

‘Staying Close’: Enabling social interdependence for young people leaving residential care in England

Dan Allen 

School of Social Sciences. Department of Social Work, Liverpool Hope University, Liverpool, UK

Correspondence

Dan Allen, Liverpool Hope University, Hope Park, Liverpool L16 9JD, UK.
Email: allend@hope.ac.uk

Abstract

Applying social interdependence theory as a framework for document analysis, this paper considers eight evaluations of an extended care scheme in England known as ‘Staying Close’. Findings suggest that for extended care projects like ‘Staying Close’ to work, any service offer designed to support the transition from residential care to independent living must be seen by the young person, the carer, and the wider social network, as a continuation of earlier efforts to build and nurture a genuinely committed relationship. A new interrelations model for extended care is introduced and implications are discussed for strategic responses that enable young people, their carers and wider social network to promote opportunities for social interdependence.

KEYWORDS

care leavers, extended care, residential and institutional care, young people

INTRODUCTION

Throughout the world, a great deal of time has been spent studying the perspectives, experiences and challenges faced by young people leaving residential care (Strahl et al., 2020). These papers repeatedly state the concern that the transition to independence takes place under enormous

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strain and circumstance, often characterised by separation, loss, instability, vulnerability, educational absenteeism, crime, unemployment and poor mental health (Taylor et al., 2022). Despite efforts being made to advance the empirical illustration of these experiences (United Nations General Assembly, 2009), Stein (2019) argues the theoretical frameworks used to inform and guide the type of actions needed to minimise strain and vulnerability have not been advanced in equal depth. As a result, Taylor et al. (2022) point out that there is a weakness in the theory-informed approaches used to support the transition of young people from residential care to independent living. The unique contribution of this paper aims to strengthen this knowledge base.

Applying the theory of social interdependence as a framework for document analysis, eight evaluations of 'Staying Close', an extended care scheme designed to support young people leaving residential care in England, are considered. The findings highlight how the success of extended care programmes like 'Staying Close' depend heavily on effective professional relationships, positive perceptions and constructive conflict management. After introducing and discussing an original interrelations model for extended care, the study concludes by advocating for the development of formal guidance so that those involved in the implementation of 'Staying Close' in the future, are more accountable for enabling a positive perspective of a life in and after care.

Leaving residential care

The phrase "leaving residential care" refers to the occasion when young people are no longer entitled to special protection and assistance from the state. Having reached the age of majority, these young people are no longer considered to be children and thus, usually, are no longer considered to be entitled to the benefit of protection of child welfare policy and legislation (Strahl et al., 2020). The typical age of a young person leaving residential care is 18. However, in some countries, this can be extended up to 25 years, depending on various circumstances as determined by relevant legislation. According to Browne (2009, p. 1), residential care is defined as:

a group living arrangement for children, without parents or surrogate parents, in which care is provided by a small number of adult carers. Residential care implies an organised, routine and impersonal structure to the living arrangements for children (e.g., all children sleep, eat and toilet at the same time) and a professional relationship, rather than a parental relationship, between the adults and children.

Desmond et al. (2020) estimate that 7.52 million young people are living in residential care settings like those described by Bowen (2009) throughout the world. Due to poor quality data reporting, and the fact that some residential provision remains 'unregistered', the number of children living in and leaving 'care' is not officially known. By contrast, it is known that the challenges experienced by young people living in and leaving residential care are significant (Taylor et al., 2022). Many residential care settings are unregulated, meaning staff are poorly trained, sometimes recruited without criminal background checks, and often unaccountable to any professional regulatory body (van Doore, 2016). Reports of multiple placement moves, instability, insecurity, violence, neglect, bullying, and exploitation are also common (Pinheiro, 2006).

The challenges described in the literature often extend much further than the experience and duration of childhood (Van Breda & Frimpong-Manso, 2020). Research shows that young people leaving residential care are at a greater risk of homelessness, unemployment, criminalisation, and social isolation (Murray et al., 2020). There are also reports of developmental delay,

behavioural problems, attachment disorders, lack of life skills, institutionalisation, and difficulty forming and maintaining healthy relationships (Strahl et al., 2020). Although many young people who have not lived in residential care have the choice to maintain long and lasting relationships with those who care for them, this opportunity is often denied to those leaving residential care (Modi et al., 2020). Caught between policies that promote independence and dependence (Stein, 2019), adverse childhood experiences increase the risk of helplessness for these young people (Van Breda, 2017) who, when cast adrift from 'care' (Hojer & Sjoblom, 2014), can face a 'cliff edge' of support and become caught in a circle of disadvantage (Hokanson et al., 2020). Disadvantage that is exacerbated by the assumption they will adapt to 'instant adulthood' (Dixon et al., 2018). It is for this reason, under the auspices of the United Nations, many countries are trying to reduce the reliance on residential care, mitigating the damaging consequences and the perspectives of abandonment that are reported (Anghel, 2021).

Despite these unequivocal and well-documented concerns, some research indicates that when the structure of residential care promotes mutuality and effective professional relationships, young people are more likely to report positive experiences of being happy and well cared for (Schofield & Beek, 2009). According to Taylor et al. (2022), the presence of a trusting and supportive professional relationship is also a predictor of the likely success of extended care programmes, the formal approaches used to allow young people leaving a residential care setting to be supported by a professional carer beyond their 18th birthday. Although an effective professional relationship is cited as one of the most important prerequisites for an effective extended care service, there remains a limited focus and theoretical framing of why this should be and how this could be achieved in the leaving residential care literature (Stein, 2019).

Supporting young people leaving residential settings in England

In England, approximately 10,000 young people are living in residential care (National Statistics, 2021). Like many others throughout the world, these young people experience a 'cliff edge' of support during their transition to independent living (Taylor et al., 2022).

Seeking to promote more effective support, Narey (2016) proposed the development of an extended care programme called 'Staying Close'. Building on the example of 'Staying Put', an extended care project designed to support young people living in and leaving foster care (His Majesty's Government, 2013), 'Staying Close' was designed against two broadly defined aims. The first aim was to enable residential care services to provide 'move-on' accommodation for young people. The second aim was to extend the practical and emotional support that a residential carer could provide beyond the young person's 18th birthday (Furey & Harris-Evans, 2021). In line with Section 1 of the Children and Social Work Act 2017, young people became eligible for 'Staying Close' if their placement in the residential setting was coming to an end and the transition to independent living had begun.

Starting in 2018, 'Staying Close', funded under the Department for Education (DfE) Children's Social Care Innovation Programme, was piloted for two years in eight regions in England.

Although government funding enabled each pilot area and service to approach 'Staying Close' differently, depending on the needs of the young people and relevant local priorities, the primary objectives of each scheme centred on the need to radically improve outcomes for young people transitioning from residential care to independent living. In each pilot site, outcome-based success measures were established as: (1) improved access to education, training and employment; (2) improved emotional and mental well-being; (3) increased suitability and sustainability of accommodation; (4)

increased consistency in the availability of carers; (5) a decreased risk of homelessness; and (6) a decreased level of offending and risk. Between April 2018 to March 2020, these outcome-based measures were assessed, and eight evaluation reports were published by the British government (a fuller summary of each 'Staying Close' project and evaluation is presented in Appendix S1).

In 2022, The Independent Review of Children's Social Care considered each evaluation, and concluded that the benefits of this new extended care scheme should "give enough confidence to local authorities and policymakers to expand 'Staying Close' nationally" (MacAlister, 2022, p. 165). On the basis of this recommendation, the British government awarded the 'Staying Close' scheme a further £36 million and extended its implementation until 2024 (Foley, 2022).

Whilst the additional expenditure and extension of 'Staying Close' is welcomed, no close attention was given to the nature of relationship-based practices in the evaluations that were published. There is only minimal analysis of the way that young people, the carers or a wider social network, that included senior managers, personal assistants, social workers and representatives from education, employment and housing, came together to achieve the aims and objectives of 'Staying Close'. The opportunity to develop a framework that could help further understand how and why 'Staying Close' worked was not advanced either. As a result, it is not clear how the outcome-based measures of 'Staying Close' came about, or how the additional £36 million should be spent to best effect. What is needed is a model of practice that can guide the development of extended care for those young people leaving residential care settings. Such a model can be developed based on the theory of social interdependence.

Social interdependence

The theory of social interdependence, formally conceptualised by Deutsch (1949), has its origins in Gestalt Psychology and Lewin's Field Theory (Lewin, 1947). Applied to extended care projects, like 'Staying Close', the theory hypothesises that the outcomes and experiences of a young person will be affected by a reciprocal professional relationship with their carer and wider social network, and by extension, the 'care system'. The positive value of this theory is that serves as a foundation for a number of other theories used in child welfare services, including those that deal with resilience, life course, social capital, social ecology, attachment theory and conflict resolution (Storø, 2018).

According to Johnson and Johnson (2005), social interdependence can either be positive or negative. Applied to the example of leaving residential care, positive social interdependence might be seen when the young person, the carer and the wider social network come together to promote the achievement of joint goals. Negative social interdependence might be seen when the young person, the carer and the wider social network do not work together, or deliberately obstruct the achievement of each other's goals.

Social interdependence can be differentiated from notions of 'dependence', 'independence', and 'helplessness' (see Figure 1). Applied again to the example of leaving residential care, 'dependence' exists when the goal achievement of a young person is affected by the actions of the carer or the wider social network, but the reverse is not true. 'Independence' exists when the goal achievement of a young person, the carer or wider social network is unaffected by mutual action, and 'helplessness' exists when neither the young person, the carer or the wider social network can influence their own goal achievements (Johnson & Johnson, 2005).

The starting assumption of the theory of social interdependence is that a professional relationship between a young person, the carer, and the wider social network, results in collaboration as a dynamic whole. Events that affect the young person, also affect the carer and wider social

| | | | |
|--|-----|---|--------------|
| | | Own action facilitates one's goal achievement | |
| | | Yes | No |
| The actions of others facilitate one's goal achievement. | Yes | Interdependence | Dependence |
| | No | Independence | Helplessness |

FIGURE 1 Interrelations among individuals. Taken from Johnson and Johnson (2005, p. 289).

network (Deutsch, 1949), in an immediate situation that is determined by the circumstance of 'leaving residential care'. In this case, objective or historical factors have little or no bearing (Lewin, 1947). Thus, according to the principle of contemporaneity, the way that a professional relationship develops, and the way a young person, the carer and wider social network interact to support the occasion of leaving residential care is 'inherently contextual and cannot be understood outside of the current life space to which it is calibrated' (Johnson & Johnson, 2005, p. 288).

The principle of contemporaneity is relatable to the behaviour and actions of young people, the carer and wider social network in the context of a transition (Lewin, 1947). If there is avoidance, resentment, anger, blame and hostility in the present, negative social interdependence can follow as a young person and/or the carer believe they can attain their goals if, and only if, they are separated from one another (Johnson & Johnson, 2005). Where negative interdependence is found, Deutsch (1949) would describe attempts to support the leaving care experience as 'bungling'. Conversely, if there is mutual support, acceptance and respect in the present, positive interdependence can exist as a young person, the carer and wider social network believe that they can attain their goals if, and only if, they support one another (Johnson & Johnson, 2005). Where positive interdependence is found, Deutsch (1949) might describe attempts to support the leaving care experience as 'effective'.

The requisite conditions of contemporaneity are theorised by Deutsch (1949, p. 138) as being contingent on three core factors; 'substitutability', 'cathexis' and 'indictability'. Substitutability is the degree to which the actions of one can substitute for the actions or inactions of another. If a young person who has left residential care becomes upset because they are lonely, struggling to afford rent, electricity or food, the carer can choose to substitute their efforts and provide the emotional and financial support that is needed. Deutsch argues that if efforts are substituted, and this action is appreciated, positive social interdependence can be enabled. Conversely, if efforts are not substituted negative social interdependence can follow.

The second factor of contemporaneity is cathexis, a term used to describe the psychological investment that one may place in friendships, family relations or wider social networks (Deutsch, 1949). Johnson and Johnson (2005) posit that the relationship between a young person, the carer and wider social network is more likely to be 'cathected' positively when there is mutual understanding, respect and trust. The absence of respect and trust can lead to relationships that are 'cathected' negatively. In this way, the theory of social interdependence, and the principle of cathexis, could be used to argue that a young person, the carer and wider social network are more likely to support one another during the transition to independence if, and only if, their relationship is cathected positively.

The final factor is indictability. This term refers to the nature of co-production and participation in teamwork, decision making and action planning (Deutsch, 1949). Indictability suggests that positive social interdependence can be enabled when a young person, the carer and wider social network collaborate to achieve shared goals. Thus, consistent with Gestalt Psychology, the ‘whole becomes greater than the sum of its parts’ as the young person, the carer and wider social network come together to channel ‘individual efforts into a coordinated system of action to move the group toward goal attainment and maintain the viability of the cooperative system’ (Johnson & Johnson, 2005, p. 291). Where there is no opportunity for co-production and participation, indictability predicts that a young person, a carer or wider social network may resist attempts to induce the substituted efforts of one another because of a relationship is cathected negatively. Taken together with the principle of contemporaneity, notions of substitutability, cathexis and indictability become the core factors of the theory of social interdependence (Johnson & Johnson, 2005) when applied to leaving care.

METHOD

As shown by Bowen (2009, p. 27) document analysis is ‘a systematic procedure for reviewing or evaluating documents – both printed and electronic (computer-based and Internet transmitted) material’. As a qualitative research method, Bowen (2009) summarises the work of Corbin and Strauss (2008) to explain that document analysis enables the textual data contained in relevant documents to be examined and interpreted to elicit meaning, gain understanding and develop empirical knowledge. In this way, document analysis facilitates a rigorous and systematic analysis of themes or issues in a manner that ensures impartial and dependable analysis of written documents (Payne & Payne, 2004). The method of using data from published documents to conduct scientific analysis has been widely used in health and social care research as it offers a viable data collection approach when conducting research on matters that affect young people (Dalglish et al., 2020). It is a method that also has relevance where traditional data collection methods exhibit ethical implications that cannot be easily reconciled (Hiles et al., 2013).

According to Stein (2012) and Van Breda (2017), conducting primary research with young people living in and leaving care presents an ethical challenge. For Furey and Harris-Evans (2021), inviting young people to participate in systematic inquiry, where their views and opinions would be examined, but where changes to their immediate lives are not always guaranteed, is not in line with the spirit of ethical social research. To advance a model of practice that can guide the development of extended care for those young people leaving residential care settings, social interdependence theory will be used as a framework for the document analysis of eight published evaluations of ‘Staying Close’.

Data analysis

The eight evaluations of ‘Staying Close’ were drawn from the Department for Education, an organisation of His Majesty’s Government responsible for child protection, child care services, education, apprenticeships and wider skills in England. In each evaluation, the authors used Contribution Analysis (Mayne, 2012) as a methodological framework to understand the implementation and operation of each project, summarise the experiences of young people and advance an economic evaluation of the extended care scheme.

TABLE 1 Document analysis analytical framework.

| Analytical theme | Sub-themes |
|------------------------|--|
| Social interdependence | Reliance, teamwork, relationships, acceptance, engagement, trust, partnership, conflict management |
| Dependence | Acceptance, wanted, disappointment, vulnerable |
| Independence | Non-engagement, bad memories, chaotic, unplanned |
| Helplessness | Refusing support, wanting distance, anger, blame, hard to reach, isolated, alone, past event, future events, resistance, tension |
| Contemporaneity | Trust, security, hopes and aspirations, anger, resentment |
| Substitutability | Help that was wanted, help that was given, wanted but not given, conflict management |
| Cathexis | Friendships, reliability, trustworthy, dependable, dishonest, controlling |
| Indictability | Listening, working together, distance, non-engagement |

Once the evaluations had been identified, the analytic procedure began with a close reading of each document (Dalglish et al., 2020). Then, using NVivo 12 for data organisation and analysis, an initial codebook was developed based on a broad thematic application of the social interdependence theory.

Following the advice of Bowen (2009), a deductive approach to analysis involved the exploration of data contained within the documents for emergent themes while considering how often certain topics were raised. The subsequent analytical framework included principles of interdependence, dependence, independence, helplessness, contemporaneity, substitutability, cathexis and indictability and any underlying actions that related to the implementation of ‘Staying Close’ (see Table 1).

As analysis of data presented in the documents progressed, the framework was iterated (Miles et al., 2013) to incorporate new sub-themes. Triangulating data across the eight evaluations served to increase credibility (Eisner, 1991), corroborating findings across data sets, thus reducing the impact of potential biases that can exist in a single study. As shown by Patton (1990), the triangulation of findings in recognition of positionality helped the author to minimise the likelihood that the findings presented emerged as an artefact of a single method, a single source, or a single investigator’s bias.

Findings

The findings presented below consider the factors that determine the way that young people, the carer and wider social network, interact to implement ‘Staying Close’. In the sections that follow, negative social interdependence is considered where there are reports of resistance or tension. Positive social interdependence is considered where there are reports of acceptance and engagement.

Resisting ‘Staying Close’

Although MacAlister (2022) recommended that ‘Staying Close’ should be extended nationally, document analysis indicated low uptake. Throughout the two-year pilot, 358 young people

became eligible for 'Staying Close' across the eight pilot areas. 38 per cent ($N=135$) went on to engage with the scheme.

Understanding why 223 young people chose not to engage with the 'Staying Close' is problematic. This matter was not specifically addressed in any of the evaluations. However, in three evaluations, the principle of contemporaneity emerged in the young person's description of a 'care system' that had been historically unreliable, controlling, and inconsistent. The culmination of these experiences meant that some young people were indifferent to 'Staying Close', and the opportunity to maintain professional relationships, with a residential carer, once their time in care had ended:

If you have been in the system as long as I had you generally don't think about the staff or what they offer. When the time comes to leave care, you just think, 'Oh, it's another change,' like it's just procedure. So, I couldn't really think anything different of it, it's just something else.

(Young person, Suffolk)

As shown above, the experience of leaving residential care was described as another process or procedure in the residential care journey. In this example, there was minimal evidence of worry or apprehension. Instead, the proposed continuation of support was rejected because little or no value was placed on the care system, the professional relationships that accompanied this experience, or the example of extended care being offered. A sentiment that was echoed in other evaluations:

We've had a number of [young people] who really didn't necessarily want to maintain [relationships] with someone from the children's home. What we've found is that that relationship isn't always the most important for young people and they can't wait to leave us.

(Carer, Hampshire)

The continued relationship being proposed under 'Staying Close' came too late in the lives of many young leaving residential care. As the Bristol evaluation also made clear, some young people were so angry about their experience in care, that when the time came for them to leave residential care, they wanted to sever all ties with the 'care' system:

Some young people don't want our help. For them it's too late, they have already been through the system and they are angry. They are too far gone. They can't wait to leave us and when they do [leave], they want nothing to do with us.

(Carer, Bristol)

As suggested, if a young person's historical relationship with the 'care system' is defined by anger, resentment, or confusion, the 'Staying Close' offer is not likely to be accepted. Here the reported influence of an experience 'in care' becomes a determining factor of success, adding nuance to the principle of contemporaneity. As suggested in each evaluation, the professional relationship between a young person and their carer was not inherently contextual as the principle of contemporaneity might assume. Instead, the evaluations showed that a young person and a carer are more likely to reject 'Staying Close' if their perspective of the care system was negative. The relevance of this finding was strengthened by the carers who explained that an extended care model, designed to

support a young person who had left residential care, presented an additional burden to an already overstretched workload:

It has been difficult to get ['Staying Close'] to work as part of our daily practice within the homes as well, because the staff are already overstretched and already have a lot of responsibilities in the homes. And adding in extra work can be tricky.

(Carer, Bristol)

Representative of five evaluations, the testimony presented above suggests that the provision of 'Staying Close' was perceived as being burdensome. Where young people perceived resistance or reluctance to help, there followed a perspective that the 'care system' was no longer interested in them as 'care leavers':

Some people can't be bothered to take the time to show you how to be independent, or they don't sit down with you and tell you how hard it's going to be, but you can do it, sort of thing, they just think 'Just do it yourself now, you're old enough to work it out, here's the instruction book'.

(Young person, Hampshire)

[Residential] support was essentially there 24/7, they put staff round all the time. Now I have zero adults around me. The only adult in the house right now is me.

(Young person, Norfolk)

In these examples, the opportunity for 'Staying Close' was undermined by an absence of substituted efforts to support the transition to independent living. The main finding of this section suggests when the influence of historic and traumatic experiences exists alongside negative perceptions of 'care', the motivation of young people and the carers to positively cathect extended care services can be compromised.

In addition to the young person's perspective, and the suggestion that 'Staying Close' was not wanted by some of the carers involved in delivering it, each evaluation suggested that the implementation of 'Staying Close' required a shift in work practices. A shift that required a change in the purpose and function of residential care, as a time-limited function, to a more formal structure that was accountable for enabling a positive perspective of a life in and after care. The strategic changes needed to shift this perception of 'care' presented an operational challenge:

I think a big thing that we have learnt is that idea of, 'What actually is it we are trying to do, and how do we make sense of what it is?' Because ['Staying Close'] can be quite conceptual, and I think, really, that is not very clear for young people who... well, it's not very clear for any of us, but clearly, young people are actually living this life, so it can be really confusing that there is a project that is happening that basically just makes a relationship that... a quite normal... that could be normal, if that makes sense.

(Carer, Ealing and Hounslow)

As shown above, the opportunities to achieve the aims and objectives of 'Staying Close' were not always clear to those involved in its implementation. For this reason, it was difficult for the carers

to explain what ‘Staying Close’ was, and, as a result, it was difficult for them to induct engagement. Whilst the key theme of sustained relationships was the underpinning driver for ‘Staying Close’, the new emphasis on a ‘normal relationship’ in the future, suggested that the present relationship was different, or not ‘normal’. This meant that not all carers were able to associate or fully appreciate the new expectation that they would ‘substitute’ their efforts to support young people who had already left residential care. Three evaluations showed, from a carer’s perspective, that the lives of young people could be enhanced if, and only if, dependency on a relationship with the residential care setting was minimised:

We can’t be overly available to the young people. How far down that line do you go?
It’s keeping some distance as well.

(Carer, North Tyneside)

Combined with the earlier description of a ‘normal’ relationship, the potential for ‘Staying Close’ to offer substituted support required a shift in the cultural work practices of residential care. However, the operational support needed to shift this perception was let down by a lack of strategic direction.

In the absence of formal guidance on how ‘Staying Close’ should have been operationalised, opportunities for positive social interdependence became minimised when young people and the carers cathected extended care negatively.

Acceptance and engagement

In the previous section, ‘Staying Close’ was described as ambiguous and problematic. In this section, the theory of social interdependence is applied to show where the premise, purpose and function of the scheme was realised through co-productive means, grounded in a positive perception of a life in and after care, there can be an increased chance of engagement.

Within the evaluations, the ability of ‘Staying Close’ to meet outcome-based success measures became evident when young people, the carer and the wider social network, worked to induct substituted efforts and identify individual actions that could promote the transition to independent living. These promotive interactions increased the likelihood that a young person, the carer and the wider social network could work together and achieve jointly agreed goals. As two evaluations made clear, examples of inductability included regular consultation meetings that enabled an opportunity for cooperation and effective solution-focused planning:

Yeah, they do have meetings here—it’s what is called a young people’s meeting—and you bring up what you want to change, and the staff bring up what has been changed and what could change. And you just speak what is on your mind and they forward it to management, then they will review it and there is a higher possibility it will get changed.

(Young person, North Tyneside)

Primarily, ‘Staying Close’ gives our young people the thing we hear cited most often as important to them—consistency. It is beneficial to young people to stay in touch with and be supported by people they already know and have close relationships with.

(Carer, Bristol)

All evaluations highlighted the importance of engaging young people in decision-making. By listening to young people and substituting efforts to provide them with the guidance and support that was required, the evaluations showed evidence of cooperation. This positive professional relationship could then induce, or be induced by, the recognition that young people and the carers needed to work together to realise mutual help and assistance, exchange of needed resources, ideas, and influence:

[My 'Staying Close' worker] supports me. I have lots of support. I chose him because he used to be my care worker...If I need something then I call him and I can talk with him as well.

(Young person, Bristol)

Whilst testimonies like that presented above showed that 'Staying Close' can provide move-on accommodation alongside practical and emotional support of a former residential carer beyond their 18th birthday, the evaluations did not consider how the success of the scheme relied on the ability of the carer to manage the programme without formal guidance, including specific requirements for collaboration, supervision and review. It was only through the process of document analysis that this finding was achieved.

Attention to interdependence theory in the document analysis highlights that the efforts required to sustain the engagement and acceptance of young people in 'Staying Close' required a carer to successfully manage a broader social system that had limited, or no legal obligation, to engage with the extended care scheme. As each evaluation showed, inducting individual efforts in a coordinated system support was not always easy:

With no formal guidance, the danger of undermining the leaving care team has to be carefully managed....

(Carer, North East Lincolnshire)

So, I think, with 'Staying Close', the service, has never been realised by itself before... So, when we talk about 'Staying Close' and the local authority, we've got to have regular meetings with senior managers, children's services and we've got to get colleagues from strategic housing and revenue and benefits to come along as well to help them understand what we are trying to do.

(Carer, North Tyneside)

The ability of a carer to provide 'Staying Close' came to depend on their ability to induct the support of a wider social network. However, as a new and novel approach to extended care in England, 'Staying Close' presented a challenge, not least because the substituted efforts of the wider social network traditionally ended when the young person left the residential care setting. Each evaluation indicated that the 'cliff edge' of wider social support, often experienced by young people during the transition from residential care to independent living, required the carer to become the lead professional in the development of 'Staying Close':

[As] an organisation, I think we've probably sat back a lot and allowed the local authority to maybe make those decisions about when they're going to move the young people, and we've been like, "Look, we're just the provider, we don't make these decisions". But I think now understanding the importance of how that [uncertainty]

creates so much anxiety, we're probably doing much more now for our young people, fighting for decisions to be made much earlier, and feeling empowered, I think, to say 'actually, we can stay in touch with these young people'.

(Carer, Hampshire)

In this example, 'Staying Close' required carers to advocate for the rights of the young people and engage the wider social network in promotive action, in a way that they had never done before. This finding suggests that whilst the acceptance and engagement of young people in the 'Staying Close' scheme relied on a positive perception of a life in and after care, including, historic experiences, mutual influence, trust, exchange of needed resources, sustainability of the support and effective communication, it also depended on the skills of a carer who could induct, engage and manage the wider social network without the support of formal training or 'Staying Close' guidance.

DISCUSSION

Applying the theory of social interdependence as a framework for document analysis, this article has provided a deeper sense of what is going on within the descriptive material marshalled by eight individual evaluations of 'Staying Close'. It has advanced an understanding of the factors that can determine the way that young people and their carers interact when the time comes to leave residential care. Based on a document analysis of eight evaluations, the findings presented here suggest that 'Staying Close' can be successful so long as the scheme is wanted and there is an equal effort to support a positive perspective of a life in and after care.

The findings presented above are particularly important as document analysis indicated that 62 per cent of those eligible for 'Staying Close' chose not to accept the offer that was being proposed. Scaled up to national application, this statistic suggests that almost two-thirds of all young people leaving residential care in England may refuse to take up 'Staying Close' in the future. This result also means that the £36 million awarded by the British government to extend 'Staying Close' until 2024 (Foley, 2022) may only support 38 per cent of young people leaving residential care, raising important questions about service delivery and value for money.

In this study, understanding why there was such low engagement with 'Staying Close' starts with the theory of social interdependence. This theory assumes the principle of contemporaneity and the possibility that young people and their carers will be able to work together to promote a positive transition, despite objective or historical factors (Lewin, 1947). However, the findings presented in this paper indicate that this assumption is more nuanced than originally thought.

Document analysis suggested that the historically situated perception of a life in and after residential care determined the symbolic representation of 'Staying Close' in the present. As opportunities to promote mutuality and relationships between young people, the carers and the wider social network were primarily sought when the time came to leave the residential care setting, three evaluations indicated that the damage caused by negative experiences of 'care' had already been done. Based on this observation, it is arguable that the theory of social interdependence should be further developed for specific application, as illustrated in the original interrelations model for extended care (see Figure 2).

The central point of the interrelations model focuses on positive and negative perceptions of a life in and after care. Where a positive perception exists, the chance for social interdependence

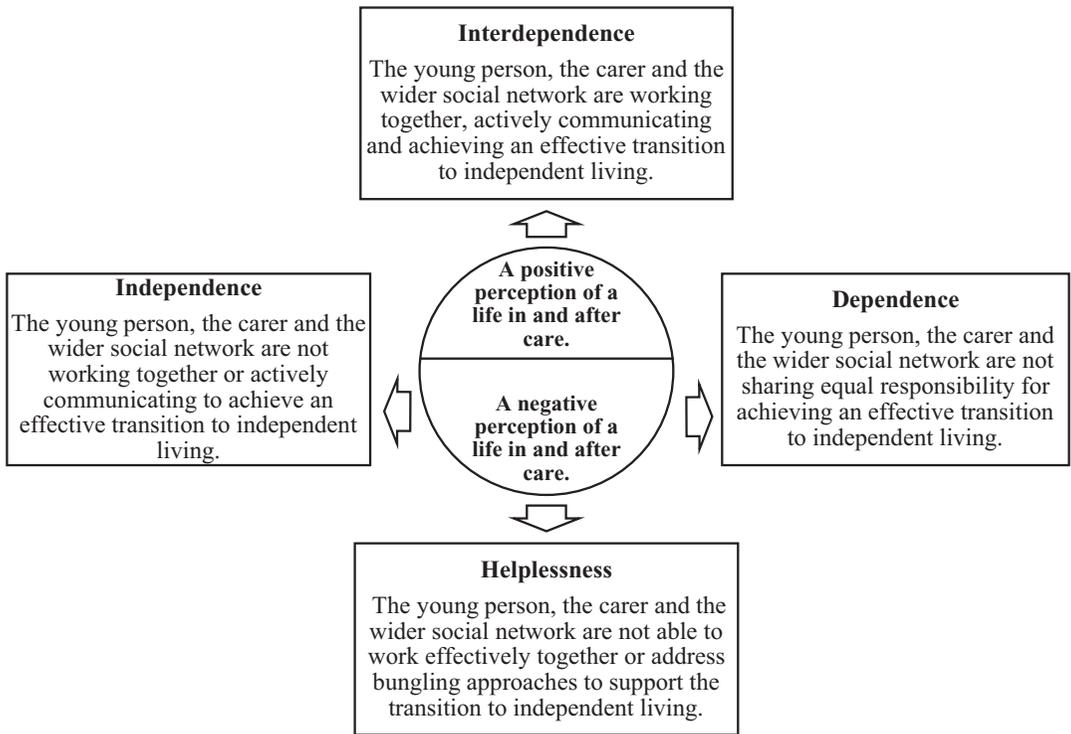


FIGURE 2 Interrelations model for extended care.

may increase as the young person, the carer and the wider social network work together, actively communicate with one another, and coordinate efforts to achieve a more positive transition to independent living. Where a negative perception exists, the chance for social interdependence may decrease, as the young person, the carer, and the wider social network, struggle to work together.

Developing Johnson and Johnson's (2005) original typology, the interrelations model for extended care uses the data extracted from the eight evaluation of 'Staying Close' to illustrate how negative perceptions of a life in and after care can lead to 'independence', 'dependence' and 'helplessness'. 'Independence' exists when the young person, the carer and the wider social network are not able to actively communicate or work together. 'Dependence' exists when the young person, the carer and the wider social network, are not able to share equal responsibility, and 'helplessness' exists when the young person, the carer and the wider social network are not able to find a way to work effectively together at all. Supported by the data, these examples show that where there are negative perceptions of a life in and after care, the purpose and function of the extended care scheme can be negatively cathected and rejected, as competition or confusion limits opportunities for effective professional relationships.

Assessing and managing perceptions of a life in and after care, therefore, appears to be essential underpinning action if extended care models are to improve outcomes for young people transitioning from residential care to independent living. However, as shown above, if the primary responsibility for implementing schemes like 'Staying Close' rests with a carer, who does not always have the training, a positive interdependent relationship with the extended social network, or the time to coordinate an extended care offer, opportunities to assess and manage perceptions of a life in and after care can be limited. More than that, negative perceptions of a life in and after care can be compounded through professional role confusion and even competition

in power-sharing dynamics. Here the reported tensions between the carer, senior managers, personal assistants, social workers, and representatives from education, employment and housing, can threaten or destabilise the opportunity for social interdependence, making extended care less appealing to young people. Not only does this finding indicate the need to ensure that young people, carers and the extended social network understand and accept the aims and objectives of 'Staying Close', it also highlights the importance of strengthening the formal training and guidance that underpins it.

Whilst every local area and service was given the opportunity to approach 'Staying Close' differently, depending on the needs of young people and the local priorities, further attention must be given to the system of approval, checking and supervision that is applied to the scheme. As a minimum, 'Staying Close' requires specific strategic oversight so that formal guidance and care standards can be used to develop action plans and programmes of work that promote a positive perception of a life in and after care. In all cases, the carer and wider social network should be accountable within a formal structure that can also intervene when there are bungling actions and ineffective attempts to support the transition from residential care to independent living.

Until such formal guidance is available, the challenge for any organisation seeking to implement extended care services like 'Staying Close' is how to account for negative perceptions of a life in and after care and the potential refusal of young people, carers and the wider social network to accept or engage with the service that is on offer. At all times, specific attempts should be made to induct whole system support by agreeing a 'Terms of Reference' that includes the extent to which professional support will be substituted. Work must then be developed to engage the young person, the carer and the wider social network so that the perception of services designed to support extended care can be cathected (more) positively.

Limitations

It is recognised that document analysis is not always advantageous (Bowen, 2009). Several limitations inherent in published documents include insufficient detail to answer the research question (Bailey, 1994), low retrievability of documents and biased data selectivity (Yin, 1994). Following the advice of Bowen (2009), the documents analysed in this paper include all evaluations of 'Staying Close' published at the time of writing. The inclusion of data and the application of the social interdependence theory as an analytical framework was also fully considered in order to preserve credibility. Having the clear process that incorporated evaluative steps and measures described in the methods section above, aimed to ensure that the advantages of document analysis minimised these limitations.

CONCLUSION

Despite efforts being made to advance the empirical illustration of the experiences of young people leaving residential care, the theoretical frameworks used to inform and guide extended care services have not been advanced in equal depth. Applying the theory of social interdependence as a framework for document analysis, this study aimed to strengthen this knowledge. Illustrating how the success of extended care programmes like 'Staying Close' depend heavily on effective professional relationships, positive perceptions and constructive conflict management, this paper has introduced the interrelations model for extended care and

underscored the importance of training and formal systems of governance that can intervene when bungling actions and ineffective attempts to support the transition from residential care to independent living are identified.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available in Department for Education (DFE) at <https://www.gov.uk/government/organisations/department-for-education>. These data were derived from the following resources available in the public domain—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931990/Staying_Close_Bristol.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932000/Staying_Close_NE_Lincolnshire.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932004/Staying_Close_North_Tyneside.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932014/Staying_Close_St_Christopher_s.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932016/Staying_Close_Suffolk.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932012/Staying_Close_Portsmouth.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931987/Staying_Close_Break.pdf—DFE, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931996/Staying_Close_Fair_Ways.pdf.

ORCID

Dan Allen  <https://orcid.org/0000-0002-5687-3623>

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AUTHOR BIOGRAPHY

Dr Dan Allen is a social work academic with over 18 years' experience working to democratise child protection practice with Romani and Traveller families. He has published widely on this topic and has represented child protection practitioners working to support Romani and Traveller families at the European Union Agency for Fundamental Rights, the House of Lords, and the Welsh Assembly as well as national and international conferences.

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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