

Young People Leaving Care

Introduction

Although there is a growing body of international research on young people leaving care, the evidence base from the UK is small compared to other aspects of care. Most of the studies carried out before 1990 were small scale exploratory studies, describing and providing insights into the lives and experiences of these young people during their journey from care to living independently in the community. Since 1990, there have been more studies using different research designs. These have included outcome studies using normative data and samples, surveys, cohort studies, policy analysis and peer research, as well as programme evaluations. Drawing on these studies, this *Highlight* will review this research evidence in relation to the social exclusion of young people leaving care; their transitions from care; the services they receive; and the outcomes of leaving care interventions.¹

Social exclusion

In European social policy discourse, social exclusion has come to mean both material disadvantage and marginalisation. In this context, international research has shown the high risk of social exclusion for young people leaving care. Negative life experiences have been compounded by the lack of knowledge of their needs and how these could be met, and by notable service gaps whilst in care. They are more likely than young people who have not been in care to have poorer educational qualifications; have lower levels of participation in post-16 education (especially higher education); be young parents; be homeless; and to have higher levels of unemployment, offending behaviour and mental health problems. Also, many of these young people experience a cluster of problems both whilst 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.

Specific groups of care leavers face additional disadvantages due to 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.² 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 1989.³ They were also likely to receive poorer services than looked after young people, especially in respect of support from leaving care teams.⁴

Until recently, there has been little research into the needs of disabled young people. What research there is gives the consistent message that they may experience inadequate planning and poor consultation; and that transitions from care may be abrupt or delayed by restricted housing and employment options and poor support after they leave care.⁵ There is a need for research into learning difficulties, mental health and emotional well-being and how these affect young people leaving care. 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 as accessing personal and financial support. For some young people, however, parenthood is a very positive experience.⁶ Also, in the longer term, teenage parenthood is associated with reduced employment opportunities, dependency on benefits and social housing, as well as poorer physical and mental health.⁷

Transitions

A consistent finding from studies of care leavers is that a majority move to independent living between 16 and 18 years of age, whereas most of their peers remain at home well into their twenties. They experience a systemic break in the continuity of care, which is frequently allied to a break in support and services. They are expected to undertake their journey to adulthood, from restricted to full citizenship, far younger and in far less time than their peers. For many of these young people, leaving care is a final event: there is often no option to return in times of difficulty.⁸ 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; and 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 on, or to deal with, issues over time, which is how most young people cope with the challenges of transition. In short, their journey to adulthood is both accelerated and compressed.⁹

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. In the early literature two main distinctions were made. The first is between specialist, or dedicated leaving care services, and non-specialist approaches where supervision was carried out by field social workers. The second is between independence and inter-dependence models: the rationale of the former being to prepare young people with practical survival skills, the latter to place a higher priority on interpersonal skills and provide young people with ongoing support at the time of leaving and after care.¹⁰

In their study of four English leaving care projects during the 1990s, Biehal and others proposed a three-dimensional model for classifying the distinctiveness of schemes: how they compared in their approaches to service delivery, in terms of their perspectives, 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 in their contributions to the development of local policy.¹¹

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 organised specialist service; a geographically dispersed specialist service; and a centrally organised integrated service for a range of vulnerable young people including the homeless and young offenders.¹²

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'. Its main features are twofold. First, case responsibility 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, the increased role played by a wider range of agencies, representing a shift from more informal inter-agency links to formal agreements, as specified in the needs assessment and pathway planning requirements of the Act.¹

Research describing and evaluating the work of leaving care teams in England and Wales during the first two years of the Children (Leaving Care) Act 2000 suggests that the legislation is viewed by staff as contributing to a number of positive changes. These include the increased take-up of further education and reductions in those not in education, employment or training – which can be 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 formalised inter-agency work; and improved funding for leaving care teams.^{4,13,14}

Outcomes of leaving care services

Although there has been more focus on outcome studies since the mid-1990s, a survey of international leaving care

work highlights the wide variation in both research and the collection of statistical outcome data by governments.¹⁵ In the UK, Simon and Owen have detailed recent reforms in the collection of government data. Whilst they note that the information base for young people in 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 are only available for England.¹⁶

Outcome studies evaluating specialist leaving care services have shown that they can make a positive contribution to specific outcomes for care leavers. They work well in assisting young people to find and settle in accommodation in a planned way and in helping young people out of homelessness.¹¹ Research by Wade and Dixon provides evidence of the association between continuing support and stability in accommodation after young people leave care and positive outcomes in terms of an enhanced sense of well-being, to some extent independent of young people's past care careers.¹⁷

Leaving care services can also assist young people with life skills and there is evidence from Scottish research of a significant association between preparation before leaving care and 'coping' after care.⁸ 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.^{18,19}

The Care Matters Green Paper noted young people's views that they should leave care when they are ready, not at a particular age, and that the right ongoing support should be there when they do. The Care Matters agenda sees stability and continuity of positive relationships as key to improving educational and other outcomes and is taking practical steps – and where necessary amending primary legislation – to support such relationships.^{20,21}

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 – combined with 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 16 or 17, had more unsettled 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.¹⁷

Research has shown that young people who go on to higher education are more likely to have had: a stable care experience; continuity in their schooling, which may compensate for placement movement; been encouraged by their birth parents, even though they were unable to care for them; and been greatly assisted by their foster carers in their schooling.^{22,23,24}

Research by Sinclair and others 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, 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. Young people being seen as 'ready to leave care' were also associated with the 'doing well' outcome measure.²⁵

Outcome groups

A review of research studies on care leavers completed since the mid-1980s, carried out within a resilience framework,^{26,27,28} suggests that in broad terms young people leaving care fall into one of three groups, as discussed below. However, this is not to suggest a static picture, young people may well move between groups – a lot may depend on the support they receive.

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; made sense of their family relationships so they could psychologically move on from them; and 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 had been offered, often maintaining contact and support from former carers.

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 had often done so 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.

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.^{8,11,29} Also, mentoring, including mentoring by ex-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.³⁰ Helping young people to find and maintain their accommodation can be critical to their mental health and well-being.¹⁷ Families may also help, but returning to them may prove very problematic for some young people. Overall, some combination of support networks could help them overcome their very poor starting points at the time of leaving.

Strugglers

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 above – and associated disruption to their lives, especially in relation to their personal relationships and education. 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. 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 to 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.

Conclusion

This *Highlight* 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 'struggling'. In general terms, the research evidence shows that these different pathways are associated with the quality of care young people experience, their transitions from care and the support they receive after care. Improving outcomes for young people leaving care will require more comprehensive responses across their life-course by providing:

- early intervention and family support
- better quality care – or parenting³¹ – to compensate them for their damaging pre-care experiences, by providing stability and continuity, as well as assistance to overcome educational deficits
- opportunities for more gradual transitions from care to adulthood, more akin to normative transitions
- a range of support services during their journey to adulthood.

The planned implementation of the *Care Matters* agenda, in England and Wales, including new legislation currently before Parliament, provides another opportunity to address these long-standing challenges.

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