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Article:
Stein, M (2006) Research review: young people leaving care. Child and Family Social Work. pp. 273-279. ISSN 1356-7500

https://doi.org/10.1111/j.1365-2206.2006.00439.x

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Research Review: Young people leaving care

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This article was published in July 2006 in the journal *Child and Family Social Work*

Stein, M. (2006) Research review: young people leaving care, *Child and Family Social Work* 2006, 11, 3, 273–279.

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INTRODUCTION

There is a growing body of international research, including both quantitative and qualitative studies, on young people leaving care. Most of the studies carried out before 1990 were small-scale exploratory studies, describing and providing insights into the lives of these young people during their journey from care to living independently in the community. From 1990 there have been more studies using different research designs. These include outcome studies, surveys, cohort studies, policy research, as well as programme evaluations. These studies have complemented ongoing qualitative work through more quantitative and evaluative outcome research, including comparative work using normative data from primary or secondary samples of young people (Stein 2004).This paper will draw upon this empirical portfolio to review the research evidence in relation to the social exclusion of care leavers, their transition from care, the services they receive and the outcomes of leaving care interventions.

SOCIAL EXCLUSION

In European social policy discourse, social exclusion has come to mean both material disadvantage and marginalization (Hill et al. 2004). In this context, international research has shown the high risk of social exclusion for young people leaving care. They are more likely than young people who have not been in care to have poorer educational qualifications, lower levels of participation in post-16 education, be young parents, be homeless, and have higher levels of unemployment, offending behaviour and mental-health problems (Festinger 1983; Stein & Carey 1986; Biehal et al. 1995; Smit 1995; Cashmore & Paxman 1996; Broad 1999; Pinkerton & McCrea 1999; Bilson et al. 2000; Kelleher et al. 2000; Stein et al. 2000; Courtney et al. 2001, 2005; Dixon & Stein 2005).

Also, many of these young people experience a cluster of problems both while they are in care, including placement instability, stigma and educational difficulties at school, and after they leave care, including disrupted careers, periods of dependency on benefits, getting into trouble, mental-health problems and loneliness (Stein 1994; Dixon et al. 2004; Courtney et al. 2005; Wade & Dixon 2006).

Specific groups of care leavers face additional disadvantages because of their status or characteristics, compounding their exclusion. Black and minority ethnic young people, including those of mixed heritage, face similar challenges to other young people leaving care. However, they may also experience identity problems derived from a lack of knowledge, or contact with family and community, as well as the impact of racism and discrimination (Barn et al. 2005). Research carried out during 2002–3 in England found that unaccompanied refugee and asylum-seeking young people were excluded from services under the Children (Leaving Care) Act 2000 where local authorities decided not to ‘look after’ them but support them under Section 17 of the Children Act 1989 (Wade et al. 2005). They were also likely to receive poorer services than looked after young people, especially in respect of support from leaving care teams (Hai & Williams 2004).

Young disabled people may experience inadequate planning and poor consultation, and their transition from care may be abrupt or delayed by restricted housing and

employment options and poor support after care (Rabiee et al. 2001; Priestley et al. 2003). Young women who have been in care are more likely to become teenage parents than other young people and many have short-term difficulties in finding suitable accommodation, as well accessing personal and financial support, although for some young people it was a very positive experience (Hobcraft 1998; Chase & Knight 2006). Also, longer-term, teenage parenthood is associated with reduced employment opportunities, dependency on benefits, social housing, as well as poorer physical and mental health (Hobcraft & Kiernan 1999).

The research evidence just summarized, organized within a social exclusion framework, has contributed to a greater awareness of the reduced life chances of care leavers and their links with other excluded groups, as well as providing a focus for policy intervention. However, as the findings from outcome studies, discussed later, indicate, not all pathways lead to their social exclusion.

TRANSITIONS

A consistent finding from studies of care leavers is that a majority move to independent living at 16–18 years of age, whereas most of their peers remain at home well into their 20s. Care leavers are expected to undertake their journey to adulthood, from restricted to full citizenship, far younger and in far less time than their peers (Lister 1998; Stein 2005). For many of these young people, leaving care is a final event; there is no option to return in times of difficulty (Dixon & Stein 2005). Also, they often have to cope with major status changes in their lives at the time of leaving care: leaving foster care or their children's home and setting up a new home, often in a new area, and for some young people starting a family as well; leaving school and finding their way into further education, training or employment, or coping with unemployment. They are denied the psychological opportunity and space to focus or to deal with issues over time, which is how most young people cope with the challenges of transition (Coleman & Hendry 1999). In short, their journey to adulthood is both accelerated and compressed.

Ethnographic research also highlights the significance of transition for young people during their journey to adulthood (Hart 1984; Horrocks 2002). The process of social transition has traditionally included three distinct but related stages: leaving or disengagement; transition itself; and integration into a new or different social state. In post (or late?) modern societies, which provide more opportunities but also more risks, the process of social transition has become more extended and less structured, although the 'activities' associated with the three stages still remain (Giddens 1991; Beck 1992; Joseph Rowntree Foundation 2002). But for many young people leaving care, there is the expectation of instant adulthood. They often miss out on the critical preparation stage, transition itself that gives young people an opportunity to 'space out', providing a time for freedom, exploration, reflection, risk taking and identity search. For a majority of young people today this is gained through the experience of further and, especially, higher education, but many care leavers, as a consequence of their pre-care and care experiences, are unable to take advantage of these educational opportunities (Cheung & Heath 1994; Stein 1994; Jackson 2001; Social Exclusion Unit 2003; Ajayi & Quigley 2006; Jackson & Simon 2006). Also, in the context of extended transitions, the family plays an increasing role in providing financial, practical and emotional support. But for many care leavers their family relationships at this time may be missing or problematic rather than supportive

(Biehal & Wade 1996; Sinclair et al. 2005).

LEAVING CARE SERVICES

In the UK, specialist leaving care schemes have developed, particularly since the mid-1980s, to respond to the core needs of care leavers for assistance with accommodation, finance, careers and personal support networks (Biehal et al. 1995). In the early literature, two main distinctions were made: first, between specialist or dedicated leaving care services, and nonspecialist approaches where supervision was carried out by field social workers; second, between independence and interdependence models, the rationale of the former being to prepare young people in practical survival skills – 'domestic combat courses' – in order to manage on their own from the age of 16. In contrast, the interdependence model placed a higher priority on interpersonal skills and providing young people with ongoing support at the time of leaving and after care (Stein & Carey 1986).

In their study of four English leaving care projects during the 1990s, Biehal et al. (1995) proposed a three-dimensional model for classifying the distinctiveness of schemes: how they compared in their approaches to service delivery, in terms of their perspective, methods of working and the extent to which their work is young person demand led or social work planned; the nature of the providing agency; and their contributions to the development of local policy.

A survey of English local authorities carried out during 2000 classified models of authority-wide leaving care provision. This identified a non-specialist leaving care service, a centrally organized specialist service, a geographically dispersed specialist service and a centrally organized integrated service for a range of vulnerable young people including the homeless and young offenders (Stein & Wade 2000). Variations of these models included specialist dual system arrangements, where the young person is assisted by a specialist team but statutory responsibility is retained by the social worker, and looked after adolescent teams (Vernon 2000).

Drawing upon the research completed since the introduction of the Children (Leaving Care) Act 2000 in England and Wales suggests the emergence of a 'corporate parenting case model' (Stein 2004). Its main features are twofold. First, case responsibility is held by the designated personal adviser. Set against the background of the failures of earlier permissive legislation, this could be seen as an extension of legal authority in respect of qualifying young people under the Act. Second, there is an increased role for a range of agencies, representing a shift from more informal interagency links to formal agreements, as specified in the needs assessment and pathway planning requirements of the Act (Dixon et al. 2004; Hai & Williams 2004; Broad 2005).

Research describing and evaluating the work of leaving care teams in England and Wales during the first 2 years of the Children (Leaving Care) Act 2000 suggests the legislation is viewed by staff as contributing to a number of positive changes: the increased take-up of further education and reductions in those not in education, employment and training, directly linked to improvements in financial support for young people provided by local authorities; the increased provision of supported accommodation; a strengthening of leaving care responsibilities, especially through

the introduction of needs assessment and pathway planning; more formalized interagency work; and improved funding for leaving care teams (Broad 1998, 2005; Dixon et al. 2004; Hai & Williams 2004). However, there is also evidence that divisions between better and poorer funded services before and after the Act were likely to remain. Broad (2005) also found that services for young parents, young accompanied asylum and refugee seekers, and young people remanded to accommodation were predominantly reported as 'remaining the same' since the introduction of the Act.

In the USA, Courtney & Terao (2002) provide a descriptive typology that categorizes services for young people ageing out of care into life training skills, mentoring programmes, transitional housing, health and behavioural health services, educational services, and employment services. However, as Courtney & Hughes (2003) point out, focusing on the range of services may detract from common programme elements including: case management; their underlying philosophy, many adopt a youth development philosophy that emphasizes opportunities for young people to contribute to their community, increase their personal confidence, and provide guidance to other young people; and that many are provided as one part of a wider range of services. Courtney & Hughes (2003) also point to the limitation in the categorization of services in excluding the variation in local policies, for example, in allowing young people to remain in care longer or providing financial support for college education.

THE OUTCOMES OF LEAVING CARE SERVICES

Although since the mid-1990s there has been more focus on outcome studies, a survey of international leaving care work highlights the wide variation in both research and the collection of statistical outcome data by governments (Munroe et al. 2005). In the UK, Simon & Owen (2006) have detailed recent reforms in the collection of government data. While they note that the information base for young people in care and leaving care has improved since 1998, they identify three shortcomings: the data are for short 'follow-up' time periods; they only cover limited dimensions of young people lives; and in the main they are only available for England (Simon & Owen 2006).

Outcome studies evaluating specialist leaving care services have shown that they can make a positive contribution to specific outcomes for care leavers (Biehal et al. 1995; Pinkerton & McCrea 1999; Dixon et al. 2004; Dixon & Stein 2005; Wade & Dixon 2006). They work well in assisting young people in finding and settling in accommodation and in helping young people out of homelessness. Research by Wade & Dixon (2006) provides evidence of the association between stability in accommodation after young people leave care and positive outcomes in terms of an enhanced sense of well-being, which is, to some extent, independent of young people's past care careers.

Leaving care services can also assist young people successfully with life skills, and there is evidence from Scottish research of a significant association between preparation before leaving care and 'coping' after care (Dixon & Stein 2005). Leaving care services can also help young people to some extent in furthering social networks, developing relationships and building self-esteem, although these dimensions are also closely connected with young people having positive, supportive informal

relationships with family members or friends, or former foster carers (Biehal et al. 1995; Marsh & Peel 1999).

These studies also suggest that successful educational outcomes are more closely associated with placement stability and being looked after longer, which is more often, although not exclusively, achieved in foster care placements; being female; and having a supportive and encouraging environment for study. Without such stability and encouragement, post-16 employment, education and training outcomes are also likely to be very poor. Generally, these studies found that young people who left care earlier, at age 16 or 17, had more unsettled carer careers and challenging behaviours.They were also more likely to be unemployed and have very poor outcomes. Young people with mental-health or emotional or behavioural difficulties were particularly vulnerable to poor outcomes (Wade & Dixon 2006).

Research has shown that young people who go on to higher education are more likely to have had stable care experiences, continuity in their schooling, which may compensate for placement movement, have been encouraged by their birth parents, even though they were unable to care for them, and have been greatly assisted by their foster carers in their schooling (Jackson et al. 2003; Ajayi & Quigley 2006).

Research by Sinclair et al. (2005) into the outcomes for young people leaving foster care has identified key variables that distinguished those doing well from those who were less successful: a strong attachment with a family member and partner or partner's family or foster carer was associated with a good outcome. Conversely, those young people who were assessed as 'disturbed' at first contact – and this correlated with other key variables including performance at school, placement disruption and attachment disorder – had poorer outcomes. Another variable, involvement in work, although identified by foster carers as an indication of success, was seen by young people as problematic, especially low-paid, unfulfilling work. Young people being seen as ready and willing to leave was also associated with the 'doing well' outcome measure (Sinclair et al. 2005).

In the USA, young people placed with Casey foster carers who did well as adults were likely to have completed their high school education, attended college or job training, acquired life skills and independent living training, participated in youth clubs or organizations while in care and were less likely to be homeless within 1 year of leaving care (Pecora et al. 2004). As well as providing stability, Casey families were also able to offer a comprehensive package of practical, financial, emotional and social support, which contributed to positive educational outcomes (Pecora et al. 2006). There is also evidence from a French study that adults who grew up in care with stability and counselling to assist them had better mental health outcomes than those with unstable care careers (Dumaret et al. 1997).

Ethnographic research using life-course theory to explore the transitions of young people leaving care reminds us of the complexities in evaluating outcomes (Horrocks 2002). These include: the need to recognize the different starting points of young people, given the diversity of their family backgrounds and care experiences; the dynamic nature of 'outcomes' for young people – they often change between 'official' measurement periods; the separation of outcome measures from each other, even though they are often closely interconnected; and the normative assumptions held by

social services about young people, whose lives have not been easy, achieving independence by 18 years of age.

OUTCOME GROUPS

As suggested earlier, adopting a social exclusion framework may mask differences between groups of care leavers, especially in relation to their outcomes. By definition, social exclusion is about 'risk' factors and poor life chances. However, there is also a growing literature on 'looked after' young people, adopting resilience as a central organizing concept (Gilligan 2001; Schofield 2001; Newman 2004). A review of research studies on care leavers completed since the mid-1980s and carried out within a resilience framework suggests that in broad terms young people leaving care fall into one of three groups (Stein 2005).

Moving on

The first group, those young people 'moving on' successfully, are likely to have had stability and continuity in their lives, including a secure attachment relationship; they have made sense of their family relationships so they could psychologically move on from them; and they have achieved some educational success before leaving care. Their preparation had been gradual, they had left care later and their moving on was likely to have been planned. Participating in further or higher education, having a job they liked or being a parent themselves played a significant part in 'feeling normal'. The 'moving on' group welcomed the challenge of independent living and gaining more control over their lives. They saw this as improving their confidence and self-esteem. In general, their resilience had been enhanced by their experiences both in and after care. They had been able to make good use of the help they have been offered, often maintaining contact and support from former carers (Biehal et al. 1995; Pecora et al. 2004; Sinclair et al. 2005).

Survivors

The second group, the 'survivors', had experienced more instability, movement and disruption while living in care than the 'moving on' group. They were also likely to leave care younger, with few or no qualifications, and often following a breakdown in foster care or a sudden exit from their children's home. They were likely to experience further movement and problems after leaving care, including periods of homelessness, low-paid casual or short-term, unfulfilling work and unemployment. They were also likely to experience problems in their personal and professional relationships through patterns of detachment and dependency. Many in this group saw themselves as 'more tough', as having done things 'off my own back' and as 'survivors' since leaving care. They believed that the many problems they had faced, and often were still coping with, had made them more grown-up and self-reliant – although their view of themselves as independent was often contradicted by the reality of high degrees of agency dependency for assistance with accommodation, money and personal assistance (Stein 1990).

There is research evidence that what made the difference to their lives was the personal and professional support they received after leaving care. Specialist leaving care workers and key workers could assist these young people (Biehal et al. 1995; Dixon & Stein 2005). Also, mentoring, including mentoring by former care young

people (or peer mentoring), may assist young people during their journey to independence and offer them a different type of relationship from professional support or troubled family relationships (Clayden & Stein 2005; Osterling & Hines 2006). Helping young people in finding and maintaining their accommodation can be critical to their mental health and well-being (Wade & Dixon 2006). Families may also help, but returning to them may prove very problematic for some young people (Biehal & Wade 1996; Sinclair et al. 2005). Overall, some combination of support networks could help them overcome their very poor starting points at the time of leaving care (Marsh & Peel 1999; Dixon & Stein 2005).

Victims

The third group of care leavers was the most disadvantaged. They had the most damaging pre-care family experiences and, in the main, care was unable to compensate them, or to help them overcome their past difficulties. Their lives in care were likely to include many further placement moves, the largest number of moves in the different research studies cited earlier, and the associated disruption to their lives, especially in relation to their personal relationships and education (Stein & Carey 1986; Stein 1990). They were also likely to have a cluster of difficulties while in care that often began earlier, including emotional and behavioural difficulties, problems at school and getting into trouble (Wade & Dixon 2006). They were the least likely to have a redeeming relationship with a family member or carer and were likely to leave care younger, following a placement breakdown. At the time of leaving care, their life chances were very poor indeed.

After leaving care, they were likely to be unemployed, become homeless and have great difficulties in maintaining their accommodation. They were also highly likely to be lonely, isolated and have mental health problems, often being defined by projects as young people with very complex needs. Aftercare support was unlikely to be able to help them overcome their very poor starting points, and they also lacked or alienated personal support. But it was important to these young people that somebody was there for them (Stein 2005).

CONCLUSION

This research review has shown that care leavers as a group are likely to be socially excluded. However, the application of a resilience framework also suggests that there are differences in outcomes between those ‘moving on’, ‘surviving’ and becoming ‘victims’. In general terms, the evidence shows that these different pathways are associated with the quality of care they experience, their transitions from care and the support they receive after care. Improving outcomes for these young people will require more comprehensive responses across their life course: (1) early intervention and family support; (2) providing better quality care to compensate them for their damaging pre-care experiences through stability and continuity, as well as assistance to overcome educational deficits; (3) providing opportunities for more gradual transitions from care that are more akin to normative transitions; and (4) providing ongoing support to those young people who need it, especially those young people with mental-health problems and complex needs.

There are still significant gaps in research knowledge. There is a need for more outcome research, especially using more experimental and quasi-experimental

designs. The use of cohort studies would also provide a more sophisticated understanding of 'risk' and 'protective' factors over time. More ethnographic research would also add to qualitative knowledge. Comparative research is at an early stage, although it should benefit from the recently established international network (Munroe et al. 2005; Pinkerton 2006). There is also a need for more comprehensive government information, not least to measure progress over time. Finally, as I have discussed elsewhere, there is a need to develop far stronger links between empirical and theoretical work. Most of the studies reviewed in this paper are detached from theory in terms of context, conceptual exploration or theory building (Stein 2006).

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