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Turning 18 in specialised residential therapeutic care: Independence or a cliff edge?

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Abstract

This article describes research undertaken in 2018 in a therapeutic residential home for young women with multiple and complex needs in out-of-home care in England. Based on qualitative interviews with five young women, aged 16–18, and four professionals working with the home, the article analyses the under-researched leaving care needs and experiences of this group of young women. The findings highlight the tensions between notions of childhood and expectations of adulthood surrounding this group of young people. These converge around reaching the age of 18 and foreground vulnerability on the one side, and responsibility on the other.

KEYWORDS

leaving care, looked after children, policy and practice, therapeutic residential child care

INTRODUCTION

On 31 March 2020, there were 80,080 children and young people in state care in England approximately a quarter of whom were aged 16 and over (DfE, 2021) and were therefore facing a transition from the status of ‘Looked after Child’ to adult ‘care leaver’. Section 2 (6) of the Children and Social Work Act (2017) gave renewed emphasis to local authorities’ corporate parenting responsibilities, stating that these should include preparing ‘children and young people for adulthood and independent living’. However, the gaps in leaving care support and mixed outcomes for care leavers are prominent within research findings both in the UK and internationally (Stein, 2012).

Research has consistently reported that care leavers often do not receive the support they need to make successful transitions from state care, and care leavers have themselves voiced the need for

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more support to allow them to transition successfully (e.g. Dixon et al., 2006; Ellis & Johnston, 2020; Stein, 2012; Woodgate et al., 2017). This finding is underpinned by two wider system tensions: firstly, young people leaving care have greater needs than an average teenager but are also required to become ‘independent’ at an earlier age, and with less support (Stein, 2015); and secondly, those leaving care with higher-level needs and less stable care histories tend to be less well supported than other care leavers (Stein, 2012). Even with the enhanced legal duties which local authorities have towards care leavers bestowed by UK legislative and policy changes over the last 30 years, care leavers still receive less support than many of their peers. The average person in England will not leave home fully until at least 25-years-old and will still receive emotional, practical and financial support from family until well beyond this age (Sen, 2018).

This article is based on a qualitative case study focused on the leaving care needs and experiences of young women in a specialist therapeutic residential out-of-home care provision, which we term here ‘Frances House’. Frances House provides residential support to young women aged 16–25, with high-level needs. Young women are referred to the unit by children's social care, aged 16 or 17, and are therefore very close to the age at which they become adult care leavers upon first entering it.

LITERATURE REVIEW

There has been a trend within post-industrial countries to extend support for those leaving care. This has taken two principal forms: *extended care*—raising the age at which young people leave care; and *transitional care*—whereby different forms of aftercare are provided (Gilligan, 2018). Gilligan highlights that eligibility for such support can be age determined or subject to conditionality. Recent legislative and policy changes in the UK have focussed on extending *transitional* support, with age still the primary criterion for entitlement. Alongside this, however, elements of conditionality are evident within the English system: the *Staying Put* policy introduced by the Children and Families Act 2014 offers the opportunity for young people to stay in their placements beyond 18, but only applies to those who have a foster carer willing to offer such an extended placement. The UK Government has proposed to offer greater post-18 support to those leaving residential care provision in England, through a scheme called ‘*Staying Close*’. Early evaluation of one such pilot has been broadly positive (Dixon et al., 2020). However, some years after *Staying Close* was first proposed, it is still not available to all those leaving residential care as a right, and there remain ongoing questions as to the equivalence of support offered. Currently, therefore, the conditionality of support offered in England systemically reinforces disparities between care leavers such that those with higher level needs remain less likely to receive additional help.

Empirical findings reinforce this point. In a study of over 100 care leavers, Dixon et al. (2006) noted a link between a young person having a previously settled care history and receiving sound preparation for leaving care. They also identified that older teenage entrants to care, and those with marked life issues and behavioural difficulties, were among those less likely to be well prepared for transition. Additionally, young care leavers with mental health problems were among those identified as having a greater risk of faring poorly on exiting care (Wade & Dixon, 2006). This highlights the need to better consider the transition support needs of those care leavers with higher-level needs and less stable care histories.

Studies have identified that care leavers often appreciate the support that engaged practitioners provide (Driscoll, 2013; Liabo et al., 2016). The ability of practitioners to recognise young people's strengths, manage transitions gradually and thereby provide space for them to make meaningful choices about their lives on leaving care is considered a core dimension of effective support

(Atkinson & Hyde, 2019; Avery & Freundlich, 2009; Geenen & Powers, 2007; Leeson, 2007; Mendes & Moslehuddin, 2006). Such recognition can be seen both as an ethical commitment to young people's agency and as a way of supporting young people to make autonomous decisions on leaving care. Most importantly, tailoring support to care leavers' needs entails listening closely to their views about the support they believe they require. Young people have voiced feeling lost, isolated and afraid when accommodation or other support appeared to be foisted upon them, rather than negotiated (Barn et al., 2005).

Research has emphasised the necessity for sustained transitional periods (Mendes & Moslehuddin, 2006). In the USA, care leavers have articulated the need for greater support around finance management, study skills, self-care, housing and education (Jones, 2014; Liabo et al., 2016). An ongoing concern is the lack of preparation which young people experience pre-transition for the realities they will face during transition itself (Geenen & Powers, 2007). Another notable systemic paradox is that the lives of young people in care are considerably more formally regulated and supervised than those of their peers; yet, on leaving it they are expected to make adult decisions more autonomously, at an earlier age, than their peers.

One of the factors found to hold care leavers back from making more successful transitions is low expectations about their future life trajectories (Jackson, 2010). Differences in the likelihood of entering higher education are one obvious indicator of the disparities, with only 12% of care leavers going on to higher education in the years immediately following their departure from care in England (Harrison, 2017), compared to over half of their peers. The available evidence does not suggest that young people in care themselves lack personal ambition, however. One of the few studies carrying data on this topic found that young people in care in England held similar aspirations to other young people: a good job or career; a loving family; a good house and financial security (DCSF, 2010). At the same time, it found these young people were pessimistic, even fatalistic, about their chances of achieving these aspirations, and needed more help with decision making about future career trajectories. This suggests, perhaps, an awareness amongst young people in care of the greater structural barriers they may need to overcome in order to achieve their aspirations.

Similarly, Driscoll's (2013) study of young people who had recently left care found that all participants had grounded career aspirations and mainly showed 'resilience' in the way they engaged with the challenges facing them. She also indicates these care leavers were mistrustful of formal support, leading them to become largely self-reliant, despite sometimes having positive relationships with professionals. Her description of care leavers being in 'busy isolation' (p. 146) captures well the sense that care leavers can have a large number of professionals involved in their lives and yet still remain ineffectively supported because the appropriate support is not provided at a time which is right for them. At the individual professional level, this suggests the need for patient and persistent support which keeps re-engaging care leavers when they are ready, if there are periods of non-engagement. It further highlights the systemic difficulties created by a current policy regime that dictates young people are required to leave care by a set chronological age, rather than when they are more ready to do so.

In summary, the current research base highlights that, despite the provision of some additional and extended support, significant gaps in leaving care support remain both in the UK and internationally. A key message is that care leavers are frequently expected to transition from care at a pace that this is not gradual, or responsive, enough to their needs. This is particularly so for those care leavers with higher-level needs and more unstable care histories. There has, however, been little empirical research on the transitions of those leaving specialist therapeutic residential care (Stein, 2015), and none specifically focused on the views, experiences and needs of those who enter this provision in late adolescence. The study reported here makes an important contribution by starting to address that gap.

THE STUDY CONTEXT

The data presented are part of a case study of Frances House. Residents have backgrounds which include earlier neglect and abuse, in-patient treatment for acute mental health needs, secure care admission, long-term school exclusion, multiple forms of exploitation including Child Sexual Exploitation (CSE) and multiple previous care placement breakdowns. While support is tailored to meet specific needs, all residents are offered a range of therapies and one-to-one key working sessions. Residents are also offered practical support with life skills such as cooking, budgeting and tenancy management, support with education and employment, and access to activities intended to broaden horizons and build relationships with staff and other residents. Frances House is 'choice-based' in that young women actively choose to move in, and opt in to receiving support. The unit has nine bedrooms and places are allocated based on capacity at the time of referral. There is high demand for the service and most residents stay approximately 12–24 months, meaning it is common for a number of those young people who are referred not to be offered a space. Frances House is also a relatively high-cost placement, so some local authorities move young people out as soon as they turn 18, while others fund a resident's stay beyond this. As the young women enter the residential service in late adolescence with high-level needs, there is immediate pressure to prepare them for becoming an adult 'care leaver'.

THE STUDY

Ethical clearance for the study was granted by the University of Sheffield. Nine participants were interviewed using a semi-structured interview schedule for young people or professionals: in total, this comprised five young people with experience of living in Frances House, and four professionals responsible for supporting young people within it. All the interviews were conducted by the first author in a private space in Frances House. The professionals were approached to participate as they had experience of working with Frances House over a number of years, although not all of them were working with the five young people at the time of the fieldwork. One of the professionals had experience of being in, and leaving, care themselves, which they drew upon in their interview, alongside their professional experience. Two further professionals provisionally agreed to participate, but it was not possible to organise mutually convenient times to conduct interviews within the timeframe of the fieldwork. All nine young women then in Frances House were informed about the study verbally and invited to take part. It was made clear that participation was voluntary and that non-participation would not affect their support in any way. Six initially agreed, and they were then given an information sheet to consider in their own time before formally committing to participation. When they indicated a willingness to proceed they were asked to sign a consent form before taking part and were reassured that contributing to the research would not adversely affect their personal or professional relationships within Frances House in any way. One of the young women who had agreed to participate later indicated she wished to withdraw from the study: her data were therefore deleted and were not included in any way. The young women who were interviewed were asked to share their views on turning 18; what 'independence' and 'support' meant to them; and what their hopes and fears for the future were. The professionals were asked to share any issues and experiences around providing support to young women who had been referred to Frances House. The study fills an important gap by exploring the views and feelings of this very particular category of young people in care, alongside those of the professionals offering them intensive support.

The interviews were recorded, transcribed verbatim and subject to thematic analysis (Braun & Clarke, 2006). Four overarching themes were identified during the process of analysis: *The impact*

of turning 18; Aspirations and fears on leaving care; The impact of changes in professional support; and, Independence as a problematic goal. All four of these major themes are illustrated in the Findings section which follows. Pseudonyms are utilised for all the participants.

LIMITATIONS

This was a small-scale qualitative study with a very particular group of young people whose perspectives have been poorly reflected in research, alongside the views of their professional supporters. All participants were selected via a purposive method of sampling and it is not possible to say how the views of those who participated may have differed from those who declined. The professionals included did have experience of working with other young people referred to Frances House, and other care leavers more generally. The overall findings are likely to have some broader resonance which is indicative of the experiences of leaving care for other residents of Frances House and, potentially, those in similar intensive therapeutic residential provision. However, some caution should be taken in applying the findings to these wider contexts and populations.

FINDINGS

The impact of turning 18

'Preparation for independence' was one of the primary tasks of Frances House. Although two of the young people expressed excitement at the prospect of reaching adulthood, and the anticipation of new freedoms it would bring, others expressed considerable concern about losing access to existing support. Young people reported that the prospect of turning 18 was marked by feelings of anxiety. It was described variously as 'shit', 'scary' and 'overwhelming'. Those young people who found everyday life a struggle with the intensive support they received were understandably worried about how they would manage without it:

I don't have the capacity to take on all of the responsibilities I have to before I turn 18 ... and then turn 18 and still have all those responsibilities ... and then more on top of it, like, I just don't have the mental capability of doing all of that. (Alicia)

Frustrations about the arbitrary nature of 18 as a 'cut off' for service eligibility were voiced by all the young people. One participant described how she still felt 'young', despite being expected to navigate life as an adult:

I have all the same feelings, all the same thoughts, all the same emotions I did six months ago when I was seventeen, but it doesn't change anything, it just makes me legally an adult. (Jenny)

Professionals reported that the need to place transition to independence as a central focus of all work with the young people in Frances House diverted attention away from addressing their more long-standing, critical needs. As well as navigating personal workload pressures, they voiced anxiety for the young people, worrying about the impact that future exclusion from key support structures might have.

Despite professionals' efforts to prepare them, they questioned whether young people were able to fully comprehend the marked transition they would face:

As a staff member, I feel very anxious ... I know that your relationship to everything that has supported you changes at 18 in care, whether you are aware of it or not. (Alex, Professional)

One professional explained how trying to broach the sharp transition honestly, felt both uncomfortable and unhelpful:

It was just like giving this young person a cliff edge really and saying – here you go, that's what's in front of you ... not a bridge in sight, but a cliff edge into a black pool of 'independence'. (Charlie, Professional)

Another professional made the important observation that the opportunity to celebrate and affirm a young person's achievements in turning 18, and reaching adulthood, was overshadowed by the rush to prepare them to leave care:

It's sad ... you lose sight of this really important thing for the young person, which is their 18th birthday and, in a family, that would be a celebration ... it wouldn't be a rush to dot your 'I's' and cross your 'T's' ... and that really does get lost in the administrative side of changing over. (Pat, Professional)

Aspirations and fears on leaving care—A space of one's own

Young people in the study were asked about their hopes and aspirations on leaving care. While one young person did mention the aim of going to university, it was notable that the young people's narratives primarily focused on their future living accommodation. Much of what young people said about their future accommodation could be connected by the concept of space (Foley & Leverett, 2011), particularly what their future living spaces might contain and what they would look and feel like. Having—or indeed not having—a large enough physical space to create a homely environment was a strong theme, explicitly or implicitly, in young people's discourse. Here, Asha talks about her desired future accommodation:

Yeah definitely, my dream – when I turn 18 – what I would like is a house, or flat, and with not a single bed in it, at least a double (and not a small double). Just space. Open space. (Asha)

Asha articulates here the idea that having a large enough physical space is important. This would appear to be linked to an image associated with adult domestic life—the fact of having 'at least a double' (bed). Implicit to this is the freedom such an arrangement would provide, as suggested by the use of the associated description which follows of having 'open space.' The ability to shape that space is also suggested as important by Asha in a separate part of the interview. Here, she speaks of two friends who had recently moved to living independently. The friend who was viewed as having successfully made this transition is described as follows:

She's 18, turning 19 this year, and she's doing really good. She has got her second flat, but this flat is – literally when she went there – there was no flooring, and the walls were all stripped off but literally her brother, knows how to do flooring and helped her. And now it's looking so nice coz it's not boring yellow wood, it's nice grey wood flooring, and she's got help and is making it look really nice. (Asha)

The friend's successful transition is here linked to the idea of the friend being supported (through her own kin networks) to physically transform the space she acquired from into a homely one. The particular type of desirable flooring is highlighted discursively as the marker of that successful transition: it is a symbol of the friend's 'doing really good', shaping the space she lives in.

Jenny talked about her anticipation of owning her own dog when she moved into her own accommodation:

Int: So that's the thing, is that the thing, what are you most excited about?

Jenny: Getting my sausage dog! And naming it Otis. Otis the sausage dog

Int: Otis, sweet!

Jenny: I have like a whole list on my phone of what dogs me and my girlfriend are getting and what we're going to call the dog!

The concept of space is implicit here, but underpins the idea of getting a dog. Jenny, perhaps playfully, is looking forward to having a space of her own, which she can share with her girlfriend, and which they can shape together. Having the capacity to shape this space is implied by the idea of owning a dog as this is prohibited in most communal accommodation, and also a considerable amount of privately rented accommodation. The prospect of keeping a dog can therefore be viewed in one way as a symbol of Jenny's wish for accommodation which she can mould into an image of domesticity she holds for her future living space.

The concept of space could also be seen to be linked to fears professionals had about the young people's future living arrangements:

I hate the fact that a lot of boroughs are now giving studio flats for young people in care. I believe that is a form of institutionalisation as well, to live in a room your whole life and then be put in a room when you're an adult until what, you get pregnant if you're a girl, and then what if you're not a girl? It plays too much with your mental health and your stability. (Sam, Professional)

Here, Sam highlights a practice in which local authorities place care leavers in 'studio flats'—a type of 'bedsit' accommodation. The lack of physical space is strongly implied in what Sam highlights as the negatives of this arrangement given that studio flats are typically very small. But it appears she is also critiquing the institutional arrangement of that space—the suggested lack of safety and the continued regimentation of daily living inherent within such accommodation—is the focus of her criticism. Sam links this unhealthy arrangement of space to the negative outcomes for care leavers sent to live in this type of accommodation. Notably, the image of continued institutionalisation is the antithesis of that which Asha and Jenny highlighted as their aspiration to a domestic space that could be shaped into a homely one of their making.

The impact of changes in professional support

Residents were able to highlight the elements of support they found helpful. In addition to appreciating the support directly provided by Frances House, residents valued support in accessing services that had previously seemed out of reach:

It is so useful. You get medical attention, support to doctors, everything just gets done with you and supports you. (Trish)

It was not, therefore, surprising that both residents and professionals were concerned about the prospect of such support ending suddenly. Both groups of participants recalled situations in which placements had been terminated, or services withdrawn, as a young person approached 18, with detrimental impacts. The problematic transition from child to adult mental health services was a prominent sub-theme arising in participants' discourse. For young people with complex mental health needs, the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) was both critical and challenging. Although a few localities had complex case teams which worked with young people post-18, the vast majority required young people to complete the transition to adult mental health services by 18, regardless of the presenting needs of the young person. Participants reported that AMHS had fewer resources than CAMHS, waiting lists were longer and that AMHS used care co-ordinators, who were not qualified mental health professionals, to oversee care until such time as specialised support was available.

Ali provided an example of the detrimental impact of this transition, drawing on her previous experience of working with young people in a therapeutic adolescent psychiatric ward. She cautioned against the practice of transferring vulnerable patients on their 18th birthday, particularly in times of crisis:

I remember one kid, she was 17 and a half ... and was very ill. [She] started to have the right medication and doing therapy ... she wasn't ready to go to the adult side ... she shouldn't have ended up as an inpatient in adult services, but she did, just because her birthday happened to be at that time when she got ill. (Ali, Professional)

One young person who had transitioned to adult services while remaining in Frances House described her frustration about the barriers involved in accessing that support:

The transition from me going from CAMHS to adult services was a f*** nightmare. It should have been smoother. I was meant to go on a waiting list and I got told that I would get put on that waiting list when I was in child services and I am still not on that waiting list now ... I am nearly 19. I am just as vulnerable. (Jenny)

Inconsistency in local authorities' post-18 provision added to both young people and professionals' confusion about managing the transition from care. Some local authorities were able to support young people, such as Jenny (above), to remain in Frances House beyond 18. For these young people, intensive support provision in the unit was maintained, while for others it was abruptly discontinued as they had to leave. There appeared to be an arbitrary element to such decision-making processes, in participants' experience. Decisions appeared to be influenced by the particular social worker, social work team and local authority, rather than an assessment of a young person's needs:

It depends on the worker, it depends on the manager, it depends on how much people interpret legislation, it depends on which local authority ... but it still hinges on that legal point of turning 18. (Pat, Professional)

Residents were aware of cases in which there appeared to have been inequitable differences in the support offered to young people. Asha articulated a belief that the provision of support was linked to successful transition, drawing on the differential experiences of friends who had left care before her:

So I have one friend. She's 18 and she's doing really good, because she has help ... and I know another 18 year old, where it's not really going too well for her, because she had less support. (Asha)

Professionals suggested that these discrepancies were endemic. They described feeling acute pressure to prepare young women for adult life in the face of uncertainty about their future care:

When a young person is near 18, there is always more anxiety around their meetings ... you're always, thinking: what's next, where are they going next? It feels rushed. (Ali, Professional)

It was notable that, just as some of the young people's discourse referenced a desire to have an appropriate space to live in on leaving care, so one professional referred to the metaphorical need for professionals to have reflective space (Leverett & Rixon, 2011), which could allow them to be fully attuned to supporting young people's needs in transition:

If there is space, and thinking space, then maybe we can be that reflective function, rather than a reactive function. And understand, yeah, and give more understanding to all the things that will be coming through from the young person. (Charlie, Professional)

Independence as a problematic goal

'Independence' is frequently present in discourse about care leavers' transitions but rarely defined. For example, *Keep on Caring* (HM Gov, 2016), a government policy document on developing leaving care support, repeatedly refers to 'independence' (p. 1, *passim*) and living 'independently' (p. 3, *passim*) without ever defining those terms. Both groups of participants acknowledged their own lack of clarity as to what 'independence' meant for young people leaving care, and articulated some of the problems this created. They questioned how it was possible to prepare someone for such a 'completely abstract' and 'alien' concept, and expressed frustration at the lack of clarity about how 'independence' should be achieved in practice. Participants felt the word independence was 'overused', 'flung around' and had 'lost all meaning in the system'. One respondent reflected on her experience of turning 18 in the care system:

I don't feel like any labels and words that we use are useful. I feel like they are very organisational ... young people don't necessarily understand what it means, or what it could mean for their own life. (Sam, Professional)

For some young people, though vague in its meaning, independence had positive connotations:

It means quite a lot to me ... it means you can do things yourself, like, when I was younger at my old placement, they would allow me to get the bus to school, which was me getting a bit of independence, so little things when people trust you to be a bit more independent, it helps I guess. (Kesha)

Kesha here describes independence as representing a level of trust invested in her by carers or professionals based on previous experiences. This conceptualisation of the term might be described as that of a growing minor who is allowed to undertake certain activities more autonomously, at the discretion of adult carers, in recognition of the young person's growing maturity and responsibility. This is a very valid interpretation of the term, but it is notably at odds with the systemically imposed withdrawal of professional support which care leavers experience on turning 18. This reinforces Sam's point, above, that professional and policy discourses about independence fail to speak meaningfully to those who are the objects of that discourse.

Other young people reported feeling frightened and overwhelmed by the idea of independence, associating it with being 'lonely' and 'scared, very scared' and not knowing if they would be able to cope. They questioned how it was possible to be prepared for something they struggled to comprehend, despite working with professionals to develop 'independence skills':

I get told by my Social Worker 'oh well you're turning 18 soon, you're going to be more independent' ... it will be very overwhelming and I don't know how I will cope. (Alicia)

Both professionals and young people warned about the impact of one-size-fits-all support. Alicia felt that focussing support on preparation for independent living was not always appropriate. She reported how she had seen this focus become the trigger for several placement breakdowns, both for herself and other young people with whom she had been placed, with marked negative consequences:

Not only does the placement break down but the person themselves kind of does as well ... you're giving them some sort of support but it has to be a support that they need. (Alicia)

Similarly, one professional described how the systemic focus on preparing young people to leave care at 18 detracted from giving these young people the space they needed to address the issues that had led them to be placed in specialist care in the first place:

The system that is put in place to care, ends up repeating the lack of care which they experienced in the early years of their life which put them into care in the first place. So they are trying to recover in a system which doesn't let them recover, and makes it worse. (Charlie, Professional)

DISCUSSION

The data presented have focused on the needs and experiences of young women with high-level needs, living in specialist therapeutic residential care, as they transition to adulthood and 'care leaving' status. The highly pressurised context in which they were preparing for 'independence' created anxiety for both them and the practitioners tasked with supporting them. Both sets of participants recognised the impossibility of fully preparing young people for what adulthood will consist of when they had no

experience of it. The data highlight that, while these young people had positive aspirations for their adult futures, these could be overshadowed by rigid service delimitations between ‘child’ and ‘adult’ services which risked denying them access to the ongoing support which they needed. Such difficulties could also be significantly exacerbated by local authority decisions to move some of the young women from the specialist residential provision as soon as they reached 18, regardless of their needs.

These data clearly identify the need for transition from care to be a gradual process rather than an event for this group of care leavers, as research has suggested for other care leavers (Jones, 2014; Liabo et al., 2016; Mendes & Moslehuddin, 2006). The study also strongly underlines how the space for such transition is all the more constrained for this high-needs group, who only entered specialised support close to the age of adulthood.

The impact of a lack of common understanding about the meaning of ‘independence’ is also highlighted: there are critical differences in how the term may be understood by young people in care, and professionals in policy and practice. However, sensitive and thoughtful professional communication around ‘independence’ is, it is unlikely to convey the realities that young people will face on leaving care to them.

Young people articulated some of the positive possibilities they envisaged for themselves on leaving care, particularly thinking forward to having a space of their own (Foley & Leverett, 2011) which they could shape into a home. They were therefore dismayed that this could be denied to them due to current institutionalised arrangements. It is important to recognise the contextual constraints which help shape young people’s views of their future aspirations. Having to face the prospect of leaving pre-existing caring arrangements at 18 would appear to be closely related to the young women’s greater discursive focus on the future accommodation they might soon have. Despite having to face this prospect, young women’s narratives resonated with aspirations for their future living arrangements which went beyond basic safety and shelter needs to encompass their affective needs for a space they would be happy in, and for relationships within their future living spaces which would sustain them. In the framework of Maslow’s hierarchy of needs (1954), young people’s discourse focussed on physiological, safety, love and, to some degree, esteem needs. It may be asked whether the lack of discursive focus on ‘self-actualisation’ (Maslow, 1954) in young people’s accounts—as indicated by a relative absence of discussion about future job, training, education or career goals and opportunities—reflected the many other responsibilities which would be foisted upon them when they turned 18. It is reasonable to suggest these other responsibilities led them to focus more on needs lower down the pyramid of Maslow’s (1954) hierarchy. While there is systemic pressure for all young people to be engaged in education, employment and training, this consideration reinforces how vitally important it is to appreciate the other needs and responsibilities which high-need care leavers have, and which can make such engagement far harder.

A further notable finding from this study was that all the professionals themselves expressed feelings of marked anxiety on behalf of the young people they worked with. They described feeling acutely aware that they were supporting these high-need young people for transition in a very time-pressured context, without space to fully prepare them for the realities of life after care. The only other study we found with a substantive focus on practitioners’ anxieties in this area was Anghel’s (2010), which took place in a very different context. Anghel reported that practitioners’ own transition needs, when supporting young people to transition in the wider context of Eastern European post-Communist regimes, were poorly managed. Anghel found this led practitioners to become stuck in a ‘neutral zone’, where they were still adjusting to changes themselves, impairing their ability to support young people’s transitions. The current study illustrates that an analogous situation can exist for practitioners’ supporting high-needs young people in a contemporary English context. Here, the shortened timescale for preparation could generate ‘professional panic’, further compromising the quality of support

professionals might provide. This finding suggests closer consideration may also need to be given to the affective dimensions of transition for the practitioners who are supporting high-needs young people to prepare for life after 18.

The importance of basing decisions on continued specialist residential support around a comprehensive assessment of a young person's needs, rather than their age, is also suggested. The 18th birthday was shown to be a highly problematic cut-off point for receipt of services which have started to address these young people's needs. The arbitrary nature of this cut-off is suggested by the fact that the age of majority in the UK was 21 until 1970; and it is further illustrated by the current variation in the age of eligibility for receipt of 'children's' services' between different post-industrial states (Gilligan, 2018). Some young people may be ready to transition at 18, and this should be respected. However, this is unlikely to be the case for those young people who enter provisions like Frances House, aged 16 and above, specifically due to their high-level needs.

Merely replacing the age of 18 with a higher set leaving care age for these young people may only partially remedy the issue. It may only move the 'cliff edge' from 18 to the older age at which eligibility ends. It would, however, provide some degree of extra time and space for young people and professionals to address more underlying issues before the young people have to face the challenges of transitioning to adult services. A contribution of this study is the identification of how the automatic ending of many entitlements at the age of 18 creates a significant, systemically driven, support need for care leavers with high-level needs. Care leavers exiting therapeutic residential care at 18 are likely to need specific support to manage the transition to adult services, alongside accessing ongoing training, education or employment opportunities and future accommodation options. The transition from child to adult mental health services was experienced as being particularly fraught for this group of high-needs young people, and they could be left in limbo unable to access the required support. It is worth highlighting that it is both unethical and counterproductive to provide a young person with high-needs intensive support from the age of 16, only to then end their placement or other support services abruptly at 18, regardless of their ongoing needs and expressed wishes.

We call for further exploration of how local authorities are delivering support to care leavers under the Children and Social Work Act 2017. The Act gives care leavers the right to 'support' until the age of 25 but, beyond the provision of a named Personal Advisor, there is little stipulation as to what kind of support can be expected. The experiences described here suggest arbitrary and unjustifiable variations exist between the approaches of individual social workers, social work teams and local authorities regarding the provision of ongoing support to care leavers who have turned 18. The data here also illustrate that, despite the provisions of the 2017 Act, transitions are still being actioned during times of crisis for a young person, to their detriment.

The views of participants in this study alongside prior research (Geenen & Powers, 2007) suggest that leaving care support may usefully be reconfigured, so that high-need care leavers are able to experience elements of 'interdependence' before support is fully withdrawn. Following Mendes and Moslehuddin (2006), we suggest the need to reconceptualise these young people's transitions as a move to 'interdependence' rather than 'independence'. As Atkinson and Hyde (2019, p. 15) state: "Ultimately, UK care leavers wanted to be able to count (but not depend) on reliable others during a (gradual, not instantaneous) journey to independence."

CONCLUSION

While needs-based criteria for providing support are often discussed in social care and social work, this study highlights the extent to which important decisions about service provision for high-needs

looked-after young people can be made according to markers of age, rather than need. As a result, turning 18 is not just a significant birthday for these care leavers but also the end of various entitlements to previous support. Due to these young people's high-level therapeutic needs, turning 18 was therefore anticipated, or experienced, as a tumultuous transition from child to adult services. The prospect of adulthood was therefore, at least in part, a frightening one. The young people's own anxieties were mirrored by the 'professional panic' felt by practitioners who were seeking to put appropriate support in place for the young people in a timescale that did not permit it.

Residents were both appreciative of the support they accessed in Frances House and nervous about its abrupt ending. Young people and practitioners revealed the need for transitional support for those over the age of 18, so that they are able to move from intense therapeutic support more gradually. Given young people's needs do not change overnight when they become 18, children's and adult's services need to work better together, and better with young people with high-level needs, to ensure that they continue to receive the services they need once they have reached the age of legal adulthood. There was evidence that some practitioners and local authorities do recognise the inherent unfairness of making, potentially life changing, decisions about ceasing support for this group of young people strictly at 18. Other practitioners and local authorities, however, were reported to employ the legal definition of a 'Looked after Child' literally and stringently, regardless of circumstance. This suggests it would be beneficial for there to be exploration of whether further statutory guidance is required in respect of local authorities' duties of support to care leavers who are transitioning to adult services. If the state intends that the best interests of young people in the care system are promoted, then this entails ensuring that they are not adversely affected merely because they have attained the legal age of adulthood. Extending the provision of formal help in this way would mean that young people in care with high-level needs, and their supporters, could start to view turning 18 more as a rightful cause for celebration, providing opportunity to look back on their achievements to date and forward to their aspirations for their future lives.

ETHICS APPROVAL

Ethical approval was granted for the research underpinning this study by the University of Sheffield where three of the authors were employed at the time of the study.

PATIENT CONSENT STATEMENT

Participants were given an information sheet to consider in their own time before being invited to contribute. They were asked to sign a consent form before taking part and were reassured that contributing to the research would not adversely affect their personal or professional relationships within Frances House.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES

No permission to reproduce material from other sources is required.

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CONFLICT OF INTEREST

The first author is employed by the organisation that provides the therapeutic residential service which is the focus of this study.

DATA AVAILABILITY STATEMENT

The research data underlying this article are not shared.

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