (44%)	18 (67%)	7 (26%)	10 (37%)	20 (74%)	22 (81%)	8 (30%)
Limited data	14 (52%)	10 (37%)	9 (33%)	6 (22%)	14 (52%)	10 (37%)	6 (22%)	5 (19%)	8 (30%)
Comprehensive data	6 (22%)	13 (48%)	6 (22%)	3 (11%)	6 (22%)	7 (26%)	1 (4%)	0 (0%)	11 (41%)

Overall, recording on education was found to be the most comprehensive. The second most comprehensive recording was found to be in relation to accommodation; 41% (11) of plans provided full details on this issue. Only around one fifth of pathway plans (22%, 6) were found to provide comprehensive data on health and development; emotional and behavioural development; and family and social relationships even though these issues are of central importance in preparing and supporting young people as they make the transition from care to adulthood.

To further assess information recorded on pathway plans analysis was undertaken to facilitate exploration of whether information was presented on young people's predicted needs as well as their current needs. If services and support were reported this was taken as acknowledgement of current needs even if this information was not outlined in the plan itself, for example '*arrangements have been made for [young person] to receive counselling*'. As Table 3.2 shows, the majority of plans failed to consider how a young person's needs might change in the future and the necessary support that would be required by the young people to assist them to manage such changes. The exception to this was in relation to accommodation; in the majority of cases young people's predicted housing needs 16 (59%) were considered. Although support to address needs was often mentioned on plans it was often non-specific in nature. For example pathway plans would often state that there were plans to '*promote independent living skills*' or '*explore accommodation options*' but no indication of how this task would be undertaken was recorded.

Table 3.2: Recording of young people’s current and predicted needs

	No data			Current needs only			Current and predicted needs			Predicted needs only		
	Pilot sites	Comparator sites	All sites	Pilot sites	Comparator sites	All sites	Pilot sites	Comparator sites	All sites	Pilot sites	Comparator sites	All sites
Health and development	4 (29%)	5 (38%)	9 (33%)	7 (50%)	7 (54%)	14 (52%)	3 (21%)	1 (8%)	4 (15%)	0 (0%)	0 (0%)	0 (0%)
Education, training and employment	4 (29%)	3 (23%)	7 (26%)	4 (29%)	9 (69%)	13 (48%)	4 (29%)	1 (8%)	5 (19%)	2 (14%)	0 (0%)	2 (7%)
Emotional and behavioural development	9 (64%)	4 (31%)	13 (48%)	4 (29%)	9 (69%)	13 (48%)	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	1 (4%)
Identity	13 (93%)	10 (77%)	23 (85%)	1 (7%)	3 (23%)	4 (15%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Social presentation and self-care skills	7 (50%)	4 (31%)	11 (41%)	2 (14%)	4 (31%)	6 (22%)	5 (36%)	3 (23%)	8 (30%)	2 (15%)	0 (0%)	2 (7%)
Family and social relationships	5 (36%)	3 (23%)	8 (30%)	7 (50%)	8 (62%)	15 (56%)	2 (14%)	2 (15%)	4 (15%)	0 (0%)	0 (0%)	0 (0%)
Support	13 (93%)	11 (85%)	24 (89%)	1 (7%)	2 (15%)	3 (11%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Family and environmental factors	13 (93%)	13 (100%)	25 (93%)	1 (7%)	0 (0%)	2 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Accommodation	2 (14%)	6 (46%)	8 (30%)	2 (14%)	1 (8%)	3 (11%)	7 (50%)	2 (15%)	9 (33%)	3 (21%)	4 (31%)	7 (26%)

Finally, the quality of the pathway plans was measured against the former DCSF's guidance on the information that should be included in part two of the ICS pathway plan (DCSF, 2008). This was considered for each of the core dimensions outlined below.

Health and development

Guidance stipulates that information about support necessary to lead a healthy lifestyle (e.g. young person needs further advice on healthy eating or help registering with a dentist) should be recorded; yet less than a quarter (7, 26%) of plans contained such information. Details concerning specialist treatment (e.g. physiotherapy) were recorded on 16 (59%) plans. It was not clear whether in remaining cases none was required. None of the plans recorded the name and address of the young person's general practitioner, even though this is recommended. Finally, emotional needs and support required are supposed to be recorded in this section of the plan, however many social workers record this information in the 'emotional and behavioural development' part of the plan, which may explain why it was only detailed in the 'health and development' section in eight (30%) cases.

Education, training and employment

There is an expectation that plans will provide a summary of young people's educational attainment. However, this information was not recorded on any of the plans that were examined. Information on the young person's involvement in education or training should be recorded in conjunction with support that will be available to assist the young person access and continue their education or training. The majority of plans detailed current involvement in education or training (22; 81%). A slightly higher percentage from the pilot authorities recorded engagement in education or training (12, 86%). Seventeen (63%) plans contained information on the support and assistance necessary to enable the young person to maintain or access education and training. Individual goals and plans for work should also be recorded. The majority of plans (21, 78%) recorded young people's individual goals and/or

plans for work. Pilot authorities were much more likely to detail such information than their counterparts (12 (86%) from pilot authorities and 9 (64%) from comparator authorities).

The research team intended to assess the quality of Personal Education Plans (PEPs) used to inform pathway plans; however, of the 21 young people that permitted us to access their case files only 10 had PEPs available on file.

Discussions with children's social care professionals revealed that not all young people had PEPs because they were not in education or training and/or did not wish to complete one. Only seven young people had PEPs that could usefully inform their pathway plan (i.e. they were developed prior to the preparation of the pathway plan).

Emotional and behavioural development

Guidance recommends recording young people's abilities to maintain positive relationships in the pathway plan. Recording on this was poor, with just six (22%) plans providing details. Professionals from comparator authorities were much more likely to enter this information than their counterparts from the pilot authorities (5 (38%) from comparator authorities and 1 (7%) from pilot authorities). Just over a quarter (7; 26%) of plans recorded details on coping with difficulties or frustrations as recommended within the guidance. Again professionals in the comparator authorities were more likely to have entered this information than those in pilot authorities (4 (31%) from comparator authorities and 3 (21%) from pilot authorities).

No plans recorded information of offending behaviour although this may have been because none of the sample had committed offences. As discussed above, many social workers record emotional and mental health needs and support in this section of the plan rather than the 'health and development' section. Around half (14; 52%) of the plans recorded details on emotional and mental health needs in this section. Social workers in comparator authorities were much more likely to record this information than those from the pilot authorities (9 (69%) from comparator authorities and 5 (36%) from pilot authorities). These findings are of concern given high levels of emotional and behavioural difficulties amongst looked after children and in light of

the added pressures young people face as they negotiate changes associated with the transition from care to adulthood (Ford *et al.*, 2007; Meltzer *et al.*, 2003; Stein, 2004; Sempik *et al.*, 2008).

Identity

The plan should be based on a clear understanding of how the young person defines their own identity and it should detail how the young person will be supported to sustain a positive image and maintain links with their heritage. However, research on the experiences of young care leavers from different ethnic groups found that children's social care played a minimal role in the development and maintenance of racial and ethnic identity (Barn *et al.*, 2005). In the current study only four (15%) plans detailed how the young person was going to be supported to sustain a positive image and/or maintain links with their heritage. None of these plans related to the four UASC from the case record sample. All but one of these plans came from a comparator authority (3 (23%) from comparator authorities and 1 (7%) from pilot authorities). Just one (4%) plan, from a comparator authority, recorded the young person's own perceptions about his or her identity.

Family and social relationships

Information about the practical and emotional support that a young person's family will offer them so that they can maintain family and other relationships should be recorded. Only one plan, which was from a comparator authority, outlined support that a young person's family would offer them (1; 4%). It is recommended that details about other significant people who may be able to assist the young person establish a more independent lifestyle should be entered into the plan. Just over a third (10; 37%) detailed such information. Plans from pilot authorities were more likely to record this information than comparators (6 (43%) from pilot authorities and 4 (31%) from comparator authorities). Details of how young people will be supported to maintain positive relationships with family and friends should also be recorded, yet less than half (13; 48%) of all plans provided such information. Comparators were much more likely to record this information (5 (36%) from comparator authorities and 8 (62%) from pilot authorities).

Given that looked after children cannot expect to rely on their family for support when they leave care, the lack of information about their network of support once they leave care is of concern. Whilst social workers cannot prevent care leavers from making contact with their birth families, strategies should be employed to manage the young person's expectations and prepare them for renewed or increased contact. Evidence suggests that poor outcomes for care leavers are linked to weak support networks, few friends and feelings of isolation and loneliness (Stein, 2004). Protective factors include having someone to turn to for support and developing and maintaining positive links with family or former carers and these should be encouraged and worked towards (Stein, 2004; NCAS 2009). At the same time re-establishing or increasing contact with birth families can lead to disappointment or have a negative impact on the young person's well-being (Wade, 2008).

Social presentation and self-care skills

Plans should detail the young person's current practical, social and emotional skills. Fourteen (52%) plans contained this information. Guidance stipulates that information about the skills that he/she may need to enhance his/her abilities to manage successfully in their own accommodation and any support necessary to develop these skills should be recorded. Comparators were more likely to record this information (9 (69%) from comparator authorities and 7 (50%) from pilot authorities). Sixteen (59%) plans illustrated areas where young people needed further training and support around independent living skills to address their current and future needs. However, information on how they would be supported to develop their abilities was not very detailed, for example, stating plans to '*develop young person's independent living skills*'. There was little information on how this would be done in practice.

Accommodation

It is important that information concerning where young people are going to live and expectations about the timing of transitions to independent accommodation are

recorded. Over half of the plans (16; 59%) provided information on accommodation for young people post 16. Pilot sites were substantially more likely to record this information than comparators (10 (71%) from pilot authorities and 6 (46%) from comparator authorities). Two thirds (67%) provided detailed information on how young people would move to independence. Pilot authorities were substantially more likely to record this information (11 (79%) from pilot authorities and 7 (54%) from comparator authorities). However, there were still plans that lacked essential information on how young people would be supported to make the transition from care to independent living arrangements.

Finance

In order to explore recording on young people's financial capabilities each plan was examined to see if details of the young person's level of financial independence were recorded and if information was entered on their ability to manage on a budget. Twenty one young people had plans but only 12 had part one (i.e. the assessment) of the pathway plan on file. Of these 12 the majority had one assessment (7), four young people had two and one young person had four. Data on these 19 plans (5 from the pilot authorities and 14 from the comparator authorities) were explored in order to examine quality of recording. The majority of plans in both pilot and comparator authorities recorded whether young people were responsible for managing their finances (16, 84%) and their ability to manage on a budget (16, 84%). Subsequent chapters demonstrate that this was an area that young people struggled with in practice.

Recording of young people's wishes and feelings

The ICS exemplar pathway plan has a section to record young people's wishes and feelings. There were only four plans in which the 'young person's views' section of the pathway plan was completed; these were all from comparator authorities. Two stated that the 'young person did not wish to add anything to the plan' and one detailed a young person's ambitions. There was only one plan that contained a clear statement from a young person with regards to their wishes and feelings. This young

person not only presented her views on where she would like to live and the support she required to help develop her independent living skills, but also detailed the level of contact she would like with her birth family and her future ambitions with regards to education and employment. Although young people's wishes and feelings were rarely recorded in the section dedicated to this on the pathway plan it was evident that young people had been consulted and their views integrated (to varying extents) throughout the document. Twenty plans included one or more references to young people's wishes and feelings, for example: *the young person would like to remain with foster carers beyond 18*. Plans from pilot authorities were more likely to show evidence of recording young people's wishes and feelings which may reflect developments under Right2BCared4 (12 (86%) from pilot authorities and 8 (62%) from comparator authorities).

At the time of writing Munro (2010) was undertaking a review of child protection in England. The initial report recognises that over-standardised recording and assessment frameworks may limit the time social workers are able to spend interacting directly with young people and make it difficult to provide flexible and sensitive responses to meet the needs of individuals (Munro, 2010). Although changes may be recommended to address this issue it remains important to acknowledge that findings from this evaluation do suggest that there are specific issues, including contact with birth families, which appear not to be being explored sufficiently, despite their importance as young people make the transition from care to adulthood.

Drawing on survey and interview data the next section examines the extent to which young people felt involved in the development of their pathway plans.

Young people's involvement in pathway planning

The Planning Transitions from Care to Adulthood Guidance, including the Care Leavers (England) Regulations (Department for Education, 2010b) state that professionals are expected to: 'engage constructively with the young person to define priorities and the focus of the plan'. In addition they must consult with:

- The young person's parents, other adults with parental responsibility and relevant members of their wider family network;
- The young person's current carer and any prospective future provider of housing and accommodation support;
- The young person's designated teacher, college tutor or other educational professional familiar with the young person's learning needs and educational objectives;
- Any independent visitor appointed for the young person;
- Designated nurse for looked after children or any other medical professional providing health care or treatment named in their health plan;
- Any personal adviser, already appointed to support the young person;
- The young person's IRO; and
- Any advocate acting for the young person (p.15).

Four fifths of young people were aware that they had a pathway plan (81% (107) in pilot authorities and 80% (41) in comparator authorities). This is higher than in previous research. Morgan and Lindsay (2006) found that 61% of young people they surveyed were aware of having a plan. Table 3.3, below provides data on how involved young people felt in the development of their plan. A high percentage of young people surveyed either felt 'very involved' or 'quite involved' in their pathway plan (80% (85) in pilot authorities and 93% (38) in comparator authorities), whereas in Morgan and Lindsay's (2006) study a significant number felt they did not have a say about what went into their plan. Respondents in the comparator authorities were more likely to have felt 'very involved' in their pathway plan than those in the pilot authorities (48% (51) in pilot authorities and 61% (25) in comparator authorities). The percentage of respondents in the pilot authorities who said they were 'only a little involved' was much higher than in the comparator authorities; 15% (16) in pilot authorities compared to 5% (2) in comparator authorities. However, it should be noted that some plans may have been drawn up before Right2BCared4 was established.

Table 3.3: Extent to which young people felt involved in their plans

	Very involved	Quite involved	Only a little involved	Not involved at all	Total
Pilot authorities	51 (48%)	34 (32%)	16 (15%)	5 (5%)	106 (100%)
Comparator authorities	25 (61%)	13 (32%)	2 (5%)	1 (2%)	41 (100%)
Total	76 (52%)	47 (32%)	18 (12%)	6 (4%)	147 (100%)

In addition, young people were asked which of the people (outlined in Table 3.4 below) had been involved in the development of their pathway plan. They were also asked whether there was anybody who was not involved in discussions about their pathway plan who they thought should have been involved and whether anyone was involved who should not have been. Thirteen percent of young people in pilot authorities and 5% in comparators reported that their social worker was not involved in discussions about the pathway plan, even though they should be responsible for completing it. Foster carers and residential workers tended to be involved when young people were in these placement types. Family members were not commonly involved in discussions about pathway plans, although involvement was higher in comparator authorities (42% (17) in comparator authorities and 27% (28) in pilot authorities). Overall, a higher percentage of IROs, residential workers¹⁸ and independent advocates were involved in the development of plans in pilot authorities; this may reflect developments under Right2BCared4 (enhanced IRO role, post 16 residential provision and the emphasis placed on the promotion of independent advocacy). It is however noteworthy that a higher percentage of young people in comparator authorities felt very involved in the development of their plan compared to those in the pilots.

¹⁸ This does not simply reflect differences in current accommodation types as a similar proportion of young people were in residential in pilot and comparator sites

Table 3.4: Young People’s reports of who was involved in discussions about their pathway plans

	Pilot authorities	Comparator authorities
Social worker	91 (87%)	39 (95%)
Family	28 (27%)	17 (42%)
Foster carer	58 (55%)	20 (49%)
Residential worker	22 (21%)	3 (7%)
Teacher or employer	15 (14%)	5 (12%)
Personal adviser	27 (26%)	12 (29%)
Independent reviewing officer	37 (35%)	10 (24%)
Independent advocate	12 (11%)	2 (5%)
Volunteer mentor	5 (5%)	41 (100%)

Nine percent of young people felt that people were involved in discussions when they should not have been (10% from pilot authorities and 8% from comparator authorities). Those who stated, who they felt it was inappropriate to discuss plans with, indicated that they objected to the involvement of people who were not directly involved in their care. There were a slightly higher percentage of respondents in the pilot authorities that felt key people in their lives had not been involved in discussions about their plans (17% in pilot authorities and 10% in comparator authorities). Although young people were asked who else they would have liked to be involved only two supplied data on this; both indicated that they wanted their pathway plans to be discussed with their mothers.

Facilitating young people’s involvement in pathway plans

As outlined above, the survey shows that the majority of young people felt involved in their plans and that a range of people are involved in discussions to inform these. When asked what mechanisms they employed to facilitate meaningful participation, workers in three authorities (two pilot authorities and one comparator) indicated that consultation documents were employed as a way of supporting this. Three sites (one pilot and two comparators) also indicated that young people had been involved in designing pathway plan documentation:

I would hope to see a very good, and I underline good, consultation document and that could just be a statement made by the young person (IRO, pilot authority).

Young people have a consultation form that they are encouraged to fill out (IRO, comparator authority).

We've recently designed a new pathway plan with the 16 plus Team and that's included the involvement of young people (Social worker, comparator authority).

Meetings were also arranged with young people and a wider group of professionals (including some of those outlined in Table 3.4, above) to discuss pathway plans. The number, formality and location of meetings varied. In some cases the development of the pathway plan was a process which was then brought together and finalised in a single meeting: *'it was very much a one off meeting based really on the care planning discussions that had led up to it'*, however others revealed that there may be a series of meetings: *'[we] met on a few different occasions in a few different settings'*. One social worker revealed that she would meet with the young person on a one-to-one basis as well as arranging larger meetings incorporating the young person and those involved in her care:

Well, any meetings at all that have been arranged, they [the young person] would be involved in the meetings with all the other professionals involved and then there would be one-to-one sessions between the worker and the young person, talking about their needs (Social worker, pilot authority).

In some cases it was clear that the approaches adopted were flexible and responsive to young people's wishes:

Sometimes we do them quite informally, so we might go for a coffee or lunch together and we talk about all the different areas, but I'm not really writing things down formally. Later I go to the office and type it up and then I go over the typed-up document with the young person, or sometimes I just send it to them in the post if I can't see them very soon, and I say, 'Please read through it. If there's anything that

you're not clear about or disagree with, let me know and I'll amend it or meet to discuss'. I've always done it that way (Social Worker, pilot authority).

They have a choice of who attends the pathway plan [meeting]. It might be that we would encourage them if there was a particular problem or particular issue that we would want to address, say for example with accommodation and that we thought it was of benefit for somebody to come along, we might try and encourage them to have that person there to give them ability to be able to discuss that problem more fully, but obviously it is ultimately the young person's decision who they have at their pathway plan, so it might be a rather large formal meeting, it could be one to one, you know we're very, very flexible with how that is held (Social worker, comparator authority).

In two of the pilot authorities professionals perceived that Right2BCared4 had served to reinforce the expectation that young people are actively encouraged to be involved in the development of their plan:

The benefit of the project [Right2BCared4] is that I think it's made us more aware of the need to improve our practice....and consult more fully and involve the young people themselves in the whole process, whereas I think before we were too, well you know your surrogate mum and dad and this is what we think you should be doing. I think effectively changes have come about in terms of empowering young people more (IRO, pilot authority).

However, somewhat perversely none of the (small number of) young people interviewed in this authority were aware of having had a pathway plan, suggesting that changes had not necessarily been embedded in practice.

Overall, 13 young people who took part in interviews provided information on their levels of engagement in the pathway planning process and all but one said they were involved in its preparation (92%; 12)¹⁹. As one young woman explained:

I was talking loads with my social worker about what I thought I needed help with and how I was going to achieve this (Young woman, age 17, comparator authority).

It is very helpful; like you feel that someone is listening to you and trying to help (Young man, age 16, pilot authority).

In contrast, one young person explained that she had been given the chance to be involved but chose not to be: *'I had my opportunity, but don't really, because I've had them for so long now I just hate them. The plans, not the people! The pathway plans!* Professionals also acknowledge that in a small proportion of cases young people were clear that they did not want to participate in the pathway planning process:

We do get young people [who] absolutely refuse to do it and we don't like that because it backs us into a corner and then it's consistent encouragement and we don't like having to go away and write an assessment ourselves. I've had young people before who have refused to participate, but will say I'll sign it when you've finished. It sort of defeats the object and it's not what we're about (Social worker, comparator authority).

Well, we've always done the pathway plan with the young person. Well, I mean, of course there are some exceptions when the young person's not engaging with us at all, and then we'll just do it in their absence and we send it to them if we know their address...if they turn up then we've got a pathway plan we can revise with them (Social worker, pilot authority).

¹⁹ Nine young people were not aware of having developed a pathway plan, two young people revealed that they were due to prepare their plan and the remaining nine did not provide further details on how they were involved in the preparation of their plan.

The value of pathway plans

Young people appeared to value plans when they explored current circumstances and how these were likely to change in the foreseeable future; when clear goals were set and it was clear what services the local authority would supply to support them in making the transition from care to adulthood. Professionals and young people also identified the contribution that well established and positive relationships with workers had on the effective development of plans (see also Hai and Williams, 2004).

Make things clear. Like ages ago when I wasn't sure what was going to happen, like what was going to happen after I turned 18. After I had the pathway plan it was all clear (Young woman, age 17, pilot authority).

Those who perceived the process to be less useful saw it as a bureaucratic recording exercise to meet local authority requirements rather than as a tool to support and prepare them:

Peer researcher: Did you find your pathway plan helpful?

Young Person: Not really, no, it's just like where, like where you are now, it's not like anything (Young man, age 16, pilot authority).

It doesn't really help, it's just a waste of paper. Might help others but it doesn't help me (Young woman, age 19, pilot authority).

Delays in completion of initial plans, or failure to review and update them, could also undermine their relevance and there were cases in which it was clear that completion of the pathway plan was a one off event rather than an ongoing process:

I haven't seen a pathway plan at all since I was 16, when I just turned 16 when I done it, and I haven't seen it [since then] (Young woman, age 18, pilot authority).

An IRO in one pilot authority also identified that Right2BCared4 had highlighted weaknesses in the pathway planning process in this respect:

I think that Right2BCared4 has highlighted that our pathway planning isn't as robust as it should be... I think they do a good initial pathway plan...I think what's missing is the continual assessment... and the reforming of it. What you have is a summary. What happens is they do a good initial plan; I don't think they're hot on contingencies – I think in reviews we have to push contingencies - and that plan becomes a set of actions, and it's the actions that end up being focus of any future planning (IRO, pilot authority).

A small number of young people cited staff shortages as an issue that contributed to these problems (see also Morgan and Lindsay, 2006; Phillips, 2010):

I think pathway planning shouldn't just be an initial thing, regardless of whether you've got a pathway planning coordinator, you need somebody to keep on top of... update the pathway plan to keep it current and keep it fresh and keep it useful, otherwise the documents goes out of date and it doesn't tell you anything... I don't think it's really helped me that much because of the fact we weren't able to review it regularly enough to see where I was progressing on a day to day basis, because of the issues you know with my pathway planning coordinator moving away and the reviewing of it being a bit slow, I don't think it's been the most helpful piece of paper I've ever had. (Young man, age 17, pilot authority – plan reportedly not updated for nearly 2 years).

It took a long time because the person that originally started it retired. And it didn't get completed until about a year after that actually (Young woman, age 17, pilot authority).

Other criticisms related to the quality of assessments to inform plans. Responses from a small number of young people suggested that their skills were taken at face value without an in-depth assessment of their abilities in practice:

They kind of did that [assessment], but they couldn't measure how well I was [doing] at that time because my father [was ill] and I was never in [the residential unit], so they knew that I could manage my money when I was there because I wasn't paying any bills, but they've never actually assessed us, then like I was in the flat, if I

couldn't do anything they didn't even know if I could cook or nothing when I left, so they just knew that I could clean and like feed myself like sufficiently enough like beans on toast and things like that, they don't really know what I can do (Young woman, age 18, pilot authority).

Another young person suggested that the assessment questions were too easy and did not reflect the realities of living independently:

Some of them are just like stupid questions. Like, if you left the gas on, what should you do? Well, obviously, you're going to turn it off. It's just, I know it's meant to be basic but the thing that I think, is that they made it so basic that most people get it right, and then they're chucked out into the deep end. And to be honest, that's what I feel is what happened to me. Because it was worded easily. You're laughing in the back of your head saying well, this is easy, I know what I'm talking about. And obviously, if they made it a bit more harder and reworded it so it was a bit more challenging, they would see where people needed to (improve) a bit more. It's a lot more challenging. They make it sound easy on the piece of paper, and like the (circumstance), when it actually comes to reality, it's way different (Young man, pilot authority).

This young man felt that this approach left young people making the transition from care to adulthood ill-equipped and overly confident in their ability to manage living on their own. This was also reflected in the survey findings which found that those who were still looked after were more likely to be 'very confident' of their abilities to face new challenges and solve problems than those who had actually left care. Statutory guidance emphasises the importance of robust assessment and ensuring that the pathway plan is a living document and that it is updated to reflect changes in young people's needs and circumstances (DCSF, 2010a). The next section of the report examines young people's involvement in reviews including their attendance, participation and the influence this has upon decision-making.

Reviews

The Right2BCared4 pilot promotes the principles that pathway planning and review mechanisms should reflect the needs and wishes of young people and that young people should be empowered to participate meaningfully at each stage of the transition process. To facilitate exploration of the extent to which these aspirations have been realised it is worthwhile to consider different levels of, and pathways to, participation. Shier (2001; 2006) identifies five levels of participation: 1) children are listened to 2) children are supported in giving their views 3) children's views are taken into account 4) children are involved in decision making processes 5) children share power and responsibility for decision making. Up to level three young people may be empowered in a weak sense, in so far as they are 'strengthened' or 'supported' but decision-making remains in the province of adults (Shier, 2001, p.113-114). From level four young people are directly involved at the point where decisions are made. Even at this stage, however, they may not have any real power over the decisions that are ultimately taken. It is at level five that adults explicitly commit to sharing power, that is, they are willing to give some of it away and share power and responsibility for decisions with young people. It should be highlighted that the model:

Makes no suggestion that children should be pressed to take responsibility that they do not want, or that it is inappropriate for their level of development and understanding. However, in practice adults are more likely to deny children developmentally appropriate degrees of responsibility than to force too much responsibility on them (Shier, 2001, p. 115).

The extent to which different components of Right2BCared4 have influenced practice and young people's levels of participation and the extent to which they feel empowered are explored in the rest of this Chapter.

Attendance at and participation in reviews

Data from the national statistical returns showed that for the year ending 31st March 2010, the majority of young people aged 16 or over physically attended their reviews

and spoke for themselves (10,400; 77%) (Department for Education, 2010a). One thousand and four hundred (10%) did not physically attend and instead briefed their advocate to attend and speak for them. Finally, 440 (3%) never attended or had their views conveyed. The majority of young people surveyed for the evaluation either always (115; 65%) or usually (25; 14%) attended their reviews, as Table 3.5 below shows. However, these data do not facilitate determination of the nature of young people’s participation. Young people may attend but their views may not be taken into account (see also Fletcher, 1993; Grimshaw and Sinclair, 1997).

Table 3.5: Young people’s attendance at reviews

	Always attended	Usually attended	Sometimes attended	Never attended	Total
Pilot authorities	81 (63%)	17 (13%)	20 (16%)	10 (8%)	128 (100%)
Comparator authorities	34 (68%)	8 (16%)	8 (16%)	0 (0%)	50 (100%)
Total	115 (65%)	25 (14%)	28 (16%)	10 (6%)	178 (101%)

To explore the extent to which young people were supported to give their views (i.e. level 2 on the pathway to participation) survey respondents were asked whether or not they were encouraged to express their opinions in review meetings. Over two thirds of young people reported that they were always encouraged to do so (126; 71%). A small number from the pilot authorities reported that they felt they were never encouraged to participate in their meetings (6; 5%). Further details are presented in table 3.6.

Table 3.6: Encouragement to express wishes and feelings

	Always	Usually	Sometimes	Never	Total
Pilot authorities	90 (70%)	19 (15%)	13 (10%)	6 (5%)	128 (100%)
Comparator authorities	36 (74%)	9 (18%)	4 (8%)	0 (0%)	49 (100%)
Total	126 (71%)	28 (16%)	17 (10%)	6 (3%)	177 (100%)

However, data from the survey revealed that the extent to which young people *felt listened to* was lower as Table 3.7, below shows. Just over half of young people stated that they were always listened to (93; 53%) and only a small minority felt that they were never listened to (9; 6%).

Table 3.7: Extent to which young people felt listened to

	Always	Usually	Sometimes	Never	Total
Pilot authorities	64 (50%)	35 (28%)	22 (17%)	6 (5%)	127 (100%)
Comparator authorities	29 (58%)	11 (22%)	7 (14%)	3 (6%)	50 (100%)
Total	93 (53%)	46 (26%)	29 (16%)	9 (5%)	177 (100%)

One mechanism intended to encourage and support young people to give their views and intended to maximise their active participation under Right2BCared4 was affording young people the opportunity to chair their own reviews. This is explored below before going on to consider other developments that were initiated by pilot authorities with the aim of empowering them to be more involved in the decision making process.

Young people chairing their reviews

A core aspect of LA A's pilot was to encourage and support young people to chair their own reviews. Findings from the evaluation revealed that other authorities also offered young people this opportunity, although the extent to which it was promoted varied. Less than a fifth of young people surveyed (30; 17%) had chaired their own reviews. Those from the pilot authorities were slightly more likely to have chaired their reviews (24; 19%) than those from the comparator authorities (6, 12%). However, just over half of those who had not chaired their reviews did not wish to do so (62, 53%). Further details are presented in table 3.8 below.

Table 3.8: The number of young people that chaired their own reviews

	Yes	No	Don't know	Total
Pilot authority	24 (19%)	84 (66%)	19 (15%)	127 (100%)
Comparator authority	6 (12%)	37 (73%)	8 (16%)	51 (101%)
Total	30 (17%)	121 (68%)	27 (15%)	178 (100%)

Three interviewees had chaired their own reviews and their experiences varied; one young person felt overwhelmed by the experience, due to the number of people in attendance, whereas another felt '*more important*'. He had chaired a number of his reviews and felt that the attendees were more likely to take his views into

consideration when he was in the position of Chair. The other young person that chaired her own review felt that she was *'put on the spot'* but also revealed that it provided her with the opportunity to express her wishes and feelings and she had plans to chair more. One young person was due to chair her next review and two young people expressed an interest in chairing their reviews. Professional perspectives on this also varied:

I'm not sure it happens that often...I mean very often young people make the choice, no you do that bit...I think what happens with a lot of scenarios...is you gradually give young people the space to do things how they want to do it, and you follow more around that rather than trying to impose some kind of formality on it...It's often not as clear cut as right you're chairing the meeting, what's the agenda...that's the kind of language that adults use...It's actually about doing it in slightly different ways (IRO, comparator authority).

I think adults are frightened of children chairing reviews, they don't like it...it's a power thing isn't it...It's quite hard chairing meetings, but if [young people] feel that they are able to do it then they should be supported to do that (Right2BCared4 project manager).

The potential for joint or co-chairing was identified by a couple of interviewees who felt this offered appropriate support and the opportunity for young people to build their skills and confidence. Others suggested that efforts needed to be made to ensure that reviews were a positive experience for the young people involved. Ways of facilitating this included ensuring that young people were involved in decisions about the formality of the meetings, the venue and who attends. The extent to which young people feel engaged in the process will also influence the effectiveness of additional review meetings as a mechanism to facilitate young people's active participation.

Reviews in response to ‘significant changes’

Under the Right2BCared4 pilot local authorities are required to convene additional reviews (above and beyond those required to meet statutory requirements) if changes to care plans are anticipated or occur due to ‘significant changes’ such as:

- For a young person to leave care before the age of 18;
- For a child to move from a regulated placement to unregulated lodgings (with a different carer) or to ‘independent living’ before the age of 18;
- If a child moves from a placement in residential care where the care plan has indicated that the placement is appropriate and the child is settled and attending school;
- An unplanned change to a placement that would disrupt a young person’s education; or if
- A young person is about to be discharged from a Secure Children’s Home or is leaving custody.

Requiring the meeting to be a review, a statutory process requiring the involvement of young people, serves to reinforce the message that young people must be active participants in the decision-making process (operating at participation level 4 or above). Interviews in comparator authorities also revealed that it was not uncommon for them to instigate reviews early in response to changes in young people’s circumstances or plans, highlighting that good practice supported both an early or immediate response to change and the involvement of young people²⁰.

The process of holding additional reviews was generally deemed by professionals to have improved the care planning process as it strengthened notification procedures and made IROs aware of significant changes thereby giving them leverage to challenge local authority plans if these were not perceived to be in the young person’s best interests. It was also welcomed by some staff because it also provides young people with a formal forum to express their views and be properly involved in the decision-making process (i.e. participation level 4 or 5).

²⁰ Further weight is lent to young people’s active participation in the pilot sites as these local authorities are expected to initiate the dispute resolution process if the decision taken at the review sets aside the young person’s wishes.

If there's going to be a significant change to the care plan and that young person isn't happy about it, let's just hold fire. Let's have a review before we make that decision. And the managers are now asking why that hasn't happened, if something changes, and say a complaint comes through about that, they now go back a step and say, 'well, why was there not a review called, because that's quite a significant change to the care plan' (Children's rights officer, pilot authority).

An IRO highlighted how additional reviews could also serve as a useful mechanism to address issues when placements were vulnerable to breakdown:

We've been able to stop placements ending until at least we've had a review. So they are real, significant changes. I mean, historically you could review a child in February and they were settled in placement and obviously a contingency is always that they may go into independent living, but you go back five or six months later and actually they'd left that placement six weeks after the review, and there was no requirement at that time to come back to a review, so that's really, really focused down on planning. So it's the opportunity now, to get in there when required and when needed, when there is a planned change (IRO, pilot authority).

Some leaving care personal advisers involved in focus groups in Phase one had raised concerns about implementing additional reviews because they felt that the development would not be welcomed by young people:

So they're used to having gone through their whole care history, of having two, and all of a sudden, 'Right, that's changed, we have to have a review'. 'Again! I don't want to have a review, I don't like going to them as it is. What are you doing, why are you doing that?' That's what I'm finding a challenge about Right2BCared4. It's actually, changing their view about how a review works (Leaving care personal adviser, pilot authority).

This was also identified by a small number of professionals in Phase two:

I think we expect an awful lot from young people, to be participating. If my grandchildren were told three times a year that they had to participate in a meeting

with their teacher, their parents, maybe their grandparents and School Health...they would be horrified (IRO, pilot authority).

However, the young people's survey did not lend weight to this view; approximately three fifths of young people (62% from pilot authorities and 61% from comparator authorities) stated that they would want a review when there was a significant change in their life. This needs to be understood within the context of current statutory social work processes under which reviews are the main forum for decision making (qualitative accounts, consistent with findings from other studies, identify that the number of professional involved may inhibit young people's active participation). On average, pilot sites held 2.67 reviews per young person per year²¹. The majority of young people who were aware of having experienced additional reviews (38 from pilot authorities and 11 from comparator authorities) said that they found them to be helpful (44 out of 49; 90%). The main reasons given were: that this gave them an opportunity to express their wishes: *'I got to speak about my views'*; and that it clarified plans for the future, *'Yes it was helpful because I was not left in the dark on what was going to happen in the future'*. A young man who was interviewed described his experience:

In the last three months or so I called an emergency review because there was an issue with a placement I was planning to move on to, so we had to do a bit of reconstruction of the next stage of my plan for moving on, and both [my] social worker and IRO were really supportive in helping me pull that together and get working on what options are out there for me, what's accessible, and what suits my needs (Young man, age 17, pilot authority).

However, there were a small number of young people who felt less involved and the messages they conveyed suggested that higher levels of participation were not always secured under the new arrangements. One survey respondent felt that *'decisions had already been made'* and an interviewee said that she had to move from care and that this decision was never discussed with her:

²¹ Based on data supplied by six pilot authorities

Peer researcher: Have there been any changes [in your circumstances]?

Young person: Yeah I moved from care [a decision] that they never justified, I had two weeks.

Peer researcher: Did you discuss this change with your IRO?

Young Person: I don't think so, I don't know.

Peer researcher: Did you get an opportunity to have a meeting about these plans that were going to be made, you know of you moving?

Young person: I don't think I did have really (Young woman, age 18, pilot authority).

The following section explores factors that support or inhibit young people's participation and the extent to which decision-making is shared.

Factors promoting or inhibiting young people's participation

On the whole, professionals suggested that there had been a cultural shift in attitudes towards young people's participation and greater willingness to operate at higher rungs on the ladder of participation, as one IRO explained:

I think if I was to look back five, ten years, I think we're much better now at using the royal we, at listening to young people and sort of following through in terms of discussing what are realistic plans or not, so that the care plan is the key issue really, and I feel reasonably comfortable that young people do have a key part, and play a key part in that. As I say it often leads to a slight difference of view about things, and how things should work, and how you achieve goals and things like that, but that's just part of the ongoing stuff of life really (IRO, comparator authority).

This quote also illustrates how professional and young people's views on the best course of action may not align but dialogue around such issues is important. Professionals may face dilemmas as they try to meet the expectations placed on them to involve young people and respect their wishes whilst also seeking to secure the outcome that they perceive to be in their best interests (see also Sanders and Mace, 2006). Indeed, sharing power and responsibility for decision-making with young people is not always without difficulty and challenge, as a Right2BCared4

project manager recounted:

In the early days of the pilot three years ago we used to have more instances whereby older children, which is year 10 and over, who there were allegations about safeguarding (mainly against their carers) about the quality of the care. Well the young people themselves said that they didn't want to move and so this was a difficult balance to strike, and in the past the safeguarding would have been prioritised, but now there's a more balanced decision making in which safeguarding issues are balanced against the young person's age and the young person's wishes. Often that's led to conflict because the social workers would say that we think that this young person is at risk if he remains in the placement.

Ongoing and consistent relationships with professional may assist in navigating these issues and coming to a shared agreement about an appropriate course of action. A recurring theme in interviews with young people was that continuity of relationship with social workers who listened to and encouraged and supported them was important to them and facilitated their participation. As one young person said:

It's good because I met her when I was seven, because she used to work through my life really, bobbed in and out of life with them, so I've know her forever... 11 years. She knows me pretty well (Young woman, age 17, pilot authority).

In contrast, the large number of professionals involved in meetings was seen to inhibit young people's participation, as one young man reflected:

I think one of the issues is making sure you've got the professionals there that you need, not just professionals being there for being there sake...I think with my experience of children in care councils and my own reviews, a lot of people feel there's too many people there, it puts you off (Young man, age 17, pilot authority).

Another indicated that:

When there are loads and loads of people around the table I get a bit nervous and stuff and I can't share my views around the table (Young woman, age 18,

comparator authority).

Young people could feel like passive objects rather than active participants within the review meeting:

I mean, all them people around, they normally talk about you not to you, which is really annoying, because you could be in the room and you feel like a ghost, because everyone's just sat there talking about you and not actually to you and not what you wanted, what everyone else thinks that you need to do (Young woman, age 18, pilot authority).

Young people's willingness to share important information to contribute to decision-making may also be compromised by the attendance of professionals who would not be party to personal information about them if they were not looked after. One young woman described how sensitive personal information was openly discussed in front of her school tutor, which she found highly distressing:

My college tutor was there, and she was quite snobby, and one example was I didn't want my college tutor to know certain things and like how I was feeling, and then this woman walked in a sat down and was just like, 'how are you today?, have you stopped self harming?'...I was like, oh my God. That was the worst thing ever (Young woman, age 17, pilot authority).

This reinforces the need to consult young people about who they wish to contribute to the meeting and to critically consider whether it is necessary or appropriate for everyone to attend the whole review or pathway planning meeting.

Messages for policy and practice

- In recent year's education, placement stability and the provision of suitable accommodation have been high on the policy agenda. Recording on these areas is stronger than that on others which are also of critical importance in ensuring the young people's needs are met.

- Looked after children have a higher prevalence of both psychosocial adversity and psychiatric disorders than young people in the general population; with rates ranging from 45% to 49% (Ford *et al.*, 2007). In this context and given the added pressures associated with periods of transition and change it is important that young people's health needs are assessed and that plans outline how such needs will be met.
- Research demonstrates that as young people reach adulthood they may want to reconnect with birth family and indeed many may return to live with family when they leave care. For some young people these relationships will be beneficial and supportive, however, for others they may be damaging (Biehal *et al.*, 1995; Dixon and Stein, 2005; Stein, 2004; Wade, 2008). It is important that social workers and leaving care workers are proactive in exploring family and social relationships, managing young people's expectations, and preparing them for renewed or increased contact.
- Right2BCared4 appears to have promoted conditions that enable IROs to effectively scrutinise care plans and given them greater leverage to challenge local authority plans if these were not perceived to be in the young person's best interests.
- Around two-thirds of young people (62% from pilot authorities and 61% from comparator authorities) were in favour of additional reviews when significant changes in their life were proposed, thus signalling their desire to be involved in the decision-making process. However, the review meeting itself can inhibit their active participation because of the large number of professionals involved. Review meetings are adult centric forums for decision-making; offering young people greater say in who attends, the venue and format of the meetings allows young people greater control of the process. This also reinforces the importance of reviewing as an ongoing process rather than a one off event.

Chapter four: The role and contribution of Independent Reviewing Officers and Independent Advocates

Introduction

As part of the pilot local authorities implemented changes intended to develop and strengthen the role and contribution of IROs and independent advocates in the planning process preceding young people's transitions from care to adulthood. The purpose of the measures was to introduce checks and balances in the planning and preparation processes to improve outcomes. The Chapter outlines the approaches pilot authorities adopted to strengthen the IRO role and explores whether different organisational arrangements for the delivery of IRO services influence the contribution that they are able to make to securing positive outcomes for young people in transition. Young people's views and experiences of the role and contribution of IROs and independent advocates are also examined.

The enhanced independent reviewing officer role

The Right2BCared4 pilot introduced measures intended to strengthen the role of the IRO, including:

- Requiring local authorities to appoint a named IRO for each child. This step aims to enhance the personal accountability and individual responsibilities of each IRO and build in a presumption that every child has a right to a *consistent relationship* with one professional who keeps their care plan under review;
- Requiring IROs to spend time individually with each child prior to any review so that the IRO personally establishes the child's wishes and feelings about the issues to be covered at the care planning meeting.

The mapping exercise undertaken in Phase one of the study revealed how local authorities intended to progress their plans and strengthen the IRO role under the pilot.

Table 4.1: IROs: pre-existing practice and developments under Right2BCared4

Pilot authority	Existing practice	
	Existing practice	Proposals under Right2BCared4
A	<ul style="list-style-type: none"> • IROs based in unit which is at arm's length from operational matters • IRO will meet the child before the review • Additional reviews convened if felt necessary 	<ul style="list-style-type: none"> • IRO to take responsibility for reviewing all eligible and relevant care leavers to ensure appropriate care placement decisions • Piloting young people chairing their reviews • Clear guidance to be developed on specific events that will require an additional review
B	<ul style="list-style-type: none"> • Social workers contact the IRO if significant changes occur to discuss the need for an additional review • IROs have remote access to documents in advance of reviews 	<ul style="list-style-type: none"> • Young people have the opportunity to meet the IRO prior to a review
C	<ul style="list-style-type: none"> • Cross-borough reviewing pilot (wider cohort than Right2BCared4) 	<ul style="list-style-type: none"> • IRO to make all reasonable attempts to meet the young person prior to the review in every case where there is a plan to move a young person from a regulated care setting to an unregulated one • Provision of IRO for young people returning to their families, so ongoing support and advice
D		<ul style="list-style-type: none"> • IROs determine what events trigger an early review. They should be advised of significant changes
E	<ul style="list-style-type: none"> • Young people normally have the opportunity to meet the IRO prior to a review 	
F	<ul style="list-style-type: none"> • IROs based in separate 	<ul style="list-style-type: none"> • IRO to assume responsibility for

	Quality Assurance Unit <ul style="list-style-type: none"> • Consistency in IROs 	foster carers' reviews to ensure foster carers contribute to planning for young people and empower young people to make their own decisions and prepare them for independence
K	<ul style="list-style-type: none"> • IRO meets with young people prior to review, as far as logistically possible 	<ul style="list-style-type: none"> • IROs to have remote access to documents in advance of reviews

Prior to the implementation of Right2BCared4 it was standard practice in three local authorities (LA A, E and K) for the IRO to meet with young people prior to the review, if this was what the young person wanted. Pilot sites proposed a range of different approaches to enhancing the IRO role both to improve care planning and support young people's participation. In LA A they proposed piloting young people chairing their own reviews with support from the IRO (see p. 62 for discussion). LA B and LA K proposed developing a system to allow IROs to have remote access to documents in advance of review meetings²². LA C appointed a dedicated Right2BCared4 IRO to work with their cohort of young people and proposed to extend IRO support to young people returning to their families. In LA F there were plans for IROs to undertake foster carers' reviews. The impact of some of these changes is explored further below. It should be noted that new statutory guidance was issued during the course of the evaluation and therefore there has been a shift in the expectations placed on local authorities in the fulfilment of the IRO role (DCSF, 2010b). Consideration is also given to the way in which the organisational structures for the delivery of IRO services may influence the capacity of IROs to fulfil their core functions.

²² Insufficient data on the implementation of this are available to make any assessment of the impact of this change.

Organisational structures and the influence of IROs

The independence of the IRO is considered to be essential to enable him/her to effectively challenge poor practice. Current regulations outline that an IRO **must not** be:

- A person involved in preparing the child's care plan or the management of the child's case;
- The representative of the local authority appointed to visit the child (Section 23A, Children Act 1989);
- The child's personal adviser;
- A person with management responsibilities for the above; or
- A person with control over the resources allocated to the case (DCSF, 2010b, p.14).

Although IROs have recourse to the Children and Family Court Advisory and Support Service (CAFCASS) if they have concerns about local authority performance in relation to a child's case, questions have been raised about whether or not the power of IROs is inhibited by the fact that many of them are employed by the local authority whose care planning and case management they are tasked with scrutinising. Section 11 of the Children and Young Persons Act (2008) includes a power to confer the delivery of IRO services to a national body, outside the control of local authorities, *if* measures taken to strengthen the IRO function do not lead to improved outcomes.

The IRO arrangements adopted by different local authorities and professional perspectives on these were explored during interviews with managers, independent advocates and IROs. External scrutiny of practice by someone who is not part of the local authority has the benefit of being seen to be impartial and minimising the risk that professionals feel unable to challenge colleagues and managers about poor practice. An alternative approach, where IROs are local authority employees (in-house IROs), is to establish arm's length arrangements so that IROs are not line managed or directly accountable to those whose operational practice they are scrutinising. However, greater awareness of internal pressures and/or well established relationships may still risk influencing IROs decision-making:

IROs work quite hard to have some kind of cooperative relationship with people working directly with young people, but you have to be careful that that's not a collusive one, it compromises the young person's best interests, and I think IROs struggle with [this]. They know their colleagues are sometimes very hard pressed...but we do need to be clear that if something isn't right that needs to be highlighted...it's not a criticism of an individual worker necessarily, but the fact remains that that young person is not getting the deal they should (Service Manager discussing in-house IRO arrangements).

Both in-house and out-of-house arrangements have strengths and weaknesses as Table 4.2 below outlines.

Table 4.2: Strengths and weaknesses of different IRO arrangements

IRO arrangement	Strengths	Weaknesses
Local authority IROs	<ul style="list-style-type: none"> • Knowledge of local authority processes and practices • Awareness of services available in the locality • Established relationships with social workers and managers facilitating dialogue and engagement in strategic networks • Some IROs have long established relationships with young people and know their case history 	<ul style="list-style-type: none"> • Reluctance to challenge managers (depending on lines of accountability – arm’s length should mitigate) • Acclimatisation to existing processes and practices which may limit identification of weaknesses • Relationships with colleagues may inhibit likelihood of criticising or calling others to account • Resource limitations may influence recommendations
Use of workers who are not employed by the authority	<p>‘Outside’ the authority –</p> <ul style="list-style-type: none"> • Able to be critical and challenge • Greater autonomy and less subject to internal pressures – may therefore be more robust (providing they are not on fixed term or insecure contracts) • Fresh perspective and new insights 	<ul style="list-style-type: none"> • Lower attendance and/or potentially isolated from the main decision-making forums of the local authority • Less familiarity with services available in the locality • May not facilitate consistency in IRO relationships with young people

Reflecting on the use of out-of-house IROs during the pilot, one manager suggested:

There are swings and roundabouts...where we have people who are not in-house, who are not part of the organisation, then the downsides for those Independent Reviewing Officers is that they don’t have access to our integrated children’s services, because they’re not coming across the social worker on a regular basis,

and they're not kept abreast of developments as and when they happen, and so there is a time delay, and so those were the downsides. There are some positives...we did find with some sessional workers... there was a great deal of autonomy...they were more robust, but on the other hand we also found amongst other sessional workers that that was not the case, and that merely reflected the quality and behaviour of the in-house reviewing officers (Right2BCared project manager).

The extent to which out-of-house IROs are able to build up knowledge and relationships with staff and young people will depend on a number of factors, including: their skills and abilities; the length of time they are involved in working with the authority for; the time and resources available to enable them to attend other meetings (for example, the Children in Care Council or strategy groups); whether timely access to records is facilitated; and the attitudes of managers and frontline staff towards them. Such issues have also been found to raise challenges for independent chairs of Local Safeguarding Children Boards (France, Munro and Waring, 2010). An out-of-house IRO in one authority perceived that since Right2BCared4 had been initiated attitudes towards her had changed:

Although we are supposed to have lots of powers and capacities I think they are quite limited, in that, we can say what we would like to happen, we can recommend what we wish to be recommended, but it's not always acted on. I think more now though, since Right2BCared4, it is being listened to and it is being acted on, whereas before maybe it was kind of brushed under the carpet a lot. Sort of 'oh yes those are the recommendations [from a review]' but nobody really read them and nobody really acted on them (IRO, pilot authority).

In one comparator authority it was suggested that the professional status of IROs was diminishing and that particularly for less experienced staff this may make it difficult for them to challenge senior managers and affect changes to remedy poor practice. In the other comparator authority it was suggested that budgets influenced decision-making and that IROs lacked the teeth they needed:

There is often conflict between what an IRO is saying should happen, which will usually be in line with good practice and then what the budget holders in particular teams are saying is possible, or what they are prepared to agree to. Unfortunately I don't think IRO's have enough power, I think they should have more power (IRO, comparator authority).

In contrast, the pilot was perceived to have strengthened the IRO role in some authorities:

What we now find is that the IRO's are more willing to challenge poor practice than was the case before. So where there is no social worker report or where the quality of the social worker report is quite poor then we will often alert the managers to say why that is the case (Right2BCared4 project manager).

The professional standing of IROs and attitudes towards them are important irrespective of which model of delivery is in operation. Statutory guidelines require that IROs should have at least five years post qualifying experience and should be 'an authoritative professional with at least equivalent status to an experienced children's social work team manager' (DCSF, 2010b, 2.17).

Dispute resolution processes

In a small number of pilot authorities and in one of the comparator authorities the dispute resolution process was identified as a useful mechanism to instigate if IROs perceived that the local authority was failing in its duties. It was clear, however, that the process was being used infrequently because it is desirable to try and resolve differences of opinion without recourse to formal complaints mechanisms (see also Holmes, Munro and Soper, 2010). It could be influential nonetheless:

I had to challenge a senior manager the other day about a young person who didn't want to leave the foster placement to go into independent living until she was ready enough, and I only had to throw one 'if you pursue this we will be activating the Dispute Resolution' and they have conceded (IRO, pilot authority).

One pilot authority had tightened the timescales for resolving disputes, in recognition that delays in the process are detrimental to those concerned and may leave young people in limbo awaiting decisions about their future. However, two local authorities also provided a couple of examples of cases in which the dispute resolution had failed to secure the solution that they perceived to be in the best interests of the young people they were working with. In both instances this was in relation to young people seeking to exercise their right to return to care under Right2BCared4 and resource and capacity issues were influential.

Dedicated IROs

Three pilot sites (LA B, C and D) introduced dedicated IROs with specific responsibilities for the Right2BCared4 cohort in their authority. In LA B the role was focused on supporting young people in a residential unit for those aged 16 or above. Key aspects of this included a limited case load, developing a culture of meeting young people prior to their reviews and more regular and personalised communication with young people. Similarly, in LA C the dedicated IRO was given a limited caseload to ensure that she could see young people on a different day to their review or 30 minutes before the review meeting to guarantee that they had the opportunity to express their views outside of the meeting if they wished. In LA D the IRO championed young people's right to remain in care and she also acted as an adviser to social workers and independent advocates. In addition, she was responsible for monitoring disputes relating to the Right2BCared4 cohort and liaising with the local advocacy service to make sure that they were aware of the Right2Bcared4 cohort so they could offer these young people advocacy support. In Phase one of the evaluation professionals identified that these arrangements and the enhanced IRO role had facilitated improved scrutiny of care plans and had allowed workers to spend more time with young people prior to reviews, whereas under previous arrangements:

As a reviewing officer you may only see a child...once a child is settled...every six months...That's not very often to be seeing somebody. If it is a different person each time it is not great (IRO, pilot authority).

With a dedicated IRO continuity is enhanced and this provides the opportunity for more meaningful relationships to be established. This was seen by professionals to facilitate discussion of issues causing young people concern, in general, as well as promoting participation in reviews. These benefits were also reiterated during interviews in Phase two:

There's a greater level of communication...now each young person has a dedicated IRO, so the chopping and changing as young people move from one team to another has stopped, so that a young person will identify themselves with the IRO and the IRO will act as a champion (Right2BCared4 project manager).

We don't have that many young people who definitely say they want to see the IROs. Where the issues are quite contentious then the IRO will make a determined effort to see the young person on a day that is different to the review (Right2BCared4 project manager).

Such continuity means that IROs build their knowledge of a young person's care history and circumstances. Longer engagement in cases also maximises the opportunities for IROs to establish more meaningful relationships with young people. This may be particularly important for those young people who relationships with social workers are problematic or there has been a breakdown in trust. Another important development identified by one local authority was that improved relationships facilitated by the dedicated IRO role had opened up a new avenue for young people to disclose concerns about their care:

Because the IROs are seeing young people by themselves much more they're able to pick up concerns they have about poor quality of care...young people may be more willing to see the IRO as a champion for them and may be more willing to be open about their own concerns, about their own care, which they find quite sensitive to open up to, and they may well have disclosed that and talked about that much more to the IRO than to the social workers (Right2BCared4 project manager).

It was identified that there may be reluctance to discuss these with social workers who also have regular contact with these carers. Schofield (2003) found that young

adults recounting their stories of unsatisfactory or harmful foster care were fearful of disclosing this. One reason for this was because at the time they were aware of the closeness between carers and social workers. The contribution that IROs can make by identifying issues concerning the quality of care young people are receiving and making recommendations for improvement was also identified in an authority piloting IROs undertaking annual foster care reviews. Once again this offers young people a chance to identify issues about the standard of their care and discuss these with someone who does not have an established relationship with the carer in question.

IROs undertaking foster carers' reviews

LA F piloted extending the remit of IROs so that they became responsible for reviews of foster carers. The rationale was that IROs would offer a more independent assessment, because they are at arm's length from the fostering team. This was perceived to have strengthened the review process. First, it was suggested that this improved the quality of feedback from young people. Historically young people's views had been sought by busy social workers and it was felt that messages from them sometimes got lost. Second, the IROs oversight of the reviews facilitated identification of themes and issues to inform practice developments. This combination meant that changes had been implemented to try and improve preparation for making the transition from care to adulthood by giving young people in foster care more control over their allowances. A manager explained that young people had told them:

We've got all these allowances for while we're in care and then we're on jobseekers allowance, or we're students, or we're on low paid jobs and we just can't afford... and we don't know how... we need you to help us manage that better. So with youngsters of 16 and 17 we're not actually increasing the allowances as we have done in the past, we're maintaining them and then giving them control over a bigger proportion of their allowance so that they can make their mistakes whilst they are looked after and we can help them out which is what you'd do with your own kids (Right2BCared4 project manager).

Findings have also informed training, including provision of specialist training for kinship carers, some of whom indicated that they were reluctant to attend wider training because they were 'only looking after one of their family'. Work is also underway to establish minimum standards for supported lodgings.

So far, changes in IROs roles and functions have been largely considered from the perspective of professionals involved in implementing them. The following section examines young people's views and experiences.

Young people's experiences

Survey data revealed that a higher percentage of young people in the pilot authorities identified that their IRO was involved in discussions around their pathway plans (37 (35%) in pilot authorities and 10 (24%) in comparator authorities). In both pilot and comparator authorities there was high satisfaction with the level of support offered by IROs. Sixty three percent (52 out of 82) of young people in pilot authorities rated the support offered as 'very good' or 'good'. A further 20% (17) judged it to be 'OK'. Findings from the interviews suggest a more varied picture within and between local authorities; it was not uncommon for young people to be uncertain about who their IRO was. In some instances, but not all, this was because young people had left care. The number of professionals involved with young people may also have a bearing on this, as one young person said: *'in the four years since I've been in care I've spoken to so many people...you know'*.

In one of the local authorities that piloted the dedicated IRO role, young people appeared to be clear who their IRO was and that they could raise issues with them, both prior to review, but also at other times. IROs in this local authority had a case load of around 35 during the lifetime of pilot, which was considerably lower than in other areas thereby increasing their capacity to engage in this way:

Well just before a review, say a week before a review, the chair of the review comes and sees me and asks me if there is anything I would like to ask and talk to her about (Young man, age 17, pilot authority).

Oh yes, all the time, I've always spoke to them [IRO] before, it would be [about] any issues that you've got (Young woman, age 18, pilot authority).

Those who expressed a view about the IRO role had different perspectives on how useful the relationship was or could be. One young person from the local authority above highlighted the value of the role:

It was actually really useful because if something was bothering you about your carers or whatever, then at least you could tell them, because when I've experienced other traumas in my life, they never ever used to do that. So changing [their role] slightly has... now given young people like us a chance to express what we think about the people that we live with (Young man, pilot authority).

Another reflected:

We had like meetings every six months with her and my old support worker from the accommodation. Helped with like contact with my family and what I'm going to do (Young woman, age 17, pilot authority).

In contrast a young person from a comparator authority appeared not to have been afforded the opportunity to speak to their IRO alone:

Well when I try to talk to them, like my carers always jump in their first you know (Young woman, age 18, comparator authority).

In such circumstances young people's capacity to speak openly about their care is inhibited and limits the opportunity for concerns to be raised. Another perceived that it was not worthwhile to speak to their IRO about their care, because: *they would not have been bothered*. The capacity of IROs to affect change was also questioned by one: *'sometimes they can change it and sometimes they can't*.

Independent advocacy

Under Right2BCared4 local authorities have sought to raise awareness of the availability of independent advocacy and some have reduced restrictions on access to an advocate, for example, by extending provision beyond 18 and/or offering longer-term support rather than an advocate to support a young person in response to a specific complaint or issue. Although perspectives of what the advocacy role entails differ, dominant understandings combine 'elements of representation, support and protection of rights...Ensuring that children are actively listened to and taken into account in decision-making' (Oliver, Knight and Candappa, 2006, p.3). The role of the advocate in representing the child's wishes and not their 'best interests' was also identified by advocates as distinguishing their role from that of social workers, personal advisers or other professionals (Oliver, Knight and Candappa, 2006).

A number of pilot sites established a policy of approaching young people to offer them an advocate (opt-out policy). This included one in-depth pilot authority that introduced a policy of notifying their advocacy services of young people's review dates so that the agency could write to individuals to remind them that they could access independent support. The rationale behind all these developments was that they would empower young people to be actively involved in planning their move to independence and enable them to participate meaningfully in each stage of the transition process and have their wishes and feelings taken into account. Just over half of the survey (54%; 67) respondents from the pilot authorities indicated that they had been offered the opportunity to see an independent advocate. A slightly lower percentage of young people in comparator authorities indicated that they had been made aware of this service (48%; 22). Uptake of the service was higher in pilot authorities than in comparators. Nearly three fifths (62%; 40) of young people in the pilot authorities who were offered an advocate took up this offer, compared with around two fifths in comparator authorities (41%; 9). A higher percentage of young people were assisted by advocates in expressing their views at reviews in pilot sites (13 (11%) in the pilot authorities and 3 (6%) in the comparator authorities). Similarly, more young people in the pilot authorities indicated that their advocate had been involved in discussions around pathway planning (12 (11%) in the pilot authorities and 2 (5%) in the comparator authorities). Those that did receive support from

advocates generally rated this highly. Around two thirds perceived the support they received to be ‘good’ or ‘very good’, as Table 4.3, below shows.

Table 4.3: Young people’s ratings of support provided by independent advocates

	Very good	Good	OK	Poor	Total
Pilot authorities	16 (35%)	14 (30%)	9 (20%)	7 (15%)	46 (100%)
Comparator authorities	4 (44%)	2 (22%)	1 (11%)	2 (22%)	9 (99%)
Total	20 (36%)	16 (29%)	10 (18%)	9 (16%)	55 (99%)

*Excludes those who stated that they did not receive support from an advocate. Percentages do not add up to 100 due to rounding.

During interviews professionals indicated that action had been taken to make young people aware of advocacy services, although both the survey data outlined above and findings from the interviews suggest that this message was not always getting through to young people:

It is always mentioned in the LAC Reviews, always (Leaving care personal adviser, pilot site).

It is a key question at review or around review times for us to say, if there is a young person, are you aware of the youth advocacy project, have you been given information. And there are various bits of information around in leaflet and other forms locally. It is something that we would ask, that I would expect them to be given that information, particularly for those young people who may be being looked after at 14, 15, 16 or whatever, and remain so until they leave care (IRO, comparator site).

The benefit of the opting out is that the young people, every six months, are sent a letter which reminds them of advocacy (IRO, pilot authority).

They would get a list of people who were coming up to the age of Right2BCared4 cohort and they would then contact, gently contact and offer to visit and try and visit, and you know try and make it: this is here if you want it (Right2BCared4 project manager).

The initial pathway plan review that you would explain the services and give them the leaflet with all the details or, if you come up, against a point which you feel they may need the services, remind them then at that time (Social worker, pilot authority).

The variations in young people's perceptions of whether or not they have heard about the availability of advocacy may be influenced by the methods of communication employed to convey this information to them and their perceptions of the relevance of the service to them in the context of their circumstances when such information is provided. As the quotes above demonstrate, different strategies were employed in different local authorities to make young people aware of advocacy but in every pilot authority there continued to be young people who stated that they were not aware that independent advocacy was available to them. In part this may reflect confusion amongst young people about the term 'advocacy' (see also Pithouse and Crowley, 2007). However, having outlined the role and purpose of advocacy to young people during the interviews some of them perceived the service to be one they could benefit from:

I haven't got one of them, I want one. Where do you get one of them from then? I need one (Young woman, age 19, care leaver, pilot authority).

It sounds like they can give that support and confidence to you. So you don't have to feel scared to speak up or put your points across (Young woman, age 17, care leaver, comparator authority).

Even when young people are aware of the availability of independent advocacy this does not necessarily mean that they feel able to access support even if they would like to. Pithouse and Crowley (2007) suggest that:

Neither children nor adults seek help in a vacuum; whether a service is known and accessible does not mean that it will be used and often requires key people to connect children to advocacy (see Dickens, 2004, p. 25-26).

In exploring the uptake of advocacy with personal advisers the common view was that demand for the service was low.

Interviewer: what is the uptake of advocacy like for this age group?

Social worker (pilot authority): A lot of them don't really want it.

Take up...didn't change...which was quite interesting, and they did try hard to make it an ethos (R2BCared4 project manager - piloting opt out advocacy).

We say this is the service that is available to you and you can contact them if you want to discuss anything about the support that you're getting...but often young people... well, I don't know, in my experience only one has got in touch with them so far...and I've worked with about 25 [young people] (Social worker, pilot site).

The same worker perceived that; *young people are sometimes a bit worried that getting involved with advocates [thinking it may] reflect badly on their personal adviser.* Past experiences of involvement (or lack of it) in decision-making processes and/or relationships with other professionals may influence young people's willingness to access support. Looked after children often experience multiple changes of social worker and IRO in their care careers and in this context it is perhaps unsurprising that some are reluctant to seek advice and support from another professional. This was a recurring theme in focus group discussions conducted with professionals at the beginning of the research study:

I have had it said to me, 'Oh you're just another person who comes into my life and walks out of my life' (Independent advocate, pilot authority).

The number of professionals young people were involved with was also a factor:

'I've got an advocate asking my views, I've got some Right2BCared4 bod asking me for my views, and now I've got the independent reviewing officer asking me for my views, how many bloody times do I have to tell them!' (IRO, pilot authority).

The length of time young people are supported by advocates is influenced by the model of delivery offered. As one pilot site reflected:

We had long debates amongst ourselves and amongst other authorities about when you give a young person an advocate or whether you actually give them an advocate or whether you offer them that service when they need it (Children's rights officer, pilot authority).

Providing a service in response to a specific issue or complaint is potentially more 'time limited' in nature, although the duration of relationships will depend on the circumstance of the case. As identified above this shorter term involvement may not be desirable in the context of concerns about lack of continuity in the lives of looked after children (Hannon, Wood and Bazalgette, 2010; Jackson and Thomas, 1999; Skuse and Ward, 2003). However, involvement in relation to a specific issue may help young people to understand the role of the advocate. It is noteworthy that personal advisers largely perceived advocacy to be of most value in responding to specific problems or issues, yet this may limit the opportunity that advocates have to establish longer term relationships with young people:

I can see the role for [advocacy] absolutely and again for a specific issue, particularly against the authority if the young person had a disagreement or something that they were not happy with from the authority, obviously we can only support them so far with that (Social worker, comparator site).

Reflecting on his experiences, a young man who had had an advocate to support him over the long term, at meetings, emphasised the length of this relationship and the valuable contribution this made:

Well I've seen my advocate consistently for sort of the last three and a half years...consistent support with meetings...

When I first moved into care I had more issues than I do now with attending meetings, somebody suggested that I should have an advocate that would be my voice to use at meetings, and that's how it came about really, and she's stuck with me ever since and been really supportive (Young man, age 17, LAC, pilot authority).

On the whole, those interviewed who had received support from an advocate felt that they had benefitted:

She came to my review one time and she got me an extra six months extended after my eighteenth birthday, and she fought the case for me to get that (Young man, care leaver, pilot authority).

This quote illustrates the role that advocates can play in securing young people's access to services or facilitating the progression of plans. This was also highlighted by social workers, personal advisers and IROs as valuable and something that advocates, by virtue of their 'independence' were well placed to do. It is noteworthy advocates perceived that local authority professionals were referring young people because they perceived there were weaknesses in the services or support they were offering:

Her 16 plus social worker referred her and that social worker is very good and very confident and [she] can see when [there is] a decision that she might not agree with, but she is not able to do anything about. But [she] is confident enough to enable her young person to have advocacy support even though it brings [her] into conflict with herself and her managers (Independent advocate, comparator authority).

We're not kind of bound up by...any departmental pressures, and I guess one of the changes [since Right2BCared4] is that we do get more referrals coming via professionals because they will say to us and the young people, 'Look, I can't say this on your behalf because I work for [local authority], so go to [Advocacy service]...'

The capacity of independent advocates to affect change, rather than simply ensuring that young people are able to express their views warrants further consideration. As the quote below illustrates a listening ear may not be enough:

She tried to help me... but they [local authority] never listened to her. I remember, not, I'm not talking about now, I'm talking in the past three years. I remember, she tried to help me a lot for everything but they just ignore her really. Anything, they just

said; 'yeah, yeah, yeah' and, nothing happened (Young man, age 16, LAC, pilot authority).

It is however unclear whether the alleged unwillingness of the authority to implement changes was because the young person's wishes were not perceived to be in his best interests.

Messages for policy and practice

- Both in-house and external organisational arrangements for the delivery of IRO services have strengths and weaknesses. What is critical is that IROs are skilled and willing to scrutinise and challenge and that local authorities respond appropriately.
- Having a transparent system in place to respond to disputes is valuable; timely resolution of disputes is important to ensure that young people do not spend long in limbo awaiting decisions about their future.
- Named IROs and consistency of relationship may assist young people to express their views prior to reviews and provide an alternative adult for young people to turn to if they have concerns about the quality of their care.
- Not all young people are aware of the distinct role the IRO plays in care planning and review or who their IRO is. Given the large number of people that may be involved in a young person's care it is important that the respective roles of different professionals are clear and that young people feel that someone has sufficient time to listen to them.
- The role of the advocate is distinct from that of social workers, leaving care personal advisers or IROs because the former's role is to represent a young person's wishes rather than seeking to ensure that decisions are in their best interests. It is important that the distinct role that an advocate may play in supporting young people is made clear to them so that they can make an informed decision about whether or not to take up the offer of this service. Where local authorities set aside the wishes of the young person it is important that feedback is provided to advocates and young people about the reasons for this.

Chapter five: Preparation and support

Introduction

Young people making the transition from care to adulthood are expected to leave foster or residential care at a younger age than most of their peers in the general population. It is therefore essential that they are prepared practically and emotionally to manage living alone and that they are supported both before they make the transition from care and once they have left. This chapter explores the preparation young people receive and their perceptions of their capacity to manage when they leave care. Particular attention is paid to the strengths and weaknesses of supported accommodation options as a bridge to independence. Consideration is also given to the support young people receive from professionals and their birth family and how this may influence their experiences of making the transition from care to adulthood.

Preparation for independent living

A key outcome that Right2BCared4 is intended to support is that young people are properly prepared for independence. Preparation for adult life is a gradual process and the tasks that children take on will increase with age and personal development. The process should be participatory and involve 'discussion – or argument- as well as negotiation, risk taking, making mistakes and trying again' (Dixon and Stein, 2005, p.55). The process should start early and support the development of practical, emotional and interpersonal skills for adulthood (Stein and Wade, 2000). Stein and Wade (2000) outline key elements that are integral to effective preparation: self care skills (personal hygiene, diet and health); practical skills (budgeting, shopping, cooking and cleaning); interpersonal skills (managing formal and informal relationships; education; and identity (knowledge of and links with family). Young people in the study were therefore asked about the advice they received on a range of skills, across these areas, as Table 5.1 below shows.

Table 5.1: Advice received by young people to help them prepare for their move from care to independence

	Claiming welfare entitlements		Registering with a GP or dentist		Finding accommodation		Managing money		Paying bills		Buying basic items (e.g. furniture)		Shopping for food	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pilot authorities	74 (60%)	50 (40%)	90 (72%)	35 (28%)	93 (76%)	30 (24%)	97 (79%)	26 (21%)	91 (74%)	32 (26%)	85 (69%)	38 (31%)	99 (80%)	25 (20%)
Comparator authorities	36 (71%)	15 (29%)	43 (88%)	6 (12%)	37 (76%)	12 (25%)	38 (76%)	12 (24%)	37 (74%)	13 (26%)	33 (67%)	16 (33%)	42 (86%)	7 (14%)
All	110 (63%)	65 (37%)	133 (76%)	41 (24%)	130 (76%)	42 (24%)	135 (78%)	38 (22%)	128 (74%)	45 (26%)	118 (69%)	54 (31%)	141 (82%)	32 (19%)

	Undertaking laundry		Dealing with household emergencies		Leading a healthy lifestyle		Living alone independently		Maintaining friendships and relationships	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Pilot authorities	91 (73%)	33 (27%)	93 (74%)	33 (26%)	105 (83%)	21 (17%)	77 (66%)	44 (36%)	74 (62%)	46 (38%)
Comparator authorities	40 (80%)	10 (20%)	37 (76%)	12 (25%)	45 (88%)	6 (12%)	36 (72%)	14 (28%)	34 (69%)	15 (31%)
All	131 (75%)	43 (25%)	130 (74%)	45 (26%)	150 (85%)	27 (15%)	113 (66%)	58 (34%)	108 (64%)	61 (36%)

At least three quarters of those surveyed had received advice on: accommodation and living on their own; managing their money; living a healthy lifestyle; shopping for food for meal times, doing the laundry; and maintaining relationships and friendships. However, over a third of young people did not recall having been advised on how to: claim welfare entitlements; pay household bills; or buy basics such as furniture. A lower percentage of young people from pilot authorities reported receiving advice about claiming welfare entitlements (74 (60%) from pilot authorities and 36 (71%) from comparator authorities) and registering with a dentist or general practitioner than those in comparator authorities (90 (72%) in pilot authorities and 43 (88%) in comparator authorities).

In order to explore young people's perceptions of their ability to manage once they had left care they were also asked how well they thought they would deal with specific tasks when they made the transition from care to adulthood. At least three quarters of those surveyed were confident about their abilities to: do the laundry; shop for food; and prepare meals. Young people were least confident about their abilities to: manage their finances and pay their household bills. Claiming welfare entitlements was also an area in which young people were less confident. Less than half of respondents indicated that they thought they would be able to manage money and claim welfare entitlements 'well'. Please see table 5.2, for further details.

Table 5.2: Young people’s perceptions of how well they would be able to manage when they left care

	Manage well			Just about cope			Not really cope			Does not apply		
	Pilots	Comparators	All	Pilots	Comparators	All	Pilots	Comparators	All	Pilots	Comparators	All
Prepare and cook meals	92 (71%)	40 (80%)	132 (74%)	30 (23%)	5 (10%)	35 (20%)	5 (4%)	3 (6%)	8 (5%)	2 (2%)	2 (4%)	4 (2%)
Maintain a positive relationship with neighbours	84 (66%)	30 (60%)	114 (64%)	27 (21%)	15 (30%)	42 (24%)	12 (9%)	3 (6%)	15 (9%)	4 (3%)	2 (4%)	6 (3%)
Buy basics such as furniture	76 (59%)	32 (64%)	108 (61%)	28 (22%)	1 (26%)	41 (23%)	14 (11%)	2 (4%)	16 (9%)	10 (8%)	3 (6%)	13 (7%)
Manage finances	64 (49%)	23 (46%)	87 (48%)	49 (38%)	22 (44%)	71 (39%)	15 (12%)	3 (6%)	18 (10%)	2 (2%)	2 (4%)	4 (2%)
Pay household bills	51 (40%)	21 (42%)	72 (40%)	48 (37%)	18 (36%)	66 (37%)	18 (14%)	9 (18%)	27 (15%)	12 (9%)	2 (4%)	14 (8%)
Claim welfare entitlements	58 (45%)	21 (43%)	79 (44%)	29 (23%)	14 (29%)	43 (24%)	25 (19%)	9 (18%)	34 (19%)	17 (13%)	5 (10%)	22 (12%)
Shop for groceries	97 (76%)	39 (78%)	136 (76%)	22 (17%)	8 (16%)	30 (17%)	5 (4%)	1 (2%)	6 (3%)	4 (3%)	2 (4%)	6 (3%)
Undertake laundry	105 (81%)	41 (84%)	146 (82%)	21 (16%)	4 (8%)	25 (14%)	2 (2%)	2 (4%)	4 (2%)	2 (2%)	2 (4%)	4 (2%)

Data from the follow-up survey showed that young people's perceptions of their ability to manage had not changed over the six month period from baseline to follow up.

Confidence and abilities to manage household tasks

The survey data revealed that nearly three quarters of young people were confident in their abilities to prepare and cook food at meal times (132; 74%). A higher percentage of young people in the comparator authorities were confident in this area compared to their counterparts in pilot authorities. The majority had also been given advice on how to shop for food (135; 78%) and were confident in their abilities to undertake this task (136; 76%). Most of those interviewed said that they had been taught how to cook. Ten young people reported that they had learnt to cook from their family and friends, foster carers or children's social care professionals: *I was taught [to cook] by my foster carer. Useful. Very useful.* Seven young people revealed that they had attended cooking classes, which they found to be invaluable, as one young person explained:

It was with a cooking class. It was a six week course, and it taught you how to cook simple things, like mashed potato and sausages. It was quite useful because you learnt to cook different things. It was really good (Young woman, LAC, pilot authority).

However, a young person from one of the comparator authorities felt that the cooking classes she attended were not sufficient and needed to be followed up with more lessons and another from a comparator authority had only ever received cooking lessons at school. While most had benefited from being shown how to prepare meals a small number revealed that they had not been taught.

Interview data revealed that most young people had been advised on how to keep their home clean and tidy. However, almost a third (10; 30%) had not received any guidance on maintaining their accommodation. Those that had been taught had been shown how to do this by their carers or parents: *I learnt to clean when I was a*

little girl by my mum, or encouraged by their social worker; every week social worker say clean this, this is not clean, clean this. They encourage you to clean. It was evident that some foster carers went to great lengths to ensure that those in their care would be able to maintain their living accommodation to high standard once they had left care, as one young person explained: *hoovering around the house, mopping the floor, cleaning the windows and the windowsill. I clean the cooker and I do all the pots and stuff as well.* Others were also shown how to wash and iron their clothes and survey data showed that almost three quarters of young people had been advised on carrying out laundry (125; 74%). Overall, the majority of those that participated in an interview were positive about their abilities to keep their home clean and tidy and prepare and cook meals.

Managing finances and paying household bills

Survey data revealed that young people were least confident about their abilities to manage their finances, pay household bills and claim welfare entitlements. Under half thought they would manage their money well (87; 48%), and only around two fifths thought they would manage to pay their household bills (72; 40%) and claim welfare entitlements well (79; 44%). Those interviewed were asked whether they had been advised on how to budget their money and most revealed that they had, however a third (11; 33%) had not received any guidance on how to manage their finances. Fifteen young people had been shown how to budget by one or more of the following: their parents, foster carers, social worker and leaving care team, which they perceived to be very helpful:

My boyfriend and social worker spoke about it [budgeting] a bit. But I'd already received that from my mum already. Basically they said, to like, when I get my bills through to write down what I need to pay out first before I do anything else, so now I make a list of what needs to be done and do all that, and then after it's whatever (Young woman, age 17, care leaver, comparator authority).

For some young people plans had been put in place to assist them to develop their budgeting skills: *I'm going to be starting classes to help me balance money out*

because I'm not very good at that. Another young person described how her social worker had explained the importance of budgeting, but in her view this was not sufficient. She recommended developing courses designed to help young people manage their money and highlight the consequences of not managing finances effectively:

Peer researcher: Have you been taught how to manage your money?

Young person: I'd say that people have attempted!

Peer researcher: Who was this from?

Young person: It would have been people like my leaving care worker trying to tell me how to budget and to write lists of what I need, and prioritise things and shoes are not important, blah, blah, blah.

Peer researcher: Can you think of a way of improving that?

Young person: They could have like courses. I know they probably wouldn't be very interesting but it might help people manage money. Or show them what can go really badly wrong if you don't (Young woman, age 17, care leaver, pilot authority).

While some young people were advised on how to manage their money others felt that they had been left to work it out for themselves: *have you been taught how to budget? No. Self taught.* Others felt that they had not received any preparation with regards to managing their finances which had left them ill-prepared, as one young person explained:

Peer researcher: have you been taught how to manage your money? Not really, I hadn't really been taught how to deal with it (Young woman, age 17, LAC, pilot authority).

Most care leavers reported that they were able to manage their finances and pay their household bills, but some did find it a hard living on a low income: *I manage to pay bills, but managing money, I always say you can't budget £100 over two weeks, it's impossible* or surviving on welfare entitlements: *I'm managing my money alright, I'm not used to being on benefits, so I find it a struggle, but I'm coping.* Others did not realise the full cost of living independently and a small number reported experiencing problems with debt or owing people money, as one young person explained:

I didn't think it would be so expensive, like, when I was in a flat, it wasn't. And now I'm a house, it's like, yeah, you've got to pay six hundred pounds. Well, I haven't got six hundred pounds, and I just put it to the back of my mind and hope it goes away (Young woman, age 19, care leaver, pilot authority).

Supported accommodation

Training flats, supported housing, supported lodgings and Foyers (supported accommodation from here on in) offer young people the opportunity to experience a greater degree of independence but with support available to help them acquire additional skills and experience (see Appendix 1 for details of similarities and differences in these accommodation types). Supported accommodation may offer a stepping stone to independence and contribute to more gradual transitions. Young people may benefit from learning from and receiving support from staff and their peers. However, many young people have reported that the standard of accommodation provided is poor (Morgan and Lindsay, 2006; Harris and Broad, 2005).

In total 79 (43%) young people (57 (43%) from pilot authorities and 22 (43%) from comparators authorities) out of 184 were offered the opportunity to move to supported accommodation (please see table 5.3 for further information).

Table 5.3: Number of young people that have been offered the opportunity to stay in either a training flat or supported accommodation

	Yes	No	Not known	Total
Pilot authorities	57 (43%)	22 (17%)	54 (41%)	133 (101%)
Comparator authorities	22 (43%)	14 (28%)	15 (29%)	51 (100%)
Total	79 (43%)	36 (20%)	69 (38%)	184 (101%)

Just over half (47; 59%) took up this offer and spent time in supported accommodation. Young people from comparator authorities (16; 73%) were more likely to take up the offer of staying in supported accommodation than their counterparts in the pilot authorities (31; 54%). As Table 5.4 shows, most young

people who spent time in supported accommodation identified that this had been either 'very helpful' (30; 63%) or 'quite helpful' (12; 25%).

Table 5.4: The extent to which young people found supported accommodation to be helpful

	Very helpful	Quite helpful	Only a little helpful	Not helpful at all	Total
Pilot authority	19 (61%)	8 (26%)	3 (10%)	1 (3%)	31 (100%)
Comparator authority	11 (65%)	4 (24%)	0 (0%)	2 (12%)	17 (100%)
Total	30 (63%)	12 (25%)	3 (6%)	3 (6%)	48 (100%)

Young people spent varying amounts of time in these placements; most commonly spending between one and six months there (19: 40%). Those from comparator authorities spent on average slightly longer in supported accommodation than those from the pilot authorities, as table 5.5 shows²³.

Table 5.5: The amount of time young people spent in the training flat or supported accommodation

	Less than 1 month	1 to 6 months	7 to 12 months	Over 1 year	Total
Pilot authorities	3 (10%)	15 (48%)	4 (13%)	9 (29%)	31 (100%)
Comparator authorities	2 (13%)	4 (25%)	6 (38%)	4 (25%)	16 (100%)
Total	5 (11%)	19 (40%)	10 (21%)	13 (28%)	47 (100%)

Two local authorities enhanced their supported accommodation options using funding from the Right2BCared4 pilot. The contribution that these developments made in the local authorities concerned are explored further below, before going on to explore young people's perspectives of the strengths and weaknesses of supported accommodation options more generally as a bridge towards independent living. Regrettably only one of the young people interviewed had direct experience of staying in either of these newly established placements and as such the findings are based on professional accounts of these provisions.

²³ One young person did not answer this question.

LA B: residential unit for young people aged 16 years old and over

Before implementation of Right2BCared4 young people living in residential settings in LA B would have been expected to leave at 16. Under the pilot a specialist four bedded unit was established so that young people could remain looked after for longer and could be assisted by on-site residential workers to develop their independent living skills. It was envisaged that young people would stay for a period of six months²⁴ and that a package of support would be offered to enable them to develop the skills needed to live independently. Each young person has a dedicated key worker who helps them develop their abilities around managing their finances, preparing and cooking meals and maintaining the accommodation to a high standard. Once a young person is deemed ready and prepared to move to independence, accommodation options are discussed and they are offered outreach support to facilitate a gradual transition from care to independence.

By the end of the pilot 11 young people had been placed in this residential unit; six were female and the remaining five were male. Four young people moved to independence having lived in the residential unit for between two and 21 months. One moved into supported accommodation and the remainder obtained council tenancies. Three young people had moved onto other placements types (foster care, custody and to live with birth family) having spent between three and 18 months in this placement. Three young men and one young woman aged 16-17 were still living at this residential unit at the time of writing. They had been in placement for between two months and two years.

A number of advantages of having this placement option available were identified. First, it meant that the expectation that young people in residential would leave care at 16 to move to independence changed within the authority. Second, it was seen to offer a safe environment in which adolescents could take on more responsibilities in preparation for them leaving care and moving to independence. The absence of younger children in the unit also meant that fewer restrictions needed to be put in place, thereby allowing young people a greater degree of freedom, as the Right2BCared4 project manager explained:

²⁴ Young people may stay longer.

Everything was designed around what a family would do when you know your child is 14, 15, 16. You kind of give them more freedom, give them more opportunities to learn from their mistakes and make the mistakes. So that was all about [this residential unit] being geared for 16 to 18 year olds. Like I say opportunities to make mistakes and learn from them and more independence, training and preparation.

Finally, aftercare was offered by staff that the young people had an established relationship with. This was intended to imitate normative experiences:

They [care leavers] had on-going contact by telephone or in person, so that they didn't just leave [the residential unit without the offer of support]. And what they [the residential carers] tried to do was make it the key worker from [the residential unit], if at all possible so it was a familiar person. So there was the on-going support that parents would give their children... When you're thinking it through and thinking about what a parent would do, you don't just leave and never have any contact (Right2BCared4 project manager).

The type of aftercare provided varied depending upon the young person's wishes. Out of the seven that have moved on from the unit, two received on-going support from residential staff, one young person opted for telephone contact and one young person was supported by staff from his previous residential unit. Two young people refused further contact and one young person went into custody. An alternative approach to prepare young people for adulthood is the use of trainer or taster flats, and one such flat is discussed below.

Trainer flat

A trainer flat was implemented by LA F as a strategy to better equip young people with the abilities they would need to live independently. Young people are offered the opportunity to experience what it is like to live alone before they make the transition from care to adulthood. The one bedroom flat is a rented council property and was furnished using the equivalent of the 'setting up home allowance', which equates to

£1,500. Young people stayed in this flat temporarily (for a period of up to three weeks) and returned to their main placement at the end of their stay:

It's not a stepping stone but an opportunity that other kids have to have a go and then come back, have a go and then come back and most people... well most parents will have that arrangement with their kids, like they will go off to Uni, they might go off and try it by themselves, then they will come back home if it doesn't work and we wanted to replicate that (Right2BCared4 project manager).

Young people were provided with an Independent Living Folder, which contained guidance and advice for their stay and they were also expected to record their experience and achievements. Unless young people were in employment they were provided with the equivalent of Jobseekers Allowance. If they were unable to manage on this amount of money they were encouraged to return to their foster home for support, as the Right2BCared4 project manager explained;

We gave them the equivalent of jobseekers allowance if they were there for a week, if they weren't in employment which most of them weren't, that is the amount they got, and if they spent it all in day three they would have to do what other kids do, come home and have a meal because they were hungry but we wouldn't be giving them more money.

Each year around twelve young people spend time in the training flat. Young people have stayed for between one day and three weeks at a time and some have returned on more than one occasion to allow them to develop their skills sufficiently. The Right2BCared4 project manager in this authority revealed that some young people had decided to stay in care for longer having experienced the realities of living alone, whilst approximately 11 young people had moved to full independence, having secured tenancy agreements once they reached 18. At the time of the interview all the young people who had made the transition were successfully maintaining their tenancies. Of the seven young people who supplied information on further support they would like, three indicated that they would welcome more advice around managing their finances; the remaining four felt confident in their abilities. Loneliness

and isolation were also identified as issues. This is consistent with the messages from young people in the wider cohort.

The flat was seen to have a number of benefits. First, it offered young people a 'taste of independence' but allowed them to return to their main placement afterwards. Second, young people gained skills and an insight into what living independently entailed, allowing them to make an informed decision about making the transition from care to adulthood. Third, social workers and leaving care personal advisers were able to gain an understanding of what additional skills and support young people required and could gain a more accurate insight into their readiness for full independence.

A small number of the interview and survey respondents identified that they would have benefitted from this type of placement had it been available to them. For example, one young person felt that a training flat would allow her to learn new skills and provide staff with the opportunity to evaluate her capabilities. At the same time she would have the chance to return to her main placement if she did not feel ready for independence:

Peer researcher: What improvements would you make to the leaving care process?

Young person: It would be like a taster flat like. The one that I was in [supported accommodation] like these are for independence and stuff, but you don't know what they [young people] can do because you're living with like four or five others, and someone else might have tidied up and then you're like 'oh it was me', and it was never you. There should be like one flat somewhere. When I said 'I want to move, I feel ready to go', they didn't know what I could do and what I couldn't do. I think you should go in a flat and I think they should go round and see you once a week, not every day, and not for three hours a day, because you don't get that like in a proper flat. I think you should just get the minimum support, that they usually offer you, for like two weeks or something, and give you the option of whether to go from there into your own flat, or from there back into the home for another six months or something if you're not quite ready, and I don't think two weeks, because it's like you cannot, it's good for the first two weeks and then after a month you're like, 'argh, ok, then, what do I do now!' (Young woman, age 18, care leaver, pilot authority).

Strengths and weaknesses of supported accommodation options

Two pilot authorities implemented new placement options under Right2BCared4 but the remainder also had arrangements in place to allow young people to make the transition to supported accommodation of various types. This was a welcomed development and it was identified that this reflects policy and practice developments over the past few years:

It [supported accommodation] has changed so much from when I started about eight years [ago]. Then when they were 16 they went out, they were in a bed-sit and [had no] support except for ourselves [social workers] (Social worker, pilot authority).

The current provision available was seen to be valuable, especially when young people had been assessed not to be ready for independence:

If at 16 or 17 a young person is indicating they don't want to be in their placement anymore, they want a bit more freedom than the family will give them, we say to them 'well what you could do is think about supported lodgings but stay accommodated', so they are still looked after but they move to a supported lodgings placement and that has worked for some young people where they felt that they were being overly confined by their foster carers (Right2BCared4 project manager).

We've got one project that we [the leaving care team] commission directly for our young people. The young people get a self-contained flat with a support worker who will see them quite intensively - it's for people with high needs really so they can see you five hours a week if necessary, or more even perhaps. If people don't need that intensive support then they go to different supported housing where less support is offered (Social worker, pilot authority).

The survey revealed that the majority of young people who spent time in supported accommodation found this helpful, similarly interviewees welcomed the assistance they had had:

I've been doing them [cooking and cleaning] all for a very long time, and I actually enjoy all of them. I like cleaning and I like cooking. Because I lived in like the supported accommodation, it helped me (Young woman, age 17, care leaver, pilot authority).

Supported lodgings can also offer young people a family environment and allow them to focus on their studies, as one young woman outlined:

This year I've moved back to supported lodgings, so I prefer living within a family environment rather than being on my own. But the main reason why I moved back in was because I have been more focused on my studies (Young woman, age 18, care leaver, pilot authority).

There were however, a small number of young people who were less positive, for example, one young person revealed that the support they received was not as high as she had originally anticipated and went onto explain that as a consequence she had been left with no choice but to manage by herself:

The support that was supposed to be in place hasn't materialised. I'm supposed to see someone five days a week, and I haven't seen my worker since last Monday... I've had no support whatsoever, everything I want to do I've had to do it by myself (Young woman, age 18, care leaver, pilot authority).

In contrast, another young person did not appreciate the high levels of support on offer and resented staff intruding:

What I didn't like was them coming round all the time, but then I guess that's the idea of supported accommodation, isn't it? Or if they could at least phone me, and not just let themselves in (Young woman, age 19, care leaver, pilot authority).

Finally, it was identified that young people may still leave supported accommodation without all the skills they need:

I guess they [social services] assumed that everything would be hunky-dory because I was put into supported accommodation when I turned sixteen so therefore it should have helped me manage my money and stuff, but, they didn't, no. Money is the main issue for me because money's just like, I'm not good with it (Young woman, age 19, care leaver, pilot authority).

This latter point was also raised by a small number of professionals who noted that because young people are not responsible for paying rent and household bills they could be left ill-equipped when they make the transition to full independence:

So they are often struggling with the transition of making that independence, because we may have them in [name of supported accommodation provider], which is sort of semi-independent accommodation, where they don't have to pay bills and things like that, and then they are all of a sudden at 18 in a Council property and they struggle with the practical issues. And just feeling quite lonely and isolated sometimes too (Social worker, pilot authority).

A further gap in provision that was identified was that certain groups, including vulnerable young people and those who have committed offences or displayed aggressive behaviour, may not be permitted to stay even though this may be beneficial for them.

Support from professionals

Care leavers cannot necessarily rely on their birth families to the same extent as young people in the general population for emotional, practical or financial support, but social support is instrumental in enabling people to successfully navigate stressful events and changes in circumstances (Wade, 2008). In this context it is important that young people have supportive adults in their lives that they can turn to.

Over nine tenths of young people (167; 93%) surveyed felt that they had someone they could turn to if they needed advice or if they were experiencing difficulties.

Overall, counter to negative portrayals of social care professionals in the media, the majority of young people rated the support they received from workers and carers very highly, as Table 5.6 below shows.

Table 5.6: Young people’s ratings of the support they received from professionals and carers over the last few months

	Very Good	Good	OK	Poor	Varies	Not applicable	Total
Social workers	76 (42%)	44 (24%)	26 (14%)	18 (10%)	7 (4%)	10 (6%)	181 (100%)
Personal advisers	44 (26%)	28 (17%)	24 (14%)	7 (4%)	3 (2%)	62 (37%)	168 (100%)
IROs	36 (21%)	32 (19%)	24 (14%)	12 (7%)	4 (2%)	63 (37%)	171 (100%)
Foster carers	71 (41%)	30 (17%)	10 (6%)	12 (7%)	4 (2%)	48 (27%)	175 (100%)
Residential staff	24 (15%)	12 (7%)	8 (5%)	8 (5%)	0 (0%)	114 (69%)	166 (100%)

On the whole, consistent with the survey data young people who were interviewed spoke of positive and supportive relationships with social workers and/or leaving care personal advisers and felt able to turn to them if issues were bothering them:

I think my social worker has been brilliant, you know...in past years I wasn't happy with them...but now, because everything has changed, my life is better, I'm happy, my social worker is so good (Young man, age 16, LAC, pilot authority).

Very warm, we're like friends you know. Professional at the same time though relaxed. I don't hold back, [I] don't mind sharing (Young man, age 20, care leaver, pilot authority).

Consistent with findings from other studies, what also emerged from interviews was the importance and value young people placed on sustained and supportive relationships with the professionals involved in their lives (Macleod, 2010; Skuse and Ward, 2003). Ongoing relationships may be particularly important given the lack of continuity and stability that many young people in care experience, including,

multiple changes of placement and primary carer (Munro and Hardy, 2006; Skuse and Ward, 2003). The range of issues that young people turned to social workers or leaving care personal advisers about were wide ranging but included help with practical issues concerning housing and finance as well as emotional support and guidance:

Just like if I had problems like with my family, or if I needed to ask them things (Young woman, age 18, LAC, comparator authority).

When I found out I was pregnant, the first person I [told] was my leaving care worker. I could talk to her about anything (Young woman, age 19, care leaver, pilot authority).

They do their best to sort problems out...it is just advising really, like what action to take and they help do that. Like now I have problems with finance, they are willing to help...they will phone them up as well, trying to fight my case (Young man, age 20, care leaver, pilot authority).

I talk to them about anything that's bothering me, like, if I've got problems at home, or if I've got money situations, or relationship situations or anything like that (Young woman, age 18, care leaver, pilot authority).

In contrast to other studies, the majority of the young people interviewed were happy with the frequency with which they were in contact with their social workers or leaving care personal advisers (cf. Joseph Rowntree Foundation, 2000; McLeod, 2010; Voice for the Child in Care, 2004). Data on the frequency of contact with social workers and personal advisers was requested in the follow up survey.

Nineteen of the 40 young people reported having monthly contact with their social worker; of these 10 were still in care and nine were care leavers. Nine young people stated that they had weekly contact with their social worker (5 in care and 4 care leavers). Eight young people reported monthly contact with their personal adviser (4 in care and 4 care leavers). Five young people reported having weekly contact and one young person had daily contact with their personal adviser. One young person

reported that they did not have a personal adviser and twenty one indicated that this was not applicable to them²⁵.

Analysis of the interview data revealed considerable variation in both the level of contact young people had and what they felt they needed. Largely the arrangements in place appeared to be appropriate for the individuals concerned. Young people welcomed flexible and responsive contact; there were periods in which they did not necessarily want high levels of face to face contact but knowing that they could approach their workers and receive a timely response was important. As one young person reflected:

Some people need more support than others, like, I didn't want any, when I was sixteen, I didn't want their support. I wanted to do my own thing. Whereas some people want support, they want people to go and see if they're okay, they want the phone calls, so I think it should depend on the person (Young woman, age 19, care leaver, pilot authority).

A small group were either resistant to social workers attempts to offer support or perceived that help was not on hand when they needed it. Seventeen young people who completed the baseline survey said they had no one to turn to for support; generally they wanted to be able to turn to their social worker. Two young people said they did not need anyone: *'they are all crap'* and *'I have people to turn to but I don't want to talk anymore'*. One young woman described her relationship with her social worker as *'shit'* and she said that she did not go to *'them'* for help *'because they are never in'*. On one hand she appeared pleased that she *'hadn't got long left with them anyway'*, suggesting a desire to be free of children's social care involvement, whilst on the other she said she would like to see more of her social worker. Another young man reflected that:

He does call by, but sometimes when I need to see him he doesn't make it very quick, you know, you have to wait. And he makes excuses (Young man, age 16, LAC, pilot authority).

²⁵ This may be connected to differences in the terms used to describe personal advisers

Another revealed:

Hardly ever see her; I haven't seen her for about three months (Young woman, LAC, pilot authority).

With the exception of this small group who felt that they were not receiving the support they required, overall the data suggests that most have positive relationships with workers and rated the support they receive highly. On the most part they also felt that they saw their social workers enough. Such developments are of importance, given the evidence that positive and sustained relationships with social workers have a positive impact on outcomes (Gilligan, 2000; Bell, 2002; Dearden, 2004; Bostock, 2004). However, it is also noteworthy that the level of contact young people receive is not actually that high (most commonly monthly) and if they are not receiving support from current or former carers and/or friends and family this level of contact may not be enough and young people may feel isolated. Indeed, frontline practitioners raised concerns that current case loads made it difficult for them to meet young people as regularly as they would like and that this could lead to escalation of difficulties (see also Holmes, Munro and Soper, 2010). High levels of input may then be needed to resolve ensuing crises. Anxieties were also expressed that impending funding cuts could exacerbate this problem.

Support from birth family and friends

Support from family, extended family, friends, and others is related to greater social and emotional adjustment during the transition to adolescence (Levitt *et al.* 2005, Milevsky 2005). It also assists young people to cope with difficulties and unexpected situations. However, for care leavers' relationships with birth family can be missing or problematic rather than supportive (Biehal and Wade, 1996; Sinclair *et al.*, 2005). Analysis revealed that 35 (out of 177) young people were not receiving any support from their birth family or friends and were solely reliant on provision from professionals as they prepared to make or made the transition from care to adulthood. A further 13 young people reported that they were not receiving support from family, friends, or professionals thus leaving them vulnerable to adverse

outcomes. More positively, just over two thirds of young people who reported that they received support from their families judged this to be 'Ok, good or very good'. For the remaining third, birth family did not provide support, or if they did, this was judged to be poor or inconsistent (see table 5.7).

Table 5.7: Young people's ratings of the support they received from friends and family

	Very good	Good	OK	Poor	Varies	Not applicable	Total
Birth family	61 (35%)	23 (13%)	33 (19%)	17 (10%)	9 (5%)	33 (19%)	176 (101%)
Friends	72 (40%)	44 (25%)	35 (20%)	9 (5%)	4 (2%)	14 (8%)	178 (100%)

The role and contribution of birth family and friends in complementing support from former carers and professionals warrants further consideration in the preparation and planning process.

Messages for policy and practice

- Although the majority of young people received advice on managing their money and paying bills these were issues that caused young people anxiety. Under half of young people were confident they would be able to manage these tasks well. This reinforces the importance of developing these skills over time and supporting young people with this to minimise the risk of them accruing debt.
- Training/taster flats were deemed to have a number of benefits, offering young people a 'taste of independence' whilst allowing them to return to their main placement afterwards. This may be of particular value when young people want to leave but this is not deemed to be in their best interests, as it provides an insight into the realities of living independently. Professionals were also able to obtain a better insight into what additional skills and support young people may need in the future to prepare them for independence.

- Continuity of social worker and leaving care personal adviser are important to young people and increase the likelihood they will be able to seek practical or emotional advice and support from them when they require this. Young people's support needs vary over time and young people welcomed flexible, responsive and timely contact.

Chapter six: Making the transition from care to independence

Introduction

Social and economic changes have influenced transitions to independence in Western societies (Bynner and Parsons, 2002). On average, young people in the general population leave home aged 24 and continue to receive support from their parents once they have left the family home (Department for Education and Skills, 2007; Holdsworth, 2004). In comparison, young people leave care much earlier; around a quarter of care leavers leave their placement at 16 years of age each year and a further 17% do so before reaching legal adulthood (Department for Education, 2010a; Holdsworth, 2004). Thus, care leavers tend to experience more *accelerated and compressed* transitions to adulthood, as they attempt to simultaneously negotiate the transition to independent living, employment and financial autonomy and do so at a much earlier age and without the level of support that their peers can often expect to receive from their birth families (Stein 2002). 'Instant adulthood' presents young people with considerable challenges and denies them the psychological space to negotiate changes of circumstance gradually, which is how most young people cope during transition (Coleman and Hendry, 1999; Stein and Munro, 2008). Research shows that delaying young people's transitions, alongside improved preparation and support, serve to improve outcomes (Stein., 2004; Stein and Munro., 2008). The Children (Leaving Care) Act 2000 aimed to delay young people's discharge from care and a central tenet of the Right2BCared4 pilot is that young people *should be encouraged* to remain in care until the age of 18.

Age of transitions from care and destinations

National statistical returns reveal that over recent years there has been a fall in the percentage of young people who cease to be looked after at age 16. As the figures below show, in 2006 over a quarter (27%) of young people left care at 16, compared to around one fifth (21%) in 2010. While the number of young people leaving care at

age 17 has remained fairly constant there has been an increase in the number remaining in care until their 18th birthday (see table 6.1 below).

Table 6.1: Age at which young people ceased to be looked after

Age cease to be looked after (years)	2006	2007	2008	2009	2010
16	2,300 (27%)	2,100 (26%)	2,000 (24%)	1,900 (22%)	1,900 (21%)
17	1,500 (18%)	1,400 (17%)	1,300 (16%)	1,500 (17%)	1,500 (16%)
18th birthday	4,400 (53%)	4,600 (57%)	5,000 (59%)	5,300 (60%)	5,700 (62%)
Older than 18th birthday	80 (1%)	40 (1%)	70 (1%)	60 (1%)	50 (1%)
	8,200	8,200	8,500	8,800	9,100

Source: Department for Education (SSDA903 returns)

In keeping with national developments, four of the seven in-depth pilot authorities indicated that they had adopted the principle that young people should be encouraged to remain in care until 18, prior to implementation of Right2BCared²⁶. One other authority had adopted this principle in respect of young people in foster care but not for those who were in residential care. Interviews with professionals in the comparator authorities also suggested that it was best practice to encourage young people to remain in care until they reached 18. Table 6.2 provides further details.

²⁶ Pilots began in 2007

Table 6.2: In-depth pilot authorities encouraging young people to remain in care until 18 under existing policy and under Right2BCared4

Pilot authorities	Encourage young people to remain in care until 18	
	Existing policy	Under Right2BCared4
A	✓	✓
B	*	✓
C	✓	✓
D	x	✓
E	✓	✓
F	✓	✓
K	x	✓

* considered good practice for young people in foster care to remain in placement up to 18 but young people in residential leave at 16 years of age (based on focus group data)

Frontline practitioners and managers in the pilot sites reported that the Right2BCared4 pilot had assisted in embedding and strengthened the ethos that young people have the ‘right’ to stay and that the authority has a duty to support them to do so, even when, due to young people’s needs, this was costly in financial terms to the local authority concerned (see chapter eight). Analysis of survey respondents’ ages and care status showed that the pilot had influenced the duration of time young people were remaining in care for. The majority in all authorities were still looked after at 17 but a higher percentage of young people in the pilot authorities were remaining looked after until legal adulthood. Over one third (34%; 29 out of 85) of young people indicated they were still in care until 18 or beyond in the pilot authorities, compared with just 17% (5 out of 29) in the comparator authorities²⁷. It should be acknowledged that this was based on their self reported age at exit. Young people’s perceptions may not always be consistent with local authority classifications. However, the data are still illuminating, in so far as they do provide an indication of whether young people felt that they were still cared for, and the responsibility of, their local authority.

²⁷ Technically young people ceased to be looked after or ‘leave care’ at 18, although they may remain in a ‘care placement’.

Table 6.3: Age by care status

Age	Pilot authorities Currently in Care		Comparator authorities Currently in Care	
	Yes	No	Yes	No
15	2 (100%)	0 (0%)	1 (100%)	0 (0%)
16	16 (94%)	1 (6%)	4 (80%)	1 (20%)
17	38 (88%)	5 (12%)	19 (83%)	4 (17%)
18 *	17 (53%)	15 (47%)	3 (50%)	3 (50%)
Above 18	12 (39%)	19 (61%)	2 (15%)	11 (85%)
Total	85 (68%)	40 (32%)	29 (60%)	19 (40%)

*Figures are based on young people's reports. Young people who stated that they were not sure whether or not they were still in care have been excluded from analysis. Some authorities are piloting Staying Put 18 + which permits young people to remain with foster carers up to the age of 21.

Consistent with these findings, the local authority evaluation data that were available to the research team on young people's age at discharge²⁸ revealed that authorities had seen a reduction in the number of young people leaving care before the age of 18. The percentage of looked after children aged over 16 increased from 18% in 2006 to 26% by 2009 in one pilot authority. Nearly two thirds (64%) of young people who left care during the pilot were aged 18+ when they left. In another, 50% of those who ceased to be looked after did so on their 18th birthday. Since the start of the pilot period the mean age at which young people in this authority were discharged from care increased from 16 years and nine months to 17 years and 10 months; an increase of one year and one month (from initial baseline data to the final year of the pilot). Table 6.4 below provides details on the age at which young people ceased to be looked after in these two pilot authorities and their destinations. Overall three-fifths (129 out of 215; 60%) had reached legal adulthood when they were discharged from care. It is also noteworthy that only a minority moved directly from care to independent living arrangements; discharge to semi-independent, supported living arrangements, was more common. The different placement pathways young people experienced are explored further below. Before examining this consideration is given to how young people's characteristics influenced the likelihood of them remaining looked after until the age of 18.

²⁸ Data on this were supplied by three local authorities.

Table 6.4: Local authority MIS data on young people’s destinations on ceasing to be looked after (from two pilot authorities)²⁹

Age at discharge	Discharge to independence	Discharge to semi-independence	Discharged to parents or relatives	Discharged to adult team	Discharged to any other destination or CBLA for other reason	Staying Put*	Total
15	0	1	1	0	1		3
16	3	17	8	1	8		37
17	9	25	7	1	4		46
18	18	37	2	14	41	17	129
Total	30	80	18	16	54	17	215

*Only one of the pilot authorities is piloting Staying Put 18+ (see Munro *et al.*, 2010b)

Young people’s characteristics and likelihood of having left care

Logistical regression analysis was undertaken to explore whether it was more probable that certain groups had left care compared to others. This revealed that minority ethnic groups and asylum seeking young people were significantly less likely to have left care than White respondents. Young people’s age at entry into care was also considered; those who entered care or accommodation aged 5-10 had a similar likelihood of being out of care compared to those who became looked after before their fifth birthdays. However, young people who entered care in the three older age groups (11-12, 13-14, 15+) were twice as likely to have left care at baseline (although this was not significant $p>0.05$). Exploration of the impact of placement instability on whether or not young people were in care revealed that young people who had two or three placements had a similar likelihood of being out of care than those with one placement. Young people who experienced four or more placements in the previous three years had a marginally higher likelihood of having left care (around 1.5 times more likely), although, once again, this was not significant. Young women who were parents were around four times more likely to have left care than males ($p<0.05$, significant) and other young women were around

²⁹ It only proved possible to collate the data supplied by two of the four authorities who provided the research team with their internal evaluation reports.

twice as likely to have done so ($p>0.05$, not significant). Local authority evaluation data from one of the pilot authorities revealed that the percentage of White British young men (76%) remaining in care placements beyond legal adulthood was higher than the proportion of young women doing so (55%).

Professional perspectives on practice developments

Professionals perceived that Right2BCared4 had contributed to a cultural shift in attitudes concerning care planning and decision-making for young people aged 16 years and over. It was welcomed because it had given authorities 'permission' to practice in a way which takes greater account of young people's needs; rather than being driven by considerations about resources and placement costs. Morally this was identified as an important advance both because of the vulnerability of this group of young people (in the context of their pre-care and in-care histories) and also because young people in the general population would not be expected to live independently at 16 or 17 years of age. A manager responsible for implementing the Right2BCared4 project reflected that:

It has changed, and obviously strong views that a lot of young people are not ready at 16 and a lot of young people would not leave home, leave their family at 16, so why should young people in care, and I think it is [because] that group of young people are often seen as very street wise, but they are actually the most vulnerable or can be the most vulnerable because yes they are street wise and they might be out and about, but they are also mixing and spending their time in places where they are very vulnerable and they are also very vulnerable emotionally for lots of reasons.

Another professional stated that:

I think young people have realised they can stay in their placements longer, and that they are not being, well for want of a better phrase, pushed out into independence. They can stay with their foster carers and they have got that security really, so I think it has probably raised the age and helped in that young people have not felt the need

to move out at 15 or 16 because their placement was going to come to an end
(Social worker, pilot authority).

The pilot was also seen to have increased local authorities' willingness to provide *appropriate* accommodation for all young people up to the age of 18 (although the availability of placements meant that this was not without challenges). Case record and interview data showed that young people were being offered alternative foster care or residential placements following placement disruption; rather than it simply being assumed they should move to independence:

It takes a long time to change a culture, and I think the fact that the project was there ...that's all it needed, we had everything in place – we just needed to change the culture that, just because this placement isn't working [does not mean] the young person is ready for independence (IRO, pilot authority).

The local authority's response has changed...particularly for the likes of 16 and 17-year olds really, leaving residential placements, because often those sorts of scenarios are fairly negative ones rather than a positive decision: it's 'I've had enough of this,'...In the past it would have been, 'Well we'll find him a B&B if we can't find anything else'...Now we're in a much stronger position to be saying 'Uh-uh, that's not acceptable', and at the very least if they're going to go then we want a package of support there for them (Personal adviser, pilot authority).

These developments were welcomed although it was also acknowledged that not all young people want to stay in care for longer and that in such cases professionals need to balance the young people's wishes and feelings and their best interests. A recurring theme was the importance of fully informing them about what this would entail and highlighting some of the potential challenges, including isolation and loneliness and encouraging them to stay. At the same time many opted to support planned transitions to semi-independent arrangements to prevent breakdowns and in recognition that failing to respond to such requests was counterproductive (see p.139-141 below for further discussion). A small number did however take a slightly different position, for example one IRO stated: *'we are the responsible adult and if*

their needs are greater than they think they are you don't have to give in to their request'.

Although the number of young people with disabilities in the study was small interviews and focus groups did reveal specific issues with regards to meeting the needs of this group. Concerns were raised about the vulnerability of young people with learning disabilities who did not meet the threshold for adult services. Difficulties were also encountered by children's social care as they sought to source appropriate accommodation for young people with learning or behavioural difficulties and those with physical disabilities (see also, Morris, 2002). Of the six young people with disabilities that participated in interviews, three remained in their placement beyond 18, in recognition of their needs and/or while appropriate accommodation was being identified. Sloper and colleagues (2010) highlight how disabled young people's transitions from children's to adults services can be problematic. Transitions may also be abrupt or delayed by restricted housing and employment options and poor support aftercare (Priestley *et al* 2003).

The next chapter explores young people's transition pathways and experiences. It considers how young people fared in the early stages after they left their care placements and moved into other supported placements or independent accommodation. Chapter eight explores the cost implications of an increase in the number of young people remaining in care for longer.

Messages for policy and practice

- A specific aim of the Right2BCard4 pilot was to encourage young people to remain in care for longer. A higher proportion of those in the pilot authorities were looked after until they reached legal adulthood compared to their counterparts in comparator authorities.
- Challenges were sometimes experienced by professionals trying to sustain placements as this was conditional not only on the young person wanting to stay, but also on foster carers or residential units being willing and able to care for the young person (see also, Munro *et al.*, 2010a; 2010b).

- Professionals identified that not all young people want to remain in care for longer. White British young women, especially parents tend to leave care early. The reasons for this and approaches that may be employed to encourage them to remain looked after for longer warrant consideration. It is also important that services and support are available to support those who chose to move to independence.
- Young people who experienced four or more placements in the previous three years had a marginally higher likelihood of having left care (around 1.5 times more likely) than those who had not (but this did not reach the level of significance). Poor experiences within the care system may contribute to the decisions young people take; the needs and experiences of this group mean they are likely to require high levels of ongoing support once they have left.

Chapter seven: Transition pathways

Using information provided by young people, social workers, personal advisers, IROs and case record data (where available), it was possible to explore young people's transition pathways and experiences of moving out of foster care or residential placements into supported accommodation and/or rented properties in the community. Data were available on 21 cases. Thirteen were from pilot authorities and eight were from comparator authorities; given the sample size and identified similarities in the practice of the comparators to the pilots, the experiences of individuals from both groups are not differentiated. Although the sample is small and the views of White young men are underrepresented, the experiences of these young people do provide a rich insight into the realities of making the transition from care to adulthood. Based on young people's accounts of their experiences three distinct transition pathways were identified. The first '**direct pathway**' involved making the transition straight from foster care to independent living in a council or privately rented property. Three young people followed this route (15%). This pathway most closely replicates the experiences of young people in the general population, although the age at which young people are leaving their care placement is still well below the average age that young people in the general population leave the parental home. The second route involved young people living in one or more supported placements³⁰ before living independently ('**transitional placement pathway**'). These supported placements were intended to offer young people support as they acquired the skills they would need to be able to secure and maintain their own tenancies in the future and thus acts as a bridge to independence (NCAS/Catch 22, 2009). This was the most common transition pathway and was experienced by 11 young people in the sample (55%). The final route was more complex and marked by multiple moves and changes ('**complex pathway**'). Six young people followed this pathway (30%). In exploring these pathways, consideration was also given to the reasons young people moved once they were aged 16 or above. Reasons for changes of accommodation were varied, with some

³⁰ There are a range of supported housing and supported lodging provisions available and definitions of these vary (see Appendices). The majority following this pathway ceased to be looked after before they moved into supported accommodation.

moves being purely age related, whilst others were related to young people’s wishes, behaviour and/or circumstances. **‘Young person led’** decisions were influenced by a number of issues including: young people’s desire to be ‘free’ and ‘independent’, as well as levels of satisfaction with existing placements and relationships with carers. Wanting to set up home with a partner was also influential. In contrast, some moves were **‘age related’**. These moves were necessary because young people were approaching or had reached the legal age of adulthood, or because of rules and regulations governing a certain placement. They were not initiated in response to young people’s needs. Placement breakdowns or multiple reasons for change were identified in a small number of cases (**‘breakdown or multiple’**). Table 7.1 below provides details of young people’s transitions pathways and reasons for the first move they experienced on their route to independent living.

Table 7.1: Transitions pathways and the first factor to precipitate a change in living arrangements at 16+ (n=17)

	Direct pathway	Transitional placement pathway	Complex pathway	Total
Young person led	1 (13%)	5 (63%)	2 (25%)	8 (101%)
Age related	1 (25%)	2 (50%)	1 (25%)	4 (100%)
Breakdown or multiple reasons	1 (20%)	1 (20%)	3 (60%)	5 (100%)
Total	3 (18%)	8 (47%)	6 (35%)	17 (100%)

*missing data on the reasons for moves for three young people in the transitional placement pathway group

Direct pathway

It is noteworthy that only three young people in the sample took the 'direct pathway' and moved straight from foster care to independent settings at the age of 18; this route minimises instability and change and extends the length of time young people can remain with foster carers or in residential care. Grace benefitted from remaining with her foster carers beyond the age of 18 under the Staying Put 18+ Family Placement pilot (see Munro *et al.*, 2010a) before deciding that she was ready to move to independence and live with her partner. She said:

I pretty much had all the skills I needed since I was sixteen. I just needed that little bit more time before I finally moved to independence (age 18, care leaver, pilot authority - 18 when she left her care placement).

She indicated that her carers and social worker had been a '*bit worried*' about her decision but that she discussed her plans with them and the accommodation officer and that they had offered advice and supported her as she made a planned transition from her care placement to a rented property. In contrast Cathy left her foster home at 18 because she ceased to be looked after; the move was age related rather than young person led. She reflected that:

I wasn't ready...It's a lot different. You've got the support of foster parents when you're in care. When you're on your own you've only got yourself (age 19, care leaver, pilot authority - transition straight from foster care).

She described the first few weeks as '*horrible*' and revealed that she struggled with general household tasks and managing her finances. In response to the question about whether she would like to return to care she said she would like to do so because she wanted '*support*' and missed '*being around her family*'. However, having left care at 18 the 'right to return' under the pilot was not open to her. Social workers, personal advisers, IROs and managers in focus groups expressed concerns about these situations for a number of reasons. Firstly, because the expectation that young people leave at 18 is inconsistent with the experiences of young people in the general population, as one leaving care worker put it: '*most of*

*us wouldn't ask for our own daughters to move on and out at 18 just to see how they get on'. Secondly, if young people are 'over' protected by foster carers then they will be ill-prepared for the realities of living independently and therefore are liable to experience (slightly) extended and abrupt transitions (see also Munro *et al.*, 2010b; Stein and Munro, 2008). Finally, if young people leave at 18 then the 'safety net' of the right to return to care under the pilot is not open to them. In contrast, if young people opt to take the transitional placement pathway at 16 or 17, that is, they move into supported housing or lodgings, or other 'suitable accommodation' then they do have the opportunity to develop their skills in a supportive setting. There is also scope for them to return to live with foster carers if they struggle. Professionals were clear that this route was not one that they necessarily wanted young people to take both because of young people's age and vulnerability but that planned transitions to semi-independent living arrangements were preferable to unplanned changes precipitated by placement breakdowns. It was noted that moving into supported placements at 16 or 17, as a bridge to independence is not akin to the experiences of the general population, but it was a route that young people in care were often keen to take. One reason for this may be that these transitional pathways are a cultural norm amongst this population. As one IRO stated:*

The way the local authority works and people build their practice, as well as the conversations that young people have with older care leavers, leads to a situation where moving from foster care at 16/17 is the route that young people travel (IRO, pilot authority).

Transitional placement pathway

Over half (55%; 11) of the young people interviewed followed the transitional placement pathway. As Table 7.1 above shows, decisions to move into transitional living arrangements were most commonly 'young person led' (5 out of 8 young people³¹) and tended to be driven by young peoples' desire for fewer boundaries and greater freedom. For example, Haben, an unaccompanied asylum seeking young man wanted to move into a semi-independent placement with support. He felt

³¹ Missing data in three cases

that although his foster carers *'tried their best to help...give...advice and teach him'* the placement was too restrictive, because he was accustomed to more freedom in his country of origin. Although Haben said that he did not regret leaving when he did, he did acknowledge the challenges of living independently:

When you're in care yeah you have like family, when you are independent you are alone, sometimes you feel very like you're alone, and no one can help you as [quickly] (Haben, age 16, UASC, pilot authority).

His social worker suggested that it would have been beneficial for him to remain with his foster carers for longer, given his vulnerability, but that a planned move was facilitated because his behaviour was destabilising the placement. Social workers identified that they had to be mindful of, and largely responsive to young peoples' requests to move, even when they did not necessarily perceive these to be in their best interests, because otherwise placements would break down leading to crisis driven and abrupt transitions. This is consistent with research evidence. Studies have found that foster placements may be destabilised as young people approach the time when they are expected to make the transition from care to independent living and that breakdowns are more likely if young people do not wish to be in the placement (Beek and Schofield, 2004; Selwyn *et al.*, 2003; Sinclair *et al.*, 2005).

Complex pathways

Just under a third of young people, all of whom were women, (30%; 6) followed the complex pathway. Three of these six young women's pathways began when their placement broke down. In two of these cases young people's behaviour led two long-term foster carers to terminate placements; in both cases the final breakdown was precipitated by the young people running away. One young woman ran away from her placement during her GCSE year, following an argument with her foster carers, who then refused to allow her to return. She was offered another foster placement but she refused this and having left her boyfriend's, she moved to a Foyer. She explained:

Well I used to live with a boy that I ran away from my foster parents to live with, in his flat. But that wasn't really a good idea. Then I lived in like a Foyer, like supported housing. I had a flat there for over a year, but everyone in the Foyer was like mad, it was like teenage parties (age 17, care leaver, pilot authority).

Another young woman was:

In a very stable foster placement for a number of years but... had very tight boundaries put round her and at the time they were necessary, but as she grew older unfortunately [she] started pushing those boundaries a little bit and I don't think the foster carers were able to move with her and cope with her development getting into the teenage years and...unfortunately that led to the breakdown of that foster placement (Social worker, comparator authority).

This young woman went missing from her placement and then when she tried to return her foster carers refused to have her back. She was offered another foster placement but decided to move in with her uncle. A high level of support was offered to try and maintain this placement but their relationship broke down and she then moved to supported lodgings. She felt supported lodgings did not offer her the level of support she needed and therefore moved into a new placement with foster carers.

These cases illustrate the complexities of decision-making for this age group. Policy and practice emphasise the importance of stability and continuity of care and of encouraging young people to stay in care; but also of listening to young people's wishes and feelings and recognising their evolving capacities. It is noteworthy that those young people who were not permitted to move from placements despite requesting to do so took action to destabilise their placements or simply left. In this context, it is perhaps unsurprising that many frontline professionals and managers who were interviewed took the position that they would encourage and try to persuade young people to stay but if this failed it was best to work with young people's plans and offer support:

If a young person doesn't agree with a plan there's a high potential for the plan not to work and then that person will be an 18 year old who is outside on their own... A lot of my time and energy would be spent trying to get some kind of harmony, trying to get people to actually work with the young person, to provide the support, to meet the young person's needs in a placement that you don't necessarily agree with (IRO, pilot site).

But this is it with young people you know they do things, sometimes you know just from experience this is not a good move but you've got to go with it because that is their decision (Social worker).

There was evidence that a number of social workers and IROs did try and maintain placements for a short while, before moving young people, to enable them to undertake specific pieces of work to prepare them and/or to minimise any disruption to young people's schooling.

As the discussion above illustrates a complex inter-play of factors influence young people's transition pathways. The findings indicate that although young people appear to be remaining looked after for longer, a significant proportion do still move into semi-independent or independent living arrangements before they reach legal adulthood. Three young people's pathways are outlined below to illustrate the similarities and differences in the experiences of those involved.

Figure 7.1: Direct pathway

Young person's age	Young person's home	Reasons for changes	Additional notes
16	Foster home	Age related: moved at 17 years and 9 months	
17	Privately renting		

Figure 7.2: Transitional placement pathway

Young person's age	Young person's home	Reasons for changes	Additional notes
16	Foster home	Young person led: return to local authority area	
	Supported accommodation	Age related: supported accommodation provider does not provide accommodation beyond 18.	
18	Supported lodgings	Temporary placement: provided until Council housing secured	
	Council house	Multiple reasons: required to give up secure tenancy because planning to attend university; living alone isolating	
	Privately renting		Previous supported lodgings provider agreed to privately rent room to young person.
19			

Figure 7.3: Complex pathway

Young person's age	Young person's home	Reasons for changes	Additional notes
16	Foster home	Placement breakdown	Offered the option of a foster placement or supported lodgings; both declined. Move to supported accommodation planned
	Living with partner	Placement breakdown: relationship ends	
	Supported accommodation	Placement breakdown: evicted from supported accommodation due to anti-social behaviour	
	Bedsit	Emergency placement until long-term accommodation secured	
	Planned move: privately rented accommodation secured		
18	Privately renting		

Young people's experiences

Around three fifths (39; 59%) of the care leavers surveyed said that it was their choice to leave care. There were, however, 27 young people (41%) who did not feel that they had had a choice about the timing of their transition to adulthood. The figures reveal that a slightly higher percentage of those in the pilot authorities felt that they had had a choice about when they left as compared to those from comparator authorities; 62% (28) and 52% (11) respectively. This section considers how they felt they fared when they moved from foster care or residential care in to 'independent settings'³².

Moving into independent settings

A range of factors contributed to young people's experiences of moving into independent settings. These included: young people's wishes and feelings about living independently; the 'freedom' it afforded them; preparation and planning prior to moving; and levels of support in place to assist them. Over half (11 out of 20) of those who moved into semi-independent or independent living arrangements were positive about their transitions:

Young person: Oh, I loved it. Couldn't wait.

Peer researcher: So what went well?

Young person: Everything. Having my own place (Young woman, age 19, pilot authority - aged 18 when she left care).

It's more independent and I've got my own freedom to do what I want. It's more free (Young woman, age 17, care leaver, comparator authority - aged 17 when she left care).

³² It should be noted that some of these young people were still technically looked after at this time but from their perspective these moves marked their transition to independence.

It's time to move on you know. You can't always depend on someone else, time to become independent and do your own thing (Young man, age 20, care leaver, pilot authority).

Having a choice about moving and being well prepared and supported, were identified as being important to young people:

The move was over two months, so like I was prepared...It was alright, not a shocking experience (Young man, age 20, care leaver, pilot authority).

Another stated:

I wasn't pushed there. I preferred to live independently because I was not happy where I was living .I asked the social worker to move me to independent living. Personally I find it better for me (Young man, age 16, LAC, pilot authority).

However, at least a quarter of care leavers reported experiencing transitions that were rushed, or that could have been managed better. In some cases moves were unplanned and crisis driven. A young woman who welcomed increased freedom when she was living independently, moved straight from foster care to a council tenancy when, following news of her pregnancy, her foster care placement broke down. She recounted that *'it did not go well saying goodbye to my foster carer...she had all my stuff packed and ready to go'*. The circumstances of this transition meant that she was simultaneously negotiating moving to independence at the same time as dealing with the sense of loss connected to the breakdown of her placement and whilst she was trying to process the implications of her pregnancy. Positively, however, she said that she felt that she had managed fine because she had support from her social worker and her family:

My family support me and make sure that I'm OK and coping and my social worker is always making sure I'm OK. And she's always asking if I need any extra help or anything.

In other cases there were indications that improved communication and planning could have helped ease young people's transitions. For example, Paul had been placed out of the local authority area and requested to move back into the area so that he would get more help and support. He had anticipated being placed in a supported lodgings placement but described how he was:

Chucked in at the deep end because I was living in [region] for most of my life...I asked to move back...and then I got chucked in a two bedroom flat, not even knowing what to do or whatever.

He described the transition as:

One of the most upsetting and stressful experiences I've had in my life. Obviously, except moving from my birth place...They could have warned me months before...the first [move]. I was given two weeks' notice to have everything packed and ready to go (Young man, care leaver, pilot authority).

The process also appeared to be rushed for others:

When I became 17 it was kind of a rush then, nobody knew what was actually going on, but I kind of, not pushed, but moved on very quickly to live independently which wasn't very good...I didn't really know what was happening [and I] didn't have the right information (Young woman, age 18, care leaver, pilot authority).

A young woman from another local authority experienced an age related move and allegedly had to leave her supported lodgings placement on her 18th birthday because the provider did not accept benefit payments.

I didn't want to go. I still had to go anyway. I didn't have a choice...I was moving out at eighteen, end of discussion, and the bit that really pissed me [off] is [that] they chucked me out on my eighteenth birthday (Young woman, age 19, care leaver, pilot authority).

Recently issued statutory guidance on securing sufficient accommodation for looked after children states that that Children's Trust partners should work together 'to secure a range of provision to meet the needs of those who become looked after at the age of 16 and 17, and *support the continuity of accommodation beyond the age of 18* (DCSF, 2010c, p.12, emphasis added). The extent to which young people had a choice of where they moved to, and the quality of the housing they were placed in, are explored further below.

Choice and suitability of accommodation

Under the SSDA903 statistical returns, accommodation is regarded as suitable if:

It provides safe, secure and affordable provision for young people. It would generally include short-term accommodation designed to move young people on to stable long term accommodation, but would exclude emergency accommodation in a crisis (HM Government, no date, p.13).

Generally the following categories of accommodation are seen to fall within this definition:

- With parents or relatives;
- Community home or other form of residential care such as an NHS establishment;
- Semi-independent, transitional accommodation (e.g. supported hostel, trainer flat); self-contained accommodation with specialist personal assistance support (e.g. for young people with disabilities, pregnant young women and single parents); and self-contained accommodation with floating support;
- Supported lodgings (where supervisory staff or advice workers are available to provide formal advice or support);
- Ordinary lodgings, without formal support. In general, this will include young people lodging with former foster carers;
- Foyers and similar supported accommodation which combine the accommodation with opportunities for education, training or employment; and

- Independent living (e.g. independent tenancy of flat, house or bedsit, including local authority or housing association tenancy, or accommodation provided by a college or university. Includes flat sharing).

Based on the accommodation categories above, all but two young people from the interview sample were in 'suitable accommodation'. Only 12 young people who completed the baseline survey sample appeared to be in unsuitable accommodation. However, it is important to note that those in emergency or unsuitable accommodation when the survey was distributed would not have had the opportunity to participate in the research and therefore the findings are likely underestimate the numbers of young people in unsuitable accommodation.

Of the twenty young people that moved from their placement to either independent housing or supported accommodation, eight indicated that they were able to choose where they went to live. Of the remaining 12, seven were not given the opportunity to select their accommodation, one was unable to recall and four did not provide details on whether they were presented with a range of options. Interviews also revealed that at least a quarter of interviewees who had left care or moved into supported accommodation (5 out of 20) had spent time in accommodation that they did not feel safe or secure in, or that was not appropriate to meet their needs. One young woman outlined how she had been burgled four times in her first property. She said:

I had loads of stuff stolen from there where they put me. None of it was insured because my key worker never explained I needed insurance. So, when it all got stolen, I reported it [to children's social care] they said there wasn't anything that they could do (Young woman, age 19, care leaver, pilot authority).

In contrast, another young woman felt protected at the Foyer '*because there was like shutters and cameras, and staff there 24 hours a day*', However, the conditions that were described did not appear to offer a stable base to support her development:

It's like a 24 hour party, everyone is always up on grass or drinking, the police are there every night, paramedics there every night, because it's just you know sort of, and staff can't like obviously walk into a flat or bedsit without permission, bedsit

people share, two bedrooms, one kitchen, one bathroom (Young woman, age 17, care leaver, pilot authority).

A few also described their accommodation as being in a poor state of repair:

I've had leaks through my light bulbs and they've just left me there for like weeks on end with no electricity, and my ceiling is caving in on the bathroom (Young woman, age 18, care leaver, pilot authority).

The conditions are a bit rough, yeah, and the kitchen is a bit poor...I think the landlord should spend some money on the bathroom and kitchen...some stuff is broken (Young man, age 16, pilot authority).

The difference between young people's expectations and the reality of the properties on offer came as a shock to a small number of young people:

My foster parents were quite posh...I got my flat and was like ...look at the state if it...I thought it was going to be much nicer than it was...It was OK in the end. I said 'I'm not living here 'til you've painted it'...So they did (Young woman, age 19, care leaver, pilot authority).

Overall, young people's reflections suggest that some of those who were technically in 'suitable' types of accommodation may not have been living in environments that were conducive to promoting their wellbeing. This suggests that greater consideration should be given to the quality of accommodation young people are placed in.

Challenges and issues

Although young people largely reported that they were managing in independent settings there were a small number of cases in which young people acknowledged that the realities of living independently were harder than they had envisaged, or

there were unanticipated challenges along the way. Both practical and emotional challenges were identified. The most prevalent practical issue, identified by over a quarter (6 out of 20) of the sample, related to the realities of budgeting and management of finances. Survey respondents also identified anxieties in this respect, although 85% of them had received advice about this (83% (105) in pilot authorities and 88% (45) in comparator authorities). One young woman highlighted the drop in income she experienced once she left care and was reliant on benefits: *'obviously when you are in care you get a lot of money, then people who leave obviously don't get any'*. The challenge of 'surviving on benefits' was highlighted by another: *'I'm managing my money alright, I'm not used to being on benefits, so I find it a struggle, but I'm coping'*. Having accrued debts another young woman had been served notice from her supported lodgings placement. Anxieties concerning money and finance were also the most common theme to emerge when survey respondents were asked about their support needs. *'Help with setting up bills, knowing when to pay them and what happens if you don't pay them. How to claim benefits. Who to talk to if you don't have money for food'*. Dixon and Stein (2005) also found that financial hardship and debt were an issue for young people in their study of leaving care.

While the practicalities of living independently caused difficulties for a few, loneliness and isolation was also a significant issue, even though three quarters of survey respondents had received advice about living alone (73% (91) in pilot authorities and 80% (40) in comparator authorities). Once again, this finding is consistent with messages from previous research (Dixon and Stein, 2005; Stein, 2004). Jasmine who said her move had been rushed said that she *'hated it. I was just on my own most of the time and I'd get into lots of trouble'*. Suzanne felt that her views were not taken into consideration when she moved to independence and that decisions were taken on her behalf. She felt lonely and isolated living alone and had struggled with caring for her baby. There were of course, other young people who felt less isolated and much more supported by professionals as they made the transition to independence. Two young people emphasised that support should be tailored to respond to an individual's needs, although one also identified that not everyone will have the confidence to actively seek support even if they may benefit from it.

Some people want support, they want people to go and see if they're OK, they want the phone calls...I think it should depend on the person (Young woman, age 19, care leaver, pilot authority).

It's down to the individual person, if they want help then they can ask for help and they should be able to receive it...but some [young people] might be too scared to ask for help (Young man, age 16, pilot authority).

Support for care leavers

Social workers and leaving care personal advisers

Not all care leavers can rely on their birth family for emotional, practical or financial support, as such continued support from professionals is instrumental in enabling young people to successfully navigate the transition from care to adulthood. Forty five of the care leavers (74%) surveyed revealed that they received support from their social worker, whereas six (10%) were not being supported³³. Thirty eight (75%) indicated that the support provided by their social worker was 'good' or 'very good', however the remaining 13 (25%) felt that they were not receiving sufficient support.

Thirty eight young people (62%) indicated that they were being supported by their leaving care personal adviser. However, one (2%) young person felt that they were not being assisted by their personal adviser.³⁴ Twenty seven (93%) regarded the support offered by their personal adviser as either 'very good' or 'good'. The experiences of care leavers varied, but most rated the support provided by their social worker and/or personal adviser after they had left care very highly;

Peer researcher: Who do you receive support from now that you've left care?

³³ The remaining eight young people said that support from their social workers was not applicable.

³⁴ The remaining 16 young people said that support from their personal adviser was not applicable.

Young person: My leaving care PA. Oh yeah, my social worker [is in] contact with me. She's brilliant. I wanted her to be [my baby's] godmother (Young woman, age 19, care leaver, pilot authority).

Peer researcher: Who do you receive support from now that you've left care?

Young person: My social worker is always making sure I'm ok. And she's always asking if I need any extra help or anything (Young woman, age 17, care leaver, comparator authority).

However, there were a minority of care leavers who reported that they did not receive support from social care staff or that they were not always available when they needed them;

Peer researcher: What do you see your social worker or leaving care worker about?

Young person: I don't hardly see them (Young woman, age 19, care leaver, comparator authority).

Peer researcher: Who do you receive support from now that you've left care?

Young person: My leaving care worker, if I need to speak to her I can ring her whenever I like, well obviously within like working hours and stuff. But she's always on leave when I'm wanting to have a really long talk to her about something (Young woman, age 17, care leaver, pilot authority).

The level of contact young people had with their social worker or personal adviser was not actually that high; most often it was monthly. In the absence of support from former carers and/or family, limited contact with social care staff may leave care leavers feeling isolated.

Foster carers

Twenty three (38%) of the care leavers surveyed reported that they were receiving support from their former foster carers; nine (15%) felt that they were not. Twenty one (65%) rated the support they received highly. The experiences of care leavers in the interview sample were mixed. Some had positive experiences and reported that

their former foster carers helped them make the transition to independence and also provided them with continued support;

Peer researcher: If you're no longer in care, can you tell me a bit about your move from care?

Young person: Actually, most of it all went well. My carers were very helpful, my social worker was very helpful with me moving (Young woman, age 18, pilot authority).

Peer researcher: Who gives you support now that you have left care (your previous carers)?

Young person: Yes, I still see them [former foster carers]. I receive support from them if I need it (Young woman, age 18, pilot authority).

For others the move from foster care did not go smoothly and sometimes involved a placement breakdown;

Peer researcher: If you're no longer in care, can you tell me a bit about your move from care? What didn't go well?

Young person: I think it would have been better if I had packed my own stuff, and maybe if my foster carer that I was with had said goodbye properly, instead of having all my stuff by the door ready (Young woman, age 18, pilot authority).

Importantly some foster carers and young people were able to rebuild relationships following abrupt transitions:

What we did after that [breakdown in foster placement] was put in things to sort of try and end that [breakdown in foster placement] on a nicer note for [young person], [by] going back and collecting some things and having a meeting... I don't know whether she [young person] was oblivious to the mood of the foster carer. I think [young person] in her own way was just oblivious to that [mood] and used to send text messages and ring her up now and again, so she maintained that relationship and from [young person's] point of view, on a quite positive note, so we were able to, you know, salvage something there (Social worker, comparator authority).

She was screaming from the top of her voice, this is what she wanted [to leave her foster placement and move into independent accommodation] and she wasn't going back there [foster home]. We tried [to encourage this young person to return to her foster placement]. In fact she does have a reasonable relationship with the foster carers now, and has always kept that (Leaving care personal adviser, pilot authority).

Birth family

Thirty eight care leavers (62%) reported receiving support from their families, although in ten of these cases the support offered was at best judged to be OK. Fifty three (89%) young people stated that they had the support of their friends. A smaller number of these deemed the support they received from them to be 'good' or very good (38). At follow-up further information was requested to facilitate exploration of the frequency with which young people were in contact with their birth family and friends. This revealed that nine out of 20 young people had daily contact with their birth family and a further seven had weekly contact; the remainder had less frequent or no contact. Thirteen young people had daily contact with friends and a further four reported that they saw their friends weekly. Munro and colleagues (2010b) are exploring young people's social networks further in the evaluation of the Staying Put 18+ Family Placement pilots.

The right to return to care

Right2BCared4 affords those who have left care at 16 or 17 years of age the opportunity to re-enter the system before they reach 18. This provision under the pilot is intended to offer care leavers a 'safety net' if they encounter difficulties living independently and was widely welcomed by professionals:

There's not a fear now that that's the end...they can before their 18th birthday ask to come back into care. So there's not anyone saying, 'You made that decision, that's final' (Leaving care personal adviser, pilot authority).

Four fifths of survey respondents said that they thought young people should be permitted to return to care if living independently did not work out. Care leavers who completed the survey were also asked whether they had ever considered returning to care after they had left. Thirty one percent (12) of young people in the pilot authorities stated that they had considered doing so. Only one (6%) young person from a comparator authority expressed this wish, although this may have been because this option was not available to them in practice. It is noteworthy that although nearly a third of the sample indicated that they had considered returning only one had actually done so. MIS data from three pilot sites revealed that in 2007-8 only 11 out of 105 young people had returned to care; in the two smaller pilot authorities no one had returned.

Amongst the interview sample there were two young women who had chosen to return to care. Both struggled while they were living with members of their birth family and opted to return to foster care a few months later. The social worker in one of these cases explained that:

She left the foster placement that was secure to go into where she chose that was safe, because we knew the place, it was a family member.....But then we managed to get her to go back into care because obviously that was better, but that was only for a short period because [she reached] 18 (Leaving care personal adviser, pilot authority).

Age related entitlement conditions meant that the young person above had to move into supported lodgings at 18, shortly after she had moved back into a foster placement. Professionals also cited cases in which young people they were working with had wanted to return to care after the age of 18 and indicated that the age threshold connected to the policy had precluded this. For example, one young woman left care at 18 and six months later had requested to return. As she had reached legal adulthood the local authority was not able to facilitate this even though it was arguably in her best interests. Social workers and leaving care workers also highlighted that it was rarely possible for young people return to their former carers because these placements would normally have been filled by other looked after children. Other barriers to implementation were also identified. For example, one

social worker identified a case in which he felt it would not be viable for a young man to return to care even though he had expressed the desire to do so:

When he was in care he kept running away all the time and we know that that is what he is going to do again. He won't be able to tie himself down to the rules and regulations, but when he was upset last week [because his] mum had kicked him out, he was saying 'I want to go back into foster care', but we know that it is not going to work (Social worker, pilot authority).

Securing placements could also be challenging:

But we are not talking about great numbers...there is only one person that's used their veto [sic] to return to care after it has broken down...and that worked OK. But there is one that has been trying to use their veto[sic] to come back into care for months and it has just not worked because they have not been able to place him anywhere (IRO, pilot authority).

We have got a boy that is 16/17...and has a sexual offence...it was nigh impossible to find him a placement (Social worker, pilot authority).

It can be particularly resource intensive to find placements for young people with complex needs including emotional and behavioural difficulties or offending behaviour. It costs in the region of £383 to find a placement for a young person with no additional support needs compared to around £1,500 for someone with multiple needs (Ward *et al.*, 2008). There were cases in which this had been perceived to have influenced the decision-making process:

It is about finances because I do know a young person who has tried to use their veto twice. Now she is quite a complex young person so she cannot be placed in any of the regular places so it means looking for a private placement, which obviously costs more. And then you find that people keep passing the decision on because no one wants to agree to spending a huge amount of money in supporting this young person (social care staff, pilot authority).

Such issues are also likely to be exacerbated in the current financial climate. Despite these difficulties professionals did feel that the principle that young people had the right to return to care was an important one even though in practice the option of returning was relatively rarely taken up by young people.

Messages for policy and practice

- Shifting cultural attitudes concerning the timing of young people's transitions takes time; many young people still anticipate that they will leave care at 16 or 17 as this is what they have witnessed around them. Local authorities need to be proactive in encouraging young people to stay and explaining the benefits of doing so.
- Not all young people want to remain in care longer, irrespective of what professionals perceive to be in their best interest. It is noteworthy that young people who have experienced multiple placement changes (often due to complex needs) are likely to leave early. It is important that packages of support are available to meet the needs of this group.
- The Right2BCared4 pilot authorities have focused their attention on providing young people with appropriate accommodation. Supported accommodation en route to a tenancy was common (transitional placement pathway).
- Supported accommodation options may serve as a useful bridge to independence but consideration should be given to: young people's safety and the quality of the accommodation, its geographical location (relative to young people's support networks) and the duration of time young people are able to stay.
- Right2BCared4 has not fully resolved difficulties surrounding young people's transitions from care to adulthood although it may postpone them until young people are slightly older. Some young people continued to experience age related rather than needs led changes in their living arrangements as they had to leave care at 18 even if they did not feel ready to do so.

Chapter eight: The cost of activities to support young people making the transition from care to adulthood

Introduction

This chapter explores the relative costs of operating Right2BCared4 compared to standard leaving care services using a 'bottom up' costing methodology (in which costs are built up from individual child level, based on all the support and services that an individual receives). The methodology organises the activities required to place and support looked after children into eight social care case management processes³⁵ for looked after children. The time professionals spend on completing each of these processes were gathered during 11 focus groups with social workers, personal advisers, team and service managers, IROs and advocates from four local authorities (2 pilot authorities and 2 comparator authorities) and using follow up verification questionnaires. Unit costs were then calculated by linking data on the amount of time taken to complete relevant tasks by each professional associated with the processes with salary and other financial information including overheads (see Appendix 2 for a full outline of the costing methodology).

This method facilitates exploration of variations in the unit costs associated with Right2BCared4, compared to 'standard' unit costs for activity to support young people making the transition from care to adulthood. The data are used in the chapter in three different but related ways. First, to explore the national cost implications if all looked after children, who exited care at age 16 or 17, remained in care for a further 12 months (combining the unit costs with published data from the SSDA903 statistical return). Second, the Cost Calculator for Children's Services, developed by the research team (Soper, 2009) is used to carry out detailed cost calculations for young people fitting the criteria for Right2BCared4 in one participating authority. The model brings together the process unit costs outlined below and child level data. These calculations illustrate how costs build over time and vary for children with different needs and care experiences. Finally, the chapter

³⁵ These case management operations are based on those outlined in the Core Information Requirements Process Model (Department of Health, 2001b) and are outlined on page 214 (Box a). The most relevant to Right2BCared4 are: maintaining the placement, finding a subsequent placement, review and transition to leaving care services.

presents two illustrative timelines for two young people in the sample to show how costs build up over time for children with differing needs.

The unit costs of social care processes

It was anticipated that it would be possible to identify distinct variations in activities and costs associated with the implementation of Right2BCared4. In practice, analysis revealed that the activities undertaken both pilot and comparator authorities were similar. However, the findings did also show that activities to support young people in transition have changed since the research team last collected data (Ward, Holmes and Soper, 2008). It proved possible to use the data gathered in the current study to calculate amended unit costs for Processes five (finding a subsequent placement), six (review) and eight (transition to leaving care services). For Process five this new unit cost includes additional time for the placement planning meeting (2 hours for allocated social worker for all cases and 2 hours for foster team social worker for foster placements). For Process six: review, three changes have been taken into account. First, the study showed that social workers in pilot and comparator authorities were having an additional meeting with young people prior to their reviews³⁶ and the standard unit cost has been increased to reflect this. The other changes relate to cost variations, and are described below. As regards to Process eight, data from this and other work carried out by CCFR indicate that there have been changes in the time social workers take to complete the pathway plan. The new standard unit cost has been calculated based on the time activity data gathered on this activity from the pilot and comparator sites and other data gathered by CCFR.

Table 8.1 shows the amended costs in 2009-10 prices for the four social care processes explored as part of this study for a young person aged 16 and over, including additional costs incurred from age 16 for foster carer allowances and for reviews. The costs for Process three: Maintaining the placement are shown as monthly costs. The costs of all other processes are for the complete process.

³⁶ In the previous study social workers said they discussed the review with the young person at the statutory visit.

Table 8.1: The costs of Processes 3, 5, 6, and 8 for young people aged 16+ in London and out of London, 2009-10

Process	Standard unit cost (£)	
	London	Out of London
Process 3: Maintaining the placement (cost per month)		
Social care support	1,574.06	1,195.38
	1,756.04	1,049.45
	<hr/> 3,330.10	<hr/> 2,244.83
Allowance/ fee payment (including age related allowance for age 16+)		
Process 5: Finding a subsequent placement	433.25	329.23
Process 6: Review	659.89	518.13
Process 8: Transition to leaving care services	802.42	587.17

The other changes relating to Process six are connected to changes in the contributions made by IROs and advocates. Under Right2BCared4 local authorities have sought to raise awareness of the availability of independent advocacy and extended the circumstances in which young people can access this service. Consultation between the IRO and the young person prior to reviews was also encouraged. This element of the enhanced IRO role has now been integrated into statutory guidance applying to all authorities (DCSF, 2010b). Table 8.2 shows the unit cost variations of Process six: Reviews representing the additional cost incurred per review when an advocate or IRO is involved.

Table 8.2: Unit costs variations for Process 6

Process	Standard unit cost (£)	
	London	Out of London
Process 6: Review – Young person consultation with IRO	77.25	66.60
Process 6: Review – Young person supported by an advocate	62.84	49.20

The unit costs in tables 8.1 and 8.2 represent the costs of completing these processes in both pilot and comparator authorities.

National costs if young people aged 16-17 remain looked after for a further year

Young people are entitled to remain in care until their 18th birthday although historically a high percentage continued to leave aged 16 or 17 (Department for Education, 2010a). This section of the chapter therefore considers the costs for local authorities as they become more proactive about encouraging and supporting young people to remain looked after until they reach legal adulthood in order to promote improved outcomes.

The SSDA903 national statistical returns (Department for Education, 2010a) show that between 31st March 2007 and 31st March 2010 the number of children in care increased by 7.3%. Comparing the number of care leavers in the years leading up to 31st March 2007 and to 31st March 2010 respectively, over all age groups the number rose by just 0.4%, while for the 16 or over age group it showed a much more substantial 11% increase from 8,200 to 9,100. The rise in this latter group is

attributable to the very considerable 23.9% growth in the number of care leavers aged 18 or over, with their numbers increasing from 4,640 to 5,750 between the two years. By contrast the number of care leavers aged 16 or 17 actually fell by 2.9% over the same period, from 3,500 to 3,400. These figures show that children are tending to remain in care for longer, and that considerably more of them remain looked after until at least their 18th birthday.

The cost calculations that follow focus on the young people that left care when they were aged 16 or 17, of whom there were 3,400 in the year 2009-10. This figure, like all the others in the published tables, has been rounded to prevent disclosure. It is, however, the most accurate information available and therefore it is used in the cost estimates. The calculations show the estimated total cost to English local authorities in 2009/10 prices if 3,400 young people aged 16 or 17 were to remain looked after for one further year. The computations apply the estimates of the unit costs of the different social care processes that are set out in Tables 8.1 and 8.2 for in-house foster care, together with estimates for the placement fees or allowances that would be paid for the other types of placement. In addition, since the research found that pilot authorities carried out reviews more frequently (in response to 'significant changes'), the calculations show the additional cost if this approach were to be implemented nationally.

Separate 2009/10 unit costs for London and for out of London authorities are used in the calculations on the assumption that the proportion of the 16 and 17 year olds who are in London is the same as the overall proportion of looked after children who are cared for by out of London authorities (17%). The appropriate unit costs are multiplied by the number of young people for whom they would be applicable and the results are totalled. The calculations take a broad-brush approach since it has been necessary to make various assumptions but, as is discussed below, care has been taken to ensure that the values shown are more likely to underestimate than to overestimate the true costs.

Numbers in each type of placement

Since the costs of paying fees or allowances depend on the types of placements,

estimates are needed of the numbers of 16 and 17 year old care leavers in each type of placement. Estimates of numbers in broad categories of placement types are derived in Table 8.3 from the published numbers for all care leavers aged 16 and over which are set out in the first column (Department for Education, 2010a). The numbers in this column do not add to the total shown because of the rounding to prevent disclosure. The second column of Table 8.3 shows the estimated placement distribution for the 3,400 young people for whom costs are being calculated. The values were derived by finding values proportionate to those in the first column and then adjusting them downwards to ensure that they total to 3,400, the number of young people to be included in the calculation.

Table 8.3: Distribution of placement types for young people aged 16 and over and estimated distribution for those aged 16 or 17

Final placement	Number aged 16+	Estimated number aged 16 or 17
Foster placements	3600	1343
Placed for adoption	10	2
Placed with parents	430	159
Other placements in the community	2400	895
Secure units, children's homes and hostels	2100	783
Other residential settings	250	92
Residential schools	210	77
Missing - Absent for more than 24 hours from agreed placement	90	32
Other placement	50	17
	9100	3400

It is possible that the children who leave at 16 or 17 are less likely to be in stable foster placements, and therefore the distribution shown in the last column of Table 8.3 probably overestimates the number who are in foster placements and underestimates the number who are in *other placements in the community* (which are independence placements), in *secure units, children's homes and hostels, other residential settings and residential schools*. Since foster placements are relatively cheap compared with these other types of placements, the effect of over estimating the number in foster placements would be to underestimate the total placement costs.

Costs for Process three: Maintaining the placement

The costs of Process three: Maintaining the placement comprise both the social care costs of supporting the child in the placement and the fee or allowance paid. Table 8.4 shows the calculation of the social care support costs. The first column displays the social care support cost per child per month in London and in out of London authorities, taken from Table 8.1. These costs are applicable for children in local authority foster care and it has been assumed that they apply also to other placement types. Research has shown some variations in costs to provide support children in different placement types (Ward, Holmes and Soper, 2008). However, since some placement types cost more and others less the value used is considered to be representative. The second column of Table 8.4 displays the estimated numbers of young people in each of these areas, found by applying the overall proportions of looked after children in these areas (17% in London, 83% elsewhere) to the number of children (3,400) for whom costs are being estimated. The third column shows the result of multiplying together the numbers in the previous columns and multiplying also by 12, giving the total annual costs in each of the areas. The sum of these totals, which exceeds £51 million, is the cost of providing social care support to the set of 16 and 17 year olds for whom costs are being calculated.

Table 8.4: Calculation of Process 3 social care support costs

	Per child per month (£)	Estimated number aged 16 or 17	Annual Cost for 3400 children
London	1574.06	578	£ 10,917,680
Out of London	1195.38	2822	£ 40,480,348
Total		3400	£ 51,398,028

The second component of Process three costs, the fee or allowance paid for the placement, varies with the placement type. The national data shown in Table 8.3 gives the numbers of children in various placement categories. Three of these are groups of placement types with very considerable variations in the fee or allowance paid within each group. Table 8.4 separates the numbers in these placement categories into estimated numbers in London and out of London in the different types

of placements for which CCFR have separate estimates of the average fee or allowance that is paid, and also for which the national data provide some information on the numbers of children placed in them.

Table 8.5 shows the estimated numbers of young people in specified placement types in and out of London. With one exception, the numbers of young people in separate placement types have been estimated using national information for children of all ages based on the proportion of each placement category that are in each separate type of placement. The one exception stems from the general policy of the CCFR costs research team of providing cost estimates that are much more likely to underestimate rather than to overestimate the true cost (Ward, Holmes and Soper, 2008). Young people aged 16 and 17 are more likely than younger children to be in certain types of placement. If these placements are relatively low cost (see the weekly fees and allowances in columns 1 and 2 of Table 8.6), it is important to estimate a larger number of children in them than the national all-age proportion would suggest. For the placement type *homes and hostels not subject to children's homes regulations* a different method has therefore been used. This placement type represents semi-independent placements which are mostly used by the over 16 age group and which are much cheaper to provide than the other placements in the same category. In total in England there were 1,000 children in such placements and it is assumed that 37% of these placements were used by 16 and 17 year olds since that is the proportion they represent of care leavers aged 16 and over. This gives an estimate of 370 such placements amongst the 16 and 17 year olds which has been split into 63 in London and 307 elsewhere. Numbers for the other placement types in the category were estimated using the national all-age proportions.

Table 8.6 shows the calculation of the fees or allowances that would be payable for the various placements. The weekly fees or allowances for each of the specified placement types are shown in columns one and two for London and for out of London authorities respectively. The allowances shown for local authority foster care include the appropriate age related allowances for young people aged 16 and over. Table 8.1 showed these as monthly values, which can be converted to weekly ones by multiplying by 12/52. The amounts listed for *homes subject to children's homes regulations*, for *residential care homes* and for *residential schools* are the averages

of the costs inside and outside of the local authority area and for local authority and agency providers, since for the first of these types the amounts are the same both in and out of the local authority area, and for the other placement/ provider/ location combinations there is no published information on the proportions of children in each. Children who are missing from their placement or in *another placement* are costed as for children in local authority foster care.

The total annual fees or allowances paid are estimated for the two areas in the fifth and sixth columns of Table 8.6 using the numbers of young people calculated in Table 8.5 and replicated in columns three and four of Table 8.6. The total amounts paid in the two areas for the different placement types are found by multiplying the weekly fee or allowance by 52 to find the annual payment, and by the corresponding number of young people in the placement type. The total annual amount of fees or allowances is over £152 million.

Table 8.5: Calculation of estimated numbers in specified placement types in and out of London

Category	Placement type	National % of category in specified type	Estimated number in specified type in London ³⁷	Estimated number in specified type out of London	Estimated number in type category
Foster placements					1,343
	With relative or friend or provided by council	73%	167	813	
	Arranged through agency	27%	62	301	
Placed for adoption			0	2	2
Placed with parents			27	132	159
Other placements in the community			152	743	895
Secure units, children's homes and hostels					783
	Secure unit inside Council boundary	1%	1	4	
	Secure unit outside Council boundary	4%	3	15	
	Homes subject to Children's Homes regulations	94%	66	324	
	Homes and hostels <i>not</i> subject to Children's Homes regulations		63	307	
Other residential settings					92
	Residential care homes	56%	9	42	
	NHS Trust providing medical/nursing care	12%	2	9	
	Family centre or mother and baby unit	20%	3	15	
	Young offenders institution or prison	13%	2	10	
Residential schools			13	64	77
Missing - Absent for more than 24 hours from agreed placement			5	27	32
Other placement			3	14	17
			578	2,822	3,400

Table 8.6: Calculation of annual fee or allowance payments in and out of London

Category	Placement type	Weekly fee/ allowance, London (£)	Weekly fee/ allowance, out of London (£)	Estimated number in specified type in London	Estimated number in specified type out of London	Annual fee/ allowance payment, London	Annual fee/ allowance payment, out of London
Foster placements							
	With relative or friend or provided by council	405.24	242.18	167	813	£3,519,104	£10,238,402
	Arranged through agency	639.27	1091.38	62	301	£2,061,006	£17,082,280
Placed for adoption		0	0	0	2	£0	£0
Placed with parents		0	0	27	132	£0	£0
Other placements in the community		479.94	479.94	152	743	£3,793,446	£18,542,962
Secure units, children's homes and hostels						£0	£0
	Secure unit inside Council boundary	5703.34	4957.05	1	4	£296,574	£1,031,066
	Secure unit outside Council boundary	5491.39	5279.43	3	15	£856,657	£4,117,955
	Homes subject to Children's Homes regulations	2292.64	2750.73	66	324	£7,868,340	£46,344,299
	Homes and hostels <i>not</i> subject to Children's Homes regulations	915.33	753.18	63	307	£2,998,621	£12,023,766
Other residential settings						£0	£0
	Residential care homes	2983.55	3041.47	9	42	£1,396,301	£6,642,570
	NHS Trust providing medical/nursing care	0	0	2	9	£0	£0
	Family centre or mother and baby unit	822.76	822.76	3	15	£128,351	£641,753
	Young offenders institution or prison	446.19	446.19	2	10	£46,404	£232,019
Residential schools		3005.16	2943.81	13	64	£2,031,488	£9,797,000
Missing - Absent for more than 24 hours from agreed placement		405.24	242.18	5	27	£105,362	£340,021
Other placement		405.24	242.18	3	14	£63,217	£176,307
				578	2,822	£25,164,871	£127,210,400
Total payments, London and out of London							£152,375,271

Number of placement changes

If 3,400 young people are looked after for an additional year, some of them will change placement during that time. To estimate the number who will do so, sample data has been used showing the number of placements respondents had in the last three years. This is shown in the top half of Table 8.7 for 177 sample respondents. In the bottom half of Table 8.7 an assumption is made about how the number of placements that sample respondents had in three years corresponds to the number of placement changes that are expected in one year, namely that one or two placements in three years correspond to zero changes in a year, three placements correspond to one placement change, and four or more placements correspond to two changes. The numbers out of 3,400 young people who are expected to have each of these numbers of placement changes are then estimated to be proportionate to the numbers in the corresponding categories in the top half of the table. The last row of Table 8.7 shows the result of multiplying each number of changes by the number of children expected to have that number of changes and summing these values in the Total column. The figure shown there of 2,113 is the number of placement changes that the 3,400 young people are expected to have during an additional year in care.

Table 8.7: Number of placements of sample respondents and estimated number of young people with specified number of placement changes in a year

Number of placements in the last 3 years	1 or 2	3	4 or more	Total
Number of respondents	109	26	42	177
Expected changes in 1 year	0	1	2	
Expected number of young people with these numbers of changes	2094	499	807	3,400
Expected number of placement changes	0	499	1614	2,113

Although some young people may change placement type when they change placement we have no information about this and therefore we assume that the distribution of placement types is unaffected by placement changes.

Costs for Process five: Find subsequent placement

Previous research has identified that the cost of finding subsequent placements varies from £139 for parental placements out of London to almost £1,200 for agency foster placements in London (Ward, Holmes and Soper, 2008). The placements used most frequently (kinship care together with local authority foster care) incur the lowest costs to find, costing £329 out of London and £433 in London, as shown in Table 8.1. The other placement types that together are used more than these (independence, semi-independence and residential) all cost at least £539 to find out of London and £720 to find in London. Taking midpoints of the costs for foster and for independence/residential placements shows the typical cost of finding a subsequent placement to be £434 out of London and £577 in London. Weighting these figures according to the proportions of placements in the two areas (83 to 17) gives an overall typical cost of £458 per placement change. This figure is shown in the first column of Table 8.8. Multiplying this by the expected number of placement changes, 2,113 (see Table 8.7) gives the cost of placement changes during the 12 month period, which is almost £1 million.

Table 8.8: Calculation of Process 5: Find subsequent placement costs

		Per placement change (£)	Total for 2,113 placement changes
Cost		458	967,754

Number of reviews

Statutory reviews are conducted at six month intervals, and the cost of carrying out two reviews for each child during the computation time period, in total 6,800 reviews, is therefore calculated. For the 1,900 children aged 16 (Department for Education, 2010a) it is assumed that one of these reviews will be their first post-16 review, which as previous research has identified, incurs an additional cost (Ward, Holmes

and Soper, 2008; Holmes, Lawson and Stone, 2005). This study also found evidence that local authorities are carrying out more frequent reviews with young people aged 16 and over. Usable information on numbers of reviews was obtained from five local authorities participating in the evaluation. It provided 18 observations (usually quarterly) on the number of reviews carried out and cohort size. Analysis of this data shows that children in these authorities had on average 2.67 reviews per year. For 3,400 children this increased rate of reviews represents an additional 2,262 reviews per year and the additional cost of this is calculated. It is assumed that the young person's care plan is updated in conjunction with each review and the cost for this is included also.

Costs for Process six: Review

The main factors influencing the cost of a review are whether or not the child is placed within the local authority area, whether or not the authority is a London one and the child's age. The costs for young people aged 16 and over in the different combinations of where the placing authority is situated and whether or not the placement is within the area of that authority are shown in Table 8.9. Also shown are the percentages of all placements that are and are not made by London authorities (in the third row), and that are in and out of the authority area (in the third column). Data for the last of these was not published for March 2010 at the time of writing and therefore relates to March 2009 (DCSF, 2009). Multiplying each of the costs in the table by the percentages in the same row and column and adding the results gives the weighted average cost of a review for a young person aged 16 or over, which is £705.

Table 8.9: Review costs

	London authority	Out of London authority	National %
In authority area	659.89	518.13	65%
Out of authority area	1218.62	964.29	35%
National %	17%	83%	
Weighted average cost			705.08

Table 8.10 calculates the total costs of carrying out reviews for the young people. The first row shows the cost of various components per review to which they are applicable. The first column calculates the cost of carrying out statutory standard reviews for the young people by multiplying the unit cost (taken from Table 8.9) by 6,800 to obtain the value shown in the second row. The second column relates to the additional cost incurred when a review is the young person's first review after their 16th birthday. The unit cost is in the first row and the cost for 1,900 sixteen year olds is calculated in the third row. The third column calculates the cost of consulting with an IRO prior to a review, based on the assumption that 14.9% of young people choose to do so, and the fourth column finds the cost of an advocate supporting the young person at the review given that 6% of young people take this up. The total cost of providing the statutory reviews is found in the fifth column by adding the four costs that have been calculated, and is shown to be nearly £5.2 million.

Table 8.10: Calculation of Process 6: Review costs

	Per standard review (£)	Additional cost per first post-16 reviews	IRO	Advocate	Total cost of reviews
Cost per review	705.08	145.93	68.41	51.52	
Cost for 6,800 reviews	£ 4,794,565				
Additional cost for 1,900 first post 16 reviews		£277,267			
14.9% use IRO			£69,313		
6% use Advocate				£21,020	
Total					£5,162,165

In the participating Right2BCared4 authorities' young people have on average 2.67 reviews per year, and the data suggest that more of them consult with IROs prior to reviews (19.8%) and that more independent advocates attend the review meetings with them (11%). Table 8.11 shows an alternative cost calculation using these enhanced rates of review provision, implying that the total costs are over £6.8 million, a rise of £1.7 million.

**Table 8.11: Calculation of Process 6: Review costs at enhanced review rates
(in Right2BCared4 authorities)**

	Per standard review (£)	Additional cost per first post-16 reviews	IRO	Advocate	Total cost of reviews
Cost per review	705.08	145.93	68.41	51.52	
Cost for 9,062 reviews	£6,389,43				
Additional cost for 1,900 first post 16 reviews		£277,267			
19.8% use IRO			£122,746		
11% use Advocate				£51,356	
Total					£6,840,833

Costs for Process two: Care Plan

In line with findings from the wider Costs and Outcomes research programme there is an assumption that the care plan is updated following a review, 6,800 updates will be carried out in a year if reviews are held at the statutory rate and an additional 2,262 updates if the young people have on average 2.67 reviews per year. The cost per update is shown in column one of Table 8.12 to be £139.24. This figure is a weighted average of the London and out of London costs obtained in the wider costs programme, updated to 2009-10 prices (see Soper, 2009). The calculations for the different numbers of updates are in columns two and three, and the total cost, found by adding these two columns, is shown in column four to be nearly £1.3 million.

Table 8.12: Calculation of Process 2: Care plan update costs

	Per update	Cost for 6,800 updates	Cost for 2,262 additional updates	Total cost of updates
Care plan update	£139.24	£946,832	£314,961	£1,261,793

Total Costs

The total costs of the various processes are set out in Table 8.13 using the enhanced review rate³⁸ and are summed to find the grand total, which is £212.8 million. This is the estimated total cost if all young people in England who left care in 2009-10 aged 16 or 17 had instead stayed in care for one further year, and if reviews had been carried out more frequently in response to proposed 'significant changes' to plans (the enhanced rate identified across the pilot authorities).

Table 8.13: Total costs of the social care processes

	Process					
	2	3 (social care)	3 (fees / allowances)	5	6	Total
Cost	£1,261,793	£51,398,028	£ 152,375,271	£967,754	£6,840,833	£212,843,679

Case study of one Right2BCared4 authority to explore patterns of placement and cost variations according to young people's needs and circumstances

In the second exploration of Right2BCared4 costs, SSDA903 data from a large pilot authority was inputted into the Cost Calculator for Children's Services (CCfCS) to provide a case study of the placement patterns that occur and the associated costs. The model used in the CCfCS was developed as part of a research project that aimed to explore the relationship between costs and outcomes for looked after children (Ward, Holmes and Soper, 2008). The computer software calculates the costs of providing children's services over a user-specified time period by bringing together the unit costs of social care support services, the average weekly fees or allowances paid for placements and child level data on child characteristics and placements.

The unit costs sheet used in this analysis contains the out of London 2009-10 costs shown in Table 8.1 together with costs for the other four processes and for the different variations that may occur, such as different placement types. As noted above the study found that 11% of young people in pilot authorities had an advocate attend a review (Process 6) and 19.8% consulted with an IRO prior to their review.

The costs associated with this have been taken into account by increasing the average unit cost of a review in line with these proportions. Data on the fees and allowances paid for the actual placements were not available and therefore the average amounts paid for the particular placement types were substituted. The child level data used was that submitted for the SSDA903 national return on looked after children for 2007-8 and 2008-9. It includes information on date of birth, gender, ethnicity, Children in Need (CiN) need code, legal status, start and end dates of placements together with the type, location and provider of each and the dates when reviews took place.

The Cost Calculator allows reports to be produced analysing and costing the placement patterns for the young people concerned. The data comprise two cohorts of young people all of whom meet the Right2BCared4 criteria, one for 2007-8 and a second for 2008-9. The first comprises 105 children and the second has 59, none of whom are included in the first cohort. The gender and ethnicity of the two cohorts is shown in Tables 8.14 and 8.15. Taking the two cohorts together, 62% of the young people are male, and 77% of the total are White British.

Table 8.14: Gender and ethnicity of 2007-8 cohort

	Gender		
Ethnicity	Male	Female	Total
White British	43	37	80
Other	21	4	25
Total	64	41	105

Table 8.15: Gender and ethnicity of 2008-9 cohort

	Gender		
Ethnicity	Male	Female	Total
White British	26	20	46
Other	11	2	13
Total	37	22	59

Previous research has shown a link between children's needs and the costs incurred in looking after them, with disabilities, emotional and behavioural difficulties,

offending behaviour and unaccompanied asylum seeking status all being shown to impact on costs. Unfortunately, although the data set provides good information on unaccompanied asylum seekers, of whom there are 18 in the 2007-8 cohort and eight in the 2008-9 cohort, it provides only partial information on which children have other additional needs. Those young people who are looked after because they have disabilities are identified as disabled, but there are likely to be others who also have disabilities who cannot be identified. Young people with legal status codes associated with the youth justice system are identified as offenders, as are two others for whom the information is provided in the 2008-9 data set. Just one young person was identified as having emotional and behavioural difficulties because of their high Strengths and Difficulties Questionnaire (SDQ) score. At the point in time when this study was gathering data, information on whether young people had committed offences and on SDQ scores had just been collected for the first time as part of the SSSDA903 data collection. Authorities had not all found it possible to fulfil the data collection requirements, and the information on these variables was therefore incomplete.

Taking the children in the two cohorts together, only 16% of them had three or more placements in the year covered by the data, so the placement patterns were generally very stable. The predominant type of placement, as would be expected, is foster care. Of the 15 children who had residential placements, four had offending behaviour, six had disabilities and a seventh had both disabilities and emotional and behavioural difficulties. Even with only the limited data on needs that were available, it is clear that residential placements were mainly being used for children with additional needs. In 2007-8 the average young person spent 285 days in care, while those in the 2008-9 cohort spent an average of 244 days in care.

Costs have been calculated using 2009-10 prices so that it is possible to compare costs incurred in the two different years 2007-8 and 2008-9. The costs include both the fee or allowance paid for the placement and the social care costs incurred in finding and supporting the placement. Costs vary with the type of placement, with foster care costing less than residential. They also vary with provider and location, generally costing more if a placement is provided by a private or voluntary agency and if it is outside the local authority area. Since the cost of finding a placement is

included, the average cost per week of a particular type of placement is higher if the young person spends only a short time there. Table 8.16 shows the cost in 2009-10 prices of the different types of placements used in the two years and the total number of days for which each was used. The overall average cost per week of each type of placement is calculated in the third column and shows residential care to be five times as expensive as foster care. The fourth and fifth columns show that while foster care provides 83% of the placement days during the two year period it accounts for only 62% of the total costs, whereas residential care provides only 8% of placement days yet takes 33% of total costs.

Table 8.16: Costs and numbers of days in different types of placements, 2007-8 and 2008-9

	Total cost	Days	Cost/Week	% Total days	% Total cost
Foster	£3,409,919	36652	£651	83%	62%
Parents	£112,983	2563	£309	6%	2%
Residential	£1,787,559	3738	£3,347	8%	33%
Other	£145,482	1312	£776	3%	3%
Total	£5,455,942	44265	£863	100%	100%

In the 2007-8 cohort, eleven children left care at the age of 15, all of them later returning within a year. The placement patterns of these children are rather complex. By definition all of them had at least two placements, but a number of them had four and one had as many as 12 care episodes recorded. These complex care pathways include placements that lasted only one day, and episodes of going missing. These children comprised six white British young women, one of whom was an offender, three white British young men and two other males one of whom was an unaccompanied asylum seeker. No other additional needs were identified amongst the children in the group. Most of the placements were local authority foster placements although some were outside the local authority area, and the young woman with offending behaviour had a placement in a Youth Offending Institution (YOI). The estimated average cost per week of the placements of this group is £734, which is just a little above the overall average cost for foster placements shown in Table 8.16.

Eighteen other children exited care before their 17th birthday. There are different characteristics amongst the children in this group. The seven white British young men included six offenders, one of whom also had disabilities. There were seven unaccompanied asylum seekers, one of whom was a young woman. The remaining four young people were female, two of them white British and two of other ethnic origins. The white British males in this group mostly had foster placements, but some of these were provided by an agency or were out of the local authority area. The British young men also had two residential placements and one placement in a YOI, and four of them returned to care after exiting from it. The average cost of their placements was therefore relatively high at £1,705 per week. The remaining 11 children in the group had only foster care placements, mostly provided by the local authority, and since their placement patterns were very stable the average cost of their placements was only £639 per week, slightly below the overall average for foster care placements. None of these 11 returned to care after exiting from it. Of the eleven, it has been noted that seven were unaccompanied asylum seekers. Their pattern of very stable foster care placements is typical of the other asylum seekers also, in both cohorts of data. The unaccompanied asylum seekers in this age band were the oldest in the cohort, and therefore all unaccompanied asylum seekers in this cohort had left care by their 17th birthday.

Of the oldest year group in the 2007-8 cohort, five of them left care on their 18th birthday while one with a birthday close to Christmas left care a fortnight earlier. Nine other children also left care while aged 17. Of this group of fifteen care leavers, six started to be looked after during the year being studied, and it is possible that they may also have been looked after in an earlier time period. Two of the six had disabilities; one transferred from a residential placement to adult services provision on his 18th birthday. The other, a disabled young man of mixed ethnic origin, exited care from a local authority foster care placement and later returned to the same type of placement where he remained at the end of the data analysis timeframe, which was prior to his eighteenth birthday. Two others (both white British young men) started to be looked after when they were remanded into care. Both were placed out of the local authority area in agency foster placements and left care before their 18th birthdays, one of them leaving to live independently, the other sentenced to custody.

No other additional needs were identified amongst these rising 18 year olds. Most of the fifteen care leavers had in-house foster care placements immediately prior to leaving care but some other placement types have already been noted and one male was placed with parents. The average cost of placements for this group is estimated at £791 per week.

In the 2008-9 cohort, three young people left care before their 16th birthdays, one of them (a young woman) to independent living, but all of them later returned to care. Two of these young people had more than three placements in total within the year for which data were analysed. All the placements that these young people had were foster placements but some of them were privately provided and out of the local authority area. The estimated average cost per week of all the placements that these three young people had is £1,071.

Seven young people in this cohort left care before their 17th birthdays, two returning to their families, the rest moving into independent accommodation. Six of this group, did not return to care. They comprised two white British young men, two white British young women and two unaccompanied asylum seekers. The seventh young person, a white British young women, twice returned to care after exiting from it. Seven of the young people in this cohort left care for independence on their 18th birthdays. One of them was an unaccompanied asylum seeker, and one a white British young man with offending behaviour. Two other young people left in the year prior to their 18th birthday, including another white British young man with offending behaviour. All these nine young people had stable placements prior to leaving care. They included foster care provided by local authorities and by private and voluntary providers, some of the placements being outside the local authority area, and also one parental and one independent placement. The overall average cost of these placements is estimated to be £901 per week.

The analysis of children's needs, placement patterns and costs shows similarities between the two cohorts and also provides evidence that young people tended to leave care later during the second time period, suggesting that the principles of Right2BCared4 have increased the numbers remaining looked after for longer and that the culture within the authority may have shifted. Table 8.17 displays the age

pattern of exiting care in the two cohorts, showing that lower proportions of children in the 2nd cohort exit from care and later return.

Table 8.17: Numbers in different age groups and the percentages of that age group who exit or exit and return

Age at exit or end of period	Number in 2007-8	% Age group who exit	% Age group who exit and return	Number in 2008-9	% Age group who exit	% Age group who exit and return
15 and under 16	20	0%	55%	13	0%	23%
16 and under 17	47	30%	9%	20	30%	5%
17 and under 18	30	24%	6%	19	11%	0%
18	8	100%	0%	7	100%	0%
	105			59		

Taking together the results of the analysis, all young people in the analysis who left care before their 16th birthday later returned to it, but the proportion in the second cohort who left at this age was only 42% of that in the first cohort. In the next year group, up to the 17th birthday, some young people who leave apparently make a success of independent living and notable amongst these are unaccompanied asylum seekers. Others, however, return to care, especially those with additional needs such as disabilities or offending behaviour who are less likely to be able to be accommodated in local authority foster care. The average cost per week of caring for such young people is relatively high. Of those aged 17 and over, a higher proportion of the second cohort remained in care until their 18th birthday. Some young people came into care in this age group, including young offenders on remand. Others of this group may have been returning to care, but a longer data series would be needed to investigate this. Overall there was evidence that the great majority of young people were in stable placements as they approached the time when they would make the transition from care to adulthood.

Illustrative Costing Case Studies

The following section uses illustrative cost timelines for two young people from the sample to demonstrate how the costs of providing support and placements under Right2BCared4 build up over time for individual children. The timelines link the unit costs of the eight looked after children processes outlined earlier in the chapter with data from case files and interviews for two young people from the pilot authorities. Existing unit costs for different types of services (such as Holmes and McDermid, forthcoming; Curtis, 2009) have been applied to data gathered about additional service provision to calculate a comprehensive cost of the support offered to young people under Right2BCared4. Where necessary, the unit costs of different types of services have been inflated to financial year 2009-10. Costs have been calculated for a two year period, from the young person's sixteenth birthday until they turned 18.

The timelines illustrate how costs build up over time and demonstrate the various components that determine costs for different types of care pathways. The costs of provision have been calculated for two different configurations of interventions: Young person A, *Charlotte*, was identified as a 'struggler' who followed a transitional placement pathway and Young person B, *Cathy*, was identified as a 'survivor' on a direct pathway to independence. Some information has been changed to protect the identities of the young people on which these illustrative cases are based.

Box 8.1: Charlotte 'struggler' (Transitional placement pathway)

Charlotte

Charlotte turned 16 years old in September 2008 and had been placed in a residential home provided by an agency and located outside of the local authority area, since July of the same year. Charlotte was subject to a care order. She was placed out of area due to concerns that she was at risk. Charlotte received fortnightly one-to-one support for six months to address her risk taking behaviours. This support was provided by an Independent Provider. She also received fortnightly counselling from a psychologist, which commenced in September 2009 and lasted for four months, after it emerged that Charlotte had been self-harming and had engaged in other risk taking behaviours. She attended a local further education college from September 2009 but was excluded in March 2010 due to her emotional and behavioural difficulties.

In May 2009 Charlotte moved to another residential placement. This accommodation was chosen because it offered an environment where she would be able to develop her independent living skills. In January 2010, when Charlotte was 17 years old, she moved into a privately rented flat. It was reported that Charlotte wanted to leave care, but her assessments concluded that she still required ongoing support to develop the skills necessary for adulthood. As such the decision was made that she would receive floating support including assistance to help her with budgeting, shopping and cooking. She also continued to receive support from her personal adviser.

Figure 8.1: Timeline for Charlotte

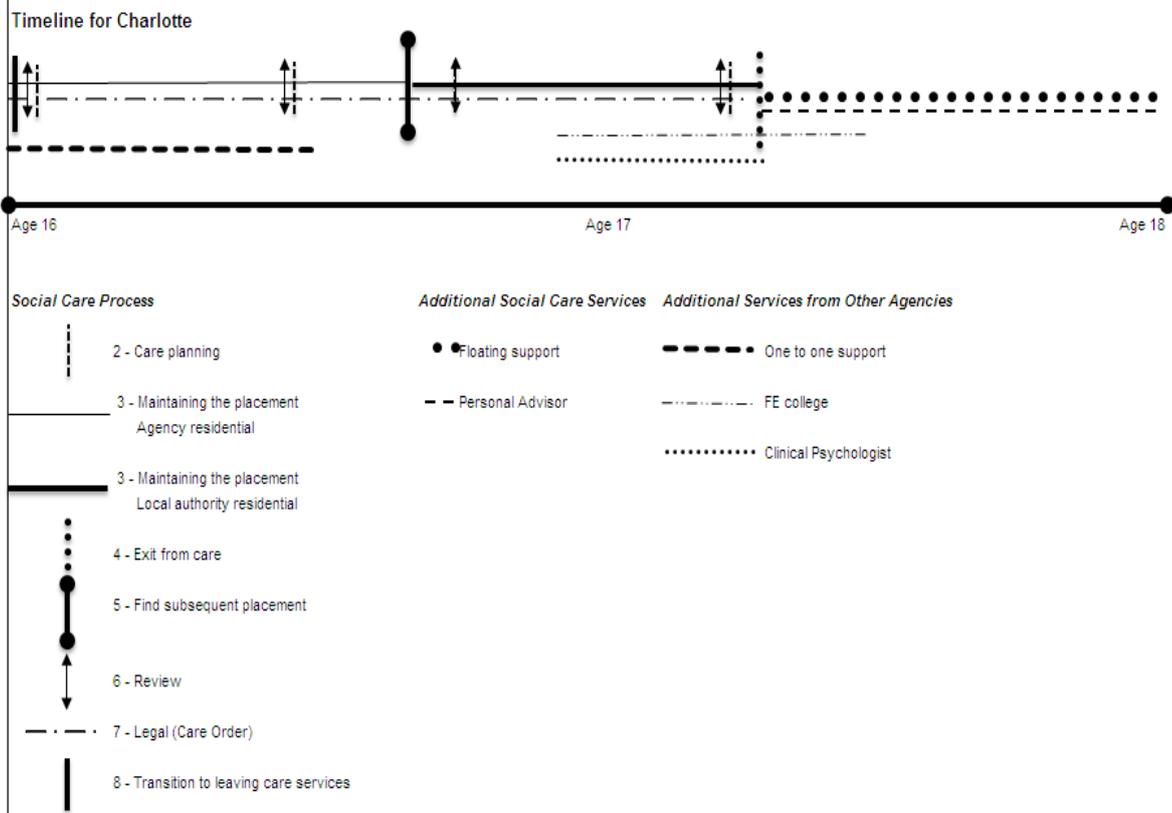


Table 8.18: Total cost for Charlotte aged 16 – 18

Costs for young person while Looked after				Additional services costs: out of London costs								
Process	Frequency	Unit cost (£)	Sub total (£)	Social care services			Services from other agencies					
				Service	Frequency	Unit cost (£)	Sub total (£)	Service	Provider	Frequency	Unit cost (£)	Sub total (£)
2 - Care planning	4	131.16	524.64	Floating Support key worker	1 hour 40 mins hours per month ¹	10.86	147.70	One to One support	Independent provider	Twice a month for six months	71.89 ⁵	862.68
3- Maintaining the placement (Agency residential)	Seven and a half months	366.12	82,376.54	Personal Advisor	1 hour 40 mins hours per month ¹	20.09 ²	273.22	FE college	Education	Full time for 5 7/8 months	23.27 ³	2,118.27
3- Maintaining the placement (Local Authority residential)	Eight and a half months	490.57	128,529.77					Clinical Psychologist	Health	Twice a month for four months	78.35 ⁴	626.80
4 - Exit from care	1	288.16	288.16									
5 - Find subsequent placement	1	557.43	557.43									
6 - Review (first review with leaving care team)	1	1,120.22	1,120.22									
6 - Review (Agency residential)	1	982.89	982.89									
6 - Review (Local authority residential)	2	536.73	1,073.46									
7 - Legal	1	2,433.96	2,433.96									
8 - Transition to leaving care	1	587.17	587.17									
Cost for young person while looked after			218,474.23	Cost of social care service provision (£)			420.92	Cost of service provision from other providers (£)			3,607.75	
Total cost incurred by social care for Charlotte during time period											218,895.15	
Total cost incurred for Charlotte during time period											£222,502.90	

Box 8.2: Cathy 'survivor' (Direct pathway)

Cathy

Cathy was placed in local authority foster care under a care order in March 2003. When she reached 16 she was assessed as having difficulty with stress and anxiety and, as a result, was referred to CAMHS for fortnightly counselling, which commenced in November 2007 and lasted for a period of five months.

In August 2007 when Cathy was approaching 17 years old she moved into a privately rented flat and continued to receive support from her personal adviser. Cathy attended college from September 2007 to October 2008

Figure 8.2: Timeline for Cathy

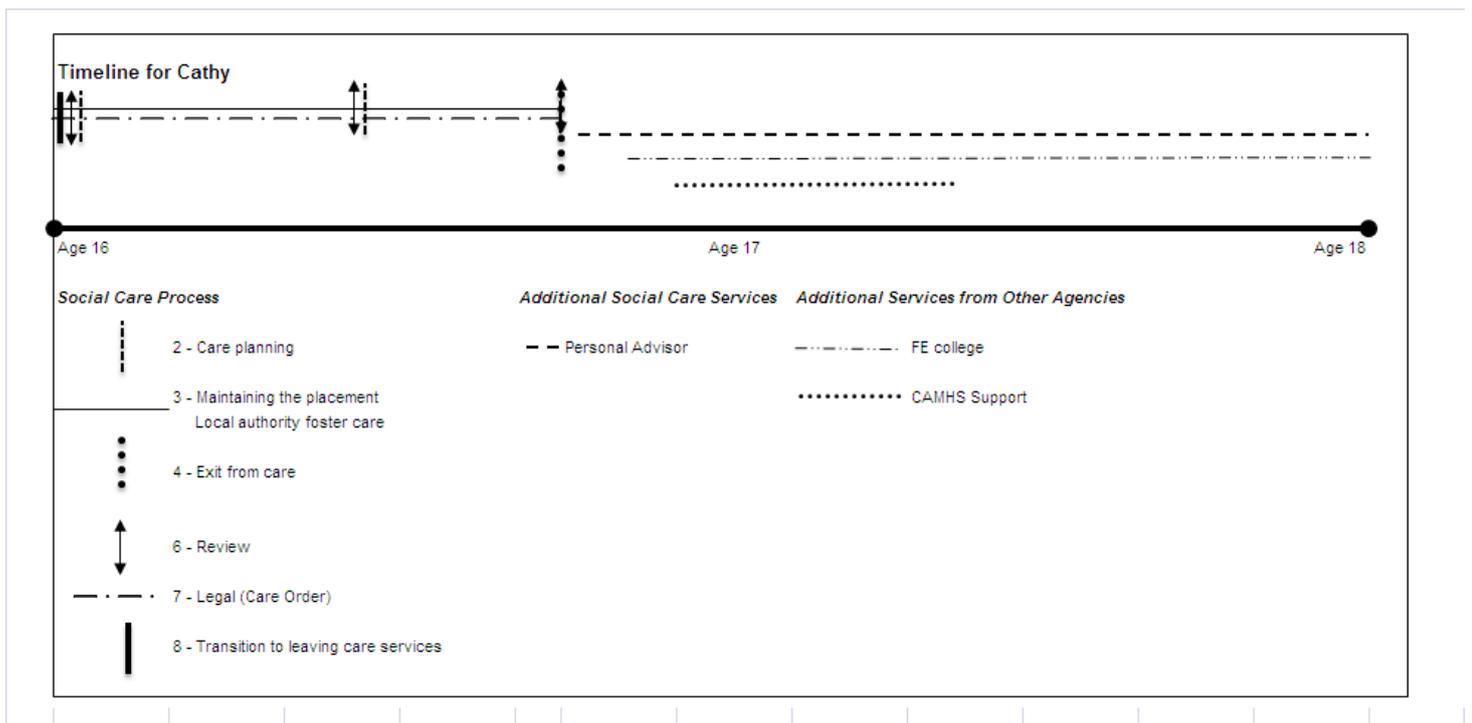


Table 8.19: Total cost for Cathy aged 16 – 18

<i>Costs for young person while Looked after</i>				<i>Additional services costs: out of London costs</i>								
<i>Process</i>	<i>Frequency</i>	<i>Unit cost (£)</i>	<i>Sub total (£)</i>	<i>Social care services</i>			<i>Services from other agencies</i>					
				<i>Service</i>	<i>Frequency</i>	<i>Unit cost (£)</i>	<i>Sub total (£)</i>	<i>Service</i>	<i>Provider</i>	<i>Frequency</i>	<i>Unit cost (£)</i>	<i>Sub total (£)</i>
2 - Care planning	3	131.16	786.96	Personal Adviser	1 hour 40 mins hours per month ¹	20.09 ²	273.22	FE college	Education	Full time for 13 months	23.27 ³	4,789.66
3- Maintaining the placement	10 months	66.08	40,174.90					CAMHS support	Health	Twice a month for five months	65.12 ⁴	651.20
4 - Exit from care	1	288.16	288.16									
6 - Review (first review with leaving care team)	1	674.06	674.06									
6 - Review	2	536.73	2,650.23									
7 - Legal	1	762.55	762.55									
8 - Transition to leaving care	1	587.17	587.17									
Cost for young person while looked after			45,924.04	Cost of social care service provision (£)			273.22	Cost of service provision from other providers (£)			5,440.86	
Total cost incurred by social care for Cathy during time period											46,197.26	
Total cost incurred for Cathy during time period											£51,638.13	

¹ Unit cost based on an average of 1 hour visit and 40 minutes travel time, Holmes and McDermid, forthcoming

² Wiggins and Storry, 2010

³ Berridge et al, 2002, inflated for financial year 2009/10

⁴ Curtis, 2009:140, inflated for financial year 2009/10

The timelines demonstrate the difference in cost over a two year time period when comparing a young person on a transitional placement pathway with someone with a more stable placement history on a direct pathway into independence. Previous research has demonstrated that those children and young people with the highest level of need are the most costly to place in care (Ward, Holmes and Soper, 2008; Holmes and McDermid, forthcoming). This variation in cost is attributable to the types of placements and wrap around services that are provided to children and young people with the highest levels of need, along with additional costs associated with instability, such as placement changes. It is evident from the illustrations above that Charlotte, whose higher level of needs required a more costly placement, at an average cost of £13,906.43 per month, compared to Cathy, whose average monthly costs while in care was £5,163.80. Furthermore, Charlotte’s placement change and the provision of additional services resulted in a higher cost of the provision over the two year period.

As noted elsewhere, while the research did not identify any additional cost associated with the individual processes undertaken in the pilot authorities, these illustrative timelines demonstrate that need remains a driver of cost variations.

Messages for policy and practice

- The time spent on core social work processes to support young people in transition was similar in pilot and comparator authorities. This is consistent with findings from the wider evaluation that demonstrate that the comparator authorities had largely adopted the principles of Right2BCared4 as they are consistent with good practice to promote positive outcomes.
- In both the pilot and comparator authorities additional reviews were held in response to 'significant changes' to care plans. A slightly higher percentage of young people in pilot authorities met with their IRO prior to review and had an advocate attend the review meeting on their behalf. These developments increase the costs of core processes.
- This and other studies undertaken by CCFR have shown the importance of understanding how costs build up over time (Ward Holmes and Soper, 2008; Holmes and McDermid, forthcoming). Consequently, the long term impact of Right2BCared4 on the costs incurred to social care and other agencies should be considered.
- Previous studies have found that delaying intervention may increase the need for more costly placements in the longer term (Ward, Holmes and Soper, 2008). Decisions taken earlier in young people's lives and the complexity of their needs will therefore influence the level, type and cost of support required to assist them as they make the transition from care to adulthood.
- In line with other studies (Ward Holmes and Soper, 2008; Holmes and McDermid, forthcoming) the findings from the evaluation highlight that need is a substantive driver of cost. Young people with more complex needs may experience multiple placement breakdowns and require more costly placements and the provision of wrap-around provision to meet their needs.
- Young people are entitled to remain in care until they reach 18, but historically they have not always been encouraged to do so, even when this would have been in their best interests. The national estimated cost of keeping all 16 and 17 year olds in care for a year longer is £212.8 million.

Chapter nine: Early outcomes

Introduction

So far, the report has examined the preparation and planning process preceding young people's exit from care and has considered young people's transition pathways and experiences of moving from foster or residential care into semi-independent or independent living. This chapter considers young people's health, wellbeing and educational status. It also explores how the interview sample was faring overall. It is important to highlight that the young people concerned are still in a period of transition; 116 (64%) out of 182³⁹ of the baseline survey sample were still looked after when they provided data. Therefore, it is too early to be deterministic about their future life chances and outcomes. The age of the sample also means that SSDA903 data at age 19 for the sample are not yet available to facilitate analysis of similarities and differences in outcomes between pilot authorities and comparators and/or variations according to the specific needs and circumstances of different groups. The follow-up survey sample is also small therefore limiting opportunities for meaningful exploration of changes in circumstance over time. On this basis the findings presented are predominately derived from the baseline survey and offer a snapshot of young people's education, health and well-being at the time of survey completion (age range: 15 to 20 years and older, mean age = 17). Given the high percentage of young parents in the sample their circumstances are also explored. Following presentation of this consideration is given to the early outcomes according to Stein's typology of care leavers (see below).

Health

Research has consistently found that the health and wellbeing of young people leaving care is poorer than that of young people who have not been in care (National Children's Bureau, 2008; Broad, 2005b). Further, aspects of young people's health (including their general health, mental health and substance use) may worsen in the months after young people leave care (Dixon, 2008; Dixon *et al.*, 2006). Studies also reveal that young people in or leaving care are more likely to be teenage parents than their peers in the general population (Biehal *et al.*, 1992, 1995; Chase *et al.*, 2009; Corlyon and McGuire 1997; Garnett, 1992; Hibcraft, 1998). Early parenthood may increase the likelihood of social exclusion and poor outcomes (Kiernan, 1995; Botting, Rasato and Wood, 1998). It may limit access to education; increase the risk of unemployment, financial difficulties and homelessness (Cheung and Heath, 1994; Biehal *et al.*, 1995; Jackson, 2001; Stein and Wade, 2000). Vulnerability to health problems including mental ill-health is also high (Saunders and Broad, 1997; Skuse and Ward, 1999; Buchanan, 1999). However, some studies have also highlighted how parenthood may have a positive impact on the young people concerned. It may offer them a focus and be seen as a means of compensating for the lack of care they experienced in their own upbringing; providing someone to love and care for (Corlyon and McGuire, 1999). Stein (2005) also identifies its potential as a means of allowing young people to establish a 'normal' post-care identity.

Young people undertaking the survey in the current study were asked whether they had any problems with their health. Over four fifths reported that they had no concerns about or problems with their health (87%; 156 out of 179). Although based on small numbers those from black and minority ethnic groups were more likely to report that they had concerns about their health than others (11; 25%). Five of the 17 young people with disabilities stated that they were concerned about their health. The health needs of those in pilot and comparator authorities were similar and those that identified problems had a wide range of conditions. Amongst those that had health complaints, the most commonly recurring issue, affecting at least a quarter (25%; 6 out of 24) was depression⁴⁰. A further two young people reported headaches associated with stress and difficulties sleeping. An UASC explained that not having a decision about his status in the UK left him in a terrible state and

affected his relationships with other people (see also, Barn *et al.*, 2005; Chase *et al.*, 2008). Previous research highlights high levels of mental ill-health amongst looked after children (Ford *et al.*, 2007). The conditions and experience of young people prior to entry to care may contribute to this (McCann *et al.*, 1996; Meltzer *et al.*, 2003; Sempik *et al.*, 2008).

Further, research suggests that increases in mental health issues over time may be linked to the process of transition from care to independent living and that young people with mental health problems are at risk of faring badly as they make the transition to adulthood (Dixon *et al.*, 2006; Wade and Dixon, 2006). However, the case record audit found recording on young people's health to be poor (see also, Broad, 2005b). Just over half of plans contained details on current health (14; 52%). Only about half of young people from the pilot authorities (54%; 55 out of 106) felt that their pathway plan had helped with issues concerning emotional health. In the comparator authorities a much higher proportion (76%; 29 out of 38) reported that their pathway plan had helped them with this aspect of their wellbeing. Although recording on young people's physical and emotional health was poor, there was evidence from young peoples' survey responses that suggested that they were in touch with their GP, or were receiving specialist mental health provision intended to help address mental health issues.

Fourteen percent (25 out of 184) of the survey sample and 21% (7 out of 33) of the interview sample (all young women) were parents. One young woman in the interview sample was also pregnant. Of those parents surveyed only three expressed concerns about their health. One reported suffering from depression and the remaining two revealed minor physical health ailments. Analysis of the survey data showed that female parents were around four times more likely to have left care than young men ($p < 0.05$, significant). This group were also around thirteen times more likely to be NEET than young men in the sample ($p < 0.05$, significant). However, none of these mothers' reported being unhappy with their circumstances. This was also reflected in comments made during interviews, with young people indicating their commitment to the parenting role and raising their children:

At the moment I'm unemployed and not in any full-time education. I've got a baby to look after now, that's why (Young woman, age 17, care leaver, comparator authority).

The most suitable college course was for four days a week [and this young mother] felt that relying on childcare for so long was too much (Social worker, comparator authority).

All the mothers in the interview sample (7) indicated that parenting was sometimes stressful and not always easy but they also said that they were doing alright and were receiving support from family and/or professionals. This is not to say, however, that there had not been any professional concerns about parenting capacity. At least two mothers in the interview sample (2 out of 7; 29%) had undergone pre-birth assessments; one which resulted in the baby becoming subject to a child protection plan⁴¹. A pre-birth assessment was also planned for a young woman who was pregnant at the time of interview; this young woman was clearly anxious that her child would be removed, although plans had been put in place to allow her to remain with her foster carers and for this to become a mother and baby foster placement. In another case the IRO indicated that a pre-birth assessment had been considered but a mother and baby foster placement had been secured and so this was not deemed necessary. One young woman lived with her mother when her son was born and it appeared that children's social care had required her to do so. There were only two cases in which there was no evidence to suggest that consideration had been given to undertaking formal assessments of parenting capacity.

Examination of these young mothers' living arrangements immediately following their baby's births also revealed that only one lived independently at the outset. Her transition appeared to have been rather abrupt, but she did feel well supported:

I think it was all done fairly quick, I had a meeting with myself, my social worker, and my mum had to sign me out of care to say that it was all ok, I felt it was all done very quick.

My family support me by making sure I'm OK and coping alright...my social worker is always...asking if I need any extra help (Young woman, age 17, care leaver, comparator authority).

Two parents lived in mother and baby foster placements, one lived in supported lodgings and one lived with her mother⁴². These arrangements were intended to maximise continuity of placement and offer these mothers the support they needed to meet the needs of their children. By the time of interview two had moved to independence. Louise lived in supported lodgings for around 12 months before moving into a council property. Samantha who lived with her mother initially, was living in a hostel at the time of interview, having left a violent partner. Freya spent three months in a mother and baby foster placement before moving in with her mother. They have since left the local authority area as she separated from an abusive partner; her daughter is no longer subject to a child protection plan. In the last of these cases, Nicola (the mother) had been living with her son in a mother and baby foster placement for approximately two years. The IRO and social worker (comparator authority) identified how positive this had been for the young woman concerned:

She has benefited tremendously from being parented by her carers over the last two years and that's also had a positive impact in terms of her parenting of her son.

However, concerns were raised about the lack of care planning for the baby in this case:

For two years they have remained there. There has been no proper parenting assessment...so it drifted...then all of a sudden an assessment [was undertaken]...now suddenly everything is happening at a bizarrely fast pace.

Following an assessment the decision was taken that Nicola and her son would move to independence with a package of support within a three month timeframe. There were differences of professional opinion as to whether this was a resource led decision (as the young woman was approaching 18) but there was a general

consensus that the fast paced nature of recent developments had not been easy for Nicola⁴³.

Overall, it appeared that personal advisers had been proactive in offering support to young parents. In addition, the majority of this sample (albeit small in number) had benefitted from placements offering parenting support and advice. The mothers themselves were more positive about children's social care support and provision than that provided by Children's Centres because young people felt they would be judged by other parents there. The next section of the chapter considers the emotional well-being of the wider sample.

Emotional wellbeing and confidence

Emotional wellbeing has been described as 'a holistic, subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced' (Stewart-Brown, 2000). A range of skills including (among others): making and sustaining friendships; dealing with and resolving conflict effectively and fairly; being able to solve problems with others and alone; and managing strong feelings such as frustration, anger and anxiety are all thought to contribute to emotional health and wellbeing (Department of Health, 2004). Young people were asked to rate their confidence in these areas⁴⁴. They were also asked to rate their confidence in facing new challenges and learning new things, given the importance of these skills at times of transition. Finally, they were asked about their involvement in leisure activities as this has been found to be associated with resilience in looked after children and care leavers (Gilligan, 1999, 2000). The findings revealed that in most of the skills outlined above at least three quarters of respondents reported that they were confident or very confident (see Appendix 3). This was true of young people from both the pilot and comparator authorities. The exceptions were in relation to dealing with and resolving arguments, managing feelings and solving problems. A lower percentage of respondents from comparator authorities said they were confident or very confident in dealing with and resolving arguments (69% (35) in comparator authorities and 77% (100) in pilot authorities) or solving problems (70% (35) in comparator authorities and 77% (105) in pilot authorities). The skill that young people were least confident about was managing their feelings; although around

three fifths (61%) of young people in the comparators and pilots still felt they were confident or very confident in this respect. A higher proportion of females reported being confident managing their feelings than males in the sample; 60% (61) and 40% (41) respectively.

Although based on small numbers (17), analysis of the survey data revealed that young people with disabilities were less confident than their peers in all areas except the ability to maintain friendships. Disabled young people were substantially less confident in their ability to solve problems (59% (10) of young people with disabilities compared to 18% (27) of their peers). Other areas where young people with disabilities were less confident were: the ability to face new challenges, with 35% (6) of young people with disabilities indicating that they were not confident compared to 13% (20) of others in the sample; and resolving arguments, with 44% (7) of young people with disabilities reporting that they were not confident compared to 23% (35) of their peers.

Analysis was also undertaken to explore similarities and differences in care leavers' levels of confidence compared to those young people who were still looked after. There was no statistically significant difference (Mann-Whitney test, $P=0.81$) between the mean number of aspects of independent living that respondents felt confident to manage. Exploration of separate skills revealed that respondents in care were more likely to be *very* confident of their abilities to face new challenges and solve problems than those who had left care (Table 9.1 and 9.2). This could reflect greater awareness amongst care leavers about the realities of dealing with challenges and solving problems whilst living independently.

Table 9.1: Young people’s self reported confidence in facing new challenges

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	34 (30%)	58 (51%)	19 (17%)	3 (3%)	114 (101%)
Ceased to be looked after (care leaver)	10 (16%)	44 (72%)	5 (8%)	2 (3%)	61 (99%)
Total	44 (25%)	102 (58%)	24 (14%)	5 (3%)	175 (100%)

Table 9.2: Young people’s self reported confidence in solving problems

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	35 (31%)	53 (47%)	20 (18%)	5 (4%)	113 (100%)
Ceased to be looked after (care leaver)	9 (15%)	40 (66%)	11 (18%)	1 (2%)	61 (101%)
Total	44(26%)	93 (53%)	31 (18%)	6 (3%)	174 (100%)

The other area in which there appeared to be differences in levels of confidence according to care status, was in relation to getting involved in leisure activities. Over a quarter (28%; 17) of survey respondents who had left care stated that they were not really or not at all confident about getting involved in leisure activities compared to 14% (15) of young people in care. Spare time activities have a range of potential benefits that may enhance resilience. They may serve to:

Develop [young people’s] instrumental and social skills. They may help to strengthen a young person’s social network. They may enhance [young people’s] sense of self efficacy and self-esteem. They can help to promote a sense of belonging...They may offer a passport to social contact in new contexts in future. They may introduce young people to positive peer relationships (Gilligan, 1999)... They may fill time and provide structure and a precious sense of purpose in daily living (Gilligan, 2000, p.44).

The interview sample were not asked about leisure activities and therefore it is difficult to determine why care leavers are less confident than their looked after peers in this respect, but it may be that those who have left care have less encouragement and support to access activities. The cost of certain leisure activities may also act as

a barrier to participation. Overall, as outlined above, on the whole young people rated their health, emotional wellbeing and confidence highly which should support engagement in education, employment or training. This is explored below.

Education, employment and training (EET)

The Children Act 2004 places a duty on local authorities to promote the educational achievement of looked after children. This is because although some LAC do well, as a group many have poor experiences of education and low educational attainment compared to their peers in the general population (DCSF, 2010c). Data on educational attainment were collected at follow up when the sample were older (thus maximising the number who could have sat examinations). Thirty one young people (31 out of 39) sat GCSE examinations and all but two of these young people passed one or more. Ten young people (26%) achieved at least five GCSEs at grades A*-C. This is higher than the average for looked after children (15%) but still much lower than levels in the general population (70%) (DCSF, 2010d). Only seven young people had achieved an AS or A level at grades A*- E. Four achieved up to two AS or A levels at grades A* to C and one achieved three or more at grade A* to C. It should be noted, however, that the mean age of the sample was 17 and therefore many had not sat examinations at the point of data collection. Other qualifications studied included foundation level GNVQ or level 1 NVQ (11), Intermediate level GNVQ or level 2 NVQ (4) and other types of educational or vocational qualifications (18).

Table 9.3 below provides further details of young people's EET status at the time of baseline survey completion. Overall, nearly four fifths of the sample reported that they were in education, work or work based training (79%; 144). A higher percentage of respondents from comparator authorities were in education, work or work based training than their counterparts in pilot authorities. Seventy seven percent of young people (39) from the comparator authorities were in education compared to 63% (84) in the pilot authorities. This difference was not due to differences in the age profile of respondents, as these were similar in pilot and comparator authorities; the majority of young people were aged between 17 and 18.

Young people with disabilities were more likely to be in education (or waiting to start further or higher education) than others in the sample (88% (15) of young people with disabilities compared to 67% (123) of their peers). However, none of the young people with disabilities were in employment or in work based training. The national statistical returns show that 62% of former care leavers, with whom the local authorities were in touch, were in education, employment or training around the time of their 19th birthday (Department for Education, 2010a). Thus performance in Right2BCared4 authorities was similar to the national average. Comparator authorities were performing above the national average.

Table 9.3: Young people’s education, training and employment status

	In education or waiting to start FE or HE	In work or work based training	Unemployed	Pregnant or lone parent	Other	Total
Pilot authorities	84 (63%)	18 (14%)	10 (8%)	8 (6%)	13 (10%)	133 (101%)
Comparator authorities	39 (76%)	5 (10%)	3 (6%)	2 (4%)	2 (4%)	51 (100%)
Total	123 (67%)	23 (12%)	13 (7%)	10 (6%)	15 (8%)	184 (100%)

Young people were also asked about their satisfaction with what they were doing. Over four fifths (84%; 152 out of 182) of young people were happy with their current EET status. A slightly higher percentage of those from comparator authorities reported that they would rather be doing something else (20% (10 out of 51) in comparator authorities compared to 16% (21 out of 133) in pilot authorities). Respondents in the pilot authorities who were unhappy with their current activity were fairly evenly spread across the range of current activities (as outlined in the Table above) apart from those who were pregnant or lone parents (none of these young people were unhappy) and those who were in education (7 of the unhappy respondents). Full time work or work based training were the most popular activities that respondents would have preferred to be doing. In the comparator authorities five of the respondents who were unhappy with their current activity were in education and three were unemployed. As with the pilot authorities, the most common preferred activities were full time work or work based training. Survey

respondents were also asked if there were any issues that made studying or working difficult. The factors that were most frequently identified were planning and leaving care, living on their own/loneliness, and managing their money and paying bills. No one reported a lack of educational support.

Young people not in education, training or employment (NEET)

Analysis was undertaken to explore variables that may predict whether young people are NEET. This revealed that respondents from comparator authorities were around three times less likely to be NEET than those from the pilot authorities. However, this difference was not significant ($p > 0.05$). However, there was a statistically significant difference in the likelihood that White British respondents were NEET compared to UASC. In fact, White British respondents were nearly nine times more likely to be NEET than UASC respondents ($1/0.113 = 8.84$, $p < 0.05$). Female parents were around thirteen times more likely to be NEET than young men (significant, $p < 0.05$), but other young women had a similar likelihood of being NEET as young men (not significant $p > 0.05$). Similarities and differences in young people's care histories were also considered. Those who entered care in the four older age groups were between twice and four times as likely to be NEET than those who entered care when they were under five, however, none of the differences were significant ($p > 0.05$). Respondents who had two or three placements were around four times more likely to be NEET than respondents who had had one placement in the previous three years. These differences were significant ($p < 0.05$). Analysis to determine whether there were differences in the total number of skills NEET respondents reported being confident in, compared to their EET counterparts revealed no significant differences (Mann-Whitney test, $p = 0.72$).

Changes in EET status between baseline and follow-up

Forty one young people (28 from the pilot authorities and 13 from the comparator authorities) completed the baseline survey and then a follow-up survey six months later. Approximately three quarters of pilot respondents were in education, employment or work based training at follow-up (23 out of 28). Seventeen of these

were in education and the remaining six were in work based training. Further analysis revealed that nearly one half had experienced no change in the EET status during the six month follow-up period. Twelve out of 28 were in education at baseline and were still studying six months later. Five young people had moved into education. Seven were no longer in education although four of these moved into employment. In the comparator authorities, 85% (11 out of 13) of respondents were in education, employment or work based training at follow-up. Four were in education and seven were in work. At baseline nine young people had been in education but six moved into employment. Only one respondent who was not in education at baseline had moved into education by follow-up. Research exploring career outcomes for young people 12-15 months after leaving care identified high levels of unemployment (44%) and also highlighted the fluidity of economic pathways as young people moved in and out of EET (Wade and Dixon, 2006).

Exploring outcomes

So far, this chapter has considered specific areas of young people's lives and how they were faring in these. The remainder of this chapter takes a more holistic view of their outcomes. Stein (2008) identifies three groups of care leavers: movers on, survivors and strugglers. The first group '*moving on*' are likely to have had stability and continuity in their lives, including felt security, or a secure attachment relationship. Preparation for leaving care was gradual, they left care later and moving on was likely to have been planned. Participation in further or higher education, having a job they liked or being a parent played an important part in them feeling normal. The second group are the '*survivors*' who experience more movement and disruption in care and are also likely to leave care younger, often following a breakdown in foster care or sudden exit from their children's home. Further movement and problems after leaving care, including periods of homelessness or unfulfilling work or unemployment were likely but this group felt that the problems they had faced, or were facing has made them more grown up and that they were '*survivors*' since leaving care. Finally, a third group of '*strugglers*' were identified, who had the most damaging pre-care family experiences, who experienced high levels of instability and disruption in their lives and who have a cluster of difficulties . At the time of leaving care their life chances were poor. They

were likely to be unemployed, to become homeless and have difficulties maintaining their accommodation. They were also likely to be lonely, isolated and have mental health problems (Stein, 2008, p. 300-302). In classifying young people in this way it is important to recognise, first, that challenges and difficulties are not necessarily attributable to failings of the care system. Young people's starting points are varied, reflecting their diverse experiences prior to entry to care. Late entry to care limits the opportunity for professionals to compensate for deficits in parenting capacity and address issues that have an impact upon young people's education, health, emotional well-being and outcomes. Second, adolescence is a period of rapid development and boundary testing, which is not unique to looked after children, and as such there is scope for situations to change rapidly. It is important to acknowledge that the tendency to focus research on the period of transition and shortly after, as well as emphasising hard outcomes may also offer an unduly negative picture. Progress needs to be considered with reference to start points and distance travelled. Actions taken to support young people at one point in time may reap dividends in the future. International research demonstrates that longer-term outcomes may be better; with young adults aged 25-29 showing greater levels of social integration (Stein, 2008).

Moving on, surviving or struggling?

Case record and interview data were available for 21 young people and it proved possible to classify 17 of these young people according to Mike Stein's typology; three were not classified and the rationale for this is outlined below. Those that were classified ranged in age from 16 to 19. Ten were living independently and a further three were living in supported accommodation. Four were still living with foster carers or in residential settings. It is important not to be too deterministic about their trajectories given that those concerned were still in a period of transition when the research was conducted. Changes in circumstance may act as critical turning points; offering young people opportunities for progression or serving to contribute to downward spirals (Holland *et al.*, 2010). It is noteworthy that a substantial proportion of young people in the sample were receiving high levels of support and services and their capacity to manage without these remained untested at the point of interview. However, based on *analysis of their current circumstances* it appeared

that four young people were *moving on* and an additional two young men were well placed to do so (although at the time of interview they were still looked after). Five young women appeared to be *surviving* (with the provision of additional support and services). Finally, there were six young women who appeared to be *struggling*.

Moving on

The moving on group (35%; 6) were settled where they were living, engaged with what they were doing and had clear ambitions for the future. This group included four unaccompanied asylum seeking young men, one White British young man and one parent who was living with her partner and benefited from a positive relationship with her family and friends. Details concerning two of the young men classified in this outcomes group are outlined below.

Adnan's case (age 16, LAC, UASC, pilot authority)

At the age of 16, Adnan, an UASC decided that he wanted to move to independence. At this stage he was assessed as having the necessary independent living skills. He moved into accommodation with another young man from the same region and he is currently managing well and enjoying living in '*his own place*'. As well as attending college he is actively engaged in sports activities. Adnan plans to continue studying and wants to become a lawyer. In this case, there was an absence of evidence of any challenges or difficulties affecting this young man's well being.

There was, however, one young man in the '*moving on*' group who was reportedly depressed and disengaged from education at 16 but these issues had been addressed by the point of interview. A cluster of factors, including (but not exclusively) motivation and ambition, good relationships with professionals and support services appeared to have enabled him to move on and follow a more positive trajectory:

Kinza's case (age 20, UASC, pilot authority)

At the age of 16, Kinza, an UASC was rarely attending school and was also smoking cannabis. He was also depressed. He was reluctant to access support and services, feeling he did not deserve them. His leaving care personal adviser encouraged him to take up provisions available to him and Kinza started attending counselling and began meeting up with a mentor from the Refugee service. He also got involved in the Children in Care Council and leisure activities. These were all perceived to have raised this young man's self esteem and confidence. He was also keen to go to University and his motivation to do so appeared to have contributed to improvements in his school attendance. Now aged 20, Kinza has a work experience placement in the local authority and has applied to go to University.

Surviving

Five young people (29%), all women aged 18 to 19, were classified as survivors. Each had experienced difficulties living alone but appeared to be coping. Their current circumstances appeared to be fairly positive because they had received (or were still receiving) additional support and services, although the extent to which such support was acknowledged by the young people concerned varied. Two of these women had opted to return to foster care for a period; one went to live with her former supported lodging provider and another moved in with her mother following a mother and baby assessment. Such arrangements appeared to have been beneficial to the women concerned; ameliorating difficulties and enabling them to engage in education or parent, with ongoing support.

Cathy's case (age 19, care leaver, pilot authority)

Cathy felt ill-prepared to make the transition from care to adulthood and reflected that the experience had been '*dreadful*'; she felt anxious, alone and depressed. She described having a poor relationship with her social worker and leaving care worker, although they did arrange counselling to help her. Even though she was struggling, Cathy continued to manage her tenancy well. She felt that Connexions had been

supportive and was about to return to college to complete her A-Levels at the time of interview.

The strugglers, in contrast were less frequently engaged in EET and appeared to have more complex needs and there was limited evidence that they were hopeful about their futures.

Struggling

Six young women (35%) were struggling at the point of interview. There was evidence that their accommodation situations were precarious: one had been evicted from supported accommodation and two were living in hostels at the time of interview. Emotional and behavioural difficulties were evident and at least two of these young women were in, or had been in abusive relationships. Another had allegedly had a relationship with a drug dealer and was misusing drugs. Four were NEET⁴⁵ and two of these young women stated that they had no future goals or ambitions. It should be acknowledged that this group, like the survivors, were offered and were often receiving support and services but continued to experience multiple problems and difficulties.

Hannah's case (age 17, care leaver, pilot authority)

Hannah was relatively settled until her GCSE year, when she began drinking heavily, taking drugs and took an overdose. This led to the breakdown of her foster placement at age 16. Hannah then moved into the local Foyer where she was able to access support from CAMHS and Connexion; she refused a referral to a charity offering support to young people using drugs. Following eviction from the Foyer and having accrued debts, Hannah was placed in emergency accommodation before moving into a rented flat. At the time of interview this appeared to be going alright but Hannah indicated that she was not in education, training or employment and was lonely and struggling to live on £100 a fortnight.

Not classified

Three young people were not classified using Stein's typology, even though extensive data were available on them. They were all living in foster care (including one in a mother and baby placement) and had learning disabilities. There was evidence that they were receiving considerable support and with this in place they were doing well. However, case record data and interviews with professionals indicated that these young people would need ongoing support and services into adulthood. Without such provision it looked likely that they would struggle.

Jade's case (age 17, LAC, pilot authority)

Jade has a borderline learning disability but does not meet the criteria for adult services. She is 18 but continues to need help and supervision with day-to-day activities and tasks. Her long term foster carers, to whom she is closely attached, continue to care for her (under the Staying Put 18+ Family Placement Pilot). They are working to develop her independent living skills. Jade is currently attending college.

As these case examples all highlight there are considerable variations in young people's needs, circumstances and experiences. Around a third of the sample appeared to be on upward trajectories and were *'moving on'*. The remainder, however, appeared to be facing difficulties but the impact of these on individual young people's well-being was mixed.

Chapter ten: Conclusion

The Right2BCared4 pilot sought to promote three key principles. First, that young people should not be expected to make the transition from care to adulthood until they reach 18. Second, that they should have a greater say in the decision making process preceding their exit from care and; finally, that young people should be properly prepared for independence. Over the life course of the pilot (2007-2010) a series of legal and policy developments, including the Southwark judgement, the enactment of the Children and Young Persons Act 2008 and publication of statutory guidance on care planning, placement and case review and on the role of IROs⁴⁶ have served to reiterate the importance of ensuring that these principles guide strategic planning and operational practice in all local authorities.

In this context, the findings, which offer a picture of preparation and planning to support transitions from care to adulthood in authorities that already had well developed leaving care services⁴⁷ in place, serve to highlight how practice can be further enhanced to respond to changes in regulations and guidance, in order to improve provision to meet young people's needs. However, in interpreting the study findings it should also be noted that in comparison to the general looked after children population, the interview sample consisted of a higher proportion of young women than men and a high proportion of young mothers and therefore the distinct experiences of some groups are underrepresented. It is important that services are responsive to the diverse needs of the leaving care population (see also, HM Government, 2010; National Institute for Health and Clinical Excellence, 2010; Stein, 2010).

Findings from the evaluation reveal that pilot authorities have been proactive in trying to embed Right2BCared4's core values with a view to promoting the welfare of young people making the transition from care to adulthood and improving outcomes for this group. The pilot appears to have contributed to a cultural shift in professional attitudes concerning care planning and decision-making for young people aged 16 years old and over. The number of young people remaining looked after until legal adulthood has risen and authorities are reportedly more willing to provide

appropriate accommodation to meet the needs of this group (although the availability of placements and young people's wishes and feelings meant that this was not always without challenges). This is of importance given evidence that those who leave care at a later age are more likely to have a successful transition to adulthood (Dixon *et al.*, 2006; Stein, 2010). However, findings from both pilot and comparator authorities also acknowledge that age related eligibility conditions mean that some young people continue to leave care before they are necessarily ready to do so. Around a third of young people from pilot authorities felt that they did not have a choice about the timing of their transition from care to adulthood and amongst the interview sample there were examples of young people who continued to experience age related rather than young person led moves, as the quote below illustrates:

I didn't want to go. I still had to go anyway. I didn't have a choice...I was moving out at eighteen, end of discussion, and the bit that really pissed me [off] is [that] they chucked me out on my eighteenth birthday.

Making the transition to independence at 18 also means that young people do not have the 'safety net' of returning to care if they encounter difficulties. However, affording young people aged 16-17 the right to return to care was a welcomed development; particularly given that the desire for freedom means that some young people (often those with the most complex care histories and high levels of need) may opt to leave before professionals perceive they are ready to do. White British young women, especially parents tended to leave care early. The reasons for this and approaches that may be employed to encourage them to remain in care placements for longer warrant consideration. Findings also reinforce the importance of providing packages of support for young people living in the community.

Messages from young people serve to reiterate the central importance of consistent and supportive relationships with social workers and personal advisers to assist them in preparing for and navigating the transition from care to independence. Many rated their workers highly in this respect and young people welcomed flexible and responsive contact. The large number of attendees at reviews and/or at pathway planning meetings could serve to inhibit young people's active participation and an ongoing process of planning and review was identified as being important. *The*

Children Act 1989 Guidance and Regulations (Volume 3: Planning Transitions to Adulthood for Care Leavers, due for implementation in April 2011 (HM Government, 2010) states that the pathway plan 'must remain a 'live document', setting out the different services and how these will be provided to respond to the full range of a young person's needs' (p.13).

The evaluation also highlights a number of aspects of young people's needs and circumstances that warrant more thorough consideration in the pathway planning process. These include active exploration of the potential role and contribution that birth family may play in young people's lives during the transition period; for some family will offer support whilst for others contact may lead to disappointment and disillusionment. Attention should also be given to young people's health and emotional and behavioural development needs. The National Institute for Health and Clinical Excellence recommend conducting comprehensive health consultations when young people move onto independent living (Recommendation 48) and that transfer to adult mental health services is supported (Recommendation 49) (National Institute for Health and Clinical Excellence, 2010). The evaluation also highlighted that a number of young people were anxious about managing their finances and budgeting (HM Government, 2010). Statutory guidance on transitions to adulthood for care leavers outlines local authorities' responsibilities in respect of supporting looked after children to develop financial literacy and financial capability over time.

Research demonstrates that 'making a home base and establishing a foothold in education, training or employment are important (though not exclusive) ingredients for a successful transition to adulthood' (Wade and Dixon, 2006; Stein, 2010). Training flats, supported housing, supported lodgings and Foyers offer young people the opportunity to experience a greater degree of independence but with support available to help them acquire additional skills and experience; they also offer a stepping stone to independence and contribute to more gradual transitions. The majority of young people who spent time in these types of accommodation found them helpful. Concerns were raised by a small number of professionals that there were some gaps in provision for young people with more complex needs, including those who have committed offences or displayed aggressive behaviour. The evaluation also highlighted that young people who were technically in 'suitable' types

of accommodation had not always had a choice about where they were moved to and some had been placed in living in environments that were not conducive to promoting their wellbeing. Such issues may come into sharper focus as local authorities implement changes in response to the Children Act 1989 guidance which outlines the expectation that when young people leave their care placement they are moved into homes that are suitable for their needs (for example, near their education or work) (HM Government, 2010).

Overall, realistic assessments and plans, developed in conjunction with young people, alongside effective preparation provide a foundation for planned and supported transitions. Given the diversity in young people's needs and circumstances the level and type of ongoing support they will require once they have left care will vary, as one young man reflected:

It's down to the individual person, if they want help then they can ask for help and they should be able to receive it...

Appendices

Appendix 1: Types of supported accommodation

- **Shared supported housing** — temporary or permanent schemes where service users have their own room but share bathroom, kitchen and other communal areas with other service users. Support is delivered by staff who may have an office in the property or visit on a regular basis.
- **Self contained supported housing** — this is where service users have their own flat or house. It can be in a block or cluster of the same type of provision or dispersed within a locality. Support is provided by staff who may have an office in the block or offer a visiting service. In leaving care services this provision includes training flats⁴⁸.
- **Hostel** — accommodation where a larger number of service users have their own bedrooms and share communal areas with other service users. Staffing is often provided on a 24-hour basis, seven days a week and meals may be provided.
- **Women's refuge** — temporary accommodation for women (and their children) who have experienced domestic violence. Women often share a room with their children and share other communal areas with other women and their families. Support is provided by workers sometimes 24 hours a day, seven days a week.
- **Foyers for young people** — temporary accommodation for young people (usually 17—25 years) with support and access to employment, training and education. The accommodation may be shared or self-contained. Support is provided by staff who are usually based on site and may be available 24 hours a day, seven days a week.
- **Teenage parent accommodation** — temporary accommodation specifically for young people (usually aged 17—21 years) who have become, or are about to become parents. Service users often share a room with their babies and share kitchen, bathroom and communal areas with other service users. Support is provided by support workers who have an office on site and may provide 24-hour cover, seven days a week.

- **Supported lodgings** - There is no agreed definition of ‘supported lodgings’, however most schemes share these common elements:
 - They provide supported accommodation for vulnerable people who require support to live more independently.
 - The accommodation is provided by private individuals (‘hosts’) who offer a space in their home.
 - The host provides a level of support as well as accommodation.
 - Hosts, and in some cases the vulnerable person, are provided with support from an external body who manages the provision⁴⁹.
- **Adult placements** — usually commissioned by adult social services for people with enduring care needs. The adult placement services are delivered by host families who provide support care and accommodation usually in their own home.
- **Residential care home** — can be temporary or permanent accommodation registered under the Care Standards Act 2000 to provide accommodation, support and personal care to service users who meet the threshold for adult social services. Service users usually have their own room and share communal areas; however, some newer homes have private as well as communal cooking and washing facilities. Support and care are provided by workers for 24 hours a day, seven days a week.

(NCAS, 2009, p.37-38).

Appendix 2: Costing methodology

The calculations and cost analysis included in this report build upon CCFR's expertise in exploring the relationship between needs, costs and outcomes for all vulnerable children (Ward, Holmes and Soper, 2008; Holmes, McDermid and Sempik, 2010; Holmes and McDermid, forthcoming). The programme of research uses a 'bottom up' approach to costing services, in which costs are built up from an individual child level, based on all the support and services that an individual receives. The method identifies the unit costs of each of the support services based on the case management operations involved, as outlined in the Core Information Requirements Process model (Department of Health, 2001). This entails identifying the personnel associated with each support activity or service, and collecting specific data on the time professionals spend on completing core activities. The unit cost of each support activity is then derived by costing these amounts of time using appropriate hourly rates. The method, which is described in Beecham (2000); Holmes, Lawson and Stone (2005); and Ward, Holmes and Soper (2008), therefore links time spent to data concerning salaries, administrative and management overheads and other expenditure in computing unit costs. The cost of service provision to each individual child during a particular time period can then be calculated by applying the unit costs to child level data on the frequency with which the different support services are received. The results can be aggregated for specified groups of children and for different time periods.

This methodology allows for the development of a detailed and transparent picture of costs of providing a service, and of the elements that are necessary to support service delivery. It facilitates comparisons of costs and allows for exploration of variations in costs according to the needs of children, decision making processes and approaches to service delivery. As regards the comparison between Right2BCared4 and a standard leaving care service, if services are provided in different ways there could be differences in unit costs, or if the services are provided more frequently or to more young people there could be differences in the total cost of providing the service over a particular period of time even if the unit costs are the same.

The case management activity undertaken to accommodate and support looked after children has been identified and organised into eight case management processes (Ward, Holmes and Soper, 2008). These case management processes apply to all looked after young people including those receiving support under Right2BCared4 as well as to those in other placements. It was anticipated that some processes may operate differently under Right2BCared4. The social care processes for looked after children are outlined in Box a below, with those to which Right2BCared4 variations may apply being highlighted:

Box a: Eight social care case management processes for looked after children

- **Process 1:** Decide if child needs to be looked after and find first placement
- **Process 2:** Care planning (including the care plan, personal education plan and health assessment)
- **Process 3:** Maintaining the placement (including social care support and the fee or allowance paid)
- **Process 4:** Leaving care/accommodation
- **Process 5:** Finding a subsequent placement
- **Process 6:** Review
- **Process 7:** Legal interventions
- **Process 8:** Transition to leaving care services

The social care activities undertaken within each of these processes were broken down into the types shown in Box b below. These include both the direct work with the child, their carers and family members, as well as 'indirect' tasks.

Box b: Activity type categories

- Direct contact with child
- Direct contact with birth family
- Direct contact with carer
- Contact with professionals in relation to case
- Attendance at meetings in relation to case
- Writing of reports or case records
- Other

Unit costs have been calculated for each of the eight processes as part of the ongoing costs and outcomes research programme being undertaken by CCFR (Ward, Holmes and Soper, 2008). These unit costs have been calculated by linking data on the amounts of time taken to complete relevant tasks by each professional associated with the process with salary and other financial information including overheads.

Previous work undertaken by CCFR has shown that costs vary according to different types of placement, children's varying needs and circumstances and differences in local authority procedures. As such, two types of costs can be calculated for each process: *standard costs* based on times identified for a child with no additional support needs, placed in local authority foster care within the local authority area; and *cost variations* based on placements needs and procedures. Cost variations have been identified for young people aged 16 and over. The costing exercise in this study aimed to identify variations in the unit costs associated with Right2BCared4, compared to the standard unit costs for young people aged 16 years and over. Time use activity data for the four processes highlighted grey above was gathered from focus groups and follow up verification questionnaires. The calculations for the cost comparisons are based on data gathered from two of the pilot authorities and two of the comparator authorities. These calculations focus on the relative costs of preparation and leaving care planning and reviewing processes, and advice and

advocacy services in Right2BCared4 pilot authorities in comparison with standard provision and practice. As outlined below this information has also been supplemented with additional data from the ongoing costs and outcomes research programme being undertaken by CCFR.

Focus groups were carried out with staff from leaving care, independent reviewing officer (IRO) and children teams across four authorities. These were attended by a range of staff including social workers and IROs (see table a).

Table a: Number of focus group participants by worker

Local authority	Team	Team Manager	Assistant team manager	Practitioner manager	Social worker / personal adviser	Family support worker	IRO	Accommodation worker	Connexions personal adviser	
LA B	Leaving care team				4	4				8
	IROs						4			4
LA A	Leaving care team					3				3
	IROs						7			7
	Children's team				3					3
LA 1	Leaving care team	1		1	5					7
	IRO						5			5
LA 2	Leaving care team				6			1	1	8
	IRO						3			3
	Looked after children's team	1	1		6	1				9
Total		2	1	1	24	8	19	1	1	57

The focus groups brought together the practitioners responsible for case management processes in both Right2BCared4 and two comparator authorities to estimate how much time they typically spent on each of these activities for each of the four processes for young people leaving care. Focus group discussions were structured around the policy and procedure documents for each of the core roles, but participants were encouraged to base their estimates on their own experience. Activity estimates recorded therefore related to the reported activity undertaken by staff rather than that stated in guidelines.

The activity figures collected from the focus groups were verified, and missing data was obtained by the circulation of follow up verification questionnaires. These were completed by social care staff in four local authorities and a total of 37 were returned. Two interviews were carried out due to staff being unable to attend a focus group.

These figures were compiled and added to existing data to produce total activity figures, organised by job and activity type for Process 3, 5, 6 and 8. The total activity figures were linked to the hourly rates for each professional type. Overhead costs, such as premises and management costs were applied to the hourly rates at 22% of salary costs. This figure is based on the widely-used estimate for management costs of 15% of salary costs (Knapp, Bryson and Lewis, 1984) together with 7% capital costs, which is similar to the figure used by Curtis (2009). London and out of London costs have been calculated.

Appendix 3: Young people’s self reported confidence

Table b: Young people’s self reported confidence in learning new things

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	47 (41%)	60 (52%)	7 (6%)	2 (2%)	116 (101%)
Ceased to be looked after (care leaver)	22 (36%)	35 (57%)	4 (7%)	0 (0%)	61 (100%)
Total	69 (39%)	95 (54%)	11 (6%)	2 (1%)	177 (100%)

Table c: Young people's self reported confidence in dealing with and resolving arguments

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	23 (20%)	56 (50%)	26 (23%)	8 (71%)	113 (100%)
Ceased to be looked after (care leaver)	17 (28%)	35 (57%)	7 (12%)	2 (3%)	61 (100%)
Total	40 (23%)	91 (52%)	33 (19%)	10 (6%)	174 (100%)

Table d: Young people's self reported confidence in managing their feelings

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	21 (19%)	46 (41%)	30 (27%)	16 (14%)	113 (101%)
Ceased to be looked after (care leaver)	9 (15%)	30 (50%)	17 (28%)	4 (7%)	60 (100%)
Total	30 (17%)	76 (44%)	47 (27%)	20 (12%)	173 (100%)

Table e: Young people's self reported confidence in maintaining friendships

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	39 (35%)	58 (51%)	11 (10%)	5 (4%)	113 (100%)
Ceased to be looked after (care leaver)	20 (34%)	28 (48%)	8 (14%)	3 (5%)	59 (100%)
Total	59 (34%)	86 (51%)	19 (11%)	8 (5%)	172 (100%)

Table f: Young people's self reported confidence in getting involved with leisure activities

	Very confident	Confident	Not really confident	Not at all confident	Total
Looked after	41 (37%)	56 (50%)	11 (10%)	4 (4%)	112 (100%)
Ceased to be looked after (care leaver)	12 (20%)	32 (53%)	14 (23%)	3 (5%)	61 (100%)
Total	53 (31%)	88 (51%)	25 (15%)	7 (4%)	173 (100%)

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