

**Young People Leaving Care: A Study
of Costs and Outcomes**

Report to the Department for Education & Skills

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Above all, we are indebted to the young people who participated in our study. Without their willingness to talk to us and share some of their experiences, both positive and distressing, this report could not have been written. We hope we have been able to do justice to their views.

A note on authorship

The study was directed by Jim Wade. He, together with Jo Dixon and Jenny Lee from the Social Work Research and Development Unit, University of York, was responsible for preparing the main body of this report.

Sarah Byford from the Institute of Psychiatry and Helen Weatherly from the Centre for Health Economics, University of York, were responsible for the economic analysis and the findings presented in Chapter 8.

1 Background and Methodology

Introduction

Every year, more than 6,000 young people formally leave the care of local authorities in England, most to establish independent lives as young adults in the community.¹ In doing so, the burden of expectation placed upon their shoulders is large. As the evidence below suggests, these young people tend to make a series of overlapping transitions on the journey to adulthood and, for many, these are compressed into the first few months of leaving care. Finding a home, starting a career or a new family often occur simultaneously. It is a testimony to the resourcefulness and resilience of many young people that they manage this process quite successfully. Others, however, struggle to establish a foothold in the adult world.

The purpose of this report is to understand more about why this is so and how young people can be more effectively assisted. It will seek answers to a number of inter-related questions:

- Which young people tend to do better or worse upon leaving care? What factors in young people's experience of care or in their lives after leaving tend to be protective or to create risks for a successful transition?
- In what ways does the support provided by leaving care services and other relevant professionals help young people to achieve more positive outcomes? What can we learn about the elements associated with 'good' transitional support? What contribution is made by support from past carers, families and friends?
- What do the services that are provided to the young people cost and what factors are related to high or low costs of care?
- What is the focus of leaving care work today and how is it changing in response to new challenges? In what ways do the organisation and delivery of

¹6,500 young people aged 16 or over formally ceased to be looked after during the year ending March 2003. One half were aged 16 or 17 and 49% were discharged on their 18th birthday (DFES, 2003).

services and the development of indirect resources (in housing, employment, health) help to shape the opportunities available to young people?

The new challenges for leaving care services are many and the study was taking place at a time of considerable flux and reorganisation. Although most of the authorities selected for this study had well established leaving care services, the research coincided with the implementation of the Children (Leaving Care) Act 2000 (CLCA). The Act was designed to bring about a major reorganisation and homogenisation of leaving care services and the study takes full account of this new context and the challenges it has presented. However, the antecedents for the research lie in an accumulated body of evidence about the problems associated with leaving care and the need for a firmer evidence base to support good practice.

The research context

From the late 1970s, a number of mostly small-scale exploratory studies emerged that helped to raise the profile of leaving care and provided a platform for further research (Godek, 1976; Kahan, 1979; Triseliotis, 1980, Lupton, 1985, Stein and Carey, 1986). These studies alerted us to the diversity amongst young people leaving care in terms of their past experiences and their experiences upon leaving. They also highlighted the risks that many young people encountered, including further movement and disruption, unemployment, homelessness (Randall, 1989), a heightened risk of custody (Prison Reform Trust, 1991) and pointed to the uncertainty that could exist for Black young people who had become separated from family and community (First Key, 1987). While these descriptive studies gave voice to young people's views, identified a range of needs and highlighted service issues, their findings for practice were inevitably limited in scope. Small-scale exploratory studies continue to open up new areas for further investigation, for example, in relation to health (Saunders and Broad, 1997) and disability (Rabiee *et al.*, 2001).

Research undertaken since 1990 has provided a broader range of evidence based on larger scale surveys of care leavers and in-depth studies of the leaving care process. It identified both the accelerated and compressed nature of young people's transitions from care when compared to the wider population of young people. Most young people were found to leave care before the age of 18 (Biehal *et al.*, 1992; Garnett, 1992) and that learning to manage a home, establishing a place in the labour market and starting a family tended to overlap in the period soon after leaving

care (Biehal *et al.*, 1995; Corlyon and McGuire, 1997). In relation to education and employment, care leavers were found to be particularly disadvantaged. Only a minority gained qualifications and around one half were likely to be unemployed after leaving care (Biehal *et al.*, 1995; Broad, 1998). In this respect, evidence also pointed to a legacy from care into adulthood (Cheung and Heath, 1994). In consequence, many care leavers were surviving on low incomes and were often financially dependent (Broad, 1998).

Given these findings, the presence of a network of formal and informal support was likely to be important. However, evidence suggested that consistent support from families was often lacking (Biehal and Wade, 1996) and that, while around one third of foster carers continued to provide help (Fry, 1992; Wade, 1997), professional support from social workers tended to decline in the period after leaving care (Biehal *et al.*, 1992; Garnett, 1992).

The development of specialist services

From the early 1980s, growing awareness of these problems led to the steady growth of specialist leaving care schemes (Bonnerjea, 1990; Stone, 1990). Further stimulus was provided by the duties and powers contained within the leaving care provisions of the Children Act 1989. One national survey conducted in the late 1990s identified 61 projects carrying a 'leaving care' label in over 40 different local authority areas, including a mix of statutory and voluntary providers (Broad, 1998).

Evidence from research and inspections suggested that specialist services tended to make a helpful contribution to the co-ordination of leaving care policies and services, to the provision of direct and age appropriate support to young people and to the development of wider resources to assist them (Biehal *et al.*, 1995; Department of Health, 1997; Broad, 1998). There was also evidence that specialist schemes could help to improve outcomes for young people leaving care, especially in the areas of housing and life skills (Biehal *et al.*, 1995).

However, it also highlighted the unevenness of these developments across the country and raised the issue of 'territorial injustice' for young people (Stein, 1997). Young people in neighbouring authorities and in similar circumstances often received very different levels of practical and financial assistance. It was this pattern of inconsistent services, fuelled in part by the inappropriate balance between duties and

discretionary powers in the Children Act 1989, that the new legislative framework was designed to address.

The legislative context

Government led initiatives to improve safeguards and the quality of services for looked after young people brought a renewed focus on leaving care. The Quality Protects (QP) programme, launched in 1998, required local authorities to generate action plans to improve care leaver support and targeted three key areas linked to social inclusion – housing; education, training and employment; and a requirement to stay in touch with young people to provide support and monitor outcomes (Department of Health, 1998).

The Government response to the review on safeguards for children living away from home (Utting, 1997) also announced plans to tighten the duties of local authorities with regard to those looked after and leaving care beyond the age of 16 and endorsed the further development of specialist schemes (Ministerial Task Force, 1998). These plans were published in a consultative document in 1999 (Department of Health, 1999) and culminated in the Children (Leaving Care) Act 2000, which came into effect in October 2001.

The CLCA is intended to bring about major changes to the landscape of leaving care. Its explicit purpose is to delay young people's transitions from care, improve the preparation, planning and consistency of support for young people, and to strengthen arrangements for financial assistance. The new arrangements encompass all young people aged 16 or 17, whether looked after or leaving care, who have been looked after for three months or more, continuously or in aggregate. Linked arrangements are specified for those aged 18 or over. It has placed significant new duties on local authorities:

- To assess and meet the needs of all eligible young people
- At age 16, all looked after young people are to have a written pathway plan, drawn up in consultation with all relevant partners and subject to regular review, that specifies a planned pathway to independence

- All young people are to be allocated a personal advisor responsible for co-ordinating the services necessary to fulfil the pathway and for providing consistent support through transition
- The local authority has full financial responsibility for young people whether accommodated or independent, except for those services provided by mainstream agencies, such as health, education and employment. In consequence, young people's entitlement to income support and housing benefit was removed until their 18th birthday.²

Regulations and guidance have spelt out the core areas of young people's lives that should be addressed through pathway planning (Department of Health, 2000). It is envisaged that pathway planning should last until young people reach 21 or beyond this if they are continuing in education.

Given this new context, there was a need to understand how local authorities were adapting to these changes, how they were influencing young people's transitions from care and to develop an evidence base that could support the development of more effective support services. In particular, we needed to know more about how young people negotiated these transitions; the forms of support that appeared more or less effective in generating positive outcomes for young people; the costs of these services; how resources were being utilised; and how support costs related to the outcomes achieved by young people. It was these gaps in our knowledge that the present study was designed to fill.

Design of the study

The study was designed to be exploratory and was primarily observational and hypothesis generating. As the new arrangements applied to all local authorities an experimental design including a comparator was not possible. Indeed, a key factor in implementing the CLCA was to introduce some degree of standardisation across leaving care services. There was therefore no appropriate control group for comparison, since *all* young people leaving care in these authorities who were eligible under the terms of the CLCA were entitled to receive a similar leaving care service.

²Exemptions exist for young parents and young people with disabilities.

The study focused on the experience of young people leaving care in England. Information was collected at two points in time: at baseline, on average two to three months after the young people had left care, and at follow-up, on average nine to 10 months later. The study also included a policy and practice dimension, which provided scope for considering differences in implementing the CLCA and in the organisation and delivery of leaving care services across the participating authorities.

The first phase of data collection began in October 2001 to coincide with the implementation of the CLCA:

- Time 1 (T1) the baseline study, took place between October 2001 and July 2002 for collecting case, service use and cost information and October 2002 to November 2002 for policy information
- Time 2 (T2) the follow-up study, took place between August 2002 and July 2003 for case, service use, cost and policy information.

The study comprised three strands of enquiry, which ran parallel throughout the study timeframe:

- Case information on the experience and outcomes of leaving care. This involved conducting interviews with young people and their leaving care workers at T1 and T2
- Service use and cost information associated with leaving care. Information was gathered from young people and their leaving care workers at T1 to pilot test the schedule and at T2 for use in the analysis
- Policy and practice information. This involved a review of relevant documentation and interviews with leaving care workers, team managers and service managers.

Sample recruitment and participation

The study took place in seven local authorities across England and the sample included 106 young people and their leaving care workers.

Selecting the authorities

As already outlined above, while the problems associated with leaving care have been extremely well documented, much less is known about the factors in young people's lives associated with them doing better or worse, about the forms of support that appear effective in helping young people to make a successful transition or the costs associated with these. It was this space that this study intended to fill. As such, the selection of the seven local authorities was guided by this aim.

First, it was felt that more could be learnt about what is helpful by selecting authorities with already established leaving care services. This, we hoped, would enable us to focus on the key aims of the study without the distraction of issues associated with a newly developing service. Although it was inevitable that some changes would occur in the services as the new arrangements began to take shape, it was considered likely that using established services would provide the best evidence for the purpose of the study. This does, however, have some key implications for the research. For example, the local authorities in which the research was carried out might not therefore provide a representative picture of the state of leaving care services across England. Indeed, it is highly unlikely that they do, since there is evidence that the onset of the CLCA has led to the development of new specialist services in areas where they previously did not exist (Broad, 2003). They are less likely, therefore, to demonstrate some of the bedding in problems associated with this newly developing provision or of the circumstances of young people where services remain minimal.

Second, we wanted to obtain a cross section of types of authorities in different regions. This was achieved and the sample included two London boroughs, two shire counties, two metropolitan districts and single unitary city authority. Two of the selected local authorities had more than one leaving care team. In all, twelve leaving care teams across the seven authorities participated in the research (see Appendix A for a brief description of the local authority areas).

Recruiting the sample

Recruitment process

Our preferred approach to recruitment relied on the help of the leaving care teams. Although care had been taken to minimise the impact on the teams, we requested

that leaving care workers take responsibility for referring the young people they were working with to the study. Leaving care workers were asked to return a referral form for each young person who met the study's eligibility criteria. They were also asked to provide the young person with an information leaflet on the research and discuss whether they were willing to participate. Those young people who agreed were asked to give permission for contact details to be passed to the research team. Researchers then contacted the young person to arrange a suitable time to conduct an interview.

Eligibility criteria

Young people were considered eligible for participation in the study if they:

- Were aged 16 and over and
- Had left care after 1 October 2001.

Definitions of leaving care tended to vary across local authorities; an issue that requires attention and carries implications for the collection and collation of local authority statistics on care leavers. For the purpose of our study, leaving care was defined according to the following criteria:

- Where young people had moved on from a care placement to semi-independent or independent accommodation and whether or not they were still legally looked after
- Where young people had returned from a care placement to live with family or relatives after the age of 16 or remained with foster carers once formally discharged.

The sample therefore included young people who had moved on from a care placement whilst still on a care order. Discussions with the referring leaving care worker were carried out to establish eligibility for the study. The new classification introduced under the CLCA, of eligible, relevant and former relevant young people was not used for the purpose of this research. We were keen to avoid confusion with our study definition of eligibility and initial discussions with the teams suggested that they were in the early stages of coming to terms with and applying these classifications.

Participation rates

Despite our best efforts to generate referrals (e.g. weekly phone calls and regular visits to the teams to profile the research and the referral process) our original target sample of 170 did not prove feasible during the recruitment timeframe. The number of young people leaving care appeared to be lower than anticipated. The following table illustrates the referral and participation rates for the sample.

Table 1.1 Referral and participation rates

Number of care leavers	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Total	%
Referrals	13	35	32	15	10	18	24	147	100%
Non-participants	5	12	13	3	1	2	5	41	28%
Participants at T1	8	23	19	12	9	16	19	106	72%

As indicated in Table 1.1, the total number of referrals considered eligible for participation between October 2001 and June 2002 amounted to 147 young people across the seven authorities. A substantial amount of time was devoted to chasing up referrals for interview. This task was often hampered by difficulties in reaching young people. For example, it was not uncommon for young people to have changed mobile phone numbers or to have moved accommodation during the short time between initial referral, our receipt of contact details and attempts to arrange interviews. Nevertheless, of the 147 referrals, 106 six young people (72%) went on to be interviewed. Six young people declined to take part but gave permission for their worker to provide full information. This group was not subsequently included in the research sample. In addition, 35 young people were unwilling or unable to take part. Monitoring information on key characteristics of all non-participants (n=41, 28%) was collected from leaving care workers. This allowed us to check for any bias in the sample and identify and address any obstacles to participation.

Analysis indicated that there was little significant difference between those who did and did not participate in the study. The key reasons for non-participation fall into three main categories:

- Unwilling to participate

- Unable to participate because of circumstances or difficulties
- Unable to make contact or secure an interview within the T1 data collection timeframe.

Further details and discussion of the non-participant group are contained in Appendix B.

Data collection

Data were gathered from a number of sources. This included interviews with young people, leaving care workers, team managers and service managers; a review of policy and practice documents; and use of local and nationally collected statistics on leaving care, unit costs and relevant government target indicators (e.g. Performance Assessment Framework and Quality Protects). A range of quantitative and qualitative methods was employed to collect and analyse the data.

Case and cost information

T1 Young person data

A structured schedule for young people was developed to collect baseline information at T1. This sought information on their care careers, transitional support arrangements and early post-care circumstances. Although the majority of questions were closed and pre-coded, there were also open-ended questions which allowed space for discussion and elaboration. Information was also gathered, using self-completion checklists, on the young person's current mental state using a 12-item version of the General Health Questionnaire (GHQ-12) (Goldberg and Williams, 1988) and on general health and well-being using sections of the Lancashire Quality of Life Profile (LQoLP), including Cantrils Ladder and the Life Satisfaction Scale (Huxley *et al.*, 1996 and 2001).³

As discussed further below (economic evaluation), a brief schedule was also used to gather service use and cost relevant data. This included information on the frequency and duration of use of a broad range of statutory and non-statutory services including contact with key professionals over the previous three months. This schedule, which was adapted for use in the current study, had been used in

³ See Appendix C for description of GHQ-12 and LQoLP.

several previous studies of services and associated costs (Byford *et al.*, 1999, Biehal *et al.*, 2003, Hicks *et al.*, 2003).

T1 Worker data

A postal questionnaire covering the young person's care career, current post-care circumstances, and transitional support plans from a professional perspective was sent to the relevant leaving care worker soon after the young person's T1 schedule was completed. This also included information on the worker's activities related to the young person, their caseload, non-case activity and salary.

T2 Young person data

Follow-up data collection took place on average nine and a half months after T1 (ten to eighteen months after moving on from care). At T2 semi structured tape recorded interviews were combined with structured pre-coded questions (for comparison with T1 data). The T2 interview centred on young people's experiences in key life areas since leaving care (e.g. housing, career, health and well-being, difficulties and informal and formal support). There was a particular focus on the previous nine-months; the processes associated with transitional support; outcomes in key life areas based on current circumstances and how these related to costs. The GHQ-12 and LQoLP were administered and information on mainstream service use and contact with professionals over the previous nine-months was collected.

T2 Worker data

Tape recorded telephone interviews were conducted with leaving care workers at T2. This allowed us to introduce a more qualitative approach to collecting information from a professional perspective, alongside the pre-coded questions. It also facilitated a 100% response rate from leaving care workers. As with T1, the information gathered from workers mirrored that gathered from young people, with the exception of the GHQ-12 and LQoLP. Data collection on contact time, non-case activity, salary and caseload was repeated at this point.

The young person interviews were conducted by a researcher in the young person's own home, the leaving care office or a suitable venue chosen by the young person. In a small number of cases interviews were conducted in secure environments (e.g. YOIs). Care was taken to make the instruments accessible to all participants. This included the use of interpreters for those whose first language was not English and

redesigning parts of the schedule to facilitate the needs of partially sighted participants. Young people received a monetary gift for sparing time to help. We also requested their permission to contact their leaving care worker for information at both points in time. All participants agreed.

Policy and practice information

Contextual information on policies, resources, services and their delivery was collected from four key sources:

Interviews with team managers

These were conducted during November and December 2002. Areas covered included information on the challenges of implementing the CLCA within the framework of their particular authority, provision for care leavers in general and for those with specific needs (e.g. young parents, disabled, minority ethnic or asylum seekers), management organisation and team structure, resources and wider local policy and procedures which impact upon young people leaving care. This included discussions on corporate and inter-agency partnerships and access to relevant services.

Interviews with service managers

These were conducted during October and November 2002 and were followed up six months later. The interviews replicated the information gathered from team managers with a greater focus on strategic planning and development during the first 18 months of delivering a service under the new Act.

Interviews with leaving care workers

Information was collected from leaving care workers on their views and experience of delivering a service under the CLCA. This included information on pathway planning, working under the new arrangements and issues regarding caseload, access to services and resources. This information was collected from each participating leaving care worker (n=56) during the course of a T2 case interview. As some leaving care workers were working with more than one young person participating in the study, they subsequently completed several T2 case interviews. Policy information was collected once only, often during the first T2 case interview.

Documents

Scrutiny of relevant documents included a review of Children's Service Plans, QP Management Action Plans, policy and practice statements relating to each of the leaving care teams and their wider corporate parenting strategy. Additionally, local and national Children Leaving Care statistics were examined.

Overall the information collected enabled us to reflect upon leaving care under the new Act from a rounded perspective, involving the views and experiences of all the key players.

Response rates

As Table 1.2 illustrates, 106 young people completed a schedule at T1. All agreed to take part in the nine-month follow-up. The attrition rate for young people at T2 was relatively low at 5%. The reasons for non-participation at this point included being unwilling to participate, either because the young person felt they had moved on with their life or because they were undergoing considerable difficulty and felt unable to participate. Also, we were unable to contact two young people who had adopted fairly chaotic lifestyles. In the main our success in re-contacting was facilitated by the level of continuing contact between leaving care teams and young people.

We were successful in gaining a 100% response rate from workers at both points in time.

Table 1.2 Sample participation rates at T1 and T2

Case and cost data	T1 (1-6 months after leaving care)	T2 (10-18 months after leaving care)	Attrition
Young people	106	101	5%
Leaving care workers	106	106*	0*
Policy	T1 (Up to 12 months after the Act)	T2 (12 – 18 months after the Act)	
Leaving care workers	n/a	56**	
Team managers	n/a	12	
Service managers	7	7	

*Information was collected from leaving care workers for the five young people who did not participate at T2.

**Some leaving care workers were working with several young people, however; policy information was collected only once.

Data analysis

Quantitative analysis (case information)

Statistical analysis, utilising the computer package SPSS-11, was undertaken to evaluate outcomes for young people and relate them to key factors, interventions and costs. This section focuses on the analysis of case information. Further details on costs are included in the section on economic evaluation, below.

Due to the relatively small sample size non-parametric tests were used for statistical analysis of the non-economic data. Such tests make fewer assumptions about the distribution of the data and are commonly used in social research of this kind. To further adjust for the limited sample size SPSS Exact tests were also utilised. This included:

- Fishers exact test for categorical by categorical (2x2) variables
- Chi-square test for categorical by categorical (larger than 2x2) variables
- Mann-Whitney test for ordinal by categorical (2 value) variables
- Kruskal-Wallis test for ordinal by categorical (more than 2 value) variables
- Kendall's tau-b correlation for ordinal by ordinal variables.

A test result of $p=0.05$ was considered statistically significant (i.e. at the 95% confidence level).

Reliability tests were used to measure the level of consistency within scales using Cronbach's alpha. All p values, coefficients and sample size indicators for test results are included in the text to enable the reader to reach their own judgements about the relative importance of particular findings.

Bivariate analysis was undertaken to identify associations with a range of intermediate outcomes in areas, such as housing, education/employment, life skills and so on. These findings are presented in Chapters 3 to 6. In addition, multivariate analysis was employed to examine associations with our final outcome measures. Regression models were utilised for this purpose and are discussed in detail in Chapter 7. Appendix C provides further information on the statistical tests utilised during the course of data analysis and issues arising.

Nine months is a relatively short period of time in which to measure change and suggests the need for caution when reaching judgements about final outcomes. The intermediate and final 'outcomes' described within the study are therefore limited by the short follow-up period and should be seen as indicative of the progress being made by young people. The final outcome measures used in the study are described in Appendix C and included an in-house constructed measure of outcome combining accommodation and economic activity (work/home), the standardised measure of mental well-being (GHQ-12) (Goldberg *et al.*, 1988) and general well-being using Cantril's Ladder (Huxley *et al.*, 1996).

Qualitative analysis

Case study data

The qualitative study enabled an in-depth focus on young people's care histories, the processes associated with transitional support and how these related to outcomes. It enabled us to consider how and why particular factors influenced the kinds of outcomes achieved and the intrinsic and extrinsic limits of support and intervention. Qualitative material complemented and enhanced the quantitative data and provided case study material to illustrate issues and experiences.

A specially adapted version of Microsoft Access, modified for multi-level analysis of qualitative data was developed. This allowed both a case study and cross case thematic analysis to be undertaken, drawing on data from young people and leaving care workers. In combination with the statistical data, it enabled a rounded understanding of the progress being made by young people in key areas of their lives to be developed.

Policy data

The policy study provided a focus on the context in which services were being provided in each authority, how these tended to shape the work with young people and on the response of these authorities to the challenges presented by the CLCA. An Access database was designed to undertake a content analysis of this information. Although insights from this study are integrated into the case study chapters (Chapters 2-6), the main findings are presented in Chapter 9.

Economic Evaluation

Perspective

The main emphasis of the analysis was the care leaver and therefore the package of services that they used were identified and costed. A broad cost perspective was chosen, costing a variety of different services that the young person might use. Resource use across the young people differs and the use of one service may impact on the use of other services and therefore the analysis is more comprehensive if all these services are considered. Costs were calculated for the use of social services, including leaving care services, as well as education, health, youth justice, voluntary and private sector services. The main costs that were omitted were out-of-pocket expenses to the young person and their family including the cost of time and travel spent in order that they gain access to support services. These expenses were omitted in order to reduce the burden of responding to our schedules.

Data collection

Pilot testing of the economics-focused care leaver schedules was conducted at baseline and data collected from similar schedules at follow-up were used in the analysis. At both time points the young people were asked to complete a schedule on their use of services whilst in face-to-face interviews with a member of the research team. At T1 the young people were asked to report on their use of services over the previous three months and at T2 they were asked to report on their use of services since baseline (T1), approximately nine months before, including the frequency and duration of the services used. The schedule was adapted from one designed as part of previous research (Byford *et al.*, 1999). Where data was missing due to incomplete responses, the average (mean) of the response of those using the service was used.

To cost the time spent by the young people with their leaving care worker, the workers were sent a schedule by post at T1 and interviewed over the telephone at follow-up. This schedule was also adapted from one designed as part of previous research (Biehal *et al.*, 2003). The schedule asked the leaving care workers to report on the frequency and duration of face-to-face contacts, telephone calls, failed contacts, formal review or planning meetings and preparation for other meetings relating to the care leaver since the baseline schedule was completed approximately nine months earlier. Additionally the worker was asked for the proportion of their

total time spent on non-caseload activity, whether they worked part time or full time, their whole time equivalent if they worked part time and their annual salary.

Analysis

To explore factors that might be related to the cost of the services supporting the young people, cost-function analysis, based on ordinary least squares regression was undertaken. This analysis was used to assess which baseline variables were associated with variation in the average cost of services per young person per week. More detail on the methods used and the main findings of the economic analysis are presented in Chapter 8.

Summary points

This chapter provides an introduction to the background and context of the research study, situating it within previous and emerging policy and practice and existing research into young people leaving care. It also describes the methods employed in conducting the study by outlining procedures for sample recruitment, data collection and data analysis.

- Every year, more than 6,000 young people formally leave the care of local authorities in England, most to establish independent lives in the community as young adults
- From the late 1970s, a number of mostly small-scale exploratory studies emerged that helped to raise the profile of leaving care. These studies alerted us to the diversity amongst young people leaving care and the risks that many encountered
- From the early 1980s, growing awareness of these problems led to the steady growth of specialist leaving care schemes and a series of legislative and policy developments which culminated in the Children (Leaving Care) Act 2000
- The CLCA, implemented in October 2001, is intended to bring about major changes to the landscape of leaving care. Its explicit purpose is to delay young people's transitions from care, improve the preparation, planning and consistency of support for young people, and to strengthen arrangements for financial assistance
- This research study focused on the care careers, transitional support arrangements and early post-care careers of young people moving to independence after October 2001 in the seven authorities over a nine-month period

- The sample consisted of 106 young people and their leaving care worker at baseline. Only 5 young people failed to participate at follow-up, nine months later
- This was complemented by a detailed policy study of leaving care policies, practices and procedures in each of the authorities
- The study comprised of both quantitative and qualitative approaches. Statistical analysis was carried out using SPSS-11 and employed non-parametric and Exact tests to deal with the relatively limited sample size. Qualitative analysis was carried out using a purpose-developed version of Access which allowed between case and cross case analysis
- The main focus of the analysis was to gain an understanding of the relationship between outcomes, costs and intervention.

2 The Young People and their Experience of Substitute Care

Children and young people looked after by local authorities are likely to have a diverse range of experiences. Differences in family background and experience, in personal characteristics, abilities and in the pattern of care careers are all likely to influence young people's progress and their life chances upon leaving care. This chapter will describe the personal characteristics and important aspects of the care careers of the young people who participated in this study. It will also consider the preparation they received for leaving care and the process of leaving care itself.

Characteristics of the young people

Just over one half (53 per cent) of the young people were female. Three quarters of the 'citizen' young people in the sample described themselves as white (75 per cent) and nine per cent as being of mixed heritage. Very few young people defined themselves as Black (5 per cent) or as being of Asian origin (1 per cent). Two thirds of the young people from minority ethnic backgrounds came from the two London boroughs. This breakdown is broadly consistent with local authority returns on the ethnic origin of looked after young people in England (Department of Health, 2003a).

In addition, a further 12 young people, accounting for 11 per cent of the sample, first arrived in the UK as unaccompanied minors. All of these young people were referred from the two London boroughs. These young people originated from a variety of countries – Kosovo (4), Ethiopia (4), Rwanda (2) and one each from Eritrea and Zaire.

Although caution is needed given the numbers concerned, there were some differences in the care careers of unaccompanied minors when compared to citizen young people. Although they were no more likely to experience unsettled care careers, as measured by placement movement, they were more likely to have last entered care at an older age ($p<0.01$, $n=106$). Most (10) entered care aged 14 or 15, although all were accommodated before the age of 16. In consequence, they tended to have been looked after for a shorter period of time ($p<0.01$, $n=106$). Finally, although not reaching the threshold for statistical significance ($p=0.14$), a visual inspection of the data suggested that refugee young people were more likely to have

had a last placement in a residential setting – over one half did so (58 per cent) compared to 31 per cent of citizen young people. Correspondingly, they were less likely to have left from foster care – just over two fifths did so (42 per cent) compared to three fifths (63 per cent) of citizen young people. These differences should be borne in mind when a description of the care careers of the sample as a whole is provided below.

Mental health and disabilities

The perceptions of young people and workers about health issues will be explored later in the report. However, young people and workers were asked slightly different questions in relation to mental health and disability and, to establish a baseline assessment, we have relied on the rather more precise questions asked of practitioners. In this respect, we are reliant on the judgements of these workers. Leaving care workers were asked whether young people had physical or sensory impairments, learning disabilities, mental health problems or emotional and behavioural difficulties. The distribution is shown in Table 2.1.

Table 2.1 Young people with special needs (n=106)

	%
Sensory impairment	5
Physical disability	2
Learning disability	13
Mental health problem	10
Emotional and behavioural difficulties	42

Very few young people were considered to have a physical disability, although the proportion is consistent with a recent survey of young people in touch with leaving care services (Broad, 2003). One young person was considered to have a problem with obesity and the other had cerebral palsy, a visual impairment and a learning disability. Taken together, 17 per cent of the young people were considered to have a sensory, physical or learning disability. For the purposes of further analysis, it is this grouping that will be referred to as disabled young people.

In comparison to previous studies, fewer young people in the current study (10 per cent) appeared to have mental health problems at baseline (McCann *et al.*, 1996; Cheung and Buchanan, 1997). It is important to note, however, that retrospective studies suggest that those with a care background are at greater risk of developing a mental illness in adult life (Buchanan, 1999). The majority of young people with mental health problems described episodes of depression - although self-harming, eating disorders, anxiety attacks and episodes of paranoia were also reported.

The proportion of young people judged to have emotional and behavioural difficulties appears high, is likely to encompass a broad range of emotional and behaviour issues and will not necessarily correspond with classifications provided by educational psychologists. However, there is some evidence that where young people are considered to have such difficulties, significant mental health problems often tend to exist (Cole *et al.*, 2002). Amongst those with difficulties of this kind, just over one half were described as having a moderate (41 per cent) to severe (11 per cent) difficulty by their workers. Problems included difficulties with anger management, verbal, physical or sexual aggression, ADHD, alcoholism, offending, mood swings and emotional issues related to past experiences of abuse, rejection or bereavement.

Taken together, 44 per cent of the sample was considered to have mental health or emotional and behavioural difficulties. Further analysis in the report in relation to mental health will be based on this broad group.

Care careers

Information was collected for the last or only episode of being looked after. As Table 2.2 suggests, the majority of young people (69 per cent) last entered local authority accommodation as teenagers and for three quarters of the sample (73 per cent) this was their only period of accommodation. The numbers of late teenage entrants were inflated by the presence of unaccompanied minors who accounted for almost one quarter of all entrants in the 14-16 age group.

Table 2.2 Age last entered local authority accommodation (n=106)

	%
0 – 4 years	10
5 – 10 years	20
11 – 13 years	26
14 – 16 years	43

A similar effect was evident in relation to the legal status of young people during their last episode of care, since all unaccompanied minors had been accommodated under voluntary arrangements. However, even when controlling for this group, the proportion of citizen young people accommodated on a voluntary basis was high compared to recent national figures. Over one half (52 per cent) had been accommodated by voluntary agreement compared to 32 per cent nationally at March 31 2002 (Department of Health, 2003a). Around two fifths of the young people (41 per cent) had been on care orders and just three young people had been remanded to care.

Duration of last period of care

For some young people, as can be seen in Table 2.3, their time in care had constituted a relatively short period in their lives, while for others it represented their main life experience, certainly throughout the formative teenage years.

Table 2.3 Duration of last period of care (n=106)

	%
One year or less	16
Two to four years	41
Five to nine years	25
Ten or more years	18

Almost one fifth of the sample had been accommodated for 10 years or more and a further quarter for five to nine years. Since, by definition, the sample is comprised of young people for whom an earlier return home had not proved negotiable, the

weighting towards longer-term care should not be surprising. Their dependence upon social services and professional carers to help equip them for their journey into adulthood should also be apparent.

Last care placement

National figures for 2002 suggest that around three quarters of young people looked after away from home are accommodated in foster placements and that just 13 per cent are accommodated in children's homes. However, the use made of different types of placement varies considerably by local authority (Department of Health, 2003a). This was the case for the seven authorities in this study. At March 2002, use of foster placements ranged from 59 per cent to 83 per cent of all children looked after away from home and use of children's homes ranged from 8 per cent to 28 per cent (Department of Health, 2003b; Table 8).

Research that has adopted a more dynamic care careers approach has highlighted the continuing importance of residential care as a resource for teenagers (Rowe *et al.*, 1989; Stone, 1990; Garnett, 1992). The last placement in care for around one third of this sample was a residential placement, approximately three in five young people left from a foster placement and a minority of these young people [5] had been placed with relatives (Table 2.4). 'Other' included four young people resident in

Table 2.4 Last care placement (n=106)

	%
Foster	59
Residential	34
Other	7

secure units and a further three in approved placements with friends or, in one case, in a safe house. Of course, last placement in care can only be a crude indicator of a young person's placement history and most of the young people had experienced both types of provision during their care careers.

Stability

Most studies of public care identify the instability and unpredictability of young people's lives as important factors associated with poor outcomes, including a heightened risk of later homelessness (Biehal *et al.*, 1995; Biehal and Wade, 1999). Recent studies continue to show high levels of placement movement and disruption in the care system (Packman and Hall, 1998; Shaw, 1998; Jackson and Thomas, 1999). Providing young people with a secure and stable home environment and continuity in important relationships has proved elusive, perhaps especially for teenagers in foster settings (Sinclair *et al.*, 1995; Triseliotis *et al.*, 1995). Recent work on attachment and resilience has also highlighted the importance of providing a secure home base within which young people can develop the 'planful competence', self esteem and self efficacy necessary to cope with later adversities (Rutter, 1999; Gilligan, 2001). In response to this body of evidence, improvement in placement stability has been one of the objectives of the Quality Protects programme, although there is wide variation in the extent to which local authorities are able to meet the set targets (Jackson, 2002).

Table 2.5 indicates the pattern of placement movement for these young people at the close of their care careers. It is encouraging to report that more than one quarter of

Table 2.5 Movement in care (n=106)

	%
No moves	27
One to three moves	36
Four or more moves	37

the young people remained in the same placement throughout their last period of care. However, for many, movement punctuated their last care episode. Over one third had made four or more moves and 17 per cent had moved ten or more times.

Movement may stem from placement breakdowns or derive from wider policy and institutional imperatives (Jackson, 2002). In consequence, young people may carry feelings of loss and responsibility and experience considerable disruption to school,

family and friendship networks. At its extreme, feelings of disorientation are not uncommon, as the following comments from young people suggest:

I had a feeling of uncertainty before I came to my current carers. I was moved from pillar to post. I never knew where I'd end up. I was put with all sorts of young people and saw stuff you shouldn't have to. My education suffered.

I was passed on. That's how it feels, not having a proper home, not feeling you belong. Having to deal with lots of people telling me the same thing over and over again. I got bored with hearing it. I got bored with hearing myself.

Some features of young people's care careers were associated with higher levels of placement movement. For example, it was not surprising to find that those with higher levels of movement were more likely to have had a last placement in a residential setting ($p<0.01$, $n=99$). Over two fifths (44 per cent) of those with a last placement in residential care had experienced four or more moves compared to 30 per cent of those leaving from foster care. Utilising the average number of moves per year during the last period of care as a measure of stability, there was also some evidence of a negative correlation between length of time looked after and placement movement ($p<0.001$, $\tau -.247$, $n=106$). This suggests that, at least in relative terms, those who entered later as older teenagers and therefore stayed for a shorter time tended to have greater difficulty establishing themselves in a settled placement.

Young people were also asked about certain aspects of their behaviour while looked after and difficulties in these areas were also associated with higher levels of movement. Young people who reported having offences in the past 12 months at the baseline interview were more likely to have had multiple placements ($p<0.001$, $n=106$). Nearly three in five (58 per cent) had moved four or more times compared to just one quarter (25 per cent) of those without offences. Young people who reported having run away in the past had also experienced more movement, 54 per cent having had four or more moves compared to 15 per cent of those who had not run away ($p=0.02$, $n=106$). Significant associations were also found for those who had truanted from school in the past ($p=0.02$, $n=105$) and for those who had been excluded or suspended from school ($p<0.01$, $n=105$). More than four in five of those

who had been excluded (82 per cent) had moved four or more times compared to just 18 per cent of those who had not.

Previous work on young people who go missing from substitute care found a similar clustering of behaviour issues surrounded running away (Wade *et al.*, 1998). Those who went missing were less likely to be attending school regularly, were more likely to have offences and involvement in substance misuse and, especially where they went missing often, to have unsettled care careers. It is likely that a similar reciprocity exists here. A clustering of these behaviour difficulties is likely to be associated with greater placement instability and a last placement in residential care. However, it is equally the case, as recent research on residential care has shown, that children's homes themselves often provide an environment that nurtures such behaviours (Berridge and Brodie, 1998; Sinclair and Gibbs, 1998). In what ways, if any, placement movement, as a proxy measure for stability in care, is associated with later outcomes on leaving will be considered in later chapters.

Age at leaving

Completed research has consistently identified the early age at which young people leave care for independent living when compared to their peers (Biehal *et al.*, 1992; Garnett, 1992). Consistent with these studies, our definition of leaving care embraced movement and the assumption of greater adult responsibilities, irrespective of the formal status of social services involvement at the time. It denoted a move from a care placement (whether foster or residential or other approved placement) to semi-independent accommodation (supported lodgings, hostels and so on), to independent accommodation (whether transitional or permanent) or to the family home after the age of 16. Although, in many cases, young people move on before they formally cease to be looked after, it is the move itself that has greatest significance for their lives. Our definition included the formal ending of a care order only where a young person continued to reside with their foster carer, most commonly on a supported lodgings basis.

Table 2.6 Age at leaving care (n=106)

	%
Before the age of 17	44
Age 17	31
Age 18 or above	26

Table 2.6 shows that, by this definition, three in four young people had left care before the age of 18. Just one young person was older than 18 when they moved on. This is remarkably high. Local authority returns to the Department of Health point to a recent national trend for young people to leave care later. According to these statistics, 62 per cent of young people ceased to be looked after aged 16 or 17 in 1998 and, by 2002, this had reduced to 51 per cent (Department of Health, 2003a). Although we should be cautious about such data, this may in part stem from definitional issues. Local authorities are likely to vary in how they define the point of leaving care and returns are more likely to relate to a formal ceasing of involvement which will tend to raise the age of leaving. This was the case with some of our authorities, where young people were not considered to have left care until they had passed through transitional supported accommodation and were about to assume their own tenancies aged 18 or over. A visual inspection of our data did show some variations between our authorities in the proportions of young people leaving at 16 or 17, ranging from 50 per cent to over 80 per cent, but these differences did not reach the threshold for significance ($p=0.2$).

Preparation for leaving care

Research on leaving care has consistently highlighted inconsistencies in the help young people receive to prepare them for adult life (Stein and Carey, 1986; Who Cares? Trust, 1993; Clayden and Stein, 1996). Despite this, very few studies have focused on what makes for effective preparation and our knowledge of what may 'work' is limited. To date, evidence from research and practice evaluations suggests that it helps if preparation begins, at least in a general sense, from the point young people are first looked after and that it may best be achieved in a context of stable placements, permitting continuity in important relationships and allowing a gradual development of skills, negotiation and appropriate risk taking. It also helps for preparation to pay equal attention to the development of practical, emotional,

educational and interpersonal skills (Clayden and Stein, 1996; Stein and Wade, 2000). There is also some evidence that preparation relates more positively to later outcomes where it is part of a focused approach, providing training in clusters of core skills in combination, rather than teaching skills in a random or isolated way (Cook, 1994).

Providing stable environments for young people has proved a particular challenge, especially in residential settings. Residential care has suffered a decline in popularity and usage. Most children's homes now tend to be short term environments, accommodating mainly teenagers who often arrive as unplanned emergencies and may exhibit challenging behaviour of one kind or another (Berridge, 2002). In such circumstances, carefully planned preparation is more difficult to achieve. Preparation in foster placements also tends to vary, with some carers, in particular, providing overly protective environments (Biehal *et al.*, 1995).

Young people's views of preparation support

However, at the baseline interview soon after leaving care, the vast majority of young people felt that they were fairly well prepared for leaving care. Over four fifths (83 per cent) felt that they were 'very' or 'quite' well prepared, the majority (49 per cent of the sample) being in the latter category. The main association with how well prepared young people felt related to disability. One third of young disabled people felt less well prepared (33 per cent) compared to 14 per cent of those without physical, sensory or learning impairments ($p<0.01$, $n=105$). Recent work on disabled young people leaving care has also pointed to the variable nature of preparation and transition planning for this group of young people (Rabiee *et al.*, 2001).

Young people were also quite positive about the information and support they had received in a range of life skills areas prior to leaving care, as shown in table 2.7.

Table 2.7 Preparation support in life skills areas

Life skill	Enough	Some	None
Health and lifestyle			
Personal hygiene	62	9	28
Healthy diet	70	15	15
Keeping fit	53	21	26
Safe sex	81	11	8
Hobbies	57	24	20
Alcohol use	79	12	9
Drug use	82	9	9
Smoking	79	9	11
Practical skills			
Cooking	48	29	23
Shopping	58	17	26
Budgeting	45	31	24
Interpersonal skills			
Making friends	44	14	42
Personal and sexual relationships	47	14	39
Dealing with official people	37	21	42
Finding help or information	58	25	17

However, this positive assessment also masks some interesting differences. Health and lifestyle issues were well to the fore, although, from the perspective of young people, less attention appeared to have been given to exercise and hobbies. This perhaps reflects the increasing profile of health issues in recent years. One can also readily imagine the barrage of information young people were likely to have received in the areas of safe sex and substance misuse while still looked after. While young people were less likely to feel they had received enough support in the critical arena of interpersonal skills, the lower rating in practical skills may have reflected a growing realisation that practising these in the real world was more difficult than had been anticipated.

Young people also identified a wide range of people who had been 'very helpful' or 'some help' in assisting them to prepare for adult life (Table 2.8). No help in this context means that help was not available from a given source, either because it was not forthcoming or because that person was simply not present in the young person's life to provide it. 'Other' sources of help included a wide variety of people. Extended

family members were prominent (grandparents, aunts and uncles). In some cases help and advice was forthcoming from the families of partners or from foster brothers and sisters. A wider group of professionals also got some mention, including health workers, mentors and a YOT worker. Young people can therefore identify a very broad range of people who, in their estimation, have helped them to develop the skills, competencies and fortitude that they will require in later life. Far more than is likely to figure prominently in the minds of practitioners responsible for coordinating preparation support. Wherever practicable, therefore, efforts to draw on these wider sources of support in childcare planning may prove helpful.

Table 2.8 Who helped young people to prepare for adult life?

Per cent of young people who identified this person				
	Very helpful	Some help	No help	
Parents	32	32	37	n=73
Foster carer	42	38	21	n=72
Residential worker	37	47	16	n=43
Leaving care worker	55	37	8	n=96
Social worker	23	46	32	n=88
Teacher	13	29	58	n=92
Friends	39	35	26	n=100
Other	63	37	0	n=68

We were also interested in teasing out how, from a young person's perspective, variations in preparation support might relate to other aspects of their lives. Reliability analysis was carried out on the 15 items listed above in order to ensure that the list had a reasonable internal consistency, that each item in the list was measuring the same kind of thing, and this indicated a good level of reliability between the items (Cronbach's alpha 0.89). These items were then combined to provide an overall score for each case as a measure of the degree to which young people felt they had received sufficient or insufficient preparation support overall.

A number of associations between the characteristics of young people, their care careers and the sufficiency of information and support they received were evident. First, young people assessed by practitioners as having emotional and behavioural difficulties were less likely to report that they had received sufficient information and

support during preparation ($p=0.03$, $n=105$). There was also marginal evidence that those who had truanted more frequently from school felt less well supported ($p=0.01$, $n=104$, $\tau = -.195$).

Some association was also apparent with aspects of young people's care careers that connect with our earlier findings on placement movement. There was a weak positive correlation with length of time looked after for the last period of care ($p=0.01$, $n=105$, $\tau = .176$). Those who had been looked after longer felt they had received more preparation support. There was also a weak negative correlation with placement movement ($p=0.02$, $n=105$, $\tau = -.159$). The more moves young people had made on average per year the less supported they felt. These findings suggest that where older teenagers enter care later and experience relatively more movement in a shorter space of time, they are likely to have fewer opportunities to receive adequate preparation support. Conversely, where young people are looked after at an earlier point in their lives and have a relatively settled career, they are likely to feel better supported.

Worker's views of preparation support

At the baseline interview, leaving care workers were asked different questions in relation to preparation support – whether, in their estimation, the young person had received a 'planned programme of preparation' and, if so, which areas had been covered during this process from a list of 18 possible items. These items included self-care skills (personal hygiene, diet, health), practical skills (shopping, cooking, budgeting), interpersonal skills (managing friendships, sexual relationships, formal encounters and school/work relationships), education (supporting attendance and progress, return to learn options and preparation for work), identity (family links and knowledge, sexuality, community links) and leisure interests.¹

Over one half of leaving care workers reported that a planned programme had been provided (57 per cent), just over one third (35 per cent) that it had not and 9 per cent were unaware either way. It should be borne in mind that the absence of a formal programme of preparation should not be taken to mean that no preparation work had taken place more informally within placements or elsewhere. Indeed, a number of

¹Reliability analysis showed these 18 items to be strongly correlated (Cronbach's alpha 0.99). It is a limited measure, however, to the extent that it assumes each area to be of equivalent importance to overall preparation, which may in practice not be the case.

workers who answered in the negative went on to complete areas that had been covered in this way despite being asked not to.

From this data we constructed a measure to assess the intensity of preparation support provided from a worker perspective. First, the 18 items were combined to provide an overall score for the preparation areas covered for those young people who had received a planned programme. This provided a mean score of 13.5 areas covered. Preparation support was considered of 'low intensity' if no planned programme had been provided (39 per cent of cases); of 'medium intensity' if there had been a planned programme but a below average number of areas had been covered (19 per cent); of 'high intensity' if there was a planned programme and that programme covered an average or above number of areas (42 per cent).²

There were no associations between the intensity of preparation support provided, according to this measure, and the characteristics of young people, challenging behaviour issues while looked after (school attendance, offences, running away and so on) nor with respect to most aspects of their care careers. The only positive association, once again, was that those looked after longer had tended to receive more preparation support ($p<0.01$, $\tau .231$, $n=94$).

Does preparation support relate to overall feelings of being prepared to leave?

This question presents a conundrum. In short, the answer appears to be no. At the outset of this section it was reported that, in overall terms, more than four in five young people had felt very or quite well prepared for leaving. Yet whether or not they felt ready to leave was not significantly associated with the information and support they had received to help them prepare ($p=0.75$) nor was it associated with the workers' estimation of support provided ($p=0.6$).

Unfortunately this apparent paradox cannot be adequately answered from our data. It may require further interrogation of what young people mean when they indicate they have had 'enough' support. Feeling prepared may not always have much to do with support at all. It may relate more to a desire for independence; to a notion of readiness in a more general sense. It may stem from an internalisation of

² This measure correlated positively (if weakly) with the score derived from young people's appreciation of the information and support they had received ($p .03$, Kendall's tau-b .182). This suggests that the ratings provided by both young people and workers are based in some shared appreciation of the support received.

expectations that it is the right time to leave or from disillusionment with the care system or a feeling that they have had as much as they can get from it. Alternatively, it may relate more to the social networks or ongoing support that is available to young people at this time. However, it does suggest that communication between workers and young people needs to unpack the meaning of readiness as it applies to each individual. This may not always sit well with a narrow approach to needs assessment and may need to be thought about in broader terms.

At baseline interview many young people spoke warmly of the kindness and support they had received from their caregivers. Positive evaluations of care tended to centre on the importance of attachment, a sense of belonging and, for some, a chance to feel part of a family. Within this context, young people's skills and confidence could develop:

They taught me everything I know basically. (David; of his foster carers)

It's taught me a lot of life skills. It has helped me with a lot of stuff...It's given me a lot of skills that I reckon I wouldn't have had if I hadn't been there. (Rory, of his children's home)

However, a number of young people also emphasised self-reliance. These young people had not felt the need for support to prepare for leaving care, perhaps had resisted it, or felt they had already learnt most life skills at an early age (for instance, by acting as young carers within their families). 'Enough' support for these young people could be quite minimal:

I wasn't taking much support then, actually. I wouldn't accept it...I don't know, I was just doing it on my own. (Grace, foster care)

I've been doing everything since I was six years old. (Cara, foster care)

Although some young people expressed anxiety about how they would cope and whether their skills were sufficient – 'I was worried about everything going wrong and that I wouldn't have enough money' – others were driven by a need for independence, to be on their own, whether or not that assessment was realistic:

I got it into my head that's what I really, really wanted to do...to live alone and be independent. (Gabrielle, foster care)

I did feel prepared enough to look after myself, I just think I was too young and stupid basically. (Jenna, children's home)

Some young people also pointed to the artificial or unrealistic context in which preparation often took place. While these young people may have felt well prepared for leaving, in retrospect they often found they lacked essential skills or had great difficulty translating them to the harsher climate of independent living:

They did have talks...on how to decorate and finance and things like that. That was OK, but I don't think that it was properly organised for the outside world. (Rosa, foster care)

A recent follow-up study of 141 care leavers in Wisconsin also found that, while young people generally had thought themselves to be well prepared at the point of leaving care, some 12 to 18 months later, the majority felt they had not been adequately taught a range of specific skills that they had needed subsequently. The authors concluded that independent living skills training was often not sufficiently realistic and often did not engage young people in real life activities that they would have to use later (Courtney *et al.*, 2001).

While this brief discussion does not answer the paradox at the heart of our original question, it does point to the complex relationship between perceptions of readiness for leaving and support. It certainly suggests that whether or not young people feel prepared or ready to leave relates to wider issues than just the information, training and support they may have received at prior stages in their care careers. Given the importance of preparation to young people's later life chances and the emphasis that the CLCA gives to pathway planning based on a thorough assessment of need, further systematic study of the factors at play in the preparation process is warranted.

Leaving care

This final section will look briefly at when and in what circumstances the young people left care. It will also consider, largely from the perspective of workers, some elements of transition planning. Based on consistent findings over time about the relatively poor life chances of young people leaving care, the CLCA has a stated purpose to delay transitions from care and to improve the preparation, planning and consistency of support for young people through new duties to assess and meet needs, provide personal advisers and develop pathway planning (Department of Health, 2001a). It should be borne in mind that sample recruitment to this study began at the point the new legislation was implemented and that, in most respects, preparation and transition planning for these young people occurred prior to this new context.

Who leaves early?

As we have seen, around three in four young people moved on from their last care placement before the age of 18 and only one young person did so when older than 18. However, it should be noted that leaving early is not always negative. Moving from a care placement to supported accommodation at 16 or 17, such as lodgings or a hostel, may represent a positive choice for young people and provide much needed opportunities for them to acquire skills and confidence before finally moving on to their own tenancies. It therefore often forms part of a planned and staged move towards more independent living. Nevertheless, it remains the case that, in comparison to the wider population of young people, those who are looked after are still expected to leave and assume a range of adult responsibilities at a far earlier age (Jones, 1995).

Young people with past offences tended to leave earlier ($p=0.02$, $n=106$). Although not sufficient to reach a threshold for significance, this pattern appeared to be present for those who had run away more frequently ($p=0.07$) and for those with past problems with substance misuse ($p=0.07$). This suggests that young people who present behaviour management problems in placements may be more likely to leave early, a view shared by some practitioners:

I think the difficulty is that it is usually the ones who are very settled in full time education, who are getting on with their lives very successfully, who are able to remain until they are 18. Those that are seen to be disruptive, who've got

emotional or behavioural issues, they are the ones who need to be in foster care until they are 18, but they're the ones that leave earlier. (Team manager)

Leaving earlier was also associated with some important aspects of young people's care careers. Those continuously looked after for a shorter time and those who had experienced a higher rate of placement movement tended to leave at a younger age. Furthermore, those whose last placement was in a residential setting also tended to leave earlier.³ Only one in nine young people from residential placements (11 per cent) left at the age of 18 or above compared to 33 per cent of those leaving foster placements. Once again, these findings tend to highlight the vulnerability of teenage entrants. Where young people enter as teenagers and where they fail to establish a settled care career, they are more likely to leave early and more often from residential placements. In other words, those with perhaps the greatest need to stay longer are in practice amongst the earliest to leave.

Choice about leaving

Young people were also asked about the degree of choice they felt they had over the nature and timing of their leaving; an issue about which the young people were fairly evenly divided. Just over one third (35 per cent) felt they could choose, 30 per cent felt they had exercised some choice and a further 35 per cent felt that they had no choice in the matter at all. However, there were no clear associations between the extent of choice and young people's personal characteristics, the pattern of their care careers, their behaviour while looked after nor with respect to the support they had received with preparation and transition planning. This suggests a need to unpack carefully the meaning that underlies 'choice' in circumstances where its exercise may be constrained.

At baseline interview, young people and workers were asked to provide reasons for the young person leaving care when they did. It may be that these responses can shed further light on the operation of choice. In some cases, a clear reason could not be discerned and, in some others, there was conflict between the accounts of young people and workers. Amongst those cases where young people felt they had no

³ Significance levels of these associations were as follows: length of time looked after ($p<0.001$, Kendall's tau-b -.412, $n=106$); placement movement ($p<0.001$, Kendall's tau-b -.438, $n=106$); last placement ($p<0.01$, $n=106$).

choice about when they left, and where a clear reason for leaving was apparent, around one half were linked to placement breakdown. In these circumstances young people often felt that events were completely outside their control:

My social worker decided. My social worker made the decisions. She wouldn't let me have a say. (Lauren, foster care)

I didn't really want to move...but I had no choice really. If I had the choice whether or not to move, I would have chose that. I would rather have stayed at the foster parents...Things went wrong and I'd just had enough. (Jimmy)

Young people often acknowledged that their behaviour had contributed to these breakdowns and some, as in Jimmy's case, had subsequent regrets about the rupturing of these relationships. For example, Jenna, caught up in excessive drug use, caused considerable damage to her children's home and was forced to leave. At the follow-up interview, she had considerable regrets about her departure:

I miss being there because I looked to them as my family. I mean I was with them for five years.

Lack of choice also related to a reluctance about leaving or to a change in circumstances prompting departure. These scenarios were quite divergent. A few young people felt their carers no longer wanted them and this tended to coincide with carers wanting a break from fostering. Leaving children's homes was sometimes linked to pregnancy, home closure or to funding being withdrawn at 18. The discharge of care orders could also force a change in young people's circumstances, where a freeing up of placements was required. A few young people, leaving prison or secure units had no placement to return to and had to move on. Finally, one or two young people forced their own departures in circumstances they felt were not of their own choosing. One young person walked out of their children's home as they were unhappy and another felt forced to leave through fear of violence and bullying.

Constrained choice did not signify lack of planning. In many cases practitioners worked closely with young people and carers to provide a transition that was as

smooth as possible. However, breakdowns inevitably could bring about a hurried reappraisal of plans that had previously been in place. Practitioners also expressed frustration at the systemic influences that could accelerate moving on in circumstances where alternatives were needed. In particular, concerns were raised about the difficulties of changing traditional assumptions about moving on and about the pressures on placement supply:

We haven't got enough placements... So if a placement breaks down there aren't other (placements) ready to provide an alternative. In terms of the work we do, it has still meant that some young people are moving out of care sooner than they are ready for. (Team Manager)

The key difference for young people who felt they had exercised choice was that, whatever their objective circumstances, they had wanted independence and felt they had retained greater control of their destinies. Inevitably there was more evidence of calm and measured planning. Around two in five young people were fairly ready to leave and made planned moves, even if the circumstances were not always unproblematic:

There was a bit of trouble at the residential school. The residents saw me as older and as the first person to succeed. The time felt right. We negotiated the timing. It was a compromise. (Joshua)

Joshua felt well supported throughout his move to supported accommodation and, at the baseline interview, was studying at college. Some other young people, mostly resident in children's homes, had become unhappy and wanted to leave. In most instances the homes were felt to be stressful, too chaotic or overly restrictive for them as older teenagers:

I used to work when I lived in a kid's home. But then I'd come home from work to the kid's home and, being a young person again, there was a clash of lifestyles. (Jeff)

Other young people exercised a choice to remain with their foster carers once their care orders had been discharged. In some instances they were aware of the likely

difficulties they would face if they left, in others there were some inevitable tensions about staying on:

My young brother, he was in care and he moved on... He said he was struggling because it was difficult. (Dennis)

I do like living there because I think she really helps me with stuff, but sometimes I want to get off. (Candice)

A desire for greater freedom burned brightly in those who made unplanned moves to independence. Several young people ran away or walked out of placements to be with boyfriends or girlfriends or in protest at rules and restrictions. There were also examples of placement breakdown amongst those who felt they had ultimately chosen to leave. For example, Martin eventually left his foster placement to live with friends because he had never felt that he belonged:

I didn't feel part of their family. I got nothing on my birthday, just rejection. I just had a different set of morals and values to the way they went about their lives, a clash of personalities. They wouldn't accept me.

Leaving care plans

Young people were asked to identify who had helped them to plan what they do after leaving care. Table 2.9 shows the range of helpers that young people identified and highlights, from their perspective, the potential pool of support available to some young people when moving on. 'Other' comprised a wide range of people. These included partners and, in some instances, their families, friends and older foster siblings. A range of other professionals had also assisted, including teachers, mentors, health professionals and YOT workers.

Table 2.9 People involved in leaving care planning

	%	'n' number
Parents	25	104
Other relatives	32	105
Social worker	61	105
Leaving care worker	84	106
Foster carer	48	103
Residential social worker	67	105
Other help	70	104

In order to provide a basic measure of the intensity of transition planning help available to young people, these sources were summed to provide an overall score for each case (providing a potential range of 0-7, n=106). In practice, no young person mentioned more than five sources of help in their support network and just four young people were unable to identify anyone. The vast majority relied on between one and three people to assist with planning (77 per cent). It may come as no surprise that young asylum seekers identified fewer sources of support ($p=0.03$, n=106). However, this was also the case for young people from minority ethnic backgrounds in general, even when controlling for the unaccompanied minors amongst them ($p<0.01$, n=106). The only other significant association was with length of time looked after. Those who had last entered care at an earlier age and had been continuously looked after for longer were able to identify more sources of help with transition planning ($p=0.03$, $\tau .169$, n=106).

Obviously this can only represent a crude measure of help with leaving care planning. It may be that the volume of help is less influential than the quality of relationship with any one individual. Indeed, one very recent follow-up study of young people in foster care has suggested that a strong attachment to at least one adult was associated with more positive outcomes (Sinclair *et al.*, 2003). The extent to which help with planning may be associated with young people's later progress will be considered in future chapters.

With respect to transition planning, leaving care workers were asked whether a formal leaving care review had been held prior to discharge and, if so, how long before the young person was due to leave. According to these workers, a review had

taken place for around two thirds of the young people (68 per cent), although most were held only a relatively short time before leaving. Over one third (35 per cent) were held less than one month before the young person moved on and three quarters (76 per cent) within eight weeks or less of the move on date. Given the significance of formal reviews within the planning cycle, this would seem to constitute a very short timescale. The CLCA has introduced new requirements to promote forward planning, including timescales for completion of needs assessments and pathway plans. It is to be hoped that these new arrangements will encourage more forward thinking.

However, it should also be acknowledged that the presence or absence of a formal review is not the only criterion against which to judge whether preparatory work has been undertaken. Irrespective of whether a formal review had been held, leaving care workers were asked to identify, from a list of 10 planning areas, in which areas an assessment of need had been made prior to discharge. Table 2.10 shows that, for a majority of cases, assessment was considered to have been fairly comprehensive.

Table 2.10 Needs assessment undertaken prior to leaving care

Assessment area	Yes (%)	'n' number
Accommodation	82	101
Education, employment, training	75	100
Financial assessment	77	101
Welfare benefits	35	101
Life skills	73	100
Health needs	66	101
Specialist therapeutic services	28	100
Leisure options	44	101
Sources of support (family, friends)	63	100
Sources of professional support	67	100

Leisure appeared to be of lower priority than most other areas. It is likely that the relatively small attention given to welfare benefits relates to the assumption of financial responsibility by local authorities for those aged 16 or 17, irrespective of placement. It is also noteworthy that, in the estimation of workers, an assessment of

the future sources of informal and professional support available to young people was only a priority in around two thirds of cases.

Reliability analysis suggested a strong correlation between the 10 items listed above (Cronbach's alpha 0.95). These items were then summed to give an overall score for each case and provide a basic measure of assessment and transition planning from a worker perspective.³ According to this measure, one in five young people received 'low level planning' (20 per cent), around one third 'medium' level (32 per cent) and almost one half 'high' level planning (47 per cent). Degree of assessment and planning was not related to young people's personal characteristics, except for a marginal tendency for unaccompanied minors to receive more comprehensive assessments ($p=0.05$, $n=93$). Nor was it related to young people's care careers. There were no associations with length of time looked after, placement movement nor according to the type of last placement. Equally, there was no relationship between the assessments carried out and particular challenging behaviours young people may have exhibited while looked after. Planning, according to this measure, was not associated with whether or not young people had run away, failed to attend or been excluded from school, nor was it associated with offending or substance misuse. The only other association with respect to care careers was with the age young people left care. Those who left at an older age were slightly more likely to have received more comprehensive assessments ($p=0.05$, $\tau .166$, $n=93$).

At face value, these findings may seem surprising. It might seem reasonable to assume that leaving care assessment and planning would vary for young people with more or less settled care careers or for those who are more engaged or disaffected. Even though our sample is relatively small, and some caution should be exercised in extrapolating these findings, that it does not appear to do so should be quite encouraging, since it suggests that young people's past experiences may not bear heavily on the assessment and planning they subsequently receive.

However, taking just the perspective of workers, there was some evidence that the presence of a formal preparation programme and of a formal leaving care review was associated with a more comprehensive assessment of need at the point of leaving

³ Although the assessment and planning score permitted a maximum range of 0-10 areas, in reality it generated a nine-point scale. This score was used for later analysis but was also divided equally into a 'low', 'medium', 'high' planning variable for descriptive purposes. While the CLCA distinguishes between assessment and planning as discrete but linked phases of transition planning, our data only permitted use of a combined measure.

care. Workers considered that almost two thirds (62 per cent) of those who had received 'high intensity' preparation support had also received a 'high level' assessment of their needs, compared to just 25 per cent of those who received 'low intensity' preparation support - that is, where a formal preparation programme was absent ($p<0.001$, $\tau .318$, $n=85$). There was also more tentative evidence that a more comprehensive assessment of needs was undertaken in circumstances where a formal leaving care review had been held ($p=0.04$, $n=93$). This was also the case from the perspective of young people. A leaving care review was associated with young people feeling they had more people helping them to plan their futures; that, in this sense at least, they may have felt more supported ($p=0.04$, $n=106$). Although these are complicated findings, they do point to the potential value of creating formal arrangements within which preparation, assessment and planning can take place. Integrating these processes into the childcare planning and review cycle may help to ensure that important areas of need are not overlooked.

Summary points

This chapter has described the sample, identified differences in the pattern of their care careers and considered aspects of the preparation, assessment and planning they received before leaving care.

The sample

- Just over half of the sample was female (53 per cent). Three quarters of UK citizens were white (75 per cent) and 15 per cent were from minority ethnic backgrounds. A further 11 per cent were former unaccompanied minors
- Many young people were likely to have had additional needs arising from a physical, sensory or learning impairment (17 per cent) or from mental health or emotional and behavioural difficulties (44 per cent)

Care careers

- The majority (69 per cent) last entered care as teenagers, although over two fifths (43 per cent) had been looked after for five or more years. A high proportion (34 per cent) had a last placement in residential care
- Placement stability proved elusive for a considerable minority, over one third (37 per cent) having made four or more moves during their last or only care episode. Older teenage entrants and/or those more disaffected had greatest difficulty finding a settled placement

- Most moved on from their last placement at an early age, three quarters (75 per cent) before reaching 18 – although the divergence from recent national statistics may be in part definitional
- While leaving earlier (at 16 or 17) could form part of a planned transition to greater independence, it was also associated with shorter, more unsettled care careers, with problem behaviours and with a last placement in residential care. In other words, those who perhaps have most need to stay on tend to be amongst those who leave earliest

Preparation

- Most young people felt quite positive about the information and support they had received to help them prepare for adult life. Good preparation support was also associated with a longer, more settled care career. Young people with emotional and behavioural difficulties were more likely to feel they had received insufficient support for their needs
- Young people also identified a wide range of adults who had helped them prepare for adulthood, perhaps more than most workers would realise or take account of in planning
- The majority (83 per cent) felt they were very or quite well prepared for leaving care, although this was less likely amongst young disabled people. Feeling prepared, however, was not related to past preparation support and may well be influenced by wider factors not associated with support at all

Leaving care planning

- According to workers, a majority of young people (68 per cent) had a formal leaving care review, although three quarters (78 per cent) were held within eight weeks or less of leaving and 35 per cent within four weeks. This points to a lack of forward planning that the CLCA is intended to address
- From worker responses most young people appeared to have had a fairly comprehensive assessment of need, covering most key areas. Assessments did not vary according to young people's characteristics or care careers, although those leaving at an older age were more likely to have had a comprehensive assessment. This suggests encouragingly that young people's past experiences may not bear greatly on later assessment and planning for leaving care
- Where young people had a formal preparation programme and a leaving care review this was associated with a more comprehensive assessment of need prior to leaving care. Formal arrangements for preparation, assessment and planning are therefore likely to be valuable.

3 Early Housing Careers: Experiences, Support and Outcomes

Leaving care is a process, not a single event, and involves young people in making a series of transitions. Between the mid teens and the mid twenties all young people make a series of key transitions in their lives: from school to further or higher education or the labour market; from the family home to independent households; and for some, the formation of their own families. For most young people these transitions are loosely connected and extend over a number of years, although patterns do vary by gender and social class. In recent decades this tendency towards extended transitions has become more pronounced, as fewer young people are able to enter the world of work directly from school and instead are likely to spend longer in education or training (Banks *et al.*, 1992; Jones and Wallace, 1992; Cole, 1995). Transitions have therefore become more complex, less linear and more subject to discontinuity and backtracking (Furlong *et al.*, 2003).

Backtracking, movement back and forth along the transitional continuum, also applies to leaving the family home and, in recent years, has been accentuated by a steady decline in affordable housing for young people. For most young people leaving home is gradual and tends to be a matter of choice, linked to starting college or a job or to setting up home with a partner or friends. Furthermore, young people may leave and return on a number of occasions before finally setting up an independent household (Jones, 1987; Banks *et al.*, 1992). As we have just seen, looked after young people, who may be amongst the most vulnerable and lacking in consistent family support, are expected to leave 'home' at a much earlier age. They also tend to experience overlapping transitions. Leaving 'home', finding a foothold in the labour market, setting up home with a partner and becoming a parent can all occur relatively soon after leaving care (Biehal *et al.*, 1995). Given these patterns of transition, it should not be surprising that some young people experience difficulty, especially where they lack continuity in relationships and support.

With these points in mind, this chapter will consider the early housing careers of these young people, covering a period of 10 to 18 months after leaving care. It will describe the places young people have lived and patterns of mobility and homelessness. It will also assess intermediate housing outcomes at the close of the

study and consider what we can learn about who is likely to do better or worse at managing their homes, what factors in young people's backgrounds, experiences and current circumstances associate with these outcomes, and how the support young people receive, whether professional or informal, may mediate this experience. Managing a home successfully is closely related to the emotional, practical and interpersonal resources that young people possess. The chapter will therefore close with a consideration of life skills and how these relate to housing outcomes.

It should be acknowledged that the follow-up period is relatively short and that, with a longer timescale, outcomes in this area may look quite different for many young people. For example, it is not unusual for the early housing careers of young people to have some mobility built into them (Jones, 1995). While this is undoubtedly true, the timescale does permit a sharp focus to be given to the period of transition itself and to young people's transitional experiences, something that may become rather flattened out in a longer term follow-up.

Housing patterns

At the baseline interview, on average held two and a half to three months after leaving care, the young people were living in a variety of settings (see Table 3.1). Just over one quarter were living in independent tenancies at this stage. The vast majority of this group (24 young people) were living in council tenancies, three were in private rented households and just one young person was living in a housing association tenancy. The proportion living in independent tenancies is consistent with a recent post CLCA survey of leaving care services (Broad, 2003). Around one in ten young people were living with immediate or extended family members at this stage, including three who were living with the families of their new partners, and a similar proportion were living in 'other' settings. These included young people who were staying with friends (5), in bed and breakfast accommodation (2), custody (1), in a privately rented room (1), or who had nowhere to stay (1).

Table 3.1 Housing patterns at baseline and follow-up

Accommodation	Baseline		Follow-up	
	Number	%	Number	%
Living with carer	15	14	6	6
Supported accommodation	42	40	38	38
Independent tenancy	28	27	31	31
Family home/relatives	11	11	14	14
Other accommodation	10	10	12	12
Total	106	102*	101	101*

* Variations in percentage columns are due to rounding.

Supported accommodation

Around two fifths of the sample had moved to supported accommodation of one kind or another. These settings included supported lodgings (7), hostels or shared housing with either on site or floating support (22), semi independent trainer flats (8) and foyers (5). Research and guidance has consistently highlighted the importance of providing a range of supported options to meet differing levels of support needs amongst young people leaving care (Biehal *et al.*, 1995; Stein and Wade, 2000; Department of Health, 2001a). There is also considerable evidence that specialist leaving care services have been successful in developing accommodation options and flexible support packages for young people (Stein, 1990; Stone, 1990; Broad, 1998). The relatively large proportion of young people living in supported accommodation is likely to reflect the commitment of these authorities to generating provision of this kind (see Broad, 2003). Although there were significant variations by authority in the use of this type of accommodation for our sample, ranging from none in one authority to 75% in two others, the relatively small numbers involved once broken down in this way suggest that firm conclusions should not be drawn from these data ($p<0.001$, $n=106$).

Unaccompanied minors were much more likely to be placed in supported accommodation than other young people in the sample ($p<0.001$, $n=106$). Over four fifths (83%) were living in supported settings, mostly shared housing with floating support, at the baseline interview compared to 34% of other young people. While

this may have been a positive option, it was also linked to immigration status. Secure social housing tenancies are not available while asylum cases are being determined (Rutter, 2003) and, as one London team manager reported, this also tended to be the case where young people had only been granted exceptional leave to remain, as was the case with most asylum seekers in our sample. In this context, supported accommodation was the best remaining option.

Since supported accommodation may be most appropriate for those who are more vulnerable, it is encouraging to report that those with mental health or emotional and behavioural difficulties were more likely to be living in these settings ($p=0.03$, $n=106$). Around one half (51%) of these young people had taken advantage of a supported option compared to 31% of other young people. However, this was not the case for young people with sensory, physical or learning disabilities ($p=0.43$) and, as we shall see, many of these young people subsequently struggled to cope with independent living.

Being in supported accommodation was not associated with most aspects of young people's care careers, such as length of time looked after or placement movement. However, those with a last placement in residential care were more likely to have moved to supported living situations ($p<0.01$, $n=106$). Almost two thirds (64%) of these young people were living in such settings at the baseline interview compared to just over one quarter (27%) of those who were last in foster care.

Periods in supported accommodation may provide more extended opportunities for preparation and transition planning. There was some evidence that these placements were being used in this way. Young people who had left earlier, at 16 or 17, were more likely to have been living in a supported setting at the baseline interview ($p<0.001$, $n=106$). There was also some marginal evidence, from a worker perspective, that such placements were being used for young people with poorer life skills ($p=0.07$, $n=102$). Finally, workers clearly felt that such placements provided greater opportunities for transition planning. In their view, almost two thirds (64%) of young people in supported settings had received 'high level' support with transition planning compared to 37% of young people living in other settings ($p< .01$, $n=93$).

Staying on

The potential value in arrangements that permit young people to remain with foster carers or in residential settings until they are ready to leave has also been highlighted in research and guidance (Fry, 1992; Biehal *et al.*, 1995; Stein and Wade, 2000). Such arrangements are also consistent with the aims of the CLCA to delay transitions (Department of Health, 2001a). All the local authorities in this study had policies to enable young people to remain with carers after legal discharge at 18, although operationalising them was rarely straightforward given the pressures on placement supply:

If a foster carer chooses to have a young person stay on post 18, it's a placement that isn't available for another younger child...[However] if that is what a carer and a young person want, then we should let that happen, although it may present problems elsewhere in the system. (Team manager)

At the baseline interview 15 young people had continued to live with their foster or kinship carers after formal discharge, and this amounted to one quarter (24%) of all those who had a last placement in foster care. All but one of these young people was aged 18. This is a slight increase on the proportion found in an earlier study undertaken in the early 1990s, where around one in five (21%) were found to have 'stayed on' for a time (Biehal *et al.*, 1995).

Staying on was not associated with the personal characteristics of young people. Neither was it associated with their life skills and abilities at this stage nor with their apparent readiness for leaving. Indeed, these young people were more likely to feel well prepared for leaving, even though their skills had not yet been fully tested ($p=0.01$, $n=105$). However, staying on was associated with important aspects of their care careers. They were likely to have been looked after for a longer period of time ($p<0.001$, $n=106$), to have experienced fewer placement moves ($p<0.01$, $n=106$) and to have had fewer behaviour difficulties while looked after ($p<0.001$, $n=104$). In other words, those who stayed on were likely to have entered care at a younger age and to have found a settled foster placement. Staying on therefore related more to stability and the attachments that accrue from this experience than to the existence of particular difficulties or needs for a supported environment at the leaving care stage.

The apparent stability of these young people was also reflected in the levels of support provided by professionals during the follow-up period. During this period, contact with leaving care workers, with social services personnel as a whole and with professionals of any kind was less intense than was the case for other groups of young people.¹ Staying on was also not associated with more intense preparation and transition planning. Given that professional contact often tends to be associated with difficulty, these findings may not be surprising (Sinclair *et al.*, 2003).

However, at the follow-up stage, some eight to 12 months later, only six young people were living with foster or kinship carers – and one of these had returned to live with their carer after an unsuccessful stay in supported accommodation. Ten young people had moved on to other supported accommodation (3), to an independent tenancy (1), to family or other relatives (3) or to 'other' accommodation with friends (2) or, in one instance, to live with their partner's family. While staying on can provide valuable breathing space for young people, and some of these moves represented positive steps for the young people involved, it nevertheless remains the case that, for most, staying on was a relatively short term experience that did not provide an alternative home base into adulthood. These findings are also consistent with those of earlier studies (Fry, 1992; Wade, 1997).

Movement and homelessness

At face value, Table 3.1 would suggest that there had been little change in the housing careers of young people during the follow-up period. With the exception of those who stayed on, the proportion of young people living in different categories of housing appear fairly constant. However, this assumption would mask a considerable degree of movement. For example, although a similar proportion of young people were living in supported accommodation at the beginning and end of the study, these were not necessarily the same young people. Independent tenancies provided the greatest stability during this period. Just over one half (55%) of the young people living in this type of accommodation at follow-up had made no moves since the baseline interview. This compared to just over two fifths (42%) of those living in supported accommodation, less than one third (29%) of those living

¹Associations for contact with these professionals were as follows: leaving care worker ($p=0.02$, $n=100$); any social services personnel ($p<0.01$, $n=101$); all professionals ($p=0.03$, $n=101$). Our measure of contact intensity was based on the average number of contacts per month over the follow-up period for each case.

with family or other relatives and just 8% of those living in 'other' types of accommodation.

Of course, some mobility in the early housing careers of young people is normal. Young people may move to study or find a job, to be closer to their families, to set up home with a partner and/or with their own child. Young people in the general population often move upwards to better quality or more secure forms of accommodation during this phase of their lives. However, movement may also be for negative reasons – for example, due to personal crisis, an inability to sustain a tenancy leading to eviction or due to insecure forms of tenure – and it is movement in these circumstances that carries a greater risk of homelessness for young people (Jones, 1995).

Studies across the UK have pointed to the high mobility of young people leaving care and to a heightened risk of homelessness (Biehal *et al.*, 1995; Pinkerton and McCrea, 1999; Dixon and Stein, 2002). Surveys of young people using hostels have also highlighted the over-representation of young people with experience of care in their samples (Randall, 1989; Strathdee and Johnson, 1994; Smith *et al.*, 1996). It was largely in response to these emerging concerns that local authorities began to develop specialist leaving care schemes to provide a greater range of supported accommodation options (Bonnerjea, 1990; Stone, 1990).

These concerns have also been reflected in government legislation and guidance. The guidance to the Housing Act 1996 emphasised the particular needs of care leavers and the Homelessness Act 2002 has included homeless care leavers between 18 and 21 amongst the groups in priority need. In addition, the Quality Protects initiative requires local authorities to maximise the number of care leavers in good quality accommodation and the guidance to the CLCA provides a focus on the need for flexible solutions to the diverse accommodation needs of care leavers during pathway planning (Department of Health, 2001a).

Table 3.2 indicates the extent of movement young people in this study had experienced over a period of 10-18 months since first leaving care. Almost two thirds

Table 3.2 Number of moves since leaving care (n=101)

Moves	%
No moves	31
One move	33
2-3 moves	19
Four or more moves	18

of the young people had either stayed in the same accommodation or just made one move during this period. The vast majority of these moves, which were to permanent tenancies or various forms of supported accommodation, can be viewed as positive steps. However, just over one third of the young people made two or more moves and almost one in five made four or more moves. The highest number of recorded moves was a dizzying 10.

Overall, more than one third (35%) of the young people had experienced homelessness at some stage after leaving care. Although this is a remarkably high figure, it is consistent with findings from a recent survey of care leavers in Scotland (Dixon and Stein, 2002).² It was not surprising to find that post care movement was strongly associated with a risk of homelessness ($p<0.001$, $n=101$). Over two fifths (43%) of those who had experienced homelessness at some stage had made four or more moves since leaving care compared to just 5% of those who had not. There was also some association between homelessness and the areas in which young people lived ($p<0.01$, $n=101$). Young people living in our two London boroughs were significantly less likely to have experienced homelessness than were young people in other areas.

Movement and homelessness were also associated with some aspects of young people's personal characteristics. Young people from minority ethnic backgrounds were less likely to have experienced either movement or homelessness ($p=0.01$, $n=101$), although this may have been due to the fact that the vast majority were resident in our two London boroughs. In contrast, young people with mental health

²Homelessness was self-defined by young people and workers. It therefore included young people who were roofless as well as those staying temporarily in hostels, with friends or family. If either a young person or a worker answered in the affirmative, then that young person was considered by us to have been homeless either in the present or the past.

or emotional and behavioural difficulties were more likely to have experienced both.³ Around one half (49%) of these young people had experienced homelessness at some stage compared to one quarter (23%) of young people without these difficulties. The evidence suggests that the risks for this group were primarily connected to deficits in their coping skills, in their ability to sustain their accommodation, and particular attention should be given to their higher support needs at the pathway planning stage to reduce the risk of later homelessness.

There was little association between young people's care careers and either post care movement or homelessness, apart from a marginal association with placement movement.⁴ There were no associations with the length of time young people were looked after or with a last placement in residential or foster care. However, both movement and homelessness were strongly associated with troubles in young people's lives. From the perspective of both young people and leaving care workers, involvement in running away, offending and substance misuse were associated with later movement and homelessness.⁵ As can be seen in Table 3.3, which shows the relationship with homelessness, these associations held whether problems originated while young people were looked after or at baseline.

Table 3.3 The association between homelessness and troubles (n=101)

	Ever Homeless	Never homeless	
Care			
Run away	48	18	p<0.01
Substance misuse	64	25	p<0.01
Baseline			
Offences	51	25	p=0.01
Substance misuse	67	28	p<0.01

³Significance levels were as follows: post care movement (p<0.01, n=101); homelessness (p=0.01, n=101).

⁴Significance levels were as follows: post care movement (p=0.06, τ .142, n=101); homelessness (p=0.07, n=101).

⁵Associations with post care movement: **Care**: running away (p<0.01); substance misuse (p<0.01); **Baseline**: offences (p<0.01); substance misuse (p<0.001).

These findings link quite closely to research on young runaways. Going missing from substitute care, especially where this becomes a repeat pattern, tends to be associated with involvement in offending, substance misuse and with truancy and exclusion from school (Wade *et al.*, 1998). In a sense, it can lead to a gradual process of detachment that may leave young people less equipped to manage independently as young adults. Running away in the general population is also recognised as a precursor to adult homelessness (Simons and Whitbeck, 1991; Craig *et al.*, 1996). Taken together, these findings suggest that particular attention should be paid when these issues cluster together in a young person's life since, not only is it likely to unsettle them at the time, it may also lead to greater adjustment problems upon leaving care.

Movement and instability after care was associated with poorer outcomes at follow-up. Young people who had experienced greater movement were more likely to have poor housing outcomes ($p=0.01$, $n=101$) and to be unemployed ($p=0.04$, $n=101$).⁶ However, it was encouraging to find that the experience of homelessness did not relate significantly to housing outcomes ($p=0.29$) or to the likelihood of unemployment ($p=0.21$) at follow-up. With respect to housing, the fact that young people who had been homeless did not have significantly worse outcomes than other young people suggests that sufficient support systems were likely to have been in place to assist them out of homelessness and back onto at least the lower rungs of the housing ladder. This would be consistent with previous research that has found that support from specialist leaving services has tended to have a greater focus on those with more unstable early housing careers (Biehal *et al.*, 1995). In this study, there was some marginal evidence, from both young people ($p=0.08$) and workers ($p=0.07$), that those who had experienced greater instability were more likely to have received specific support in the housing area, as the following illustration suggests:

⁶Our definition of a good or poor housing outcome is described below and combines young person and worker assessments of the suitability of the accommodation and of the young person's ability to manage their home.

Cindy entered care at the age of 15 and spent one year living in the same children's home. However, although she mostly enjoyed her time there, this was not a stable experience. While there she started going missing, taking drugs and committed some offences. As she put it, 'I just went downhill'. At 16, she made a planned move to a foyer. At the baseline interview she liked being there, it was thought to be a suitable placement for her and, with daily support available from a key worker and weekly contact from her leaving care worker, she was thought to be coping well. Although her drug use remained a problem, things were generally positive.

After a short time, however, she suddenly left and went to live with her mother, where she stayed for four months. She had found it hard to adjust to living with others, was quite suspicious of other residents but, as her worker suggested, the pull of being with her mother was also strong: 'I think at the end of the day she just wanted to be back home with her family'. This arrangement did not last. She disappeared to London and spent time sleeping rough and staying with friends and acquaintances. Eventually she re-contacted her leaving care worker and a return was negotiated to the foyer. She was living there at follow-up. Cindy found it hard to explain the course of events, but valued the support she had received: 'I don't know what happened. Everything just went wrong, but she did help me'. Although Cindy was not happy at the foyer, and was keen to explore alternatives, her worker, while aware of this, felt that the support available to her there made it the most suitable place for her at this time while longer term plans were prepared.

At this time Cindy had a supportive network. She had close links with her family and was receiving help from her key worker, leaving care worker, a YOT worker and from a local drugs advice agency. However, and despite this, the future course of events continued to look uncertain.

Housing outcomes

The difficulties that are inherent in attempts to assess outcomes in childcare are well rehearsed in the literature (Knapp, 1989; Parker *et al.*, 1991; Ward, 1995). Not least is the wide range of factors that are likely to be influential on the life chances of looked after young people. How young people do in the housing arena is likely to be influenced by young people's starting points, the personal histories and experiences that help to shape the reservoir of practical and emotional resources upon which they are able to draw. It is also influenced by supply factors in local housing markets and the extent to which local authorities are successful in negotiating these to provide an appropriate pool of accommodation and adequate financial arrangements. It may also be affected by young people's support networks, the degree to which they are

able to rely on support from family, friends and past carers, or how they do in other areas of their lives, in their personal relationships or with respect to education and training.

In this context, professional support at the leaving care stage is just one element in this overall tapestry. However, local authorities do have a responsibility to act as good parents with respect to young people leaving their care, to prepare them for leaving and to provide them with a good standard of accommodation and with sufficient support to enable them to sustain their homes; a responsibility enshrined in legislation and guidance. Leaving care services may therefore be able to intervene to modify the effects of at least some of the factors influencing outcomes. It is within this context that our approach to housing outcomes is framed.

One approach could be to assess the type of accommodation young people were living in at baseline and follow-up. However, it is very questionable whether living in a permanent tenancy, supported accommodation or with family or friends is, in itself, an adequate measure. Where young people are living may be less important than whether young people like where they are and whether it is thought to be suitable for their needs at the time. Equally, an important facet of outcome is to consider how well young people are managing in their accommodation. While the accommodation may be of good quality and thought suitable, if the young person lacks sufficient coping skills, is in difficulty with landlords or neighbours or is overrun with other young people, the accommodation is unlikely to last as long as needed. Our measure of outcome therefore combines suitability and coping. Young people and workers were asked for an assessment of these at both the baseline and follow-up interviews and their views were combined to provide a measure of outcome for each time point in the following way:

Suitability

Good	If the young person likes where they are living all or some of the time and their worker rates it as suitable for their needs
Poor	If the young person does not like where they live 'at all' or their worker rates it as unsuitable for their needs.

Coping

Good	If the young person thinks they are coping quite or very well and their worker thinks they are coping quite or very well
Poor	If the young person thinks they are coping not so or not at all well or their worker thinks they are coping not so or not at all well.

Overall housing outcome⁷

Good	If assessments of suitability and coping were both positive
Fair	If one was assessed positively and the other negatively
Poor	If assessments of both suitability and coping were negative.

This measure was checked against the types of accommodation young people were living in and was found to be reasonably consistent. No young people living in very unsatisfactory, precarious or very temporary circumstances had been rated as positive using our measure. By way of contrast, Cindy received a positive outcome assessment at baseline but, at follow-up, her strong dislike of the foyer and an assessment from both her and her worker that her ability to cope had weakened led to a poor assessment, even though the accommodation was the same at both time points.

The main analysis that follows is based on the assessment of housing outcome at the follow-up interview. Our aim was to see what could be learned about who was likely to do better or worse, what factors in young people's circumstances or experiences associated with housing outcomes and how support, professional and informal, mediated these.

Patterns of outcome

Table 3.4 shows the distribution of overall outcomes at baseline and follow-up for the sample as a whole. At baseline, on average two and a half to three months after leaving care, it was encouraging to find that over two thirds of the sample were considered to have a good housing outcome. They were felt to be in suitable

⁷Since this intermediate measure of outcome contains a clear rank ordering from poor to good (even though the distance between each value may not be consistent) it has been used as an ordinal variable in the statistical analysis that follows.

Table 3.4 Overall housing outcomes at baseline (n=105) and follow-up (n=101)

	Baseline (%)	Follow-up (%)
Good	70	56
Fair	14	31
Poor	16	13

accommodation and coping well. Only around one in six were doing poorly. However, at follow-up, some nine to 12 months later, there was a reduction in the proportion with a good outcome and an increase amongst those with a fair outcome. For some young people this reflected a change in their living situation, involving a move to less suitable accommodation while, for others, it reflected some reassessment of their coping skills in the light of experience.

Changes in the assessment at baseline and follow-up moved in all directions. For example, around three fifths (59%) of those rated good at baseline were also rated good at follow-up, whereas almost one third (31%) had moved to fair and 10% had moved to poor. Conversely, only one quarter (24%) of those rated poor at baseline remained poor at follow-up, while two fifths (41%) had moved to fair and more than one third (35%) had moved to good, reflecting real changes in young people's circumstances.

Overall housing outcomes at follow-up were not significantly associated with ethnic origin nor with gender, although females tended to fare slightly better ($p=0.09$). However, as with movement and homelessness, differences in outcome were apparent for young people with mental health or emotional and behavioural difficulties ($p<0.001$, $n=101$). Less than one third (31%) of these young people were assessed as having a good outcome compared to three quarters (75%) of those without these difficulties. In addition, young people with sensory, physical or learning disabilities also tended to do less well ($p<0.01$, $n=101$). Difficulties for young disabled people tended to centre more on assessment of coping rather than with the suitability of the accommodation per se, although not exclusively so. Nearly two thirds (61%) of young disabled people were thought to have difficulties coping compared to just one quarter (24%) of other young people ($p=0.004$). This connects with findings from other recent research that highlights deficiencies in planning and

support for disabled young people leaving care and in the transition to adult services, where this is appropriate (Rabiee *et al.*, 2001). Clearly these young people are at higher risk of poor housing outcomes, perhaps especially where they fall between child and adult services, they are likely to have higher support needs and greater attention should be paid to these during transition planning.

There was no association between later housing outcomes and differences in the care careers of young people. There was no association with length of time looked after, with placement movement nor with the type of last placement in which young people were resident. Nor was housing outcome associated with troublesome behaviours while young people were looked after, such as offending, substance misuse, running away or school non-attendance. This was also the case for troubles of this kind experienced by young people at the time of the baseline interview. While some of these factors were associated with subsequent movement and homelessness, they were not related to housing outcome at follow-up. This would suggest that how young people fare in their housing relates more closely to events in their lives after care.

This picture appears to be confirmed by the links between housing outcome at follow-up and other factors present in young people's lives at that time. Where young people were experiencing troubles in their lives at follow-up, this was associated with a poorer housing outcome. Young people who had offences during the follow-up period ($p=0.02$, $n=101$) and those who were involved in substance misuse ($p=0.02$, $n=101$) were likely to have a poorer assessment.

It was no surprise to find that, at least from a worker perspective, housing outcome was closely related to their assessment of young people's life skills at both baseline and follow-up, although the relationship was stronger at follow-up.⁸ Those with stronger life skills achieved a more positive rating. Positive housing outcomes were also associated with young people being engaged in education, training or work at follow-up ($p<0.001$, $n=91$). Use of the General Health Questionnaire, a measure of anxiety and depression, and of Cantrill's ladder, a measure of quality of life, enabled us to assess young people's sense of mental health and well-being. While there was no significant association between these measures at baseline and later housing

⁸ Associations for workers' assessment of life skills were: at baseline ($p<0.01$, $\tau = .268$, $n=97$); at follow-up ($p<0.001$, $\tau = .472$, $n=99$). A negative correlation means the higher the life skill score the better the outcome.

outcome, there was a significant association at follow-up. Young people with a more positive housing outcome were also more positive about their mental health and well-being at that time.⁹

Taken together, these findings point to the existence of a virtuous circle and to the reciprocity between different aspects of young people's lives. Where young people are managing well in accommodation that is suitable to their needs at the time, are free of serious troubles and where they are positively engaged in education, training or work, they are also more likely to have a positive appreciation of their mental well-being. However, the converse is probably also true and it is likely that a major crisis in one sphere of a young person's life could threaten their coping abilities in others. Taking every opportunity, wherever it presents itself, to build young people's confidence and resilience to the adverse effects of difficulties that may arise is therefore likely to be helpful (see Gilligan, 2001).

Differences in housing outcome, however, were not associated with any of our main measures of support. There was no significant association with our measures of family support. Neither helpful contact with the closest adult in the family nor frequency of contact with immediate or extended family members appeared to relate to housing outcome. Evidence concerning friendship networks was marginal. There was some evidence, from a young person's perspective, that a stronger friendship network at baseline was associated with a better outcome ($p=0.03$, $n=101$). Furthermore, there was no association between housing outcome and the intensity of contact young people had with past foster carers or residential social workers.

It was also the case that housing outcome was not associated with differences in contact with professionals. There was no association with the level of preparation support or transition planning that young people had received prior to leaving care nor with the intensity of contact provided by leaving care workers or other professionals during the follow-up period. Given our earlier comments about support tending to follow difficulty, it might be reasonable to expect support services to give greater attention to those with more unstable early housing careers. However, if most of the sample were receiving support in the housing arena, irrespective of the

⁹ Associations were as follows: at baseline – GHQ-12 ($p .43$); Cantril's ladder ($p .45$); at follow-up – GHQ-12 ($p< .001$, $\tau .306$, $n=101$); Cantril's ladder ($p=0.03$, $\tau -.175$, $n=101$). With respect to the GHQ-12, a lower score correlates with a better outcome. With respect to Cantril's ladder, a higher score correlates with a positive outcome.

difficulties they were experiencing, then this would help to explain our findings. If differences in outcome were spread across the sample, but the existence of support was not, it would help to explain this lack of association, since the measures of support would not discriminate effectively between those who were doing better or worse.

The vast majority of young people (93%) did report at follow-up that they had received some help with housing. More than four in five (86%) reported that they had received help with finding somewhere to live and almost two thirds (64%) that they had been helped to look after their homes more effectively. This was consistent with a worker perspective. Almost all workers (95%) reported that young people had received professional help in this area and that over half (52%) had received help from informal sources, such as family, friends or past carers. This may be an underestimate of informal support, since it was dependent on the extent of knowledge amongst leaving care workers.

There is considerable evidence, as we have suggested, that specialist leaving care services emerged partly in response to concerns about the risk of homelessness for formerly looked after young people (Bonnerjea, 1990; Stone, 1990; Stein, 1990). Housing has been a major focus of attention and of continuing frustration for these services (Broad, 1998). Leaving care services have been shown to be particularly successful at providing a range of accommodation options and flexible packages of support and finance (Biehal *et al.*, 1995; Stein, 1997). For the seven authorities in this study, housing had been an important area of concentration. Although the provision of accommodation was rarely adequate to meet all needs, all had, with varying degrees of success, protocols with local housing providers to provide permanent tenancies, a range of supported accommodation provision and financial arrangements in place to fund young people and access placements. While we will return to these issues in greater detail in Chapter 9, it should not be a surprise to find that support in the housing arena figured fairly prominently. These findings, however, may also not be representative of the national picture, where greater variation may be apparent (see Broad, 2003).

Supporting positive housing outcomes

It may be possible to assess further the relationship between experiences, support and outcomes by considering those whose housing outcomes improved, stayed the same or deteriorated during the follow-up period.

Improvement over the follow-up period

Housing outcomes **improved** for just over one in five young people (22%) during this period. What accounted for an improved assessment was not always clear-cut. In a few cases reasons were impossible to discern. In others the improvement was marginal, perhaps relating to a slight improvement in a young person's coping abilities, and in a number of cases this development appeared fragile, vulnerable to the continued buffeting of experience. Where this improvement had occurred, some young people attributed it primarily to their own resilience, to a growing belief in their own abilities to manage, while others acknowledged the value of support they had received from leaving care workers, key workers, family or friends. However, some patterns were discernible.

Just over one third of those who had made some improvement had made no moves since leaving care. Although these young people had quite diverse care careers, most had quite good preparation and planning for leaving care. For the most part, they had made planned moves to accommodation that had provided a stable base for the duration of the study. In one or two instances this accommodation was considered more suitable at follow-up and this accounted for most of the improvement. In most, however, improvement stemmed from an increase in young people's ability to manage in their accommodation. They had found a stable home base within which their confidence and abilities could develop, although the pressures upon them were apparent:

I think I do quite well and everybody's quite proud of me...just being really mature and sensible. I get a wage...and I don't blow it. I'm saving up for a car and learning to drive...I am better at cleaning and tidying...I think probably the worst thing is just having to make sure I do everything right. I'm very aware of it all the time; not wanting to make any mistakes. (Rachel)

The presence of consistent support was also evident, although the majority had relatively weak family and friendship networks. Most had moved to supported accommodation on leaving care and, in addition to planned and regular support from their leaving care worker, they also had help from a key worker linked to the accommodation. Only one young person felt that the support they had received was inadequate. This young parent, whose parenting skills had been under scrutiny in the past, was understandably quite suspicious of social services involvement. Although additional support had been offered from Sure Start and her health visitor, she was strongly independent and wanted to do things for herself. Despite her apparent rejection of help, her coping skills had improved.

Grace's experience draws together some of these elements:

At 16 years of age Grace left her foster placement to live with her young child in a council house. She felt ready to leave then and the transition was well planned, involving her leaving care worker, social worker, foster carers, her father and other family members. She had chosen to move back to the area she had grown up in, close to her fairly extensive family and friendship network. At baseline, although the accommodation was very suitable, her coping skills were poor. Grace was rejecting help: 'I wasn't taking much support then actually, I wouldn't accept it. I don't know, I was just doing it on my own'. Her house was overrun. Other young people were using it at all hours, a noise nuisance developed, disputes with the neighbours and, eventually, the concerns of social workers led to her child being named on the 'at risk' register.

An intensive package of support was put in place involving her leaving care worker, the family centre and health visitor to resolve her housing difficulties, develop her parenting and coping skills and provide emotional support. Although reluctant at first, Grace responded. By follow-up she was living with her new partner, was enjoying being a parent, her child was no longer named on the register, she was taking greater pride in her house and coping well. With respect to coping, Grace said: 'I wasn't at first, but I am now. I've accepted responsibility.' Although this was said tongue in cheek, it carried a more serious message nonetheless.

Almost one half of those who had made some improvement had experienced unsettled early housing careers but, by follow-up, had achieved greater stability. As with the previous sub-group, their experience of care was quite diverse. There were no obvious similarities in the pattern of their care careers, except that a majority had experienced troubles of one kind or another. Offending and involvement in substance misuse figured more prominently in their pasts and two of these young people had difficulties with heroin dependency that had serious effects on the future

course of events. They were also more likely to have left care in an unplanned way. A majority had received relatively low levels of preparation and planning for leaving care that, for some young people, was likely to have been connected to their behaviour patterns. However, it may also have derived from the fact that a majority of these young people either left as a result of placement breakdown or their own volition thereby making planning more difficult.

At baseline, most were living in uncertain circumstances, with friends or in bed and breakfast accommodation, and some of these had already experienced a number of moves prior to this. The remainder were living in suitable settings, council flats or supported accommodation, but were unable to sustain them and subsequently left. Virtually all then experienced a number of moves but all were living in accommodation that was rated as more suitable at follow-up. A majority were living in supported flats or hostels, while most others had acquired permanent tenancies or, as in Bobby's case, had moved to live with the family of their partners. At baseline, Bobby was living in a council flat in an area that was unsafe. He fled the accommodation twice after this due to break-ins and an assault. Although he had support from his leaving care worker throughout this period and relied on brief stays with family friends, it was the move to his partner's family that made the critical difference at follow-up. Both he and his worker felt this to be more suitable and that his coping abilities had improved. However, this was not a permanent solution and his leaving care worker was considering a longer-term plan for him.

For around one half of this unsettled sub-group, improvement stemmed largely from the suitability of the accommodation itself rather than from a significant improvement in their ability to manage. However, for the remainder, improvements were notable in both. There was some strengthening of their life and social skills. Continuing support had also been quite critical and from a range of sources. All these young people had regular contact with their leaving care workers and, in some cases, this had provided *the* key source of continuity throughout this period. Those who had moved to supported accommodation also had linked key work support to provide practical and emotional support. However, these young people also tended to have quite strong or improving family and friendship networks that could provide some important support through the difficult times. In Jimmy's case, it appeared that a renewed relationship with his father and his supportive relationship with his girlfriend had been a critical influence on his ability to re-stabilise himself in a council training

flat after periods of movement and homelessness. Some improvement in family relationships was also apparent for Chloe:

Chloe had an unsettled care career, involving seven placements in five years. She liked her last placement in a children's home and later on had regrets about the way she had left: 'It was my choice but I got kicked out as well. To stay longer I wouldn't have ended up homeless'. Her manner of leaving was influenced by her history of running away, heroin dependency and offences linked to this. At baseline, she was staying temporarily with friends but had already stayed in a number of hostels and bed and breakfasts that had been lost due to her anti-social behaviour. Further movement ensued. By follow-up her leaving care worker had arranged accommodation in a council flat available to the young homeless. Even though this was temporary, and permanent accommodation was being sought, both Chloe and her worker felt this to be more suitable, although Chloe was impatient to leave:

The good things are, I'm not homeless, I've always got somewhere to go, it's quiet and people keep themselves to themselves. The bad things, I don't like the area that we're in. I don't like the fact that I can't decorate because that will waste all my grant. I want to save my grant for wherever I get put next.

Chloe was no longer using heroin. Her boyfriend had been supportive in helping her to stay clean and support from a local drugs agency had been very important initially. Both Chloe and her worker felt that there had been a significant improvement in her coping abilities. She was better able to care for herself and was employed in a local shop, although Chloe felt ambivalent about this since it was low paid, involved long hours and restricted her social life. Her relationship with her family had also improved since she had come off drugs and she was now in regular contact with her older sister, her nieces and her other siblings. Continuity of support had been a critical factor in this development, even though her circumstances still appeared quite fragile.

Staying the same

Almost one half (48%) of the young people were assessed as having the **same** housing outcome at both baseline and follow-up. The most striking feature of this grouping is that it contains mostly positive cases. Only two young people were assessed as having fair outcomes at both time points and only four were rated as consistently poor. Two of these were young people leading incredibly chaotic lives, featuring multiple moves, periods of homelessness and stays with friends and in hostels. Although both were placed in supported hostels at follow-up, neither was coping at all well and further difficulties appeared to lie ahead. The other two cases rated as poor, however, were quite different. Both had remained in the same

placement throughout the follow-up period, one in a shared house, one in a stable foster placement, but neither placement was considered suitable for their needs, especially from the perspective of their workers. The foster placement was considered to be too over-protective for a young man with a learning disability, although he loved being there, and the shared house lacked effective key worker support to promote skills for the future.

Around four in five of these young people were assessed as having a good outcome at both time points. Most of these young people had not moved and were living in the same stable accommodation throughout. The remainder had made just one move to accommodation that was considered to be equally or more suitable. They were living in a variety of settings. Some had stayed on with foster or kinship carers, while others had moved on to transitional supported accommodation or to independent tenancies. In one instance, stability had been found with a partner's family. Although, in many respects, their lives were difficult and managing was not easy, these young people tended to be quite resilient and optimistic about their situation and they were considered to be coping quite well, often against the odds, as Catherine's worker suggested:

She's a very independent young woman and she has taken to motherhood very well. She's also taken to moving into her accommodation as well, managing both transitions at roughly the same time.

While young people drew on their own resources and, wherever possible, those of family, carers and friends, the maintenance of good outcomes also depended on continuing professional support to help them settle into their homes, where this was necessary, and provide encouragement and practical advice. This was often low key, respecting young people's needs for autonomy and independence, but could provide a reassuring presence and someone to turn to if problems arose.

Deterioration over the follow-up period

Almost one third (31%) of the young people were considered to have a **worse** housing outcome at follow-up. Events subsequent to baseline had either led to a deterioration in the suitability of their accommodation or in their ability to manage. Only in four cases was there a fairly dramatic decline from good to poor. In one

instance, though the young person had not moved from their council flat, it had become unsafe, there were threats of violence and he was no longer coping at all well. Although his worker had offered an emergency placement, he had refused it, and there appeared to be no immediate remedy. In the other three cases deterioration was linked to relationship breakdowns. For example, at baseline, Fiona and her baby were living with her partner's family. Both she and her worker viewed this as a positive placement. Soon after, the relationship broke down and Fiona, lacking any other family support, was left isolated. A placement in supported lodgings failed, she moved to a bedsit, her parenting skills collapsed and her child was accepted temporarily into care. At follow-up, an intensive support package was in place involving her leaving care worker and a family centre. Fiona was having assessed contact with her child with a view to reunification, help with her parenting skills and plans were being made to enable her to move to more suitable accommodation.

Most of those with worse outcomes at follow-up had moved from good to fair. In a few instances, young people had moved to accommodation that was considered less suitable for their needs during the follow-up period, often involving a return to immediate or extended family members where relationships were problematic and not expected to last. Problems could also be associated with the quality of the accommodation itself or its location in areas that were or had become more unsafe and dangerous. Deteriorating relationships were also a factor, although not generating consequences as severe as those for Fiona. For a few young people, loss of a partner or a deteriorating relationship with a relative they were living with led to a period of instability or to a reassessment of the appropriateness of the accommodation at follow-up.

In other cases, however, a worse outcome was associated with a reassessment of young people's coping abilities. A loss of coping skills can lead to young people losing their accommodation through eviction or flight, although this only occurred in one case. In most instances, however, the young people had not moved but the realities of coping had led to some reappraisal.

William had been living in the same council flat for one year at follow-up. He had moved there straight from his previous children's home. He felt the move had been rushed. He only had three weeks in which to accept the flat, but he was quite happy there: 'It's not far from my parents, it's also a place where I can get away from people. Where I can spend time with my girlfriend without my friends bothering me...It's my own personal space.' Although coping quite well at baseline, both he and his worker had revised this at follow-up. His flat was still not properly furnished or decorated and he had some arrears. His worker felt the problem stemmed from lack of motivation rather than lack of skills: 'He will not motivate himself to do things. He has to have someone there to do the majority of the work while he watches.' Much of this work with William was being done by his leaving care worker, who saw him weekly and helped to resolve the arrears, his mother, who helped with cleaning and laundry, and his ex-residential worker, who helped with decorating and offered practical advice.

Taken overall, it can be seen that how young people fare with housing relates to the complex interplay of a range of forces in their lives. In part, it relates to the experiences they bring with them; the degree to which young people have had opportunities to experience a stable period of care, to form secure attachments and to develop a pool of support from amongst family, friends and carers to help sustain them. However, our evidence also suggests that events in young people's lives after leaving are particularly influential. Continuing stability affords opportunities for a virtuous circle to develop linking housing, employment and an enhanced sense of well-being. Equally, disruptions in any area of a young person's life and relationships can jeopardise this progress and precipitate a decline. Many young people struggle to cope, especially where their personal reservoir of practical and emotional skills and their resilience to adversity are low and, in these respects, young disabled people and young people with mental health difficulties appear particularly disadvantaged. Local factors associated with the quality, supply and location of accommodation were also influential. However, as the illustrations above suggest, continuing professional support was important in mediating these market factors, helping young people to manage their homes more successfully and in rescuing young people from adversity. This presence of support, whether intensive or low key, whether more or less adequate to young people's needs at the time, may therefore help to explain the lack of statistical association between the intensity of this contact and housing outcome that was previously found.

Life skills

We have seen that how young people fare in housing is closely associated with their coping abilities and, from a workers' perspective, with the development of good life and social skills. It is therefore appropriate to close this chapter with a very brief look at the factors in young people's lives associated with variations in these skills at follow-up. Guidance to the CLCA identifies three broad sets of skills and abilities that all young people require to equip them for adult life and which should inform preparation programmes. These include helping young people to build and maintain relationships with others, enabling young people to build their self esteem through knowledge of their personal histories and that of their families, cultures and communities, and enabling young people to acquire practical and financial skills (Department of Health, 2001a). This broad approach has informed our assessment of life skills.

At the follow-up interview, young people and workers were asked to rate the young person's coping abilities in relation to a range of life skill areas. Young people were asked to make an assessment from a list of 11 items. These included health related issues (healthy eating, keeping fit, safe sex), practical and financial skills (cooking, cleaning, laundry, shopping, budgeting) and interpersonal skills (making friends, dealing with official people and finding help or information). Reliability analysis was undertaken in an effort to ensure that this list had a reasonable internal consistency (Cronbach's alpha 0.71). It was then aggregated into an overall life skills score for each case. A similar approach was adopted with workers, although there were some differences in the 11 areas covered with them (Cronbach's alpha 0.88). These included health (hygiene and diet), practical skills (shopping, cooking, budgeting), interpersonal skills (managing friendships and sexual relationships, managing formal encounters and college/work relationships) and overall assessments of the young person's sense of self-identity and self-esteem/confidence. These were then also aggregated into an overall score per case.¹⁰

Although this broad based approach is quite well grounded in research and official guidance (Clayden and Stein, 1996; Stein and Wade, 2000), it does have limitations. For example, when aggregated in this way, it does assume an equivalent weighting

¹⁰For both young people and workers each item was assessed on a four-point scale, ranging from 'very poor' or not coping 'at all well' (0) through to 'very good' or coping 'very well' (3). As indicated above, these responses were summed to provide separate overall scores for young people and workers (potential range 0-33). All subsequent statistical analysis is based on these two overall scores; each treated as an ordinal variable.

to each item in the list. It is open to question whether learning to manage formal encounters contributes as much to young people's overall proficiency in life skills as does learning to budget successfully. Since there is no benchmark from which to assess the relative weighting of different life skills elements, we can only acknowledge it as a potential weakness.

Table 3.5 shows the overall strength of young people's life skills at follow-up as assessed by both young people and workers. Similar proportions were identified in

Table 3.5 An overall assessment of life skills at follow-up

	Young person % (n=101)	Worker % (n=99)
Weak	23	24
Fair	46	48
Strong	32	28

each category. Around one in four young people were considered to have relatively weak skills and almost one third as having good overall skills. However, there was no correspondence between the views of young people and leaving care workers. There was little agreement between them on overall strengths and weaknesses in any given case. For example, amongst those with weak skills, there were only seven cases where young people and workers were in agreement about this. At face value, this may seem surprising. However, there is no necessary reason why this should be so. In practice, young people and adults who know them are often in disagreement or have a different appreciation of a wide range of factors affecting their lives. Arrival at some kind of shared and realistic understanding of a young person's relative strengths and weaknesses is likely to require negotiation and compromise on both sides. As such, it points to the complexity of the social work task and the kind of dialogue that is necessary over time to help young people move forward.

From the perspective of young people, there were very few associations between how they felt they were managing at follow-up and other aspects of their lives. Although females and young people from minority ethnic backgrounds tended to view their skills more favourably, these differences were not statistically significant. At baseline, young parents tended to assess their skills more positively than non-

parents ($p=0.05$, $n=98$) and, although this pattern was still apparent at follow-up, it had ceased to be significant ($p=0.14$).

Young people who left care at an older age considered themselves to have somewhat weaker skills at follow-up than did those who left at a younger age ($p=0.02$, $\tau .180$, $n=101$). Just over one third (35%) of those with weak life skills had left at 18, while just 16% had left at 17 and 19% at 16. Although an association with age at leaving was not considered significant by workers ($p=0.79$), to the extent that it was by young people, it may relate to discharge policies in the local authorities and the fact that, even for those who stayed on longer with foster carers, it was very rare to stay beyond 18. As such, it is quite an encouraging finding, since it suggests that practitioners were attempting to hold onto young people with weaker skills for as long as it was feasible to do so. At a broader level, it does point to the need for greater flexibility in these policies, especially for young people who lack confidence in their ability to manage.

A further encouraging finding related to preparation support. Where young people felt that they had received good information and support about life skills prior to leaving care, this was associated with somewhat better coping skills at follow-up ($p=0.02$, $\tau .160$, $n=100$), although the strength of this relationship was fairly weak. This appeared to be the case irrespective of whether young people had received a formal programme of preparation or whether this preparation process had taken place more informally.

From the perspective of workers, there were some associations between differences in life and social skills and young people's personal characteristics. At baseline, females were considered to have better life skills ($p=0.03$, $n=102$) although, in accord with the young people's views, this difference had ceased to be significant at follow-up ($p=0.18$). Even so, at this stage, 39% of females were thought to have 'strong' skills compared to just 17% of males. As we have already seen, workers recognised a tendency for young disabled people and for young people with mental health problems to struggle in this regard and their particular support needs have been a consistent theme throughout this chapter.¹¹ However, the young people themselves

¹¹Associations in relation to life skills at follow-up were as follows: young disabled people ($p<0.01$, $n=99$); young people with mental health or emotional and behavioural difficulties ($p<0.001$, $n=99$).

did not necessarily agree, since these young people were no more likely than others to assess their skills negatively.

Although young people did not tend to relate progress in life skills to wider aspects of their lives, workers tended to identify some strong associations. Where young people were engaged in education, training or employment ($p<0.001$), where they were managing well at home ($p<0.001$) and where they were free of troubles, such as offending ($p<0.01$) and substance misuse ($p=0.04$), these were associated with a more positive rating of life skills.

Workers were also more likely than young people to appreciate the role of informal support in furthering young people's practical and interpersonal skills. Although there was no direct association with the presence of family support, where young people were thought to have stronger friendship networks ($p<0.01$, $n=88$) and where they had more regular and intensive contact with past carers ($p=0.015$, $\tau .184$, $n=97$), these were associated with a better life skills rating.

Finally, with respect to professional support the findings are less obvious and perhaps reflect the overall dissonance between the perspectives of young people and workers. In general terms, over two thirds of the young people (68%) reported that they had received some support to help them improve their life skills during the follow-up period. Workers reported that more than four in five young people (83%) had received some help from professionals and that over half (52%) had received help from informal sources, including families, past carers and friends.

However, the presence of targeted professional support in the life skills area was related to outcomes in apparently contradictory ways. From the young person's vantage point, professional support in this area was associated with a better outcome. Almost one half (46%) of the young people who felt that they had not received professional help considered that they had relatively 'weak' life skills compared to 19% of those who had received support. In contrast, over one third (35%) of those who had been supported felt that they had 'strong' life skills compared to just 8% of those who had not ($p=0.02$, $n=101$). Although the findings from workers did not reach the threshold for statistical significance, they pointed in a different direction. In their view, support from professionals tended to be associated with a poorer outcome ($p=0.11$). In this respect, workers appeared to concentrate their activity on young people that they considered to have poorer life skills in an effort to

help improve them or at least to help maintain stability and prevent a deterioration in other aspects of young people's lives.

Of course, it is likely that both of these accounts have merit. It may well be the case, irrespective of whether young people's skills and abilities were objectively weaker or stronger, that the presence of support may have led them to feel that there had been an improvement or strengthening of these skills leading to a more positive assessment of their situation at follow-up. Whether or not the impact of this support had been largely perceived or real, its presence had clearly had a beneficial effect for the young person. On the other hand, while workers may have concentrated their energies on young people with weaker skills and may still have seen their skills as relatively poor at follow-up, their reading of young people's situations tended to be more pessimistic. In some cases, the yardstick against which young people's capabilities and coping strategies were judged was clearly different to those employed by the young people themselves. If nothing else, the contrasting perceptions of workers and young people highlight the need for a careful assessment of young people's needs and for open communication strategies over time that enable a shared understanding of young people's own priorities and of their actual strengths and weaknesses to emerge.

Summary points

This chapter has described young people's early housing careers and explored factors associated with how well they fared in housing and in developing the life and social skills they needed to manage their homes successfully.

Housing patterns

- Almost two fifths of the young people were living in supported accommodation at baseline and follow-up, over one quarter in independent tenancies and smaller proportions with relatives or in other settings
- However, there was a considerable degree of movement both within and between these housing types over the follow-up period, some of which was positive. Around two thirds were relatively stable (64%), although 18% made four or more moves. Independent tenancies offered the greatest stability, followed by supported accommodation
- More than one third (35%) were homeless at some stage. Movement and homelessness were associated with mental health difficulties and troublesome behaviour while young people were looked after. Although post care instability was associated with a poorer housing outcome, homelessness

was not. This is encouraging and suggests that continuing support and investment in housing can be remedial

- Periods in supported accommodation can form part of a planned programme towards independence for those more vulnerable. There was some evidence of it being used in this way. Young people with mental health or emotional and behavioural difficulties, those who left at an early age and, to a lesser extent, those with poorer life skills were more likely to have been in this type of accommodation at baseline
- Around one quarter of those with a last placement in foster care (15) were able to remain with carers beyond legal discharge, although this had reduced to six by follow-up. Staying on was mostly short term and had less to do with the particular needs of young people for support of this kind than with a longer and more stable care career and the attachments that tended to develop from this.

Housing outcomes

- Housing outcomes at follow-up were broadly positive (56% were 'good' and 31% were 'fair'). Young people with mental health difficulties and young disabled people tended to have poorer outcomes and their particular vulnerability needs to be addressed more adequately in pathway planning
- Outcomes were not greatly associated with young people's past care careers and tended to be influenced more by events after leaving care. This suggests that post care interventions can make a significant difference to housing careers. Where young people were unemployed, had poorer life skills or where they continued to have involvement in offending or substance misuse, they were more likely to have a poorer housing outcome. A positive outcome was associated with better mental health and well-being. Housing support therefore needs to address these wider areas that intersect with young people's progress as part of a comprehensive support package
- Virtually all the young people (93%) acknowledged receiving support with housing. However, differences in outcome were not associated with our measures of professional support and this may reflect the overall investment made in housing and support in these authorities over time.

Life skills

- Almost one third of young people were considered to have 'good' life skills at follow-up, over two fifths 'fair' skills and around one quarter 'weak' skills. However, there was no correspondence between the views of young people and workers and this points to the need for careful assessment and communication to reach a shared appreciation of young people's skills
- From a young person's perspective, there were few associations with how they perceived themselves to be managing at follow-up. However, good preparation support was weakly associated with better life skills at this stage
- From a worker perspective, young people with mental health difficulties and young disabled people were considered to have weaker skills. Better skills at

follow-up were associated with managing at home, being economically active and relatively free of troubles (offending and substance misuse). There was also some association with young people having a stronger friendship network and more frequent contact with past carers over the follow-up period

- With respect to professional support, the findings were contradictory. More intensive contact with professionals over the follow-up period was not significantly associated with outcomes, although it tended to be more frequent where young people were in greater difficulty. However, from the viewpoint of young people, targeted support in life skills was associated with them feeling more able and confident at follow-up. Support may therefore have had benefits for young people even if, in the estimation of workers, it had not significantly raised their skill levels.

4 Career paths: Education, Training, Employment and Income

This chapter explores the educational experience and career paths of young people taking part in the study. It draws upon their views and those of their leaving care worker to build a picture of school attendance and attainment and present an indication of the career status of young people at the point of entering the study (baseline) and their career paths and progress over the nine-month follow-up period. It considers the characteristics, mediating factors and support of those who appeared to be doing well and those who were not doing so well, in order to explore what appears to make a difference. The chapter concludes with a consideration of the effect of income and financial assistance on young people's ability to cope with the transition from substitute care to independent adult living.

Education

Numerous studies have documented the poor educational attainment of young people in and leaving care (Festinger, 1983; Jackson, 1994; Biehal *et al.*, 1995; Broad, 1998; Pinkerton and McCrea, 1999; Alan, 2003; Social Exclusion Unit (SEU), 2003; Jackson *et al.*, 2003). Although some young people go on to do quite well, as our case studies will show, others do not. What the evidence from these studies suggests is that, all too often, entry to the looked after system fails to compensate young people adequately for the legacy of their past family experiences and, in some respects, can in fact compound them.

It is not uncommon for the educational experience of young people in care to be disrupted through placement movement, truancy or exclusion and recent work highlights the low numbers entering higher education (Jackson *et al.*, 2003). Past studies have also pointed to the relatively low priority that has been given by social workers to education when considering the welfare needs of children and to difficulties in liaison with schools and education authorities.

Of course, wider factors also shape educational destinies. Bynner and Parsons (2002) have identified parental income as the greatest predictor of educational outcomes. Young people entering the care system are overwhelmingly drawn from

disadvantaged families (Bebbington and Miles, 1989) and may have a legacy of poor parenting or missed educational opportunities that continue to affect their progress. The location and performance of schools has also been identified as an important element. In particular, in this new performance culture, the degree to which less able young people, including those looked after, are dissuaded from taking exams (Berridge, 2002). Although these are complex issues, there is a broad consensus from this body of research that the looked after system plays its part and for some young people there has been a failure by their corporate parents to adequately identify, oversee and meet their educational needs.

In response, the education of looked after young people has become a key priority on the government agenda in recent years. Local authorities are now required to collect information on and seek improvements in the education of looked after young people as part of the performance assessment framework (PAF). Also, the Quality Protects (QP) programme has targeted this area as one of the key objectives for improving the life chances of looked after children and young people. Guidance has been issued on the education of young people in public care (Department of Health/Department for Education and Skills, 2000) and the development of Personal Education Plans encourages greater co-operation between key agencies through local strategies involving the Connexions service and Children's Pathfinder Trusts. Further impetus derives from requirements in the CLCA to provide financial assistance and support to 'former relevant' young people in education beyond the age of 21 and, more recently, from the agenda set by the report of the Social Exclusion Unit (SEU, 2003) into the education of children in care. The SEU report highlights five key areas necessary for promoting the educational attainment of looked after young people. These include stability in home and school, increased participation in compulsory and post-16 education, greater focus on educational support from professionals, support with education from carers and the promotion of health and well-being. As will be discussed in this chapter, findings from our own research find particular resonance with these key issues.

Difficulties at school

The importance of educational participation stretches far wider than attainment. School is an essential part of social development, necessary for acquiring skills in communication, interaction and developing and maintaining relationships. It may also provide a source of structure and stability in an otherwise troubled life and can

provide a forum for developing positive self-esteem and confidence either through formal or less formal non-academic achievements, such as sport, music or getting a part in the school play. It is important therefore that young people are able to continue to participate in their education with as little interruption as possible.

There is, however, considerable evidence that a high proportion of looked after children experience disruption and difficulties with their schooling. Estimates in the mid 1990s suggested that 30% of looked after children were out of mainstream education through truancy or exclusion at any one time (Sinclair *et al.*, 1995). In addition, recent work suggests that young people in care are three times more likely to have been bullied at school and nine times more likely to have a statement of special educational needs than their non-care peers (SEU, 2003). Although we are still in the relatively early days of Connexions and more targeted education strategies aimed at improving participation and attainment, evidence from this study suggests that progress, particularly in terms of influencing outcomes, is slow.

As the figures in Table 4.1 indicate, many young people in our study had experienced difficulties with schooling. Most had experienced truancy or some form of exclusion at some stage and in fact, more than one third of the sample (37%) reported having truanted often.

Table 4.1 Problems at school (n=106)

	%
Truancy	71
Exclusion	62
Being bullied	48
Difficulties with learning (self identified)	39
Learning disability (identified by worker)	13
Statemented	5

When treated as a combined measure of school disruption, truancy and exclusion appeared to be more prevalent amongst citizen young people than amongst young people who were unaccompanied minors ($p=0.007$). Over four fifths (86%) of citizen young people had truanted or been excluded compared to one half (50%) of unaccompanied minors.

There was also evidence that young people who had been involved in offending were more likely to have had a disrupted school career. For example, over a third (36%) of the sample had past offences at baseline and the vast majority had also truanted (87%, p=0.018) and been excluded (90%, p<0.001) at some stage.

Difficulties of this kind were also associated with later unemployment. Those who had truanted or been excluded were more highly represented in the NEET group (i.e. those who were not in education, employment or training) at both baseline, soon after leaving care (p=0.003), and also at follow-up some eight to 12 months later (p=0.021). Around three in five (62%) of these young people were unemployed at this stage compared to fewer than two in five (38%) of those who had not experienced these difficulties.

In terms of other school difficulties, almost one half (48%) of our sample reported having been bullied at school and over a third (39%) told us they had experienced difficulties with learning. Furthermore, data from leaving care workers suggested that 13% of our sample had a recognised learning disability and that 5% had a current statement of difficulties.¹

Educational attainment

As indicated above, research over the last two decades tends to paint a consistent picture of poor educational attainment amongst care leavers when compared to their non-care peers. However, local authority returns on the educational attainment of young people formerly in their care point to a slow but steady improvement in recent years. For example, data for the year 2002-2003 suggests that 54% of care leavers aged 16 and over left without any qualifications compared to 66% in 1999-2000 (Department for Education and Skills, 2003a). In overall terms for 2002-2003, just over two fifths (44%) left with one or more GCSEs or GNVQs and 6% left with 5 or more GCSEs at grade A-C (Department for Education and Skills, 2003a).

Information on the educational attainment of young people in the current study was collected from both young people and their leaving care workers. At baseline, over one third (35%) of workers did not know whether the young person they were working with had qualifications or not. This is a disconcerting finding, given that a

¹This may undercount those who have had a statement of educational need. First, most young people had left school at this stage and, with respect to leaving care workers, they may not have had case involvement when young people were at school and may have been less likely to know.

lack of knowledge is likely to be a major impediment to needs assessment and pathway planning. The following findings are therefore based on young persons' data only.

At the point of entering the study, 90% of our sample had left school. Just over half (54%) of the sample had done so with no qualifications at all, thus matching the most recent national figures. Table 4.2 presents a breakdown of qualifications achieved by young people in the study.

Table 4.2 Qualifications of young people (n=106)

	Yes %	No %	Not sure %
GCSEs	32	66	2
GNVQs	10	90	0
NVQs	11	89	0
A/AS levels	2	98	0

Using the above data and information on the number of qualifications and grades obtained, we were able to construct further measures of attainment, largely based on national indicators. These are shown in table 4.3 below:

Table 4.3 Educational attainment of young people (n=106)

	Yes %
1 or more GCSE or GNVQ at any level (PAF A2 Indicator)	38
1 GCSE at A* - C	26
5 GCSEs at A* - C	10
1 or more further education (FE) qualification	17
1 or more GCSE or GNVQ at any level and/or FE qualification	46

Attainment levels were broadly consistent with the national picture, although slightly more young people in our study had achieved five or more A-C grade GCSEs (10%) than is the case for care leavers nationally (6%) and slightly fewer had achieved one or more GCSEs or GNVQs at any level (44% nationally) (Department of Health, 2003a). Overall, however, the educational performance of young people in our study confirms the extent to which care leavers are disadvantaged when compared to the general population of school leavers. Figures for the last two years show that one

half of all 16 year olds had obtained five GCSEs at A-C (Jackson *et al.*, 2003) and 95% obtained one or more GCSE or GNVQ (Department for Education and Skills, 2003a).

Education outcomes

Using the PAF A2 indicator as a measure of educational outcome for young people in our study we found, as Table 4.3 illustrates, that 38% of our sample had a 'good' educational outcome at baseline and 62% had a 'poor' outcome.² The factors associated with a positive outcome presented below are consistent with findings from recent work in this area (Biehal *et al.*, 1995; Robbins, 2001; Jackson *et al.*, 2003). Those who tended to do better educationally were female, were looked after longer and more often in a settled foster placement.

Although not reaching the threshold for statistical significance in this sample, there was a tendency for females to have a more positive educational outcome. Over two fifths of females (45%) had a good outcome compared to 30% of males ($p=0.088$, $n=106$). With respect to care careers, those looked after longer tended to have a better outcome ($p=0.004$, $n=106$), as did those with fewer placement moves on average during their last episode of being looked after ($p=0.041$, $n=106$) and those who had a last placement in foster care when compared to those leaving from a residential setting ($p=0.001$, $n=99$). Around one half (49%) of those who had been in foster placements attained a positive outcome compared to just 17% of those who left from residential care.

Doing well was therefore associated with finding a positive and stable placement that enabled young people to have a relatively settled pattern of schooling. It was also linked to active and committed support from carers and support workers, as the following brief illustrations suggest.

²The PAF A2 indicator of one or more GCSEs or GNVQs at any level was used as a measure of a good educational outcome to aid comparability. It should be noted that six young people in our sample had a *further education* qualification at baseline, but had no GCSE's or GNVQs. They were not included in the 'good' outcome group. Tests were carried out including these young people to see if it made a difference to the findings. However, no significant difference was found.

Nathalie entered care at 12 years of age. She had experienced two placement moves during her care career, but had remained with her current foster carers for three years. During this time she had never truanted or been excluded from school and had gained eight GCSEs, seven of which were at A-C grades. At baseline, she was still living with her foster carers, although her care order had ended, and she was studying for her AS examinations with the intention of going on to University. She felt that living with her foster carers had helped her with her education:

[I've] been more stable and had more opportunities than I would have done at home with education, driving lessons and hobbies..... I wanted to stay with foster carers as they would push me with my education.

Simon last came into care aged 12 and, despite some early placement movement, had remained with the same foster carers for five years. At baseline, Simon had obtained 9 GCSE passes and was waiting to start a BTEC course in childcare and youth work at his local college. He was receiving on-going support from his foster parents whilst living in his own tenancy and had a good relationship with his leaving care worker.

I see them every day...I've got excellent foster parents and I'm classed as one of the family, I call them my mam and dad and [my leaving care worker] is like a mate, helping to sort out college places and taking me to interviews... I can talk to him about anything.

These examples show that, given the right environment, coming into care can provide some compensation for past educational experiences and the opportunity for young people to gain educational momentum. Our evidence, in keeping with other recent work, suggests that at present this is more likely to occur for females, for those looked after longer and for those in stable foster placements. The challenge is to widen these opportunities – to provide sufficient resources, support and encouragement to improve, in particular, the performance of looked after boys and to create more opportunities for those in residential settings and address the educational needs of those who come into care later and stay for shorter periods of time.

However, the value of schooling and other youth and leisure pursuits should not just be associated with a narrow definition of attainment. Young people's achievements cannot always be evidenced through their academic ability. Many of the young people in our study were keen to tell us about awards they had received for activities

such as gymnastics, swimming, first aid or outdoor pursuits courses. In all, 68% of the young people said that they had received certificates for either academic or non-academic activities. For some particularly troubled young people, who had previously failed to participate in such activities, regular attendance and the completion of a short course - in, for example, basic skills, first aid or workshop based independent living skills programmes - was in itself an achievement and provided a major boost to their confidence. Participation of this kind is of considerable value, as much for developing interpersonal skills and opportunities for relationship building as for the end product itself.

From a resilience perspective, such activities are essential. Any attempts to engage young people who may have become disaffected or de-motivated may have beneficial effects in the longer run. The developing body of work on resilience highlights the importance of educational inclusion as a key protective factor for young people whose early life experiences may predispose them to future adversity and disadvantage (Rutter, 1991; Daniel *et al.*, 1999; Stein, 2004). Educational participation is critical to young people's life chances and, as such, needs to have a central place in care and pathway planning for young people in and leaving care.

Career paths: post-16 education, training and employment

The legacy of poor educational outcomes is apparent in the post-school activities of care leavers. Previous research has documented high levels of unemployment and non-participation rates amongst those with care backgrounds (Stein and Carey, 1986; Biehal *et al.*, 1995; Broad, 1998; Pinkerton and McCrea, 1999; Dixon and Stein, 2002). There is also evidence that this legacy may last into adulthood. Analysis drawing on data from the National Child Development Study revealed that adults with past experience of care were not only more likely to be unemployed than their non-care peers but also more likely to be in unskilled work or semi-skilled work and less likely to work in managerial positions (Cheung and Health, 1994).

As already noted, young people in the current study were between 16 and 20 years of age during the study timeframe. This is an important stage with respect to career paths, where decisions and trajectories embarked upon often lay the foundations for future choices and destinations (Banks *et al.*, 1992). This section provides a general overview of the career patterns of the sample and considers their progress over the follow-up period and the main factors associated with outcomes.

Career status at baseline and follow-up

Young people were asked to provide details on their career status at the point of joining the study and again nine-months later at follow-up. Whilst qualitative information was collected on additional career moves during the nine-months we have focused mainly on the young person's career status at baseline and follow-up to give an indication of starting points and outcomes. A breakdown of the career status at both points in time is given in Table 4.4 and suggests a certain level of instability in young people's career paths. Unemployment features most frequently amongst responses, accounting for more than two fifths of the sample at both baseline and

Table 4.4 Young people's career status at baseline and follow-up

	Baseline (%) (n=106)	Follow-up (%) (n=101)
Unemployed	43	44
Full-time education	27	21
Part-time education	8	2
Training	8	6
Caring for child	7	8
Full-time employment	4	10
Part-time employment	2	3
Custody	1	1
Missing	0	5

follow-up. Few young people (13%) had managed to find full-time or part-time work by the end of the study and, whilst a third of the sample were participating in education at baseline, just under one quarter were doing so at follow-up.

In terms of instability, there was clear evidence of movement between career groups over the follow-up. In all over two fifths (43%) of the sample had changed career status over the nine months. Furthermore, whilst just over half (54%) of the sample had remained in the same career group throughout, there was evidence of movement within groups - e.g. from part-time to full-time education or movement in and out of different jobs. Before exploring the pattern of movement and career outcomes in more detail, it is worth examining some emerging patterns associated with each of the main career status groups.

Unemployment and NEET

As indicated in Table 4.4, more than two fifths of the sample described themselves as unemployed at baseline and follow-up, some 10 to 18 months after leaving care. Unemployment was not significantly associated with gender nor with ethnic origin at follow-up, although young people from minority ethnic backgrounds had been less likely to be unemployed at baseline ($p=0.04$).

The likelihood of unemployment did appear to be related to last care placement. Young people leaving foster care were less likely to be unemployed at baseline ($p=0.046$, $n=106$) and appeared less likely to become unemployed over time. For example, unemployment amongst the foster care group remained at 35% over the nine-month follow-up, whereas it rose from 56% to 63% for those from other care placements. This reflects their higher participation in post-16 education and, perhaps, the practice of placing more troubled or unsettled teenagers in residential care.

When describing non-participation rates amongst young people, government statistics tend to refer to the NEET group (those not in education, employment or training). Those whose main activity is caring for their child are generally included in this group. This slightly inflated our data on non-participation. One half (51%) of the sample was classed as NEET at baseline, rising to 56% at follow-up. These figures compare unfavourably to recent government statistics, which indicate that 32% of care leavers who were still in touch with the local authority at 19 were classed as NEET (Department for Education and Skills, 2003a) and that around 10% of all young people in the 16 to 18 age group fall into the NEET category (Department for Education and Skills, 2003b).

In part, levels of non-participation amongst these young people cannot be disconnected from wider social and economic trends, which have seen the youth labour market becoming increasingly competitive with the rise in demand for an educated and specialised workforce. However, alongside this have come a number of developments to address youth participation rates such as the introduction of Connexions; the promotion of a more co-ordinated approach to post-16 education and training through the Learning and Skills Councils; and the growth of schemes such as Modern Apprenticeships and the New Deal. Also, whilst the increase in education and training opportunities has extended the transition from school to work for young people in general, the introduction of the education maintenance allowance

(EMA) to assist young people's participation in further education and the increased commitment to financial support for care leavers in education, training or employment through the CLCA should, at least in theory, help to make them more accessible and viable options.

Education

One of the more encouraging findings from our data was the relative improvement in the numbers of young people participating in education. Over a third (35%) of young people in the current study were in education at baseline, and despite this having fallen to under a quarter (23%) at follow-up, figures still exceeded those reported in studies carried out over the past ten years (Biehal *et al.*, 1995; Dixon and Stein, 2002). A recent survey of leaving care schemes carried out in English authorities has also noted a general increase in educational participation amongst care leavers over the last decade from 19% in 1994 to 31% in 2003 (Broad, 2003).

This rise in participation may, at least in part, be driven by general trends in the mainstream youth labour market. It may also be further influenced by the developing links between leaving care services and Connexions workers, some of whom have been seconded to leaving care teams. However, it is also likely that we are beginning to witness the effect of increased financial support through specific funding under the CLCA for educational assistance and discretionary incentives based on attendance and progress. Our policy survey showed that most local authorities in the study were offering some form of incentive payments or credits, in addition to statutory assistance, to those in education. This varied from topping up a young person's living allowance to providing standardised cash amounts of between £15 and £20. There was also additional support for young people in higher education, which ranged from a £2,500 top-up grant in one authority to the provision of vacation accommodation and money for travel expenses and equipment in others. As the impact of the new legislation takes effect across authorities nationally, it may stimulate a further rise in the numbers continuing in education.

Although practitioners generally viewed the involvement of young people in education positively – and felt that the need to meet government targets was providing a sharper focus - our policy study did highlight some concerns about dropout rates. Difficulties included young people being unable to sustain their participation in education either financially (particularly post-18), emotionally (related to past experiences or current circumstances) or in terms of their abilities. There was some

concern that young people who had disadvantaged educational backgrounds could be set up to fail, perhaps reflecting a downside to the new performance culture. In some cases, the motivation for encouraging participation was not always aimed at attainment per se. One leaving care worker, who was supporting a young man with mental health difficulties through his college course, told us:

I honestly doubt whether he has the skills. I don't know whether he'll get a qualification or not, but its been a positive, useful day time activity for someone who at the moment, I'll be honest with you, it doesn't pay for him to work because of the cost of his [supported] accommodation. (Leaving care worker)

There was also a concern that young people were often undertaking fairly low-level courses that may not necessarily push them up the career ladder:

The difficulty is that [these] young people have so many disadvantages and FE has changed, with more opportunities, but they are often foundation level or taster courses [which] may not lead very far. (Team manager)

The range of educational options available to young people was reflected in the variety of courses undertaken. NVQ level II courses featured most commonly and ranged from food preparation to carpentry and Business Administration. BTEC and pathway courses were also mentioned and over a tenth of those in education at baseline were continuing with A-levels. Only one young person was attending University. This mirrors the findings of Jackson *et al's* (2003) study, which reported that only 1% of care leavers entered higher education compared to 38% of the general population.

Employment and training

Employment rates for young people in the sample were consistently low with only one in ten young people having secured a full-time job by the end of the study and a further 4% having part-time work. This corresponds to findings from recent UK studies of care leavers in Northern Ireland (Pinkerton and McCrea, 1999), in Scotland (Dixon and Stein, 2002) and in England (Broad, 2003). There has been a general decline in the tendency to move straight from school to work as wider 'transitional'

opportunities have become available, so it is perhaps not so surprising to find lower numbers in employment within this age group generally. Nevertheless, care leavers appear to be less likely than their non-care peers to be in employment. Recent analysis of the Survey of English Housing data from 1999 suggested that 47% of a sample of 16 to 18 year olds in the general population were in full or part-time employment (Coles *et al.*, 2002).

In addition to those whose main career status was employment, there was some evidence that several young people were engaged in casual 'cash in hand' work, although these young people were included in the unemployed category, and others who were in education also had part-time employment. Furthermore, there was some indication that the types of work undertaken by young people in the sample were quite marginal and insecure, since a number of those who were in work were employed by agencies on a casual or temporary basis. However, employment was associated with educational attainment. All but one of the young people in employment had achieved a 'good' educational outcome on leaving school ($p=0.028$, $n=106$).

Training accounted for less than one in ten of the sample at baseline (8%) and follow-up (6%). There was also some evidence of attrition with almost two thirds (63%) of those who were training at baseline having become unemployed at follow-up. It was not possible, however, to determine whether this was due to early drop-out or completion of the training course. Only one young person had continued with their training throughout the study timeframe, whilst another had moved into employment.

Most of those in training were working towards qualifications such as NVQs on a day release basis, although the range of training encompassed basic numeracy and literacy programmes incorporating some work experience to Modern Apprenticeships in electrical engineering and accountancy. There were also examples of local area employability schemes where councils were offering time limited training places to care leavers.

Measuring career outcomes

In addition to data on young people's career status, information on attendance and performance for those in education, training or work was collected from leaving care workers at baseline and follow-up. This provided a perspective on whether a young

person was making progress and thereby made some attempt to preclude the assumption that participation in education, employment or training was positive per se. Placing the emphasis on progress, relative to the young person's starting point, rather than on overall attainment also meant that those with the most disadvantaged backgrounds could still receive a positive assessment. The combined information was used to construct career outcome measures at baseline (starting points) and follow-up (outcome) as follows:

Good	Where the young person was engaged in education, training or work and the combined progress measure (based on the leaving care worker's rating of attendance and progress) was positive
Poor	Where the young person was unemployed or the progress measure was negative.

Obviously a measure such as this has limitations. It tends to oversimplify and can take little account of the complexities of young people's career experiences between the two points in time or of the overall impact of their progress on their lives as a whole. For example, one young woman was considered to have a good career outcome as she was working full-time and had good progress and attendance, but the impact of her work was not so positive. She was very unhappy with her job because of the long hours, low pay and the discrimination she suffered from other workers. We will try to address these issues through the use of qualitative information to illustrate young people's experiences and to explore more fully the progress of young people's careers. For qualitative analysis we have selected a number of cases that represent those who improved, deteriorated or remained constant as a means of exploring what factors may make a difference.

Table 4.5 shows the distribution of good and poor career outcomes across the sample. Young people whose main activity was caring for their child at either point in time represent a distinct group and as such they have not been included in our analysis of career outcomes.³ In addition, one young person who was in a young offenders institution at both points in time was also excluded from this analysis.

³This included seven full-time parents at baseline and nine at follow-up, all female.

Table 4.5 Young people's career outcome at baseline and follow-up

	Baseline (n=98)		Follow-up (n=91)	
	n	%	n	%
Good	46	47	43	47
Poor	52	53	48	53

As indicated above, less than one half of the sample had achieved a good career outcome by the end of the study. Despite the picture appearing quite static, there was a considerable degree of movement over the follow-up period as some young people stayed the same while others improved or deteriorated. This pattern is shown in Table 4.6.

Table 4.6 Young people's career progress over time

	Direction of change % (n=88)
Improved	15
Remained good	31
Remained poor	34
Deteriorated	20

Nine months is a relatively short period of time in which to monitor change, although previous research has suggested that the accelerated and compressed nature of care leavers transitions to adult living mean that they often undergo a greater number of adjustments in a shorter period of time (Stein, 2002). In terms of career progress, however, the majority of the sample (65%) remained constant over time. Just over one third (35%), meanwhile, had experienced a considerable shift in the progress of their careers, with one in five having slipped from a good starting point at baseline to a poor outcome and around one in seven having improved.

What makes a difference to career outcomes?

Attaining a positive career outcome at follow-up was not significantly associated with the certain characteristics of young people, such as their gender or ethnic origin. There was however a weak but significant association according to whether young people had experienced a last placement in foster or residential care ($p=0.044$, $n=85$). Also, those from foster care who had poor career starting points appeared twice as likely to improve over time to good final outcomes, compared to those from residential care ($p=0.05$, $n=82$).

A positive career outcome was also associated with greater placement stability and, as one measure of preparation for independence, with better life skills at the point of leaving care. Young people who were doing well tended to have left care at an older age ($p=0.011$, $n=91$) and to have experienced fewer placement moves during their last episode of care ($p=0.039$, $n=91$). Furthermore, those who had improved and those who continued to do well over the nine-month follow-up tended to have had better life-skills on leaving care when compared to those who had poor career outcomes throughout and those who had deteriorated ($p=0.025$, $n=88$).

Surprisingly, there was no statistical association between good career outcomes and good educational outcomes. This is most likely a result of the relatively high numbers of young people in the study who had engaged in post-compulsory education (and thus had good career outcomes) to improve on poor school attainment.

As we also saw in Chapter 3, post care stability, a good housing outcome and fewer troubles after leaving care were also associated with a good career outcome. Those young people who were doing well had experienced fewer housing moves during the nine-month follow-up ($p=0.006$, $n=91$) and were more likely to have a good overall housing outcome ($p=0.001$, $n=91$).⁴ They were also less likely to have been involved in offending ($p=0.005$, $n=91$) and substance misuse ($p=0.045$, $n=91$). At follow-up, they were also more likely to have a positive sense of mental well-being, as measured by the GHQ-12 ($p=0.024$, $n=91$).

There was strong evidence that the most vulnerable young people were less likely to do well in their early career paths. Those considered at baseline to have mental health or emotional and behavioural difficulties by their leaving care worker were more than twice as likely as other young people to have poor career outcomes at follow-up ($p=0.001$, $n=91$). Almost three quarters of these young people were not doing well (73%) compared to just over one third (36%) of young people without these difficulties.

With respect to professional support with young people's careers over the follow-up period, the findings suggested that more frequent contact with professionals was linked to those in greatest difficulty. Young people who were doing well and had

⁴The assessment of housing outcome combined the suitability of the accommodation for a young person's needs and their ability to manage their home, rather than just the type of accommodation per se (see Chapter 3).

more positive career outcomes tended to have less frequent contact with their leaving care worker ($p=0.022$, $\tau = .290$, $n=90$) and with all professionals ($p=0.003$, $\tau = .273$, $n=91$). For many, this limited contact may have been sufficient to meet their needs. However, it is likely to require careful judgement. There is the danger that withdrawing support simply because a young person appears to be doing well (or better than others) may serve to destabilise their coping skills.

There was some limited evidence that more targeted support with career choices and with maintaining a career was associated with a better career outcome. The majority of young people (65%) who reported that they had received specific help with their career - whether from a leaving care worker, social worker, Connexions worker or other sources - had managed to maintain good outcomes over time or had improved on poor starting points ($p=0.01$, $n=85$). Furthermore, whilst only a small proportion of young people had received specific support to find or maintain a career from past foster carers or residential workers (7%) or family (10%), the data suggested that those young people who had been supported were also more likely to achieve good outcomes. For example, all of those who had received careers support from past carers appeared to be doing better in their career at follow-up ($p=0.01$, $n=91$) and, although not statistically significant, slightly more (56%) of those who had been supported by family had maintained good outcomes. There was also some indication, although it did not prove significant for this sample, that where young people perceived that they had a stronger friendship network, this was associated with a good career outcome. Around one half of the young people (51%) with a strong friendship network had a good career outcome compared to less than one third (29%) of those without. This may reflect a tendency for entry into the world of work to be associated with a broadening of young people's social networks.

Positive progress in careers

Having identified some of the factors associated with improved career outcomes, it may be useful to look at how these factors became interwoven within the career experiences of young people over the follow-up period. The following case studies provide illustrations of those who were doing well and those who were experiencing difficulties in their career outcomes.

Mandy had maintained good career outcomes throughout and, as her story shows, she had in place most of the 'foundation stones' for a positive transition from care to independent living:

Having entered care at 13, Mandy had been living with her second foster carers for the past four years. She had felt settled and supported - *I loved them as a mam and dad... They helped me without me realising*. She had gained 11 GCSE passes when she left school and had taken a job working shifts at a local factory. Mandy saw this more as a 'break from education' than a career and planned to return to college to pursue teaching or child-care once she had got some work experience and money behind her. At 18 she (and her leaving care worker) felt that she was well prepared for independent living and ready to leave the 'crowded' foster placement and move to a privately rented house nearby. Her foster parents, her advocacy worker and her leaving care worker supported the move.

At follow-up, nine months later, Mandy was coping well in the same accommodation and was still working shifts at the factory. Whilst she reiterated that she had no intention of remaining in a factory long-term - *I will eventually get back to education, I don't want to be stuck in a factory* - the people were nice and the money was good.

Mandy continued to receive support from her foster carers (who she saw almost daily), her aunt and advocacy worker. They mainly offered emotional support and help with managing her home. She also had less frequent contact with her leaving care worker and tended to use these contacts for 'catching up' rather than direct practical help. She had no problems with drugs or alcohol and had a good network of friends through school, work and the various groups she had become involved with through her advocacy worker. Mandy felt that her confidence had increased considerably since leaving care - *I've realised just how much I can do on my own* - and she had begun to put into place long-term plans for her future by securing a mortgage and a deposit on her own property. In career terms, she had set herself a target of remaining at the factory until she reached 21, after which she would begin training in childcare.

As is evident from Mandy's experience, a stable foster placement, sound preparation for independent living through good life skills, educational attainment and ongoing support and planning had helped to engender a sense of stability and contributed to a more positive career outcome. Whilst there was little evidence of any focused support on her career, the support she had received in general had given her the security and confidence to decide where she wanted to be and how she was going to get there.

Poor or deteriorating progress

But what factors come in to play for those who fail to secure a firm foothold in education, training or employment? What becomes apparent from the following

examples of those who had poor outcomes throughout and those who deteriorated, is that most of these young people had been provided with some support to begin a course or to take up employment but they either lacked stability in lifestyle or in the ability to sustain their participation. It is often a combination of the impact of pre-care experiences, insecure or troubled care experiences, inherent vulnerability and poor life choices or subsequent difficulties which serve to undermine coping skills and prevent young people from undertaking or maintaining a career.

Sandra had poor career outcomes at both baseline and follow-up. She had entered care on four occasions and her final episode at 14 included eight placements. Sandra, who had been a young carer from the age of 11 due to her mother's illness, found it hard to adapt to foster care - *I was used to looking after myself and I didn't need foster carers looking after me. No offence to my last carer, I didn't feel comfortable being cared for.* At 16 Sandra left care to move into a flat with on-site support. She felt that she was well prepared and capable of looking after herself and was optimistic about her future.

Because of her troubled childhood Sandra had missed a lot of school. She had been bullied and excluded, had failed to achieve any qualifications and had subsequently become unemployed. She also had a history of self-harming and although she had been referred to a psychiatrist she felt that she had seen so many different people in the past that she found it - *difficult to build a relationship with him.*

Over the follow-up period, Sandra's life deteriorated. Although she had not moved accommodation, she had developed health problems (anxiety and insomnia) linked to her feeling unsafe at home – the property being located in what her leaving care worker described as a *ghettoised area, with a prevalent drugs culture and high levels of criminal activity.* Despite these problems she began an NVQ in childcare which she initially enjoyed. Her Connexions advisor and leaving care worker had helped her access the course and had arranged the financial support she needed for clothes and equipment. However, her increasing health problems affected her motivation and, soon after, she also became involved with drugs and subsequently addicted to heroin. Her attendance suffered and she left the course.

At follow-up Sandra was receiving help to find alternative accommodation and to withdraw from drugs with the help of a local drugs agency. At this stage, staying drugs free was the major priority, as her leaving care worker suggested – *staying off drugs, getting off heroin is the main focus right now.* From Sandra's point of view, the practicalities of this precluded long term career planning – *picking up my methadone prescription daily prevents me from getting a job as, apart from anything else, the chemist is closed at lunchtimes.*

The following case provides an example of a young person whose career outcome deteriorated from a good starting point to a poor final outcome. It shows how poor life choices and difficulties in post care living can destabilise coping skills and the ability to sustain a career:

David had entered care at 12 and had settled with his foster parents for six years. His school attendance was good and he left with six low grade GCSEs and went straight onto college to do an NVQ in catering. At 17, David reluctantly left his foster placement - *they felt I was ready to move on. They said I was getting too old and they'd done all the work they could. I was upset, I'd got close to them all those years and I was just meant to move on.* Despite his feelings of rejection, David felt he was quite well prepared for independent living and felt supported by his leaving care worker and his grandparents.

At baseline, he had moved into supported lodgings and with the help of his current carer had found a job working as a chef in a local restaurant. Although things were generally steady at this point, David found it difficult to settle at home and felt that the skills he had picked up whilst living with his foster carers were being undermined by the rules and restrictions of living in his new home.

Within a few months of moving to his supported lodgings, David became involved in the local drugs scene. As his involvement deepened, he lost his accommodation and subsequently his job. Although David was helped by his leaving care worker to get a flat, the delays on the repairs meant that he had to stay temporarily with friends. At this point his involvement with drugs and crime worsened and, after being arrested, David decided to move away from the area to make a fresh start. Despite having a volatile relationship with his mum, he moved in with her and took on casual work but his chaotic lifestyle made them difficult to sustain. As his leaving care worker suggested: *His attendance was good, people have always said he is a good worker, but [the problem] is his relationships and lifestyle.* When his relationship with his mother broke down, David was offered a home with his grandparents.

At follow-up, David was still unemployed but had managed to stay away from drugs and offending with the help and support of his grandparents and contact with mental health professionals. His grandfather had helped to arrange a couple of interviews at local factories and David had contacted a careers advisor to discuss going back to college. He felt that the events of the past few months had shaken his confidence and that his leaving care worker had given up on him in terms of finding a career. Despite his continued efforts to find work, David felt unable to make any firm decisions about his future until after his pending court case, as he feared he might be facing a custodial sentence.

Despite a stable care experience and promising start in education, the emotional consequences of a reluctant move from care and a series of poor life choices had undermined David's ability to maintain his fairly positive starting point.

As the previous case studies tend to show, there seems to be some evidence that young people's pre-care or in-care experiences can lock them into or, perhaps more to the point, out of certain career trajectories, whilst factors such as poor post-care accommodation or movement; family problems or lifestyle issues can act as a catalyst for career breakdown. Furthermore, whilst some young people are able to remain optimistic and determined in their hopes for a secure career, others simply become de-motivated and almost entrenched in a lifestyle without structure or boundaries. It is often the case that the focus of professional support must then turn from careers support to addressing the more immediate crisis issues which often accompany this 'lifestyle', such as accommodation breakdowns, substance misuse, physical or mental health decline and offending. In this sense, the focus on the career outcomes of young people leaving care begins to mirror that of the educational outcomes of young people in care, as a lower priority to more basic welfare needs.

What can help put young people back on track? It would seem that support is key, particularly for those young people who don't have in place the 'foundation stones' of a stable care career, good educational and life skills preparation or for those who fail initially to find stability in their early post care experience. Each of the young people discussed so far had received a package of support, whether to plan and support independent living, as in Mandy's case, or to help pick up the pieces when things went wrong. Support also appeared to be the key factor in Chloe's improvement from a poor career outcome at baseline to an improved career outcome at the close of the study:

Chloe, first introduced in Chapter 3, had experienced seven care placements within five years and was finally asked to leave her placement at 17. She had gained six GCSEs but had left school and was unemployed, addicted to heroin and homeless at baseline. She felt unable to take on work or education at this point, as her main priority was to come off drugs and she did not feel well enough to work. Initially, her leaving care worker and Connexions worker had encouraged her to attend interviews for educational and life skills courses but she found it difficult to meet the course requirements due to appointments with her Probation officer and drugs worker.

At follow-up, Chloe was living in hostel accommodation waiting to move into her own tenancy. She was no longer using drugs and continued to receive intensive support from a local drugs agency, the leaving care team, her Connexions worker and her boyfriend. She had also found full-time work in a local shop and was enjoying it - *I'd like to stay there because I like the workplace and I like the way they treat me.*

I enjoy going to work in the mornings but it's not that good pay.

Chloe's leaving care worker felt that her role had been to support Chloe with accommodation, de-toxing and her career and was optimistic about her future - *we spent time getting her to come to appointments with Connexions, to talk through the course, jobs, opportunities that come up. We gave her information; finding out what she would like to do. [Chloe's] a bright girl and will go back to further education I believe.*

Having considered the experiences of those who had better or worse career outcomes it is clear that, in addition to having a well managed care experience and on-going support, stability and security in early post care living are crucial to success. However, it is also apparent that young people with a care background experience considerable difficulties as they make the transition to adulthood. Poor quality accommodation, damaging family relationships and the effects of childhood trauma and disadvantage can challenge the most resilient. Despite this, almost one half of the sample had achieved a good career outcome. Not only does this speak well for the resilience of these young people, it may also reflect the extent to which they had managed to acquire support from a range of sources, professional and informal. It is worth reiterating, however, that a good career outcome was not always synonymous with a positive career experience; there was a degree of ambivalence. As already indicated, even for those in education or employment, many were undertaking low level study or employment, some were working long or unsociable hours and many were struggling with low pay or insufficient financial resources. As the next section

shows, having the financial resources to facilitate and sustain their independent status is another key factor in promoting good outcomes.

Income and financial assistance

A consistent finding from completed UK research has been that the majority of care leavers tend to remain financially dependent on benefits and to live close to the poverty line for some time after leaving care (Stein, 1997; Broad, 1998; Pinkerton and McCrea, 1999). As we have seen, care leavers tend to take on the responsibilities of independent living far sooner than their non-care peers and often do so without the financial cushioning of their families. Furthermore, they are likely to experience barriers to employment through poor educational attainment and an increasingly competitive youth labour market. These issues, together with changes to the benefits system in previous years affecting young people in general, have served to increase the risk of financial hardship amongst this group.

In response to this, the CLCA brought about major changes to the financial assistance for young people in and leaving care. Under the new financial arrangements, young people aged 16 and 17 are no longer able to access housing benefit, income support or job seekers allowance (JSA), with the exception of disabled young people and young parents. Instead, the CLCA requires local authorities to take financial responsibility for young people by providing a personal allowance to cover their housing and living costs. In addition, authorities can make additional payments such as leaving care grants (or independent living awards), education and income top-ups; help with debt and necessary equipment and also incentive payments for adhering to an agreed pathway plan.

Information gathered from young people and their leaving care workers in this study included details on the level and source of income and on any additional amounts paid to young people through Section 23 of the CLCA or Section 24 of the Children Act 1989⁵. Information on how young people were coping with the amount of money they received as well as their main areas of expenditure was also collected to provide an overall picture of their financial circumstances in the first year of leaving care.

⁵Some young people in the study did not fall into the Eligible, Relevant or Former Relevant categories of the CLCA 2000 and, as such, were dealt with as Qualifying Children under the Children Act 1989.

At baseline, young people were living on an average of £55.40 per week. The modal income was £42.70, which reflects the high number receiving social security benefits (26%) or a personal allowance set at benefits level (59%)⁶. Weekly income ranged from zero, for one young man in part-time education who was financially dependent on his mother, to £250 for a young man who worked in the stock room of a supermarket. Only one young person was in receipt of an education grant, whilst 4% of the sample received a training allowance and 10% identified a wage from part-time, full-time or casual work as their main source of income.

At baseline, the majority of young people (75%) felt that they were able to budget their money quite well or very well. However, a quarter told us they were experiencing difficulties either through limited budgeting experience and/or low income levels.

At follow-up, the average weekly income for the sample had risen slightly to £67.55⁷, reflecting a slight increase in the number of young people working and the number who had become young parents. The mode however remained at benefits level (£42.70). There had been some change in the main source of income as a result of more young people reaching 18 and transferring from local authority personal allowance to the benefits system. Benefit payments were in fact the most common source of income (40%) for young people in the sample, followed by local authority personal allowances (34%). Also, as noted above, there had been a slight increase since baseline in the proportion of young people relying on a wage as their main source of income (15%). The proportions in receipt of an education grant and training allowance remained at 1% and 4% respectively, whilst 3% identified 'other' sources of income such as relying on partners or a student loan. Five per cent of the sample, however, reported no income at follow-up and cited delays in applying for or receiving benefits as the reason for this.

As would be expected there was a strong association between young people's weekly income and their career status at baseline and follow-up, with those in work having the highest income ($p<0.001$, $n=106$ and $p<0.001$, $n=99$). Table 4.7 shows the difference in mean income for each career status group.

⁶This amount excludes payments towards the costs of accommodation.

⁷One young person who was working shifts and overtime in a local factory was earning around £550.00 per week at follow-up. This case was treated as an outlier and removed from income analysis. The average income including this case was £72.37 per week. The mode remained the same.

Table 4.7 Average weekly income by career status at baseline and follow-up

Career Status	Baseline				Follow-up			
	Group	Mean	n	Min	Max	Mean	n	Min
Full-time education	51.02	29	.00	140.00	69.33	21	.00	160.00
Part-time education	56.51	9	25.00	80.00	36.62	2	30.00	43.25
Part-time work	75.00	2	40.00	110.00	60.33	3	50.00	81.00
Full-time work	162.50	4	100.00	250.00	160.87	10	100.00	290.00
Training	59.36	8	40.00	120.00	78.50	6	55.00	130.00
Caring for child	80.67	7	45.00	100.50	88.03	9	75.00	100.00
Custody*	42.00	1	42.00	42.00	.0000	1	.00	.00
Unemployed	43.53	46	25.00	71.00	44.79	47	.00	85.40
Total	55.40	106	.00	250.00	67.55	99	.00	290.00

* At T1 this young person's weekly allowance was set aside for his release.

Almost a third of the sample (30%) felt that they were not coping well on their income at follow-up. Reasons for this varied with several young people experiencing mounting debts through rent arrears, outstanding catalogue payments and loan repayments. Generally, as the following illustrations show, young people in a range of circumstances were experiencing some difficulties meeting their financial obligations.

Duncan, a young man who was working full-time in retail and living temporarily with his mother whilst his application for his own tenancy was being processed, found that he was struggling financially - *what I find is, I obviously give my mum all the money I owe, £100 a month for rent and food and £50 for bills, then the money I have for me goes in a couple of days.* Duncan paid for his own personal items and had some debt from his previous tenancy but was able to save some money by walking to work. Whilst his leaving care worker felt that his budgeting skills required some work, she commented that since moving in with his mother he had become the main breadwinner for the family and this had impacted greatly upon his financial circumstances.

Sue had transferred from social services personal allowance to Job Seekers Allowance at follow-up. Out of her weekly income of £42.70 she paid for water rates, food, travel, utility bills, essential items and her TV licence. Her budgeting skills were described as good by her leaving care worker but Sue felt that, although she just about managed to cover all her outgoings, *it gets a bit frustrating having no money left for myself*. Her leaving care worker believed that Sue got most of her meals at her boyfriend's house.

Rory's situation was representative of many young people who felt they were coping despite limited financial resources:

At follow-up, Rory was 17, living in supported accommodation and unemployed, though attending a preparation for work course. After paying towards his rent and some repayments on previous rent arrears, he had £32 a week left. Rory felt that he was coping well on his weekly budget - *I do very well with the money I get, anyway it lasts me as long as I need it to. I manage it, it's not easy but I do manage slowly but surely, usually by Monday I'm skint though. I get paid on a Friday and after I've paid rent and done my shopping and stuff like that, by Monday I'm usually sat here thinking, I wish Friday would hurry up and come again, I need more money.*

Rory's leaving care worker felt that he was very capable and observed that: *anyone who manages on that amount of money has got good budgeting skills.* However, his leaving care worker had concerns about Rory's weight loss and had referred him to the leaving care project's food donation scheme on several occasions during the follow-up.

Those who were coping well generally had good budgeting skills and many had additional financial support from family, partners and the leaving care team.

Steve was 17 at follow-up. He received a training allowance, had free travel whilst on his community-training scheme and his B&B the local authority paid for B&B accommodation. His mother paid for his clothes and contributed to other expenses. Steve was able to save money each week towards getting his own tenancy and was coping well on his income - *I'm never in debt in my life, never owed a penny. You see the money I get, a person on a full wage would only get that to spend because they have to pay bills and that. The thing is I don't have to pay anything...If I get £70 it's to spend on what I want.*

With respect to financial assistance under Section 23 of the CLCA or Section 24 of the Children Act 1989, the majority of young people in the study (95%) had received monies over the follow-up period. Table 4.8, below shows the range of assistance available to young people and the number receiving assistance at both points in time.

Table 4.8 Young people's receipt of financial assistance at baseline and follow-up

Type of assistance received	Baseline %	Follow-up %
	(n=106)	(n=101)
Leaving care grant (amount for setting up home)	59	45
Education assistance	19	36
Employment assistance (e.g. travel and equipment)	3	4
Help with debt	1	6
Income maintenance and top up (personal allowance & incentive payments)	69	49
Accommodation assistance	48	62
Other (Birthday and Christmas/religious festival money, activities money, emergency payments, one-off payments for driving lessons, TV licences, home insurance, travel to family, etc)	32	74

Generally, leaving care grants were made available to young people once they had moved into their own tenancy for the purchase of furnishings, decoration and household utensils. However, in the case of some young people, a proportion of the money was released for emergency essentials whilst they were living in supported or temporary accommodation. The amounts received over the follow-up ranged from part payments of £36 to full payments of £1,750. The amount of leaving care grant generally available varied within and across authorities from £750 to £1,500 with additional discretionary amounts in exceptional circumstances. There was also some variation across authorities in the amount young people received in personal allowance. Most authorities, however, had set the weekly amount at or near benefits level so as not to provide young people with unrealistic financial expectations should they need to transfer to the benefits system at 18.

Accommodation assistance included subsidising young people's accommodation costs either in part or full. Amounts varied from £5 to £750 per week over the follow-up period depending on the young person's age, circumstances and the type of accommodation. Several young people were living in heavily supported units where costs included rent, food, other living expenses and on site personal support. There was some concern from managers and leaving care workers that the high costs of some accommodation, particularly supported hostels and foyers, acted as a disincentive for young people to work post-18, as if they did they would be unable to afford their accommodation costs and would have to leave.

In terms of young people's weekly expenditure, 41% of young people made a contribution to their rent out of their weekly income. Most of these young people paid nominal amounts (e.g. £2 per month towards water rates) whilst others paid the full amount of between £30 and £70 per week. In addition, 75% paid for their own travel costs, 88% paid for food and subsistence and 8% incurred childcare costs. Utility bills, clothing, leisure activities, loan repayments and fines were also mentioned amongst young people's weekly outgoings.

Generally, young people seemed content with the additional financial assistance provided through the leaving care team. Few mentioned problems in accessing top up money or emergency payments and several commented on being able to call in to the office and obtain immediate payments for travel or loans to cover them until their next payments. There was also evidence of flexibility in the delivery of personal allowances, with some having money paid direct to a bank account or in cash whilst others collected a proportion of their entitlement from the leaving care office on a regular basis.

Having the financial resources to sustain themselves is important for young people's ability to cope and succeed with post-care living. Struggling to make ends meet can test the most resilient and well prepared and can often undermine young people's coping skills in other areas. The effects of poverty are far reaching and can have implications for young people's physical and mental health (Saunders and Broad, 1997). It is evident from our findings that many young people continue to struggle financially. However, the changes introduced by the CLCA appear to be going some way towards making financial assistance for young people more available, accessible and consistent (Broad, 2003).

Summary points

This chapter has looked at the education and career paths of young people leaving care and during their first year of independent living. It has considered the effect of key factors which influence their choices and career trajectories. It has explored young people's income and the financial assistance available to them.

Education

- Consistent with previous research, most young people in the study had poor education outcomes. Over half (54%) had left school with no qualifications whilst just over a third had one or more GCSE or GNVQs

- Over a third of leaving care workers did not know whether the young person they were working with had qualifications or not
- Education disruption and difficulties were common, (affecting at least three quarters of the sample) and had lasting effects. Truancy and exclusion were associated with later difficulties such as non-participation in employment, education and training (NEET) and offending
- There was some evidence that care, when accompanied by stability, can have a positive effect on educational performance. Those doing well tended to have entered care sooner and stayed longer, most often in stable foster placements. In addition, they were also more likely to be female

Education employment, training and NEET

- Compared to previous research, there appeared to be an increase in the proportion of young people participating in post-16 education (35%). However, sustaining young people's participation in education is a key challenge
- Employment rates within the sample were low, with around 10% having full-time work by the end of the study. There was also evidence that those in work tended to be engaged in less secure employment. Low pay was also an issue for some who struggled to cover the costs of independent living
- Non-participation in education, employment and training was an issue for young people in the sample. Just over half were classed as NEET
- Over two fifths of the sample had a good career outcome. This was associated with good substitute care (e.g. fewer placement moves and leaving later and with good life skills) and stability after care (e.g. fewer housing moves, good accommodation outcome and fewer difficulties).
- Those doing well in career outcomes tended to have less frequent contact with leaving care workers. However, they tended to have had more targeted support with their career from formal and informal sources

Income and financial assistance

- At baseline, young people were living on an average of £55.40 per week. The modal income was £42.70, which reflects the high number receiving social security benefits or a personal allowance set at benefits level. At follow-up, the average weekly income for the sample had risen slightly to £67.55, reflecting a slight increase in the number of young people working and the number who had become young parents
- Almost a third of the sample (30%) felt that they were not coping well on their income at follow-up
- With respect to financial assistance under Section 23 of the CLCA or Section 24 of the Children Act 1989, the majority of young people in the study (95%) had received monies over the follow-up period

- Generally, there was evidence of flexibility in the delivery of personal allowances, with some young people having money paid direct to a bank account or in cash whilst others collected a proportion of their entitlement from the leaving care office on a regular basis.

5 Social Networks: Birth Families, Carers, Partners and Parenthood

For many young people, leaving care is a time of reappraisal. It is often a time when relationships are re-evaluated, perhaps reconciled, in an effort to gauge the extent to which they can be relied upon in the future. At such a stage it is likely to be important for young people to know, from the pool of people in their lives, who may be willing to provide practical or emotional support or, at a minimum, symbolic reassurance as they move forward into the world. It can be a time of uncertainty. For most young people leaving home, continuing support from their families can be relied upon and is potentially as important to their progress in early adult life as it was in earlier childhood (Morrow and Richards, 1996). This is not necessarily the case for care leavers who, on the one hand, are very likely to have experienced poor or disrupted family relationships and, on the other, may have experienced rejection or emotional, physical or sexual abuse. In consequence, they may lack confidence in forming wider relationships.

This chapter will explore young people's informal support networks. It will describe patterns of contact with families and carers, consider the support that emanates from these links and whether the presence or absence of support is associated with the progress young people make in their lives after care. We will also look at the provision of professional support to maintain or improve links with families and, finally, consider the emergence of new families through relationships with partners and the onset of parenthood.

Patterns of family contact

Previous studies have shown young people to have a high level of contact with family members after leaving care (Biehal *et al.*, 1995; Dixon and Stein, 2002). At baseline, just over three quarters (78%) of the young people were in touch with their families and a similar proportion (80%) was in contact at follow-up. However, information of this kind is of limited value since it tells us nothing about the nature and frequency of

this contact, who it is that young people see or about the significance of these relationships for them.¹

In order to take this further, we asked young people to identify which members of their immediate and extended family they saw at least fortnightly. The results are provided in Table 5.1 for those cases where there was family contact of some kind.

Table 5.1 Family members seen at least every two weeks (young person)

	Baseline (n=79)	Follow-up (n=81)
	%	%
Birth mother	51	43
Birth father	23	17
Sibling	65	59
Stepfather	8	4
Stepmother	5	1
Grandparent	24	16
Aunt/uncle	27	16
Adoptive parent	1	1
Other relatives	5	19
No family member seen	16	12

Table 5.1 shows the wide range of relatives with whom young people were in contact on a very regular basis at both points in time. 'Other' relatives included cousins, nieces and nephews and there was a marked increase in contact with these relatives over the follow-up period of eight to 12 months, presumably as older siblings began families of their own or relationships with them improved. Although there was a decline in the regularity of contact with most relatives over the follow-up period, there was also a slight reduction in the proportion of young people who had contact but saw no family member this frequently. Some reduction in the frequency of contact, however, is probably to be expected as young people make their own way in the world.

There was considerable variation in the number of family members seen this frequently. At baseline, just over one third of the sample either had no contact or

¹Contact, in this general sense, included all forms of contact (face-to-face, telephone, letter or texting). The analysis that follows, however, is based largely on face-to-face contact (although regular telephone contact was also included where appropriate).

saw no-one this frequently, just under one third saw one or two family members this often and a further third saw three or more, the highest being six. At follow-up, although the proportion lacking regular contact was similar, there had been some decline in the overall number of family members seen, with only just over one fifth seeing three or more family members at least every two weeks.

Leaving care workers provided another angle on frequency of contact with immediate and extended family members, although their knowledge was more uncertain. While workers felt able to identify frequency of contact with one or more members of a young person's immediate family – only 3% were unaware at baseline rising to 6% at follow-up – they were less likely to know whether young people had contact with their extended families. One in five workers (20%) felt unable to comment at baseline, although this had reduced to 10% at follow-up. Table 5.2 compares frequency of contact with one or more members of young people's immediate and extended families at baseline and follow-up for the sample as a whole.

Table 5.2 Frequency of contact with immediate and extended family members (worker)

	Baseline (n=101)		Follow-up (n=101)	
	Immediate	Extended*	Immediate	Extended*
At least fortnightly	54	11	47	13
Monthly	7	9	5	5
Less often	20	15	22	18
No contact	17	34	21	41
Not known	3	20	6	10

*These columns do not total 100% due to missing data

From the viewpoint of workers, around one half of the sample was in touch at least fortnightly with one or more members of their immediate families at both baseline and follow-up and around one fifth had relatively infrequent contact. As with young people, there was a slight decrease in frequency of contact and a slight increase in the proportion of young people thought to have no family contact at follow-up. However, information about patterns of contact tells us nothing about the quality of that contact or the significance of it for young people.

Key kin

At both baseline and follow-up, young people were asked to identify the adult in the family to whom they felt closest. In other words, to identify the key person in their kinship network. Leaving care workers were also asked to do the same in relation to the young person's family. Table 5.3 shows the wide range of adult family members with whom young people felt they had the closest relationship. These were important

Table 5.3 Closest adult in the family (young person)

Family member	Baseline (n=78)	Follow-up (n=81)
	%	%
Birth mother	22	27
Birth father	9	9
Adoptive parent	1	1
Sibling	24	26
Step parent	3	1
Grandparent	6	7
Aunt/uncle	9	5
Other	4	4
No family member	22	19

figures in young people's lives and, at least in young people's estimation, were more likely to offer practical help and encouragement. Sadly around one in five young people were unable to identify any close family member. At baseline, 'other' included foster parents with whom young people had developed a strong family identification. At follow-up, while relationships with foster carers continued to be important, some young people also selected partners and their families as key members of their kinship network, sometimes in addition to members of their own birth families.

The only focused study to date on the role of extended families in the leaving care process found a similarly impressive range of key kin identified by young people (Marsh and Peel, 1999). It also found that social workers were not particularly good at identifying these key kin and rarely involved them in leaving care planning. Leaving care workers in this study also had difficulty in this regard. Less than two fifths of workers (37%) identified the same key kin as the young person at baseline, although by follow-up there was a greater correspondence in their views (51%).

Marsh and Peel found that these family members were almost universally prepared to assume some responsibility for providing support and that young people were quite sensitive to the type of support that different people could provide. As such, their involvement in the pathway planning process is desirable. Lack of knowledge is a major drawback. In this regard, our findings add further weight to their conclusions concerning the importance of carefully mapping out each young person's family network, including the major figures within it, and of seeking informal ways to engage them in planning provided young people want this.

Assessing family support

An important question to consider is the extent to which the presence or absence of family support – and the quality of that support – relates to other aspects of young people's lives. In order to look at this statistically it was necessary to construct measures at baseline and follow-up that could stand as proxy measures for family support. This was done by connecting two sets of responses: a) whether or not young people had contact with their families and b) whether contact with the closest adult they had identified was largely helpful to them. These measures were constructed separately for young people and workers, although in slightly different ways.

Young person

Strong	Has contact with family and contact with the closest adult is 'mostly helpful'
Fair	Has contact with family and contact with closest adult is 'sometimes helpful'
Weak	Has no family contact or was not close to any adult or contact with closest adult was 'mostly unhelpful'

Worker

Strong	Has contact with adult family members and contact with the closest adult is generally thought helpful
Weak	Has no adult family contact or was not close to any adult or contact with closest adult was thought generally unhelpful.

These measures do have some obvious limitations. First, they only measure quality of contact with the closest adult rather than with the family network as a whole. It

may well be the case that, to varying degrees, support from this wider network may be equally influential. Second, it measures the state of this relationship at two time points, baseline and follow-up, rather than throughout this period. As such, it cannot take full account of the ebb and flow in these relationships. Finally, the worker measure does not cover the whole sample. In a proportion of cases (11 at baseline and 14 at follow-up) workers were either unable to identify a closest adult or were unaware of the state of this relationship. However, there was a fairly close association between the assessments of young people and workers both at baseline and follow-up.² There was overall agreement in 68% of cases at baseline and in 70% of cases at follow-up.

Table 5.4 Measure of family support at baseline and follow-up

Family support	Young person		Worker	
	Baseline % (n=106)	Follow-up % (n=101)	Baseline % (n=95)	Follow-up % (n=87)
Strong	33	53	43	36
Fair	24	12		
Weak	43	36	47	51

Table 5.4 shows the assessment of support made by young people and workers. Young people were rather more optimistic about the changes that had occurred during this period of time. Their evidence points towards a perceived tendency for family support to have strengthened. For example, amongst those with 'weak' family support at baseline, over one quarter of the young people (28%) felt that this relationship had become 'strong' by follow-up. This was also the case for well over one half (58%) of those who felt they had 'fair' family support at baseline. A perceived deterioration in family support was much less common and, in overall terms, applied to only one in nine young people (11%). Workers were less sanguine in their assessment and pointed to a slight decline in the support available from closest family adults. Around one third (33%) of those assessed as having a 'strong' relationship at baseline were considered 'weak' by follow-up. In comparison, only 18% were thought to have an improved relationship.

²For family support at baseline (p<0.001; n=95); at follow-up (p<0.001; n=90).

The strength of this key relationship was not associated with young people's personal characteristics. There were no significant differences in family support at follow-up according to gender, ethnic origin, disability nor for young people with mental health difficulties. It was, however, understandable to find that unaccompanied minors were likely to have weaker family support ($p<0.001$; $n=101$). At follow-up, young parents were more likely to feel that they had stronger family support than was the case for other young people ($p=0.03$; $n=101$), although workers did not make this association ($p=0.6$). Previous work in the leaving care field has also noted a tendency for parenthood to lead to a rapprochement between some young people and their families (Biehal *et al.*, 1995).

A continuing theme in the literature on looked after children, and one which helped underpin the partnership principle encapsulated in the Children Act 1989, has been the value of maintaining family links wherever it is safe and desirable to do so (Fanshell and Shinn, 1978; Millham *et al.*, 1986; Bullock *et al.*, 1993). The degree of contact young people maintain with their families at this stage is also a good indicator of the support young people can expect to receive from them after leaving care. Where young people had regular contact with their families while looked after they were much more likely to have 'strong' family support at follow-up ($p<.001$; $\tau .378$; $n=101$) and this was something about which both young people and workers agreed. One half of the young people (50%) who had maintained regular contact also had strong support at follow-up compared to just one in five of those (21%) whose contact had been less frequent or non-existent.

However, the presence of family support did not relate strongly to other aspects of young people's lives. There were no clear associations with young people's wider relationships, such as the strength of their friendship network or their relationship building skills, although young people did feel a greater level of confidence and self esteem at follow-up where they had a stronger relationship ($p<0.01$; $n=100$) and, while not reaching the threshold for statistical significance, they tended to have a more positive sense of well-being ($p=0.17$). Young people with a stronger relationship were also more likely to be in touch with a larger number of family members on a very regular basis ($p<0.001$; $\tau .547$; $n=101$). In this sense, the wider family tended to have a greater role in their lives and therefore the potential to provide a larger pool of practical and emotional support.

The value of family support for the practical help it can provide and for young people's sense of emotional well-being and belonging should not be underestimated. However, the presence of family support did not appear to relate to variations in more material outcomes. There were no associations with how young people fared in their housing, in relation to educational attainment or their employment careers, nor in relation to their life skills or to troubles they may have been experiencing, such as offending or substance misuse. Of course, this should not be surprising, since the progress young people make in some of these areas tends to be shaped by a wide range of structural and experiential factors about which families often struggle to make a major difference, irrespective of the level of support they are able to provide.

Changes in family relationships

Well over one quarter of the young people (28%) felt that their relationship with a close family adult had strengthened during the follow-up period. In some cases improvement stemmed from attempts by young people or family members to renew contact. For example, Joshua was cautiously rebuilding links with his family that had been lost to him some years previously. His leaving care worker had provided information about his family and he had approached them. Although they lived some distance away, he had visited and maintained contact by phone and letter. Restoring a modus vivendi with his family after such a lengthy separation was likely to prove difficult and Joshua was trying to proceed slowly and carefully.

Some strengthening of key relationships also occurred in circumstances where young people or family members were attempting to renegotiate past relationships or reconcile differences. Relationships that had been difficult in the past, and were certainly not unproblematic in the present, had nevertheless evolved to the point where young people felt them to be more supportive. The stresses of living independently could lead to a renewed appreciation of practical help with laundry, meals or money:

If I rung him up today and said: "Dad, look, I need a tenner", he'd say: "alright, come round the flat and pick it up tonight". He's the only person that does that for me.

However, of greater importance to young people was the sense that they had someone to whom they could turn, even if they would not contemplate living with them, someone who might provide a listening ear and helpful advice at difficult times:

She's there for me to talk to. I get stressed out a lot and my mum listens to me.

Developing relationships with older brothers and sisters were also important to some young people. As we have seen, around one quarter of the young people identified a sibling, usually older, as the closest person to them in their family network. Where siblings were living independently or had their own families, they sometimes adopted a quasi-parental role, providing advice, guidance and practical support and this often led to a strengthened relationship:

I think (his sister) helps him feel like he's got a home, even though he doesn't live there. He can go and get his washing done there and she's very accepting and caring of him by the sound of it. (Leaving care worker)

Members of the extended family played a similar role for some young people. These young people had either lost touch with their parents or, while maintaining some contact, found these relationships largely unsupportive. Grandparents, aunts, uncles, older cousins and, occasionally, step parents had become key family figures for these young people and, at least from the young person's perspective, relationships with them had improved over the follow-up period.

While strengthened relationships were welcomed, they could also be fragile, and some young people experienced disappointment as approaches to rebuild links were rebuffed, past difficulties resurfaced or new ones emerged. In a few instances, the views of young people and workers about the progress of these relationships could not be reconciled. While some young people felt their relationship with a parent or other family member had improved, workers sometimes felt that there had been no progress or, in a few cases, that the influence of these same relationships was largely negative or destructive to the young person's well-being. This appeared more

likely where the lives of family members themselves were considered chaotic and/or where they were viewed as having serious difficulties with drugs or alcohol.

However, only around one in nine young people (11%) felt that the quality of contact with their families had deteriorated during the follow-up period. In one or two cases this was largely due to practical considerations, such as family members moving away or young people living at a distance that made more regular contact practically difficult. In most cases, however, deterioration highlighted the fragility of family relationships for some looked after young people. While some young people retained contact with family adults they had felt close to at baseline, they felt that their bonds with them had weakened during the follow-up period. In some instances these relationships had deteriorated to the point where young people no longer felt close to anyone in their families. In others, young people had gradually found greater support and sanctuary in newer relationships with foster carers or with partners and their families. In effect, these young people were attempting to develop a closer identification with new families in an effort to provide a more secure base for themselves.

For some young people, deterioration appeared to symbolise a final rupturing in family relationships. Where relationship breakdowns occurred this tended to be associated with continuing patterns of emotional abuse or rejection. Luke had re-established contact with his father prior to baseline and had returned to live with him. Although he was still living with him at follow-up, the relationship had broken down due largely to the emotionally abusive behaviour of his father. Luke's social worker, who was trying to find new accommodation, felt that the whole experience had seriously damaged his self esteem and confidence:

He's very vulnerable. He really suffers with his confidence. I think that's very much related to his dad, because he tells me that his dad really puts him down and calls him stupid...His dad continually tells him he's thick because he has difficulty with reading and writing.

Holly had also lost all touch with her family when they finally rejected her overtures and refused to see her again. Both her pride and the hurt involved in fundamental rejection of this kind were evident in her brief comment:

I was (in contact) but I'm not now...They told me that they never want to see me again and so I told them the same.

Losing touch was not always quite so dramatic for young people and sometimes involved family members moving away or a gradual drift away from parents, grandparents, aunts or uncles. However, such drift tended to occur in circumstances where family links were already quite weak or where family relationships had been marred by previous rejections, lack of care and concern or patterns of ill treatment. Loss of all contact rarely occurs by accident and tends to point to the existence of already problematic family relationships.

Going home

Research into patterns of family reunification for looked after children and young people has shown that the majority will return to the family home, around four in five within five years of being accommodated (Bullock *et al.*, 1993). However, research on leaving care in England has suggested that, for young people looked after until 16-18 years of age, the possibility of return is much reduced. This segment of the care population is much more likely to move on to independent living (Biehal *et al.*, 1995).³

Very few young people in this study returned to live with their families after leaving care. Just nine young people were living in the family home at either baseline or follow-up and, of these, only two had lived there continuously throughout the period of study. A further five young people had lived with extended family members, including grandparents, aunts and a step mother, and three of these young people had lived with them continuously. In total, then, just 13% of the sample was living with family members at either of these two time points, although some other young people had made brief stays in between.

Most of those who returned after leaving care did so after earlier attempts at independent living had foundered. They returned at a time of crisis and their families were able to provide a temporary port in a storm. These stays were not always

³Patterns of return home for care leavers in Northern Ireland do, however, appear significantly different. One recent survey found that 61% of young people returned to the family home on leaving care (Pinkerton and McCrea 1999).

satisfactory – ‘*It’ll do until I get my own place. It’s not ideal but I’ve got to stay somewhere*’. Conditions were sometimes over crowded and fraught relationships could lead quickly to a breakdown and propel young people back into a period of instability.

However, a return to family could provide welcome respite – ‘*I feel more at home here than I have ever done*’ – and provide an opportunity for workers to help plan a young person’s next steps. Connor, for example, had fled from his council flat after being seriously threatened. Unable to return, he went to stay with his mother. His stay of three months enabled his worker to help him make a planned move to supported accommodation that was much more suitable for his needs. As his worker suggested, a return to the shelter of his family was just what he needed:

He went backwards in a way, but I felt he needed that at the time. He didn’t really survive well in his flat. He didn’t think he needed support and there were lots of problems...So that was a step backwards to go forward again.

Backtracking in order to go forward again is relatively common amongst young people in the wider population when leaving the family home. Young people may leave and return to their families several times before finally establishing an independent household. Amongst care leavers, the option to return to more sheltered accommodation at times of crisis has tended to be rare (Stein and Wade, 2000). Families cannot always be relied upon to provide helpful shelter, as Connor’s did. It is in this context that the emphasis in the guidance to the CLCA on the need to envisage future crises as part of pathway planning and make contingency arrangements is likely to be critical (Department of Health, 2001a). The process of leaving care needs to be viewed as a continuum, allowing for movement back and forth according to young people’s needs. The provision of respite should not just depend on happenstance or the initiative of young people themselves, as was too often the case for these young people.

Professional support with family relationships

Contact with family was highly valued by young people but, as we have seen, while they tended to be more optimistic about the support available from their families, their attempts to improve these relationships often involved them in complex and difficult negotiations that could quickly go awry. Given the value of positive family support to

their self-esteem and confidence, there is clearly a need for continuing counselling and mediation to help young people maintain, improve or restore relationships with their wider family network. Our evidence, from the perspective of workers, that family support had if anything tended to deteriorate over the course of the follow-up period, suggests that attempts to shore up these relationships should be an important focus of concern. This is especially so, since support from professionals is likely to be time limited.

Work on family issues at the leaving care stage has not tended to be a major priority for social workers and leaving care schemes in the past (Biehal *et al.*, 1995; Marsh and Peel, 1999). It is perhaps understandable that, at this time, greater attention is given to organising housing, education and employment, the development of life skills and, post CLCA, to establishing payment routines.

Our evidence would suggest that work on family issues continues to be patchy. Although more than two thirds of leaving care workers (71%) reported that some professional help had been provided with respect to family relationships during the follow-up period, only just over two fifths (42%) of young people agreed. Much of the support that had been provided appeared quite low key (and was perhaps missed by young people) and its effects in helping to generate more positive family outcomes at follow-up appeared limited. As we have seen, workers own testimony that one in three of those young people who were considered to have 'strong' support from a closest adult at baseline had only 'weak' family support at follow-up, tends to point in this direction.

The only significant association with any of our measures of professional support related to transition planning. Where young people had less family support the involvement of professionals in transition planning at the leaving care stage tended to be of higher intensity than was the case for other young people ($p=0.03$; $n=75$).

Support in relation to private family matters is inevitably complex. Where workers acknowledged their own non-involvement or where support had been offered but not taken up, a number of factors appeared to be at play. Some young people were thought to be reluctant to engage in conversation about their families. In particular, where young people had damaging past experiences, they could remain confused or self enclosed:

They (social services) don't really get involved with that because they know about my past and so they try and keep out. (Young person)

In other cases, young people were thought to be self motivated and independent, capable of making their own arrangements and not requiring help. A number of young people shared this belief, especially where their family relationships were more positive, although some misjudgements were made. Young people sometimes continued to be troubled by aspects of these relationships and would have appreciated more support if it had been forthcoming. However, in some instances, non-involvement suggested that workers had a very vague or distanced understanding of young people's family situations. They were simply unaware when things had gone wrong or when new links had been made or of young people's support needs:

I think she has very limited contact with her mum, who she told us was dead, but we haven't been able to evidence that. (Leaving care worker)

Where workers were addressing family issues, some were involved in counselling young people. Although sometimes this engagement appeared minimal - perhaps a willingness to listen and offer advice if young people raised particular issues - others were more proactive. These workers were assisting young people to deal with conflicts, manage family relationships more effectively or to help young people adjust to rejection or loss of contact. In some instances, workers had played a mediating role by helping young people repair links with parents or other relatives, by brokering a return home or by supporting temporary placements with family. Some had also assisted young people to restore links with family members that had become lost to them. They had provided information, advice and support to enable young people to make contact with immediate or extended family members or had helped to arrange visits to siblings still within the care system. Young people generally valued help of this kind, even if it did not ultimately prove successful or resolve their feelings of frustration or loss.

What can be done after young people leave care depends, at least to some extent, on what has gone before. In this respect, the maintenance of family links while

young people are looked after, wherever it is possible and safe to do so, appears critical. Not only might it help young people to have a more secure sense of family belonging at that stage, our evidence also suggests it is a fairly reliable predictor of the level of family support young people are likely to receive after they leave care. As we have seen, regular contact at that stage was strongly associated with a better family support outcome at follow-up.

Pathway planning should explore all potential sources of support in a young person's kinship network. Irrespective of whether parents are able to provide support, a young person's wider kin may be able to make a helpful contribution. Lack of knowledge amongst workers of the key kin thought most helpful by young people is a serious impediment to a partnership approach. As Marsh and Peel (1999) have suggested, the use of family network maps to identify those family members young people find most supportive and co-opting them into the planning process may therefore be beneficial. Although, as Marsh and Peel also highlighted, more flexible and informal ways of engaging families may need to be found if this is to be successful, since formal review structures are often alien to the way families work.

The new statutory requirements attached to pathway planning, that place a responsibility on personal advisers to co-ordinate broad networks of support for young people, including involvement of families, may prove helpful in this regard. However, as we have seen, young people's relationships with their families were dynamic and pathway planning would need to take proper account of this ebb and flow over time.

Contact with carers

In Chapter 3 we reported that one quarter of young people with a last placement in foster care had continued to live with their foster or kinship carers for a time after their legal discharge at the age of 18. While these stays were relatively brief, a majority having left by follow-up some nine months later, these arrangements were encouraged by the efforts of our participating authorities to delay the age of leaving and to develop formal policies to permit this. Once young people move on, ongoing contact and support from residential social workers and foster carers is likely to provide an important source of continuity and reassurance. It is also likely that, where this contact does take place it is because young people find it helpful, since there is no compulsion on their part to stay in touch.

At baseline, on average two to three months after leaving care, just over two fifths (42%; n=15) of those young people who had a last placement in residential care were still in contact with a residential worker at least monthly and 17% (n=6) were in weekly contact. By follow-up, some eight to 12 months later, although the proportion in at least monthly contact had reduced to 31% it still offers some encouragement. For example, the level of contact is considerably higher than that found in a much earlier survey of care leavers, where just 17% of those leaving residential settings had any form of contact with their residential workers some six to nine months after leaving (Biehal *et al.*, 1992). It does suggest a willingness on the part of residential workers to maintain links with young people they have formerly looked after and an appreciation of that contact by young people. However, it was still the case that the majority had effectively lost touch. If this situation is to be improved, greater attention will need to be paid to the role of residential workers in pathway planning and to the resourcing of children's homes to permit a continuing care role.

Where young people had a positive experience of fostering, they often felt a strong identification with their foster families. They often found a sense of belonging and appreciated being treated as part of the family. Once they leave, therefore, continuing contact is likely to be desirable. At baseline, over one half (54%; n=26) of those who had moved on from a foster placement had some contact with their foster carers and two fifths (42%; n=20) were in contact at least monthly. However, by follow-up, while a slightly reduced proportion remained in touch overall (46%), frequency in contact had diminished sharply. At this stage, only 14% were in contact at least monthly. To some extent this is to be expected, as young people make their own way in the world, although the downward pattern in frequent contact was sharp. Returning for infrequent visits or to mark special occasions are part of the fabric of family life – as is contact through phone, letter or texting – and provides considerable emotional support and symbolic reassurance once young people move away from home. However, it would still appear that support of this kind was not available to the majority of young people who left their foster homes.

Previous studies have highlighted the need for greater recognition to be given to the role of foster carers in the leaving care process, including the provision of modest resources to facilitate continuing support (Fry, 1992; Wade, 1997). Progress, however, has been slow. At the time of our study, none of the participating

authorities appeared to have formal policies in place to help resource continuing care:

We do not have a system where foster carers can officially continue supporting young people. There's no financial rewards to enable them to continue doing things for young people, which I'd like to see as a development in the future. (Service manager)

Pathway planning did provide an opportunity to consider the support that foster carers could offer, but the support that was provided tended still to be carried out informally and to be dependent on the quality of relationship between young person and carer. However, at the close of the study, one authority had developed a draft policy to address this. Where the need for support was agreed in the pathway plan, it provided for foster carers to receive payment for up to six hours outreach work per week for a defined period of time and to provide up to five weeks respite stay per year. Policies of this kind may provide a helpful way forward.

Evidence from this study also suggests that contact with residential workers or foster carers helps to ameliorate the risks of social isolation. Those young people in contact with carers at follow-up were more likely to have weaker family support systems. One half of those in touch with carers at this stage had weak family support compared to just over one quarter of those (28%) who were not ($p=0.01$; $n=101$). Furthermore, at least from the perspective of workers, there was some evidence that frequent contact with carers during the follow-up period was associated with young people having a stronger friendship network ($p=0.05$; $n=87$) and better life and social skills ($p=0.015$; $\tau .184$; $n=97$).

New families

For many young people lacking reliable family support, therefore, the transition from care carries a risk of isolation and insecurity. Not all young people want to live alone, nor can many cope with the social implications of doing so. A minority of young people found this sense of 'home' through their relationship with foster carers. Some others, however, were trying to build an alternative home base that might meet their need for support, security and a sense of belonging through relationships with

partners and, in some cases, their partners' families or by becoming parents themselves. In other words, there is some evidence of a pattern of early family formation amongst young people leaving care, whether planned or unplanned, and this may well be a further feature of the accelerated transitions made by them.

Partners

At baseline, some two to three months after leaving care, nine young people were living with a partner. By follow-up, some eight to 12 months later, almost one in five young people (18%) were cohabiting. This pattern is consistent with that found in an earlier longitudinal study of care leavers covering the first 18-24 months of independent living. At the close of this study, one third of the young people in the sample were living with partners (Biehal *et al.*, 1995).

However, stability in these relationships appeared to be difficult to achieve. Only four young people lived with the same partner throughout our period of study and only two of these were living in stable settings, one couple in supported accommodation and the other with her partner and his family. Not surprisingly, living with a partner could help to reduce loneliness and provide emotional support. For example, Chloe (introduced in Chapter 3) was attempting to withdraw from heroin use and stabilise herself in new accommodation with her partner. Her leaving care worker felt that, despite assistance from a drugs advice agency, her ability to stay drug free would have been a remote possibility without the continuing presence and support of her partner. Even where relationships were positive, some young people, like Danielle, found it difficult to share their feelings about the past with their partners. Where partners were unable or unwilling to listen to these difficult experiences, it could create an emotional gulf that made the development of a close relationship difficult to achieve:

Sometimes when I'm talking he switches off. He doesn't want to listen. I don't know why. I've asked him but he won't answer me. When I try and talk to him about personal things, like what's happened to me in my past, he tries to change the subject and not listen and that hurts me. It's hard when I try to talk to him about it. (Danielle)

These experiences are genuinely difficult to hear and listening to them requires a certain level of emotional maturity that young males often lack. In such circumstances, it should not be surprising to find that relationships were often volatile. Some young people became ensnared in destructive relationships that brought violence rather than companionship and relationship breakdowns could precipitate crises for young people, including loss of their home or in their ability to manage in other areas of their lives.

A small number of young people, at least temporarily, found a new family identification through living with their partners' families. Three young people were living in these settings at baseline and three at follow-up, although only one young person had lived in the same setting throughout. Particularly where relationships with their own birth families were weak, the adoption of a partner's family could be an important source of support – and a number of other young people found this without actually living with them. However, these new attachments also created a certain vulnerability. Where these relationships stalled or broke down, young people could experience a new and sometimes devastating sense of loss.

Parenthood

The onset of parenthood also brought a new set of family responsibilities. High levels of teenage parenthood have previously been found in studies of young people looked after and leaving care (Biehal *et al.*, 1992; Garnett, 1992; Corlyon and McGuire, 1997; Dixon and Stein, 2002). At baseline, one in seven young people (14%) already had or were expecting a child and all but two of these young people were female. By follow-up, this had risen to more than one quarter of the sample (26%). At this stage, those who were parents or expecting a child accounted for more than one third of all females in the sample (35%) and for 15% of the males. As previous studies have found, this is remarkably high. In 1991 only 5% of young women aged 15-19 had children (Office of Population Census and Surveys, 1993, Table 37) and, in 1996, just 7% of all births were to females aged under 20 (Botting *et al.*, 1998). All of the young people in this study who were parents had become so by the age of 17.

At follow-up, the vast majority of parents were living with their children and only five lived elsewhere. Three were living with the young people's mothers and two had been taken into foster care after concerns about these young mothers' ability to cope

had raised child protection issues. One of these children had been freed for adoption while, in the other case, contact was continuing with a view to reunification.

Less than one half of the young people (47%) described themselves as being lone parents. Most young parents were therefore trying to raise a family in conjunction with a partner. The partner was not always a birth parent, nor did they always live together, but there was an attempt at partnership and some sense of joint responsibility for the child.

Looked after young people are quite likely to be exposed to multiple risk factors associated with teenage parenthood. These include coming from larger, poorer or more disrupted family backgrounds, being the child of a teenage parent, having low educational attainment and relatively poor employment prospects and involvement in offending (Social Exclusion Unit, 1999). Where these factors coalesce, the risk can become very high. In such circumstances, the benefits of deferring motherhood appear few and it may provide one legitimate means for accessing a more socially valued adult identity (Hudson and Ineichen, 1991; Musick, 1993).

Several of these risk factors were evident for young parents in this study. When compared to other young people in the sample, those who went on to become parents were more likely to have experienced greater placement instability during their care careers ($p=0.013$; $n=101$) and to have been troubled during this time. They were more likely to have offended, to have had involvement in substance misuse and to have run away more often while they were looked after than were non-parents.⁴ They were also more likely to have left care at an earlier age, perhaps as a result of these difficulties. This association held even when we controlled for those who were already parents at baseline and who may have moved on early for this reason ($p=0.03$; $n=86$).

The troubled nature of their care careers meant that they tended to be in an even more exposed position in the labour market on leaving care. Once full time parents at baseline were excluded, those who subsequently became parents were considerably more likely than other young people to have had a poor career outcome ($p=0.03$; $n=85$) and to have been economically inactive at baseline ($p=0.01$; $n=85$).

⁴Significance levels were as follows: offending ($p=0.03$; $n=101$); substance misuse ($p=0.02$; $n=101$); running away ($p=0.04$; $n=101$). For example, 50% of those who became parents had

More than four in five of those who subsequently became parents (82%) had been unemployed at that stage compared to 39% of those who did not.

These findings therefore reinforce the message that attempts to tackle this pattern of early parenthood are likely to require more complex solutions than those provided by a health promotion perspective alone. While many pregnancies may have been unplanned, information, advice and sex education strategies are unlikely to suffice. After all, 81% of young people felt that they had received 'enough' information and support around safe sex issues before leaving care, as did 85% of those who went on to become parents. The factors that lead young people towards parenthood appear to be deep seated and to require more comprehensive strategies to provide young people with a stable home base, positive educational experiences, greater self efficacy and self esteem and a more positive investment in their future.

Despite this evidence of difficulty, the onset of parenthood was mostly welcomed and brought considerable joy and pride to the lives of young parents:

Since she was a day old you just can't imagine life without her.

I love everything about it...I couldn't live without her.

Adjusting to this new role was not easy. Young people often found these responsibilities extremely challenging, involving as they did a need to find almost immediately a new level of maturity in the conduct of their lives:

Being a parent, it's a big step in life isn't it? It's made it better as well, but sometimes you can't do what you want to do.

While some young people were struggling to adjust – and needed quite close monitoring, support and training in parenting skills – most parents felt fairly confident about their abilities at follow-up. Two fifths (41%) felt that they were coping 'very well' and a further 47% 'quite well' at this time. Gains that were made were a source of satisfaction as parents found they had the resources and resilience to cope.

offences while in care compared to 31% of non-parents. In addition, 58% of future parents

Parenting gave some young people a greater sense of purpose, a feeling of being needed and an opportunity to compensate materially and emotionally for their own experiences of poor parenting:

I think he has made me a more responsible person because I know he can't do anything for himself. He has to rely on me. It has made me a more responsible person and a stronger person as well.

She's come from a very broken family background and she's made a pledge to herself that she will not see her daughter go through what she's gone through. So she's striving, to the best of her ability, to provide for her daughter. By doing that she's also helping herself to be more confident and to manage her own affairs in a more positive way. (Leaving care worker)

Where young parents were socially isolated, they appeared more likely to struggle. The need for practical help, advice, reassurance and social contact was paramount and support was conjured from a variety of sources. Almost two thirds of parents (63%) acknowledged that they had received support during the follow-up period.

From the perspective of young people, although not a view shared significantly by their workers, the onset of parenthood could signal an improvement in their relationships with their families. Young parents were significantly more likely than other young people to report a strong relationship with the closest adult in their family at follow-up ($p=0.03$; $n=101$) and to have more frequent contact with a larger number of family members ($p=0.02$; $n=100$) – and the latter view was shared by workers ($p=0.014$; $n=101$). In some instances, parenthood could lead to a renewal of the bonds between mothers and daughters:

Since she's had her child it's been quite positive and she gets on a lot better. There was a lot of animosity between her and her mum and contact didn't happen for some time...But since the child came on the scene...since then, I think the relationship's just strengthened. (Leaving care worker)

had run away more than three times compared to just 28% of non-parents.

Certainly there was evidence of some families rallying round, providing help with babysitting, decorating, clothing and general reassurance: '*I always ring my mum up if there's something I'm not sure about*'. Foster carers, partners and their families could also have an important role in these respects, especially where young people's birth family relationships were weaker. Indeed, there was some evidence that frequency of contact with foster carers during the follow-up period was higher for young parents than it was for other young people ($p=0.05$; $n=98$). While friends were generally not a primary source of practical help, they could help to reduce the sense of isolation and frustration felt by some young mothers, provided their influence was broadly positive. However, in at least one instance, it was the use made of a young mother's accommodation by her friends that first led to child protection concerns being raised.

There was also considerable evidence of support from professionals; although the most intense packages of support were reserved for the small number of cases where a young person's parenting abilities were under scrutiny. In these circumstances, leaving care workers tended to adopt both a monitoring and advocacy role on behalf of the young person and to co-ordinate the work of health visitors, family centres or Sure Start schemes, where these agencies were involved.

In general terms, and despite the added responsibilities of parenthood, there was no statistical evidence that young parents received more intense or regular social work contact during the follow-up period than was the case for other young people. Where things appeared to be going relatively well, this was less problematic. Some young people preferred to rely on their informal networks for support and one or two resisted the involvement of professionals out of concern for what their scrutiny might mean or because they preferred self-reliance. Where leaving care workers were active, they engaged in a range of activities, including: help with ante- and post-natal appointments; advice and assistance with parenting skills; making links with playgroups and nurseries; helping to arrange finance and childminders to permit young people to return to education; and liaison with families and other service providers involved in young people's lives. Where young people received help of this kind, they generally valued it. Where they did not, and where they lacked a strong alternative network, the stresses and strains of parenthood were often felt more keenly.

If parents want it, their involvement in social group settings can have advantages. It can provide social contact, an opportunity to share anxieties, help with parenting skills and managing partner relationships. For their children, it offers a chance to socialise and play together (Rickford, 1994). As we have just seen, some individual workers were attempting to link mothers into playgroups and parent groups in the community. At another level, leaving care services may also have an important role to play through the informal groups and social activities they sometimes provide. At least one mother felt there was a need for more specialist provision, since she considered her needs were now different to those of other care leavers. Only one of our participating authorities was operating a group for young parents during the course of the study. However, two other leaving care schemes had provided groups for young mothers in the past and another two were planning them for the future. In addition, some links were being made with local teenage pregnancy initiatives to provide drop in services and support. Although there is a debate to be had about the relative merits of specialist as opposed to community based provision, it is likely that social support of this kind will be helpful to a proportion of young parents, especially given the social stigma that can still be experienced by teenage lone parents in the community.

Summary points

This chapter has assessed the support available to young people from their birth families and past carers and considered patterns of early family formation amongst the sample.

Families

- Contact with birth family members was high. Almost four in five young people were in touch with their families at baseline and follow-up. Around one half were in contact with their immediate families at least fortnightly, most commonly with birth mothers and/or siblings. A sizeable minority also had frequent contact with extended family members
- Young people identified an impressive range of key kin, but social workers were not good at identifying them – fewer than two fifths (37%) were able to do this at baseline rising to 51% at follow-up. Lack of knowledge represents an impediment to the involvement of family members in pathway planning
- Young people were more likely to feel that support from their closest family adult had strengthened over the follow-up period. Workers were more likely to have perceived some deterioration

- The degree of contact young people had while looked after was strongly associated with the level of family support received after leaving care and with greater involvement with the wider family network
- The presence of family support did not relate greatly to other aspects of young people's lives, although those with stronger support had a better sense of confidence and self esteem at follow-up
- Professional support with respect to family relationships still lacks priority at the leaving care stage. Only 42% of young people felt they had been helped in this respect. Although most workers (71%) reported having helped, much of this support appeared low key (perhaps reacting to issues raised by young people) rather than providing proactive help with counselling and mediation to improve relationships (often an enduring need for young people)

Carers

- Post care contact with residential workers was relatively high. Almost one third (31%) of those with a last placement in residential were still in at least monthly contact at follow-up. Frequency of contact with foster carers tended to tail off over this period, from 42% with this level of contact at baseline to 14% at follow-up – although 46% still had some form of contact at this stage
- This reiterates the need for greater recognition to be given to the continuing care role of past caregivers. All the more so, since continuing contact was more likely where young people had weaker family networks and was associated with young people having a stronger friendship network and improved life skills at follow-up

New families

- Patterns of early family formation are common amongst care leavers. At follow-up, 18% of young people were cohabiting with a partner, a small number had adopted their partners' families and 35% of females and 15% of males in the sample had become parents themselves. Most parents (53%) were trying to raise their children with a partner
- Some of the risk factors for teenage parenthood were evident. Those who became parents were more likely to have had unsettled care careers – including placement movement, running away, offending and substance misuse – and to have been unemployed at baseline. Strategies to reduce the risk of parenthood therefore need to be broad based

6 Health, Well-being and Difficulties

This chapter focuses on the general and mental health needs of young people leaving care and the extent to which negative lifestyle issues, such as substance misuse and offending occur within the group. It also considers the ways in which young people's health; general well-being and lifestyle choices interacted with their ability to cope with independent living within the first year of leaving care.

Physical and mental health and disability

Some young people who have been looked after will have needs over and above those of other looked after young people. These needs, whether a physical, sensory or learning disability, physical or mental health difficulties, or problems with drugs or alcohol should be identified and addressed as part of the young person's care plan whilst looked after and during pathway planning.

Until fairly recently the needs of young people in and leaving care who have health problems and/or disabilities¹ have been somewhat neglected in policy, practice and research. In terms of practice, evidence suggests that there have been inconsistencies in the maintenance of health care records and in the provision of general and specialist health care for looked after children (Berridge & Brodie, 1998). A report from the Social Services Inspectorate found poor recording of young people's health issues, inadequate information on healthy lifestyles for staff and young people, limited evidence of joint strategies for health promotion and insufficient promotion of leisure activities (Department of Health, 1997). For young disabled care leavers, a recent study reported a lack of planning, abrupt or delayed transitions and inadequate information for and consultation with this group of young people (Rabiee *et al.*, 2001).

Whilst research into physical health issues is limited, there have been a number of studies, which have addressed mental health difficulties amongst young people with a care background. These studies suggest that young people who have been looked after are more likely to have learning disabilities, emotional and behavioural difficulties and mental health problems than their non-care peers. Indeed, as

¹We have addressed disability within the overall context of the health and well-being chapter, however, we have attempted to acknowledge that disability and health are distinct issues.

Koprowska and Stein (2000) point out, some of these issues may well have been brought about by the experiences and conditions that led to the young person entering care in the first place. McCann *et al* (1996) found that over half (57%) of young people in foster care and 96% of young people in residential care had some form of psychiatric disorder. Similarly, Saunders and Broad (1997) found that 48% of young care leavers in their study had a long term mental illness. Analysis of data from the National Child Development Study which compared the mental health of care leavers to other adults showed a higher incidence of emotional and behavioural problems, psychiatric disorders and a higher risk of depression amongst the care leaver group (Cheung and Buchanan, 1997). Also, recent research into the mental health of looked after children showed that 45% of five to 17 year olds were assessed as having a mental disorder (Meltzer, 2003).

The tendency amongst care leavers towards early parenthood would suggest that there is also a need for information and advice around sexual health. Previous studies have shown that between 20 and 50% of 16 to 19 year old women with a care background were young parents compared to 5% in the same age population generally. Furthermore, half of young parents in one study of care leavers reported an unplanned pregnancy (Garnett, 1992; Biehal *et al.*, 1992; Biehal *et al.*, 1995). As discussed in Chapter 5, a quarter of young people in the current study were pregnant or young parents within a year of leaving care. Almost two-fifths (39%) of these young parents felt that they had not had any support or information about relationships, although most (85%) felt that they had received enough information on safe sex.

In relation to young disabled people, research suggests that they have a greater likelihood of being in care than other young people. The re-analysis of the OPCS disability survey (Gordon *et al.*, 2000) indicated that 6% of all children with disabilities in England & Wales were in care compared with 0.5% of the under eighteen population as a whole. Furthermore, a recent study of disabled care leavers reported that around one quarter of care leavers 'may be disabled in some way' (Rabiee *et al.*, 2001).

It is likely that young people with health needs and those with disabilities may face increased disadvantage as they embark upon independent living. For example, previous research has reported a higher incidence of mental disorders amongst those who experience poverty, unemployment, social isolation and poor housing

(Buchanan, 1999; Meltzer *et al.*, 2002). In terms of disability, research suggests that young people with physical or learning impairments are over represented amongst those not participating in education and training and that economic activity is significantly lower amongst disabled people (Tomlinson, 1996). Furthermore, recent research into disabled care leavers found that these young people were often denied suitable housing options because of the lack of appropriate support packages to facilitate independent living (Rabiee *et al.*, 2001).

Health needs over the follow-up

Information on the health needs of young people in the study was collected from young people and their leaving care workers at baseline and follow-up. Although some small differences in opinion occurred, generally there was consensus between the two views.

Disability and general and mental health problems within the study sample were reported earlier in Chapter 2. This suggested that just under a fifth were considered to have a physical, sensory or learning impairment by their leaving care worker. In terms of health, most young people in the study had no problems; in fact almost three in five (59%) were rated highly on a scale of overall health.

There was, however, some evidence of an increase in health problems for young people over the follow-up period. At baseline just under two-fifths (38%) of young people in the study reported having a physical or mental health problem or a disability which affected their daily life, whilst three fifths (61%) reported problems at follow-up. Most notably, more young people reported mental health problems (24% at follow-up compared to 12% at baseline). This was largely reported in terms of stress and depression, although at least four young people had made suicide attempts over the previous nine months. There was also increased reporting of 'other health' problems (44% at follow-up compared to 28% at baseline). These included asthma, weight loss, allergies, flu, joint pains and illnesses related to drug or alcohol misuse. Also, more young women had become or were currently pregnant and reported problems, such as morning sickness and miscarriage.

The apparent increase in mental health issues was reflected by the GHQ-12 measure of mental well-being. As discussed in Chapter 1, the GHQ-12 screens for short-term changes in mental health problems such as depression, anxiety, social

dysfunction and somatic symptoms. Whilst it cannot make a clinical diagnosis of long term mental illness it can identify the appearance of disturbing problems, such as psychological distress or poor mental well-being, which may interfere with normal functioning. Young people in the study completed the measure at baseline and again at follow-up. Analysis of the difference in scores over time showed an increase in symptoms for 41% of the sample, indicating deteriorating mental well-being over the follow-up period. Almost a third (30%) of young people remained constant (either good or poor throughout) and a similar proportion (29%) showed lesser symptoms, suggesting an improvement in mental well-being. Previous studies have indicated a threshold score of four for measuring poor mental well-being (e.g. anxiety and depression) on the GHQ-12. Using this threshold score, we found that around a quarter of the young people in our sample were considered to have more serious mental health issues (22% at baseline and 25% at follow-up)².

It would be difficult to be conclusive as to why health related difficulties amongst the sample had increased over the follow-up. Certainly, the type of problems reported (stress, depression, weight loss, flu, asthma) could be linked to the process of transition from care to independent living and changes in lifestyle or subsequent life events. Indeed, we have seen in previous chapters that a high proportion of young people in the sample had experienced housing mobility, homelessness or unemployment and many were living on limited financial resources over the follow-up, all of which could have an impact on one's general health.

As the following case study shows, the reality and difficulties of post care living can also trigger past emotional issues:

²This matches what would be expected in the general adult population (24%) as measured by the GHQ-12 (Goldberg et al, 1997). Unfortunately we were unable to identify any studies which had used the GHQ-12 on a similar age range to that of our sample, which prevented a more appropriate comparison.

Sue entered care at 15 years old and had lived in the same foster placement until she left care to move into a housing association flat at 17. She had achieved a good education with five A-C grade GCSEs but had been unable to find work. Sue had no contact with her birth family because of past trauma, although she reported a good relationship with her boyfriend and his family. Both Sue and her leaving care worker considered her housing to be unsuitable. It was in poor repair with faulty central heating and in an unsafe area.

At baseline, there was no indication of any physical or mental health problems or difficulties with substance misuse. Sue's only contact with health professionals in the three months prior to baseline was to register with a GP when she moved into her new flat and her overall health was rated highly by her leaving care worker.

At follow-up, however, Sue's health had deteriorated. She had been on anti-depressants for the past four months and was having regular contact with her GP. She had also been referred to a counsellor and was awaiting an appointment. Sue felt that her poor housing situation, being unemployed and having a limited support network had allowed her to dwell on childhood experiences and the cumulative effect had impacted on her mental health. *'I was just a bit lonely and down at the time and since I've had this flat I've had a lot of time on my own thinking more about not being with my birth family or seeing my little brother and missing things. I suppose it was getting me down a bit'.*

Having applied to move to a new flat and take on some voluntary work Sue was feeling optimistic about overcoming her depression *'things are busy at the moment so I'm not thinking about it [depression] too much, what with trying to get moved, I've got that on my mind'*. Her leaving care worker noted at follow-up that *'Sue has had health problems.... this does limit her as to what she can and can't do but she's working on that'*. He was supporting her with emotional issues and was trying to develop her self-esteem and social networks by encouraging her to attend social events and find work.

Health and outcomes

As this young person's experience suggests, the interplay between health and life outcomes is not straightforward. It may be that a young person's predisposition to health difficulties can affect their ability to cope with the transition from care to independent living. Conversely, trying to cope with adverse experiences after care, such as poor housing or isolation, can affect a young person's health and in turn damage their coping strategies.

Evidence from the current study points towards some links between mental health or emotional and behavioural difficulties and poorer outcomes in other life areas for young people leaving care. At follow-up young people with mental health or

emotional and behavioural difficulties were less likely to fare well in relation to housing ($p<0.001$, $n=101$) and education and employment ($p<0.001$, $n=101$) than were other young people. We also found that young people with a learning disability were more likely to have a poorer housing outcome than other young people ($p=0.007$, $n=101$).

In terms of general well-being, analysis showed a moderate but significant correlation between mental well-being (as measured by the GHQ-12) and general well-being (as measured by Cantril's ladder) which indicated that those with poor mental health were less positive about their life in general ($p<0.001$, $\tau = 0.377$, $n=101$).

Support with health

The health needs of looked after children and young people leaving care has increased in profile over recent years. The Department of Health guidance, *Promoting the Health of Looked After Children*, sets out a new legislative framework for local authorities and health bodies in safeguarding and promoting health issues for this group and the QP initiative identifies, as one of its targets for improvements, the number of looked after children receiving dental check-ups and health assessments. Guidance to the CLCA also raises the importance of assessing and monitoring health and promoting healthy lifestyles. It states that such issues should form part of the pathway plan for young people who have ceased to be looked after. However, these aims rely on improvements in identification of need and access to relevant services whilst in care and continued support and access to services after care.

There was some evidence that the focus on health awareness was beginning to be reflected in practice. Leaving care workers reported that health issues had been covered as part of preparation for leaving care for the majority of young people in the study (84%). They also reported that two thirds of young people had received some assessment of health needs as part of their leaving care review and planning process. In addition, workers reported that most young people had been assessed in a range of health promotion areas as part of the preparation process³ (e.g. personal hygiene (71%), diet (74%), sexual health (69%) and relationships and leisure activities (72%)). As discussed in Chapters 2 and 3, over half of the young people in the sample felt that they had received enough information and support in these areas

³In 15% of cases, the leaving care worker was unaware of whether health or health promotion had been addressed as part of the preparation or leaving care planning process.

and when asked to rate their coping at follow-up most felt they were coping quite well or very well with healthy eating (76%), keeping fit (81%), hobbies and leisure activities (66%) and looking after their physical and sexual health (94%). In many cases leaving care workers took on the responsibility for health promotion, although in two authorities the teams had access to a looked after children's (LAC) nurse and one had a dedicated health worker, to provide advice and support to care leavers on specific or general health matters. In overall terms however, specific initiatives in these local authorities to promote health, including collaboration with health professionals, were less common than in other development areas, such as housing and education.

Support after care for young people with health difficulties was also evident. This was particularly so for young people with mental health problems and those with emotional and behavioural difficulties. Analysis showed that on average these young people tended to have received more intensive and more holistic support. For example, those young people identified as having emotional and behavioural or mental health difficulties had more contact with their leaving care worker ($p=0.023$), social work staff ($p=0.002$) and other professionals ($p=0.002$) than other young people. They were also more likely to have had support in a wider range of life areas ($p=0.026$). This confirms findings from earlier chapters that more troubled young people tend to attract more intensive support. However, support did not necessarily come from health specialists and in fact only 13% of those who had mental health issues had been in contact with specialist mental health workers over the follow-up⁴.

In terms of specific health difficulties, almost three quarters (73%) of those young people who reported problems with their health at follow-up felt that they had received some support with health issues. Young people identified help from health professionals such as their GP, hospital staff, community psychiatric nurses, health visitors and counsellors. A small number of young people were receiving on going support with health problems as part of a supported accommodation package. More generally, support was provided by leaving care workers and ranged from referrals to relevant health professionals and co-ordinating specialist support, to encouragement for young people to attend appointments and check ups. In Ryan's case, his leaving

⁴This may well reflect wider difficulties in accessing such services. It also highlights the importance of young people registering and maintaining contact with GPs, as they often provide the gateway to specialist mental health services.

care worker and accommodation worker provided the majority of support with health problems:

Ryan was living in a supported hostel at follow-up. He had a mild learning disability and some general health problems which had required medical attention, including an operation, over the follow-up period. Some of his health problems had been exacerbated by heavy drinking, and Ryan had been encouraged by his ex-foster carers and leaving care worker to seek medical help.

Because Ryan was reluctant to engage with health services, his leaving care worker and accommodation worker took turns to take him to appointments and check-ups and his accommodation worker accompanied him for his operation. Both made sure that health issues were kept on the agenda and tried to address his substance misuse problems.

During the follow-up Ryan took an overdose and was taken to hospital by his accommodation worker. He subsequently refused to attend counselling to address problems with substance misuse and emotional difficulties resulting from childhood experiences. His leaving care worker continues to offer support with these issues, but feels limited in the extent to which he can help, '*myself and the accommodation worker, basically we're the people that counselled him and we are not skilled in that department*'. He felt that Ryan's unwillingness to engage with specialist services made it very difficult to access the support he needed.

Some young people, like Ryan, may not be willing to address their specific health problems. A small proportion (7%) of young people who had problems with their health felt that they did not require specific support whilst some, like Danielle, did not feel ready to engage with therapeutic services.

Danielle had been abused as a child and had been offered counselling after taking an overdose at 16. She had initially agreed to see a psychologist, however, after a couple of sessions she felt unable to continue:

They said I was suffering from post-traumatic stress disorder. I still don't know what they mean but they said when I'm ready for the help they'll give it to me but I'm not ready for the help cause I do just sit there and go yeah, yeah, whatever and not talk. But then that made me feel uncomfortable because I didn't want to be horrible to [the counsellor] but it's a hard thing to talk about. It's a hard thing to grasp that it's happened.

Again, Danielle relied heavily on her leaving care worker and had received additional general support from a drugs agency worker.

A fifth (20%) of young people with health problems said they had not had any specific support to address their difficulties. These young people reported a range of problems such as dyslexia, deteriorating eyesight, weight loss, eczema and allergies. A third of these young people reported untreated depression. It was apparent from the accounts of their leaving care workers, however, that in some cases they were aware of health issues but acknowledged difficulties in meeting needs due to the young person's unwillingness to engage with support or address harmful lifestyle issues or because of wider problems in accessing relevant health services.

Accessing support

In terms of addressing health needs, a key task for leaving care workers is to ensure that young people have access to primary health care services and help once they leave care. The majority of young people in the study were registered with a GP and a dentist at baseline (90% and 71% respectively) and follow-up (86% and 72%). Those who were not registered were generally in the process of settling in to a new area and had failed to re-register, as in Rory's case:

I just hadn't had time; I'm still in the middle of sorting everything out.

Others were having difficulty getting on to waiting lists for GP or dental practices. As noted above however, there was some evidence of difficulties in accessing more specialist services, particularly for young people with mental health problems, emotional and behavioural difficulties and learning disabilities. A common issue to arise from interviews with leaving care workers, team managers and services managers across our seven local authority areas was problems with referring young people to Children and Adolescent Mental Health Services (CAMHS). The teams highlighted problems with waiting lists and restrictive referral criteria for CAMHS and high thresholds of assessment for adult mental health provision, which meant that some young people fell into the gap between child and adult services. One team manager commented:

Locally CAMHS is very restrictive, they will only work with young persons up to 16 unless they are in full time education, which rules out a large number of [our] service users and we've been unable to make them change their criteria. It's the traditional hole that young people fall into, in terms of mental health, between children's provision and adult's provision and there isn't anything locally that is really tailor made for young adults who are struggling. (Team manager.)

Another outlined the difficulty of accessing mental health services for those aged 18 and over:

We have weekly sessions with a CAMHS worker but they only work with young people up to 18, there is a gap for 18 plus and we've yet to develop a strategy. The criteria for adult services is so tight and they've such a high threshold that the majority of our young people don't meet that and yet have got quite serious needs that are probably beyond the immediate skills of the [leaving care] team and yet there is nothing there. Mix that in with the fact that they are adults who need and want a service and it's very difficult. (Team manager.)

The effects of being unable to access relevant health services and of supporting young people who, like Ryan and Danielle, were unwilling or unable to engage with specialist services did impact upon the leaving care teams. As outlined above and discussed further in Chapter 9, this was evident both in terms of placing excess demand on staff skills and time as well as overall staffing and budgets.

Meeting the health needs of young people leaving care was clearly a concern for leaving care services. Most of our teams considered it an area of importance and of particular focus for ongoing development within the overall strategy for leaving care services.

Substance misuse

An area closely related to health and well-being is that of substance misuse. Experimenting with drugs and alcohol is increasingly common amongst UK teenagers in general. Recent statistics show that over a quarter (27%) of young

people aged between 16 and 19 years of age had used at least one illicit drug in the last year and 6% had used a Class A drug during this time (Home Office, 2003). Teenage drinking is also evident with almost a quarter (21%) of 12 to 15 year olds using alcohol (National Centre for Social Research, 2000). Furthermore, a recent survey of school aged young people carried out in England revealed that 14% had used drugs in the past year and 24% had used alcohol in the previous week (Boreham, 2001).

Two recent studies of drug use within the care population, suggest that these young people have a higher risk of drug misuse and use drugs more frequently than young people in the general population. The first, which looked at the drug use of young people in care, found more regular use of cannabis, cocaine, heroin and solvents than in the non-care population. The authors also reported that young people in care started using drugs earlier and that some had turned to drugs as a means of compensating for negative experiences such as loss and rejection (Newburn *et al.*, 2002). The second study, which looked at substance misuse among care leavers in transition to independent living, showed higher self-reporting of drug use, compared with the general population. Almost three quarters (73%) said they had used cannabis and a third (34%) reported daily use. Cocaine, heroin and ecstasy were also used on a monthly basis by between 10 and 15% of the sample. Alcohol consumption was also an issue for young people leaving care, with 9% reporting daily use and a third (34%) drinking at least once a week (Ward *et al.*, 2003).

Substance misuse within the sample

Young people in the current study were asked whether they considered themselves to have had problems with drugs, alcohol or solvents in the past, at baseline and at follow-up. As indicated by table 6.1 problems with drugs were particularly apparent.

Table 6.1 Young people's reports of substance misuse

	% in the past (n=106)	% at baseline (n=106)	% over follow-up (n=101)
Problems with drugs	25	3	14
Problems with alcohol	11	7	6
Problems with solvents	5	1	1

Some young people had experienced problems with more than one substance. In all 9% reported problems with one or more substances at baseline and 18% reported difficulties with one or more substances over the nine-month follow-up. Additional information collected at follow-up indicated that 35% had experienced problems with substance misuse at some point in their lives.

Leaving care workers were asked to rate the extent to which their young person had a problem with substance misuse on a scale from zero (no problems) to three (serious problems). Responses indicated more widespread problems with substance misuse than indicated by young people in the sample. At baseline over a third (38%) of young people were considered to have a problem, with just over a tenth (14%) of the sample being rated as having moderate to serious problems. At follow-up, over two-fifths (43%) of young people in the study were considered to have a current problem with substance misuse. A fifth (21%) were considered to have moderate to serious problems.

There is of course the issue of reliability in self-reporting on sensitive issues and the equally likely possibility of error in the accounts from leaving care workers, although both accounts suggest an increase in problems over the follow-up period. For the purpose of further analysis, a combined measure based on the reports of both young people and workers was constructed for substance misuse at baseline and follow-up.⁵ This showed that 18% had problems at baseline and 32% had problems at follow-up.

Substance misuse and risk factors

Using the combined measure, trends within the data showed that males and females seemed equally likely to have problems with substance misuse at baseline (18%). However, slightly more males than females had problems at follow-up, though not significantly so (37% and 26% respectively). There was however, a significant association between substance misuse and ethnic background with fewer minority ethnic young people having substance misuse problems when compared to other young people ($p=0.038$). This echoes the findings of Ward *et al's* (2003) study of care leavers, which indicated that black young people were less likely to use drugs than white young people.

⁵Young people were considered to have problems with substance misuse where either they or their leaving care worker, or both, identified difficulties with drugs, alcohol and/or solvents.

Young people identified a number of routes into drug and alcohol use. Several described it as part of teenage experimentation prior to or whilst in care. Holly, who reported a past problem with drugs, told us, *I have taken them but that was before, when I was young and experimenting*, and Jenna who took drugs whilst in care said, *'I tried everything I could get my hands on, heroin as well. I was going through that stage'*. Peer pressure was also influential. Dave, who had serious problems during the follow-up, had started smoking cannabis whilst in care. He told us, *'I didn't like it but it was a regular thing, everyone was doing it'*.

There was also some indication that a family history of substance misuse could pose a risk factor for young people. Some described how being exposed to family members with alcohol and drugs problems had impacted upon their own choices. Steve's decision to live with his alcoholic father resulted in his own problems with alcohol. He told us:

I did used to drink every day, every single day. It weren't doing me any good, I couldn't play football or bugger all - I've always drunk since I was 13 but I started drinking right heavy about a month after [leaving care]. It all started when I started living with my dad...because he's an alcoholic, wakes up with a drink, goes to bed with a drink.

Similarly for Laura, a family history of drug use led to her heavy cannabis use and subsequent problems with paranoia and mood swings. When asked if she had a problem with drugs she responded:

Yeah, definitely, I saw my dad take quite a lot of drugs in my life and my mum had her fair share, but it was more like my brother... When he saw my dad and mum sort of doing certain drugs he got roped into it so easily and because I looked up to him, because he's my big brother and he was popular, I sort of followed in his footsteps. Even my little brother started it. And then I thought, no, this is wrong. Now I do some weed, I'm not going to deny that, but I don't go out and steal for it. My brother ended up in prison and I was thinking the same is going to happen to me, so I stopped it. I sort of pride myself because I got out of it quite quick.

Substance misuse and outcomes

The impact of substance misuse on other life areas was apparent within the sample. In terms of accommodation, young people with substance misuse problems appeared to have more unstable early housing experiences. For example, they were more likely to have been homeless when compared to young people who had no problems with substance misuse ($p=0.017$) and on average they had experienced more accommodation moves over the follow-up ($p=0.005$). Importantly, we found no links between substance misuse and a poor rating on housing outcomes at either point in time. This suggests that although these young people were less able to maintain their accommodation, they appeared to be helped back into suitable accommodation after breakdown. This is perhaps an indication of the prominent focus on accommodation issues within the work of leaving care teams and their ability to respond quickly to crisis.

Analysis also indicated some association between substance misuse and young people's occupational status and mental health and well-being. When compared to other young people in the sample, the majority of those who had problems with drugs or alcohol had poor career outcomes at both baseline and follow-up⁶. They also tended to have poorer mental health and be more negative about their life in general.⁷ Indeed the links between substance use and mental health difficulties are generally well recognised (Arseneault *et al.*, 2004; Murray *et al.*, 2003). Findings from the current study suggested some association between mental health problems and substance misuse, with those young people who reported mental health problems over the follow-up being more likely to also report substance misuse problems when compared to others ($p=0.011$).

Support for young people misusing drugs and alcohol

As already discussed, young people who had more chaotic or troubled lives tended to have more intensive support. This appeared to be the case for young people who had experienced problems with substance misuse. When compared to young people with no reported problems, this group had a higher average number of contacts with their leaving care worker over the nine-month follow-up ($p=0.008$). However, there was some indication that the support provided to many of these young people may

⁶At baseline 44% and 74% respectively, $n=106$, $p=0.050$ and at follow-up 38% and 69% respectively, $n=101$ $p=0.013$.

⁷Mental health was measured by the GHQ-12 and well-being was measured by Cantril's ladder $n=101$, $p<0.001$ and $p=0.010$ respectively.

have been more generic than specific. For example, less than half (41%) of those who had problems with drugs or alcohol said they had received help to address this particular problem.

Young people who had received specific help identified support from a number of sources. For some, like the following young person, a number of professionals were involved in helping to address substance misuse:

Declan was unemployed and living in a hostel at follow-up. He felt that his heroin addiction had affected most areas of his life, most significantly his health and ability to maintain his accommodation. He felt that his leaving care worker and youth offending team worker had been generally helpful with a range of issues, including behaviour issues and accommodation as well as his addiction. Declan was also attending weekly sessions at a local drug support project and had some support from his family. He commented that the drugs project had been most helpful along with his '*friends' encouragement to kick drugs*'.

Several young people were involved with drug and addiction services provided by voluntary agencies or through the youth offending team. Leaving care workers played an important role in co-ordinating support from other sources, as well as providing practical and emotional support. For some this involved considerable input. One leaving care worker who had been helping a young person to come off heroin described how she had referred her to a local drugs agency and had provided a period of intensive support during the detox stage:

Detox, I got leaflets and read up on it because you can't know, even though we've had loads of drugs training. I got a leaflet to tell you how you feel, so I could understand how she felt, with her stomach cramps and different things that were happening to her. So really, you know sitting with her and being quite emotional and saying how much I want you to pick yourself up from this.

At least five young people in the study were on methadone programmes at the time of the follow-up interview, although some areas operated an age restriction, which meant that several more were on waiting lists.

A range of other problems, which necessitated a more holistic approach to support, often accompanied substance misuse. Some young people reported problems with offending, such as one whose drinking problems led to violent behaviour and another who sold drugs to finance his habit. Others developed problems with their relationships, such as Sam whose family disowned her when they found out about her drug addiction. Her leaving care worker and drugs support worker were providing daily help but felt that it was important to remove her from the local area in order to help her address her drugs problem. Although new accommodation out of the area had been identified, Sam's leaving care worker was concerned that moving her away from the negative influence of her friends could leave her very isolated and likely to rely on them all the more. She told us:

The cynical side of me recognises that her friends are hardened drug users and even if we do move her out of that environment they would still be visiting her. I'm not sure if she's strong enough to prevent them from moving the [drug] problem.

Substance misuse was a recognised area of importance by the leaving care teams. One team manager noted that addressing substance misuse was '*a key challenge, as drug use amongst young people has a knock on effect for managing accommodation, debts and violence*' (Area 2). Drugs and alcohol awareness was commonly addressed as part of health promotion. In addition, some teams operated additional services through workshops run by health workers seconded to the team and looked after children's nurses and one team had been closely involved with setting up a project specifically for young people with substance misuse problems. Three of the leaving care teams reported having established well-developed links with local drugs and addiction agencies. '*Tuning in to what's available locally and accessing it*' was considered an essential part of the support role. (Service manager, Area 5)

Offending

Rates of offending tend to be relatively high amongst young people in the general population. A recent report on youth justice stated that more than one in four teenagers had committed an offence in the past 12 months (although fewer might have been cautioned or convicted). Whilst this represented a fall in overall crime

since 1992, the report showed a rise in the number of drug offences and robbery within this age group. The report also highlighted the increase in the number of juveniles being placed in secure facilities (Audit Commission, 2004).

There is limited research on offending amongst young people in and leaving care. However, recent figures suggest that rates of offending are higher in the looked after population than for non-care young people. Official data from local authority returns as part of the performance assessment framework (PAF) show that around 11% of looked after young people had received a caution or conviction compared with 4% of all young people (Department of Health, 2000). A recent study of Scottish care leavers showed that around 28% had been convicted of an offence over the previous year (Dixon and Stein, 2002).

Of course, some young people enter care because of offending. Whilst not all will be placed in secure facilities, recent figures suggest an increase in the number of children being looked after in secure units over the last four years, from 340 in 1999 to 420 in 2003. In addition, these figures indicated that more young people were remaining in secure units for longer periods of time (Department for Education and Skills, 2003c).

There is also some evidence that people with a care background are over represented in the prison population. Estimates suggest that over a third (38%) of young prisoners and a quarter of adult prisoners had spent some time in care. However, it should be noted that this might represent one night only (Prison Reform Trust, 1991).

Offending And Leaving Care

Both young people and their leaving care workers provided information relating to the offences committed by young people taking part in the study. As the following table illustrates, the majority of young people in the study reported no involvement with offending. Overall, 36% of young people at baseline and 26% at follow-up reported being cautioned, convicted and/or committing an offence, whether detected or not. This finds some consensus with leaving care workers assessments of the extent to which their young person had offended. Over two-fifths (42%) of young people were considered to have problems with offending at baseline, with 9% described as

persistent offenders. The corresponding figures for offending over the nine-month follow-up were 27% and 4% respectively.

Table 6.2 Young people's reports of offences at baseline (n=106) and follow-up (n=101)

	In the 12-months prior to baseline %	Over 9-month follow-up %
Cautioned	25	12
Convicted	26	14
	In the 3-months prior to baseline %	Over 9-month follow-up %
Committed	14	25
Victim of crime	Not asked	36

Type of offences

Young people reported committing between one and three offences in the three months prior to baseline. Overall, offences included assaults, fraud, criminal damage, drug-use and dealing, alcohol related violence and affray, burglary and theft. Several young people were involved in car related crime, including car theft and driving offences. Also, three young people in the study had Schedule 1 offender status.

For a minority of young people, past offences had resulted in periods of secure accommodation and custodial sentence prior to leaving care. This included remand foster care, secure units, young offender institutions and prison. Additionally, one young person was admitted to prison during the nine-month follow-up and at least two were awaiting likely custodial sentences.

Young people in the sample were also at risk of having offences committed against them after leaving care. Over a third (36%) of young people had been the victim of crime over the follow-up. These young people most commonly reported having been burgled, assaulted and having been the victim of street robbery. The vulnerability of young people leaving care was highlighted by one young woman whose house had been broken into, *'I think it might have been just because I was living on my own. You're an easy target aren't you?'* Another young person had been burgled several times and had eventually felt forced to leave his home and move out of the area.

Somebody actually climbed in through the window while I was in asleep, basically kicked seven bells out of me and took everything. I'll know in future not to leave my window open when I'm asleep. Everything went, absolutely everything, I moved away and I moved here with nothing. I just turned round to [my leaving care worker] and said "listen, I'm not stopping here, I want to move". Two days later I moved.

Offending and other life areas

As outlined above, there was some indication that young people in and leaving care have higher rates of offending than their non-care peers. However, it may also be the case that they are exposed to greater risk factors, such as social disadvantage and exclusion. Analysis of the characteristics of those who had been involved in offending was carried out using a combined measure of young people's reports of offences, cautions and convictions since leaving care, to explore factors associated with offending.

Half (50%) of all young men in the study reported offence related activity (i.e. cautions, convictions and/or committing offences) during the year prior to baseline, twice as many as young women (23%) ($p=0.005$, $n=106$). By follow-up the gap had widened to almost four times as many young men having difficulties related to offending ($p=0.002$, $n=101$). Statistics for the general population show, however, that young men between the ages of 16 and 24 are the most likely group to commit offences (Social Trends, 2001). We also found that a lower proportion of minority ethnic young people reported offending at baseline compared to other young people in the study ($p=0.010$, $n=106$). There was no difference however, at follow-up.

Young people's experience of care and education appeared to be important factors. Analysis showed some association between last care placement and offending with those who had moved on from foster care being less likely to have offended at baseline, than those who had been accommodated in children's homes ($p=0.001$, $n=106$). This may, however, reflect the findings of previous research which suggests that residential care tends to accommodate more troubled young people (Sinclair and Gibbs, 1998).

It was indeed apparent that difficulties experienced whilst in care could act as risk indicators for future troubles, such as offending. For example there was a

relationship between offending whilst in care and committing offences after care at both baseline and follow-up.⁸ Running away from care placements and truancy and exclusion from school were also significantly related to offending ($p=0.001$, $n=106$; $p=0.018$, $n=105$ and $p<0.001$, $n=105$ respectively). There was also an association between educational attainment and offending ($p=0.036$, $n=106$) with the majority (76%) of offenders having poor outcomes in education. This suggests the importance of a stable and inclusive educational experience, an issue highlighted in a recent survey of youth offending in the wider population which found that excluded pupils were over twice as likely to commit an offence as their in-school peers (Mori, 2002).

An association was also found between offending and drug and alcohol use. Those with substance misuse difficulties at baseline were almost three times as likely to offend over the follow-up as other young people in the sample ($p<0.001$, $n=101$).

Offending and outcomes

In terms of the wider impact of offending upon the lives of young people in the study, we have already touched on some elements in earlier chapters where positive outcomes appear to have been impeded by drug use and crime. In relation to outcomes, there appeared to be a link between offending over the follow-up period and failure to achieve positive career outcomes (i.e. progressing well in education, training or employment). We found that proportionally, far fewer offenders had good outcomes ($p=0.007$, $n=101$) and in comparison to non-offenders, a greater proportion of offenders were in the NEET group up to 18 months after leaving care ($p=0.003$, $n=101$).

Offending appeared to have little impact on overall housing *outcomes* (i.e. progressing well in suitable housing). However, when we looked at the housing career of young people over the follow-up, we found that those who had problems with offending behaviour were more likely to have moved accommodation and have experienced a greater number of moves compared to non-offenders ($p=0.002$, $n=101$). That they were equally likely to have good accommodation outcomes at

⁸Analysis based on the workers rating of a young person's problems with offending whilst in care (four point scale from no offences to persistent offender) showed a positive correlation with ratings at T1 and T2 ($p<0.001$, $\tau = .500$, $n=106$; $p<0.001$, $\tau = .232$, $n=101$ respectively). There was also an association between the combined young person and worker measure of offending prior to T1 and offending over the follow-up ($p<0.001$, $n=101$).

follow-up despite greater instability, is perhaps more a testament to the ability of the leaving care teams to re-house young people in crisis.

Findings also suggested an association between offending and problems with general and mental well-being. When compared to other young people in the study, those who had been involved in offending at baseline were more likely to have poor mental well-being and feel less positive about life in general at follow-up (GHQ-12, $p=0.002$, $n=101$; Cantril's Ladder, $p=0.004$, $n=101$). Although mental well-being remained poor for those who offended over the follow-up ($p=0.017$, $n=101$), general well-being appeared to have improved somewhat, although as a group they continued to be less optimistic about life than non-offenders.

Support to address offending

Addressing problems with offending was usually undertaken by Youth Offending Teams (YOT). At least seven young people were on supervision orders or rehabilitation orders and were in regular contact with YOT workers or probation workers. Two young people, who had committed serious offences prior to entering care, had continued to receive a comprehensive support package which included twenty-four hour support and intensive supervision throughout the follow-up.

Just over half (52%) of those who had committed offences over the follow-up felt that they had received support to address their problem. The same proportion had support from a YOT worker. Leaving care workers were also identified as sources of support related to offending. This involved practical support, such as accompanying young people to court and liaising with legal professionals. In overall terms, there was evidence that young people who were experiencing difficulties of this kind were receiving more frequent contact with support professionals over this time. They appeared to have had a greater intensity of support from both social service staff ($p=0.040$, $n=101$) and other professionals ($p=0.028$, $n=101$) when compared to other young people in the study.

Difficulties after care

As outlined in this chapter, the journey from care to independent living may run smoothly for some young people whilst others will encounter serious difficulties. These difficulties, whether associated with health or behaviour may well affect wider life areas. Existing research suggests that it is the clustering together of these

difficulties that is most likely to affect a person's ability to cope with adversity (Rutter, 1990; Garmezy, 1996). It may well be the cumulative effect that acts as a catalyst for further difficulties and an obstacle to positive progress. As we have seen in this chapter, there was a clustering of difficulties for young people in the study. Over a fifth of young people were experiencing two or more difficulties at either baseline or follow-up and there was a significant correlation between substance misuse and emotional and behavioural difficulties and also offending ($p<0.001$, $\tau = .391$ $n=101$ and $p<0.001$, $\tau = .374$, $n=101$). Furthermore, those with such difficulties often faced further problems across life areas such as housing career, occupation and general well-being.

Findings from existing research suggests that whilst the addition of a further difficulty might prove overwhelming to a young person's ability to cope, the removal or resolution of one difficultly could be the catalyst for general improvement in other areas (Gilligan, 2001). There was some evidence that this was the case for some young people in the current study:

Dee, had spent some time in a young offenders institution before leaving care. At baseline she had serious problems with drugs and was experiencing difficulties maintaining her accommodation having moved four times in the two months since leaving care. She also reported a mental health problem, for which she was receiving medication. Together this caused her to feel withdrawn and negative about her life in general. Over the follow-up Dee had intensive support from a leaving care worker and a drugs agency worker to address her addiction. Both were instrumental in helping her to manage her mental illness and build her self-esteem as well as come off drugs. At T2, Dee was no longer using drugs and had begun to rebuild her life. She was settled and coping well in her own tenancy and had enrolled at college. She reported an improvement in her general well-being and increased self-confidence, '*I'm more confident from people telling me I'm doing well, people being proud of me.*' Her leaving care worker described Dee's progress as, '*brilliant, from being addicted to heroin she is off drugs and has gained a secure tenancy.*'

What helps?

Attempts made, preferably at an early stage, to help young people address their difficulties; to reduce involvement in offending; and diminish their reliance on drugs or alcohol may, as in Dee's case, have a broader positive effect on their health, well-being and life in general.

There can be little doubt that consistent and committed support can act as a mediating factor to disadvantage and difficulty, however, research also points to certain qualities, which can act as 'protective' factors. Resilience and positive self-esteem, as discussed in earlier chapters, have been identified as important components in overcoming difficulties and surviving adversity. Helping young people to develop these qualities is a key task for professionals working with those who are looked after and leaving care. Research and practice suggests that encouraging participation in a range of positive activities including education and extra curricular activities, such as hobbies and leisure pursuits can facilitate the promotion of resilience and positive self-esteem (Stein, 2004; MacLean, 2003; Buchanan, 1999).

Promoting hobbies and leisure activities was part of the work of the leaving care teams in our study, although it did not appear to be a priority area. Only half of the sample (52%) felt that they had received enough information and support on hobbies from their leaving care workers at baseline and although around two thirds (62%) said they had managed to attend clubs and keep up hobbies over the follow-up just under a third (32%) of young people said they had received support to do so. Young people also identified time, money and motivation as barriers to pursuing positive activities. Whilst a lack of professional attention on hobbies and leisure activities may reflect the focus on supporting and addressing more immediate and crisis based needs, it nevertheless suggests that services may be failing to utilise an essential element in engendering positive well-being.

Summary points

This chapter describes the health and well-being of young people in the sample. It also looks at the range of difficulties, which some young people may face as they move on from care and adapt to independent adult living. It considers the effect of difficulties on wider life areas and the role of support in helping to overcome them.

Health

- Although most young people in the study did not report a problem with their mental or physical health, the number of those who did almost doubled over the nine-month follow-up. This was particularly apparent in terms of mental health difficulties
- Those with emotional and behavioural difficulties and mental health difficulties tended to have received more intensive and more holistic support

- Young people with difficulties appeared to place extra demand on staff skills and time. Team managers felt that taking on the role of full support for more 'needy' young people tended to stretch leaving care team resources.

Substance misuse

- At follow-up, over two-fifths (43%) of young people in the study were considered to have had a problem with substance misuse
- Young people identified a number of routes into drug and alcohol use (teenage experimentation, peer pressure and a family history of substance misuse)
- Young people with substance misuse problems tended to have more unstable early housing experiences, poor career outcomes and were more negative about their mental health and life in general.

Offending

- Around two-fifths (42%) of young people were considered to have problems with offending at baseline and 27% at follow-up. Over a third (36%) of young people had been the victim of crime during this time
- There was evidence of a link between offending and failure to achieve positive career outcomes and stability in post care accommodation
- Young people with difficulties (both offending and substance misuse) tended to have had more contact with support professionals over the follow-up compared to other young people in the study. However, support may have been more generic than specific.

Hobbies

- Around two-thirds (62%) said they had attended clubs or meetings and had been able to keep up hobbies over the follow-up. However, just under a third (32%) had received support to do so.

7 Overall Outcomes: Linking Starting Points, Outcomes and Support

Previous chapters have explored distinct areas of young people's lives – housing and life skills, education and employment, social networks, health and well-being – in order to assess how the young people were faring in these respects once they had left care and to identify those factors associated with them doing well or not so well. In this chapter we will take a broader view in an effort to identify factors in young people's past and current circumstances and experiences that predict or correlate with three measures of final outcome. These measures provide an assessment of a) young people's general mental health, b) their sense of well-being and c) their progress in relation to housing and work.

Final outcomes measure the change in a person's welfare and quality of life over time. They are often utilised to assess the component of that change that may be attributed to receipt of a particular service, taking account of wider environmental factors that may be influential and sometimes relative to a comparison group not in receipt of such services. Our approach, however, is more exploratory. In this study, for example, there was no control or comparison group against which to assess service effectiveness nor were there distinct service types between which young people could be allocated. Indeed, the introduction of the CLCA was precisely intended to bring about a convergence in services for care leavers across local authorities through its statutory requirements for needs assessment, pathway planning and the role of personal advisers (Department of Health, 1999a).

Our approach, based on the analysis undertaken in previous chapters, will be to explore the statistical data collected from our sample to consider a number of important questions in relation to these measures of final outcome:

- To identify which groups of young people are more or less likely to attain positive outcomes
- What factors associate with positive or negative changes in their welfare and well-being over the course of the follow-up period

- To consider in what ways, if any, variations in professional support mediate these outcomes.

The final outcome measures

Three measures of final outcome were selected. The first two were standardised measures designed to enable young people to make a broad self-assessment of their mental health and well-being. They were employed as indicators of general quality of life. The third was an 'in house' measure, drawing on combined information from young people and their workers, designed to assess how young people were faring in relation to 'work' (participation in education, training or employment) and housing. This measure combined the separate 'career' and 'housing' outcome variables introduced in earlier chapters.

The General Health Questionnaire (GHQ-12) is a standardised instrument that is used to screen for psychiatric distress in community settings. It is designed primarily to detect breaks in normal functioning rather than long-term traits or difficulties and has a focus on detecting symptoms of anxiety and depression (Goldberg and Williams, 1988). The instrument, which includes 12 questions, was replicated with young people at baseline and follow-up to provide an indication of mental health. Higher scores equate to higher levels of anxiety and depression.

Cantril's ladder forms part of the Lancashire Quality of Life Profile and provides a measure of psychosocial functioning aimed at capturing a person's current sense of well-being (Huxley *et al.*, 1996). This is a self-completion measure that was incorporated into the young person interviews at baseline and follow-up. It requires young people to place themselves on a ladder where the top rung signifies that 'things couldn't be better' and the bottom rung that 'things couldn't be worse'. The score provides a measure of quality of life. The higher the score the better the young person's sense of well-being is likely to be.

An in house measure ('workhome') was also employed. One strength of the GHQ-12 and Cantril's ladder lies in the fact that they tap into young people's feelings about their life as a whole. As such, these assessments can be quite independent of the objectives that Government has for these young people and can more readily take account of other priorities that young people may have for their own lives. However, there is also a rationale for providing a more policy related measure of outcome

based on what it is reasonable to expect, as a minimum, for young people on leaving care.

The Quality Protects Initiative prioritised the promotion of social inclusion through housing, economic participation and reduced social isolation for young people leaving care. It set clear objectives for local authorities to maximise the numbers of young people at age 19 who are in suitable accommodation, who are participating in education, training or work and who are still in touch with social services (Department of Health, 1999b; Robbins, 2001; Wade, 2003). It would certainly be difficult to argue that a young person was doing particularly well – or that a local authority was acting adequately as a good parent – if they lacked a suitable place to live, sufficient support to help them maintain their home, or if they had been abandoned to long term unemployment.

This context provided one rationale for the ‘workhome’ measure. As noted in previous chapters, the measure does not simply consider where young people were living or what they were doing at baseline and follow-up. The career outcome took into account attendance and progress and the housing outcome was based on its suitability and the young person’s ability to manage their home. The correlation between work and housing at follow-up provided further reassurance that it made sense to combine these into an overall measure ($p<0.001$; τ .418); that positive progress in one area was associated with progress in the other.¹

Method

Linear regression was used to identify factors that were associated with the three final outcome measures after allowing for other possible influences on outcome. In the interests of parsimony, a restricted number of variables were included in each regression analysis. These variables were identified in advance and their selection was informed by prior research findings about factors that may influence outcomes on leaving care and by the emerging findings from this study. A number of support measures were also included – such as preparation support, transition planning, contact intensity with support workers and past carers – to see in what way, if at all, differences in types and levels of support were associated with positive or negative changes in young people’s lives.

¹The housing and careers outcome measures were each rated as ‘good’, ‘fair’ or ‘poor’. The combined variable created a five value ordinal variable for use in multivariate analysis.

In order to ensure thoroughness, the analysis was conducted in two different ways. First, analysis was undertaken for each final outcome using change scores. This provided a sharp focus on factors that correlated with improvement or deterioration over the course of the follow-up period. Second, the analysis was repeated using just the final scores for the three outcome measures at follow-up.² This approach focused on factors in young people's past and current experiences that predicted or were associated with final outcome. No significant differences were apparent in the statistical results from these approaches and for simplicity the findings presented below will relate to the second approach, final scores at follow-up.

The analysis was initially undertaken using groups of relevant independent variables to see which were significantly associated with change scores or final outcome.³ A process of backward elimination was undertaken in which the least significant factor was removed until a core number of significant variables remained. Factors that proved to be significant in each group were then included together in a further regression to develop a final model that best predicted the final outcome. This process was repeated for each of the three final outcomes. The findings for the GHQ-12 (mental health), Cantril's ladder (well-being) and workhome will be presented separately.

Correlations between the final outcomes

Although young people's feelings about anxiety and depression and about their general sense of well-being may well overlap, the workhome outcome was conceptually distinct. Despite this, they were nevertheless quite closely associated at follow-up. Not surprisingly, the GHQ-12 score was negatively correlated with the well-being score ($p<0.001$; τ -.377). However, the workhome score was also correlated in an expected direction with both the GHQ-12 score ($p=0.001$; τ -.281) and the well-being score ($p=0.02$; τ .179). While the association with well-being was

Further information on this variable – and the checks conducted on it – is provided in Appendix C.

²Change scores do as they imply. They measure the change that has taken place for each young person, positive or negative, between baseline and follow up. Change scores were calculated for each of the final outcomes. In order to take account of the tendency for regression to the mean, all analyses using change scores and final scores controlled for the young person's initial scores at baseline.

³This approach ensured that fewer than 10 variables were included in any regression analysis; an important consideration when analysing relatively small samples. These groups included personal characteristics, aspects of care career, baseline measures (starting points), follow up measures (intermediate outcomes) and measures of professional and informal support. See Appendix C for a complete list of key variables.

weaker, this did suggest that we were, at least in an approximate way, tapping into some broad dimension of 'doing well' or 'not so well'.

However, these also represent important findings in themselves. In Chapter 3, we introduced the idea of a virtuous circle. Where young people were managing well in accommodation that was suitable to their needs and where they were positively engaged in education, training or work at follow-up, there was some evidence that they were also more likely to feel positively about their mental health and well-being. While this is the case to some extent, further analysis pointed to greater complexity. Analysis separating 'career' and 'housing' outcomes at follow-up showed a moderate correlation between a positive housing outcome and a positive appreciation by young people of their mental health and well-being, and that this was stronger in relation to mental health. In contrast, how they were faring in relation to education and employment ceased to have significance.⁴

Housing is therefore a critical area for leaving care services. The association that exists between purposeful engagement with education/employment and a positive sense of mental health is therefore likely to be mediated through housing.⁵ This may reflect a greater ambivalence amongst young people about the type of education or work they were undertaking and the value of this to their lives. As we saw in Chapter 4, young people were often engaged in low level courses or in routine forms of work that may not be expected, in themselves, to contribute greatly to their sense of well-being. However, in tandem with a suitable and reasonably well-managed home, economic participation may contribute to an improvement in young people's sense of mental well-being.

Leaving care schemes emerged partly in response to the need for improved housing options for care leavers. The development of an appropriate range of supported accommodation options and improved access to independent tenancies with flexible support arrangements has been a major commitment of these schemes, although the supply and quality of accommodation is an enduring concern (Broad, 1998; Broad, 2003). Schemes have also been shown to do quite well in this regard (Biehal *et al.*,

⁴Partial correlations were significant at the following levels. GHQ x housing (controlling for careers) p=0.002; beta= -.323; GHQ x careers (controlling for housing) p=0.503. Cantril's ladder x housing (controlling for careers) p=0.06; beta= .199; Ladder x careers (controlling for housing) p=0.43.

1995). Our findings demonstrate that this strategy is correct. Providing young people with a secure home base, appropriate to their needs at the time, and sufficient support to help them manage their homes adequately should be a top priority. Although, in itself, it is not a sufficient response to all young people's needs, it is one from which other benefits are likely to flow. This should be a priority for all local authorities with social services responsibilities, whether or not they have previously invested in specialist leaving care schemes.

The findings presented in Chapter 3 are also optimistic in other respects. How young people fared in relation to housing at follow-up was not greatly affected by events prior to or at the point of leaving care. There was no association between housing outcome at follow-up and differences in young people's care careers or in relation to their starting points at baseline, except in relation to life skills. Those with poorer skills tended to have a poorer outcome. This is important since it suggests that leaving care services can (and should) make a material difference to young people's early housing careers. Even periods of homelessness soon after leaving care did not prove fatal, provided remedial help was available to get young people back on to the housing ladder and keep them there. Staying with young people who face initial difficulties can therefore reap rewards. However, more extended periods of instability need to be avoided and particular care needs to be given to the housing and support needs of young disabled people and young people with mental health or emotional and behavioural difficulties, as these were high-risk groups for poor housing outcomes.

Mental health

The GHQ-12 was used to tap into young people's sense of mental well-being at baseline and follow-up and to trace changes in their perception over the follow-up period. Multivariate analysis pointed to a number of relatively clear findings. However, it is important to remember that factors that do not correlate may be as important as those that do with respect to the messages they generate for policy and practice. We will consider first the findings for each grouping before looking at those factors that proved to be most significantly related to mental well-being in the final model.

⁵The career outcome at follow up correlated positively with housing outcome ($p<0.001$) and with mental health (GHQ $p<0.001$) but to a much lesser extent with well-being (Cantril's ladder $p=0.08$).

The personal characteristics of young people, such as gender and ethnic origin, were not associated with differences in mental health. Nor was there a significant association for young disabled people when compared to young people without a sensory, physical or learning impairment. However, where young people were considered by leaving care workers at baseline to have mental health or emotional and behavioural difficulties, there was a significant negative correlation with GHQ-12 scores at follow-up. The existence of a problem at baseline was predictive of a negative change in young people's feelings of anxiety and depression during the follow-up period and of a higher GHQ-12 score at follow-up ($p<0.01$; $\beta= .297$).⁶

Mental health at follow-up was not greatly influenced by key aspects of young people's care careers. There was no association with placement movement, length of time continuously looked after nor with age at leaving. However, where young people scored highly for a range of troubles while they were accommodated, this was associated with a higher GHQ-12 score ($p=0.02$; $\beta= .236$).⁷

A similar story was apparent for our other baseline indicators.⁸ The only factor at this stage that predicted a difference in GHQ-12 scores at follow-up was the GHQ-12 score at baseline ($p<0.001$; $\beta= .426$). However, differences in mental health at follow-up were more closely associated with other aspects of young people's lives at that time. In other words, how young people felt related more strongly to current rather than past events. Where young people were living in suitable housing at follow-up and were able to cope they were more likely to have a positive sense of mental well-being ($p<0.01$; $\beta= -.242$). Equally, where they were experiencing troubles (offending or substance misuse) they were less likely to feel positive ($p<0.01$; $\beta= .242$).

Recent research has tended to find an association between higher levels of contact with professionals and young people experiencing poorer outcomes. In other words,

⁶As noted in Chapter 2, this includes a broad definition of mental health issues as defined by workers and covers more than two fifths of the sample (44%). Confidence that it is, however in exactly, tapping into some meaningful aspects of mental health is strengthened by the fact that while these young people were more likely to have a higher GHQ score at baseline, they were not significantly so ($p=0.11$). This in turn suggests that workers' judgements were not simply reflecting difficulties at that stage.

⁷The care trouble score was a composite variable giving an overall score for a range of potential difficulties – offending, substance misuse, truancy, exclusion, being bullied at school and running away (range 0-9; the higher the score the more acute the difficulties).

⁸Baseline measures (starting points) included support from family or friends, work, housing, troubles (offending/substance misuse), life skills and ladder score.

social workers tend to work more intensively with those in greatest difficulty (for example, Sinclair *et al.*, 2003). This was the case in relation to mental health. None of our measures of support correlated with a positive change in mental well-being and the only significant finding was that more intense contact with a leaving care worker predicted a worse GHQ-12 score at follow-up ($p=0.02$; $\beta= .213$).⁹ Although not always significant, this relationship was apparent for all three final outcomes.

In overall terms, variations in the GHQ-12 score at follow-up appeared to be explained more by the circumstances of young people at that time than they were by past events in their lives, although not exclusively so. The final model identified three independent factors from the above that contributed most to mental health:¹⁰

- a higher GHQ-12 score at baseline predicted a higher score at follow-up ($p<0.001$; $\beta= .342$)
- a positive housing outcome at follow-up correlated with a lower GHQ-12 score ($p<0.01$; $\beta= -.252$)
- and the existence of troubles at follow-up correlated with a higher GHQ-12 score ($p<0.01$; $\beta= .252$).

Mental health issues

There is clear evidence that where young people were experiencing symptoms of anxiety and depression at baseline they were predisposed to have similar feelings at follow-up. In itself, this should not be surprising. However, it is difficult for us to explain with any precision. The 'origins' of mental health difficulties may have a genetic component or reach back to young people's experiences of family relationships, including a legacy from poor parenting, neglect and rejection or from other types of abusive experiences. Furthermore, the experience of care may not have compensated adequately for this.

⁹Support measures included: preparation support; transition planning; frequency of contact with a leaving care worker and with all professionals; frequency of contact with past foster carers/residential workers; and the number of life areas in which support was provided. The construction of these measures is described in Appendix C.

¹⁰The analysis for the final model excluded the quality of life score (Cantril's ladder), since we already knew this was closely correlated with the GHQ score at follow up. However, the three correlates identified above remained significant even when this was included.

Studies have highlighted the high incidence of emotional and behavioural disturbance amongst young people referred to social services (Sinclair *et al.*, 1995; Triseliotis *et al.*, 1995) and, in comparison with non-care peers, have pointed to far higher levels of psychiatric disturbance amongst looked after children (McCann *et al.*, 1996). While there is evidence of limited access to specialist health services, especially in relation to children's homes (Berridge and Brodie, 1998; Farmer and Pollock, 1998), it may also be the case that young people feel unready to accept help at that stage.

These problems may not be easy change and may, in some cases at least, require quite long-term intervention and support from a range of services. However, our evidence clearly shows that doing nothing exposes young people with a broad range of mental health difficulties to the risk of particularly poor outcomes on leaving care. Although it was rejected from the final model, young people who were identified by workers as having these difficulties at baseline were, in comparison with other young people, more likely to have higher levels of post care movement, a higher risk of homelessness, worse housing and career outcomes and weaker life skills. Their vulnerability is evident and their particular needs should be a focus of attention in pathway planning.

There was evidence that the needs of these young people were being taken seriously in our participating authorities. They were marginally more likely than other young people to be placed in supported accommodation at baseline ($p=0.05$). They were also more likely to have had more frequent contact with a leaving care worker ($p<0.01$) and with professionals of all kinds ($p<0.01$) during the follow-up period and to have received a more comprehensive package of support covering more areas of their lives ($p=0.03$). Sticking with these young people may not have translated into an improved overall outcome. However, it may well be the case that it could have prevented a further downward spiral in their lives. It would take a longer-term follow-up to assess properly the benefits that may accrue from this additional support.

Housing and troubles

With the exception of mental health problems, past events do not appear to have a strong independent effect on GHQ-12 scores at follow-up or on positive or negative changes in mental well-being during the follow-up period. How young people feel is more closely related to what is happening at the time. This is encouraging, since it

means that positive interventions in the areas of housing, offending and substance misuse at the post care stage are likely to make a substantive difference to young people's perceptions of their mental health.

The importance of suitable and sufficiently supported housing has been discussed in some detail above. However, it was also the case that where young people were reasonably free of troubles like offending or substance misuse they were also likely to experience less anxiety and depression. While problems with offending and substance misuse were separately correlated with a higher GHQ-12 score, the association with substance misuse appeared marginally stronger.¹¹ Of course, problems of this kind can work both ways. Young people may take drugs or alcohol because they are feeling depressed or, alternatively, substance misuse may contribute to them feeling miserable. However, where young people are experiencing troubles of these kinds at the point of leaving care, pathway planning should provide for a comprehensive package of support, involving other relevant agencies, in an effort to help young people resolve them. In doing so, our findings suggest that it may have a considerable positive effect on their sense of mental well-being.

Cantril's ladder

Cantril's ladder was used to provide an overall measure of quality of life, to assess how happy young people were with their lives as a whole. Although there is some overlap with GHQ-12 scores, this analysis produced different findings, suggesting that they are tending to mine different dimensions of well-being.

Neither changes in well-being during the follow-up period nor the final score at follow-up were correlated with young people's personal characteristics. Nor indeed were they associated with disability, mental health or most aspects of young people's care careers. As with the GHQ-12 score, the only significant correlation was with troubled behaviours while young people were looked after. Where young people scored highly for troubles at this stage, this predicted a lower or worse ladder score ($p<0.01$; $\beta= -.256$).¹²

¹¹Linear regression for GHQ score at follow up, controlling for baseline GHQ score, suggested significance at the following levels: offences at follow up ($p=0.04$; $\beta= .187$); substance misuse ($p=0.016$; $\beta= .229$).

¹²See footnote 6 for a definition of these troubles.

A number of baseline measures predicted differences in ladder scores at follow-up:

- From the perspective of young people, a stronger friendship network at baseline predicted a better ladder score at follow-up ($p<0.01$; $\beta= .267$)
- Positive engagement with education or work predicted a better ladder score ($p<0.01$; $\beta= .273$)
- Paradoxically, and from a workers' perspective only, weaker family support at baseline was marginally correlated with a better ladder score ($p=0.05$; $\beta= -.193$). This is difficult to explain, especially since, from the perspective of young people, stronger family support at baseline was positively associated with well-being at follow-up, although this association did not prove significant ($p=0.09$).

None of our measures of professional support were associated with significant differences in well-being at follow-up. Although, as indicated earlier, in so far as they did relate, more intense contact with a leaving care worker during the follow-up period was associated with a worse ladder score ($p=0.1$). However, at follow-up, two factors did correlate with ladder scores:

- From the perspective of young people, a stronger network of friends once again correlated with a better ladder score ($p=0.03$; $\beta= .214$)
- From a workers' perspective, better life and social skills at follow-up was associated with a better ladder score ($p<0.01$; $\beta= .285$).

The final model produced four independent factors that seemed to contribute to young people's sense of well-being at follow-up. However, these correlations were quite weak and, as such, suggest that caution should be exercised when inferring from them:

- Troubled behaviours while looked after predicted a lower or worse ladder score ($p=0.02$; $\beta= -.191$)
- A higher ladder score at baseline predicted a higher score at follow-up ($p=0.05$; $\beta= .188$)
- A stronger friendship network at follow-up was associated with a higher ladder score ($p=0.055$; $\beta= .183$)
- Better life skills at follow-up correlated with a higher ladder score ($p=0.05$; $\beta= .196$).

These findings appear to suggest two things. First, where young people have a troubled legacy from their care experience - perhaps especially where these troubles have clustered together – and are relatively unhappy soon after leaving, this can have a continuing effect on their general sense of well-being. Out of the six variables that composed the care trouble score – offences, substance misuse, running away, truancy, exclusion and being bullied – offences ($p<0.01$) and running away ($p<0.01$) appeared to correlate most closely with later well-being. This has parallels to work on young people who go missing from substitute care, where offending was the single factor most closely associated with running away frequently (Wade *et al.*, 1998). This study also found that troubles of the kind identified above tended to cluster around running away and that where a repeat pattern of running away developed, young people were at risk of becoming detached from placement, carers and school. The findings here take us a little further by suggesting that, if unchecked, these challenging behaviours may have a continuing effect on young people's perceptions of their overall quality of life some time after leaving care.

Second, there is some evidence that improved well-being may be associated with aspects of what may be termed social integration and social competence. Taking the young person's perspective, the development of a stronger friendship network – and to a much lesser extent positive family support – was associated with them feeling more contented about life as a whole. Although rejected from the final model, integration into the world of work may also make a contribution. Although 'work', as we have seen, may be a more ambivalent good for young people, its effect may be mediated through friendships. Going to college or work often opens up the possibility of new social networks and it may be through these that the effects on well-being are experienced. In addition, from the viewpoint of workers if not young people, having better life and social skills was associated with positive well-being – and this measure incorporated interpersonal or relationship skills alongside more practical ones.

These findings connect in some ways with the growing body of work on resilience. A positive sense of self-esteem and self-efficacy may act as buffers against adversity. Strategies to enhance these may therefore boost a young person's resilience (Gilligan, 2001). Positive self-esteem derives from being accepted in valued relationships and in being able to accomplish valued tasks (Rutter, 1990). Friendships help to reduce social isolation and the development of skills to make and maintain friendships may enhance self-esteem and, in relation to our data, a young person's overall quality of life. However, from a resilience perspective, the type of

friends young people make is also important. While negative peer relations may lead to greater maladjustment, positive peer relations tend to be protective (Ferguson and Lynskey, 1996; Daniel *et al.*, 1999). Our evidence does not take account of these positive or negative effects – although there was evidence of both types – but it does suggest that where young people *perceive* that they have a supportive friendship network they are likely to feel happier as a whole.

In a similar vein, the development of social competencies can help to promote resilience. Gradually learning to manage one's home, for example, or to conduct formal relationships in the outside world more successfully can enhance a young person's sense of self efficacy; the feeling that events are within their control (Daniel *et al.*, 1999). Creating opportunities for young people to experience success, perhaps in quite small ways, may therefore lead to them having a more positive feeling of well-being. Whether these opportunities occur in relation to life skills, work, through efforts to link young people in with youth activities, leisure pursuits or hobbies that they value or through social groups run by leaving care services, the evidence suggests that constructive engagement of this kind can help to improve overall quality of life.

Workhome

The in house 'workhome' measure, which combines young people's outcomes in housing and careers, was used to provide a more policy oriented measure of final outcome; one that was perhaps more in keeping with the objectives that government has for young people leaving care.¹³

The personal characteristics of young people were not associated with this measure. Although there was no link for disabled young people, those who were considered at baseline to have mental health or emotional and behavioural difficulties were significantly less likely to have a positive outcome ($p=0.001$; $\beta=487$). Furthermore, in relation to care career, the only correlation was with the age young people left care. Leaving at an earlier age predicted a worse outcome ($p=0.04$; $\beta=.216$).

¹³Our measures for housing and career outcome at baseline and follow up were obviously not used in this analysis, since they formed the combined measure, nor were the GHQ and ladder scores, since we already know they correlate closely with 'workhome'.

At baseline, the only factor significantly associated with the workhome measure was life skills. Better life skills at this stage predicted a more positive final outcome ($p<0.01$; $\beta = .306$). However, at follow-up, two factors correlated with workhome:

- The existence of troubles at follow-up correlated with a worse outcome ($p=0.02$; $\beta = -.214$)
- From a workers' perspective, having better life skills was quite strongly associated with a better outcome ($p<0.001$; $\beta = .455$).

Once again, in relation to professional support, the only significant correlation was that more frequent contact with a leaving care worker predicted a worse overall outcome ($p=0.02$; $\beta = -.249$). The final model identified three factors that independently contributed most to this outcome and, with one exception, these tend to reprise and strengthen issues that have been identified at various stages of the report:

- Better life skills at follow-up correlated with a more positive outcome ($p<0.001$; $\beta = .427$)
- Young people with mental health or emotional and behavioural difficulties were likely to do significantly worse ($p<0.01$; $\beta = .268$)
- Leaving care at a later age predicted a better outcome ($p=0.014$; $\beta = .213$).

We have already stressed the particular vulnerability of young people with mental health or emotional and behavioural difficulties to poor overall outcomes. It would seem that, in particular, the effect of these problems bears more heavily on areas such as housing and employment than it does on their overall sense of well-being. The finding on life skills also reprises themes from earlier chapters. There is a close association between having good life skills, having and being able to manage one's own home, being relatively free from troubles and positively engaged in education, training or employment. Housing may represent first base, in all senses of the term, but together they form a package that should provide a major, though not exclusive, focus for leaving care work.

However, the finding in relation to age at leaving adds a different dimension. The early age at which young people are expected to leave care has been a consistent theme in the literature (Stein and Carey, 1986; Biehal *et al.*, 1992; Garnett, 1992).

Interviews with managers and practitioners in our participating authorities also revealed serious concerns about the unrealistic expectations placed upon the shoulders of young people, many of whom were leaving before it was felt they were ready. In recognition of the problem, an explicit intention of the CLCA has been to delay transitions from care (Department of Health, 2001a). The fact that more than two fifths of this sample had moved on before the age of 17 highlights the need for change. The finding here that leaving care early correlates with a worse overall outcome some 10 to 18 months later should help to provide some additional impetus.

Although age at leaving was associated with the overall 'workhome' outcome, further analysis suggested that the significant correlation was with career outcome. Once account was taken of the career outcome at follow-up, the relationship between age at leaving and housing was not significant ($p=0.48$). However, when controlling for housing outcome, the relationship between age at leaving and career outcome retained significance ($p=0.04$). Those who left earlier were therefore likely to be at greater risk of unemployment or casualised employment than were young people who left at a later age, even though they were not more likely to fare worse with housing. Leaving early therefore appears to be associated with young people being less prepared for entry into the world of work.

In Chapter 2, however, it was noted that a number of aspects of young people's care careers were associated with leaving earlier. These included higher placement movement, being looked after for a shorter period of time, having offences and, more marginally, running away and substance misuse. Young people with more troubled care careers were therefore more likely to leave at an earlier age. It could be, therefore, that the apparent effect of leaving early on the final 'work' outcome was mediated by these factors. In other words, young people with a troubled legacy tend to leave care early and do worse in education and employment.

However, this did not prove to be the case. Further analysis suggested that, once account was taken of young people's starting points in education and employment at baseline, the only factor in young people's care careers or in relation to past school difficulties (such as truancy or exclusion) that predicted the final career outcome was age at leaving care ($p=0.03$). It is reasonable to conclude, therefore, that leaving care at an earlier age tends to be associated with young people being less equipped for entry into the youth labour market and that the effects of this may last for some time. Research has shown that the period between the ages of 16 and 19 is critical

for future career paths (Banks *et al.*, 1992). It is a period in which careers take on a fixity and future trajectories tend to become set. Given this, these findings should be a matter of considerable concern to local authorities.

Summary points

This chapter has used multivariate analysis to explore those factors in young people's characteristics, care careers, post care experiences and in the support they had received that best predicted or were associated with three final measures of outcome – GHQ-12 (mental health), Cantril's ladder (quality of life) and 'workhome' (an in-house measure combining career and housing outcomes). In overall terms, measures of support were either benign or associated with young people being in greater difficulty.

GHQ-12

With the exception of mental health, past events did not have a strong independent effect on GHQ-12 at follow-up.

Mental health

- Where young people were experiencing symptoms of anxiety and depression at baseline they were also predisposed to have similar feelings at follow-up
- Young people with mental health or emotional and behavioural difficulties were, as a group, especially vulnerable to poor outcomes in most areas (housing, employment, life skills). Although these problems may not be easy to change, their particular needs should be a focus of attention in pathway planning
- There was some evidence that these needs were being taken seriously in these authorities. They were marginally more likely to have been placed in supported accommodation and to have had more frequent contact with professionals over the follow-up period than were other young people.

Housing

- A positive housing outcome at follow-up correlated with young people feeling more positive about their mental health. Although participation in education and employment was also associated with better mental health at follow-up, its effects were largely mediated through housing and this probably reflected the greater ambivalence young people had about the work they were doing. Housing (and the support to sustain a home) is the most critical arena for leaving care services and post care interventions in this area can make a significant difference to young people's overall well-being.

Troubles

- Where young people were relatively free of troubles (offending and substance misuse) at follow-up they were also more likely to report positive mental health. Difficulties of this kind should be addressed in pathway planning. In doing so, they may also contribute to young people having an improved sense of mental well-being.

Cantril's ladder (quality of life)

This provided an overall measure of well-being, an assessment of how happy young people felt about their lives as a whole:

- Where young people have had a troubled legacy (for example, a clustering of behaviour difficulties while they were looked after) and are relatively unhappy soon after leaving care, this can have a continuing effect on their overall quality of life. With respect to these troubles, offences and running away during the care career were most closely associated with a poor sense of well-being at follow-up
- Improved well-being may also be associated with aspects of social integration and social competence. There was some association with young people having a stronger friendship network and better life and social skills at follow-up and them feeling more contented about their life as a whole. Integration into the world of work, and the social networks it can provide, may also make some contribution. Creating opportunities, perhaps in small ways, for young people to experience success in social activities they value (whether in work, relationships, youth activities or hobbies) may help them to develop confidence, self esteem and social competence and thereby improve their overall well-being.

Work/home

This provided a more policy led outcome, linking progress in careers and housing:

- Young people with mental health or emotional and behavioural difficulties were particularly vulnerable to a poor overall outcome. The effect of these problems appears to bear more heavily on areas like housing and employment than it does on overall well-being
- Improved life skills at follow-up correlated with a more positive outcome. While housing may be the most important first base for young people on leaving care, there is a close association between good life skills, being able to manage one's home, being relatively free of troubles and being positively engaged in the world of work. These should form a core, though not exclusive, focus for leaving care services

- Leaving care at a later age predicted a better outcome and, in particular, a better career outcome. This relationship held even when controlling for other difficulties in young people's lives at baseline. Leaving early (at 16 or 17) is therefore associated with young people being less equipped for entry into the youth labour market and this effect may last for some time.

8 Resource Use, Costs and Outcomes

This chapter reports on the services supporting the young people leaving care in this study and the cost of these services, including the cost of leaving care worker input. In addition, the chapter investigates variables influencing the cost of services that support the care leavers in order to determine the characteristics of young people that predict high or low cost of care.

Methods

Unit cost calculation

The same cost methodology was applied to the calculation of costs for all young people to ensure consistent costing practice across cases. Once the cost of the young people's use of leaving care worker time was calculated, the cost of all other support provided was calculated then these costs were summed to produce an average (mean) cost of all services used by each young person per week. The unit costs presented relate to the financial year 2001-2002 and any unit costs gathered that related to previous years were up-rated using relevant price indices (Netten and Curtis, 2002).

Leaving care worker input was costed on the basis of the total time spent with each young person plus a proportion of non-case activity time allocated on the basis of worker caseload. The total amount of time that the leaving care worker spent on the care leaver was calculated based on the face-to-face contact time, as reported by the care leaver, and the proportion of time spent on non face-to-face contact time, as reported by the worker. Full time workers were assumed to work a 37-hour week for 42 weeks of the year, based on children's social worker figures (Netten & Curtis, 2002). Unit costs were calculated based on the salary and status information provided. Salary costs included salary on-costs (employers' national insurance and superannuation contributions) as well as overheads (salary costs for management and administrative overheads) and capital overheads, based on published methodology (Netten & Curtis, 2002).

The unit costs of all other services used by the care leavers were collected from a number of sources (see Table 8.1). Most social service costs were sourced from Netten & Curtis (2002), which contains nationally applicable unit costs. Informal

contact with ex-carers could provide another source of support to the care leavers and this contact is reported in Chapter 5 rather than in this chapter since no actual payment was made for their input. However, it is important to recognise that ex-carers can make valuable contributions to the young people's welfare.

In terms of education, two young people were at special school and these schooling costs were calculated based on national education statistics (CIPFA, 2000). The majority of young people had been registered to attend college or had received training *at some point* over the follow-up period and no costs were calculated for this data since some young people might be working and would therefore not incur such costs. It would not be appropriate to show that those young people who continued in education were more expensive since in the long run they may have higher earnings capacity.

Hospital costs were sourced from the CIPFA Trust Financial Returns (2002) and where possible, they were hospital and specialisation specific. Most of the NHS community services were costed using Netten & Curtis (2002) with the exception of the cost of a dental service consultation which was obtained from the Department of Health website (<http://doh.gov.uk>). The cost of prescription medicines was sourced from the British National Formulary (2002).

All voluntary and private sector costs were based and adapted from unit costs provided in Netten & Curtis (2002) apart from the cost of childline telephone contacts which were costed on the basis of costs reported by the Samaritans (<http://www.samaritans.org.uk>).

Youth justice and police costs were sourced from Finn *et al* (2000), the legal services commission (2003) and Healy *et al* (1998).

Accommodation costs were collected from a number of sources including Netten & Curtis (2002), Finn *et al* (2000) and HM Prison Service (2003) as well as those calculated using Family Expenditure Survey (Central Statistics Office, 2001) and Building Cost Information Service data (www.bcis.co.uk).

Table 8.1 Unit costs of services used by the young people

Services	Unit cost or range (£) 2001-2002	Source of unit cost
Social services		
Leaving care worker/personal adviser (per hour of client related activity)	20	Direct calculation
Foster care (per day)	106	Netten & Curtis, 2002
Hostel (per day) (based on local authority staffed hostel including expenses)	57	Netten & Curtis, 2002
Supported accommodation (per day) (based on local authority staffed hostel including expenses)	57	Netten & Curtis, 2002
B&B/hotel (per day)	34	Finn <i>et al.</i> , 2000
Family support worker (per contact hour)	27	Netten & Curtis, 2002
Housing officer (per hour of client related activity) (assumed equivalent to social worker cost)	25	Netten & Curtis, 2002
Social worker (per hour of client related activity)	25	Netten & Curtis, 2002
Support worker (per hour of client related activity)	24	Netten & Curtis, 2002
Social work assistant (per hour of client related activity)	16	Netten & Curtis, 2002
Education services		
Special school (per pupil per year)	21,266	CIPFA, 2000
Home tuition (per hour)	31	Berridge <i>et al.</i> , 2002
Connexions, careers advice, education adviser (per hour) (based on educational social work team member)	25	Netten & Curtis, 2002
Hospital services		
Inpatient (per day)	277-684	CIPFA 2002
Outpatient (per attendance)	88-233	CIPFA 2002
Accident and Emergency (per attendance)	48-85	CIPFA 2002
NHS community services		
NHS child clinical psychiatry team member (per hour of client contact)	64	Netten & Curtis, 2002
Health visitor (per hour of client related activity)	61	Netten & Curtis, 2002
Community psychiatric nurse (per half hour of client contact)	30.50	Netten & Curtis, 2002
Counselling (per hour)	30	Netten & Curtis, 2002
Dietician (per hour of client related activity)	28	Netten & Curtis, 2002
General practitioner (per 9.36 minute consultation)	16	Netten & Curtis, 2002
Practice nurse (per hour of client contact)	24	Netten & Curtis, 2002
Dentist (per appointment)	5.32	www.doh.gov.uk
Medication	Various	British Medical Association, 2002

Voluntary sector services		
Drug & alcohol services (per hour spent with patient) (based on district nurse cost)	45	Netten & Curtis, 2002
Counselling services (per hour) (based on counselling services in primary medical care)	30	Netten & Curtis, 2002
Day nursery (per place per session) (based on local authority costs)	26	Netten & Curtis, 2002
Family support services (per contact hour)	27	Netten & Curtis, 2002
Barnardos advocacy worker (per hour of client related activity) (based on social worker cost)	25	Netten & Curtis, 2002
Homeless young person's unit (per hour of client related activity) (based on social worker cost)	25	Netten & Curtis, 2002
Mentoring scheme (per hour of client related activity) (based on social worker cost)	25	Netten & Curtis, 2002
Victim support (per hour of client related activity) (based on social worker cost)	25	Netten & Curtis, 2002
Drop-in centre (per hour of client related activity) (based on 1/3 of local authority day care)	6.67	Netten & Curtis, 2002
Support group (per hour of client related activity) (based on 1/3 of local authority day care)	6.67	Netten & Curtis, 2002
Helpline (per call) (based on costs reported by the Samaritans)	2.31	www.samaritans.org.uk
Domestic accommodation		
Domestic accommodation (per day)	15.73-56	Central Statistical Office 2000-2001 www.bcis.co.uk
Youth justice		
Magistrates court (per episode)	584	Healey <i>et al.</i> , 1998
Secure care (per day)	358	HM Prison Service, 2003
Lawyer (per contact)	50	Legal Services Commission, 2003
Youth offending institution / prison (per day)	45-91	H M Prison Service, 2003
Youth offending team worker (per hour of client related activity) (assumed equivalent to social worker cost)	25	Netten & Curtis, 2002
Probation officer (hour of client related activity) (assumed equivalent to social worker cost)	25	Netten & Curtis, 2002
Asylum office (per hour) (based on social worker cost)	25	Netten & Curtis, 2002
Police custody (per 15 minute contact)	13.44	Finn <i>et al.</i> , 2000

Private sector services		
Counsellor (per hour) (based on counselling services in primary medical care)	30	Netten & Curtis, 2002
Community nursery (per place per session) (based on local authority day nursery for children)	26	Netten & Curtis, 2002

Cost-function analysis

One of the main aims of the economics part of the research was to explore which variables, including endpoint outcomes (i.e. the GHQ-12 and Cantril's Ladder), might be related to the total cost of all the services supporting the young people. Cost-function analysis, based on ordinary least squares regression, was the statistical technique used to assess which baseline variables were associated with variation in the average cost of all support care received per young person per week.

The variables that were tested for their association with cost were pre-specified following the methods reported in Byford *et al* (2001). The list of independent variables that were explored were selected on the basis that they might be as sensitive to any variation in costs as possible. Also, because the sample size was small an attempt was made to minimise the number of variables to be tested because the addition of each variable in the regression reduces the statistical power of the model.

The independent variables that were assessed in relation to the total cost of support received are listed below and are based on the young person's viewpoint unless stated otherwise:

- Gender of young person
- Age when left care
- Ethnicity (white citizen young people or minority ethnic young people)¹
- Asylum seeker or not
- Anxiety and depression score from the General Health Questionnaire (GHQ-12) at T1 (see Chapter 1 and Appendix C for a more detailed description of the measure)

¹The minority ethnic group comprises citizen young people from minority ethnic backgrounds and asylum seeking young people.

- General well-being score from Cantril's ladder at T1 (see Chapter 1 and Appendix C)
- Disability or not, based on the worker's viewpoint (see Chapter 2 and Appendix C)
- Mental health/emotional & behavioural difficulties, based on the worker's viewpoint (see Chapter 2 and Appendix C)
- Average number of placement moves per year (see Chapter 2)
- Overall difficulty score as a measure of troubles experienced by the young person while looked after (see Chapter 2 and Appendix C)
- Young person support from friends (see Chapter 5 and Appendix C)
- Young person support from family (see Chapter 5 and Appendix C)
- Overall life skills score based on the worker's viewpoint (Chapter 2 and Appendix C)

The cost-function analysis involved a number of steps outlined in Byford *et al* (2001). Initially, bivariate associations between the average (mean) weekly cost of each of the independent variables were tested. For presentation purposes continuous variables were split at the median however they were analysed as continuous data. Continuous variables were tested using simple linear regression and categorical variables were tested using one-way analysis of variance (one-way ANOVA)².

Following this, multivariate analysis (multiple regression) was used to limit the set of independent variables to those that were significantly associated with costs using Collett's approach for survival data (Collett, 1994). To undertake this, all the variables that were found to have a statistically significant relationship with cost in the bivariate analysis, based on a 10% level of statistical significance, were entered into the regression. Any of these variables that no longer had a statistically significant association to cost within the model were removed. Next, all the independent variables that were not associated with cost, based on the bivariate analysis, were entered into the model one at a time and retained if they added significantly to the model. The model was then re-checked to ensure that no other independent variables added significantly to the model.

²Simple linear regression and one-way ANOVA can both be used to conduct bivariate analysis. The former approach is used to test associations between continuous variables (e.g. cost and Cantril's ladder) and the latter approach is used where one variable is categorical (e.g. ethnicity) and the other is continuous (e.g. cost).

A key assumption of standard ordinary least squares regression is that the data is normally distributed. As is typically the case, the costs in this analysis were positively skewed, with a small number of young people using a disproportionate number of services and costing more. For this reason, the results of the model were checked for robustness of the confidence intervals using non-parametric bootstrap analysis (Efron and Tibshirani, 1993). The advantage of this approach is to retain the ability to use parametric tests to make inferences about the arithmetic mean, which is useful for budgetary purposes since the sum of the arithmetic means will typically be equal to the budget constraint (Barber and Thompson, 1998). Additionally, results were tested using the generalised linear model which uses the non-normal gamma distribution that more closely approximates the distributional form of positively skewed cost data and might therefore provide a better fit for such data (Blough *et al.*, 1999).

Results

The sample

Service-use data was collected from 101 care leavers (n=106 at T1 and therefore this is 95% of the initial sample) whilst leaving care worker questionnaires were collected from 101 workers (95%). The average length of follow-up was 285 days (SD=23).

Leaving care worker activities and cost

Based on the worker activities schedule at follow-up it was possible to calculate the percentage of workers' time spent on a range of different activities relating to the young people in the study (see table 8.2 below).

As might be expected, most leaving care workers worked full time (82%) and had a higher caseload, on average, than part time workers. The average caseload of full time workers was (mean) 19 (SD=7) and 16 (SD=5) for part time workers.

The average annual full-time equivalent salary, including employer on-costs and overheads, was £31,437 (SD=8017) and this amounted to an hourly cost of activity of £20 (SD=5).

Approximately 26% of workers time was spent on non-caseload activity³. Taking this into account, almost half of workers total time spent on the young people included in this study was spent in face-to-face contact (47%). Much smaller proportions of time were spent on non-face-to-face contacts including telephone contact, failed contact, formal review and planning and preparation for other meetings.

Table 8.2 Leaving care worker contact with young people over the follow-up period and non-caseload activity (n=101)

Percentage of time spent on different activities relating to the young person	%
Face-to-face contact	47%
Telephone contact	6%
Failed contact	4%
Formal review or planning	8%
Preparation for other meetings	9%
Non-caseload activity	26%

¹FTE is Full Time Equivalent

Services used by the care leavers

Table 8.3 reports on the total package of support used by young people in the study over the follow-up period, with the exception of the informal carer contacts. On average, each young person had two face-to-face meetings per month with their leaving care worker. Only limited use was made of other social services, whilst significant use was made of social service department provided or funded accommodation. A number of different accommodation types were used across the statutory and non-statutory sectors, the majority of which were provided or funded by the SSD. Supported accommodation (provided by SSDs) and independent accommodation (funded by SSDs) were the most commonly used form of accommodation for the young people in this study with, on average, eleven days and nine days being spent in these types of accommodation respectively, per young person per month. A number of other types of accommodation were also used (including B&B, hostels and emergency accommodation) and two young people lived in foster placements having returned to foster care following leaving care.

³For completeness, total non-caseload activity had to be allocated across the caseload.

The majority of young people had been registered to attend college (n=48) or had received training (n=24) *at some point* over the duration of the study follow-up. Two young people went to special school, two received private tuition and one young person attended university. Limited use of education services was made, due to the limited number of young people still of school age.

The overall use of health services in this sample was fairly low however, young people saw their GP maybe once every three months, on average. About 10% (n=10) of young people reported being prescribed anti-depressants over the follow-up period and about a half (51%) were prescribed medication.

Limited use was made of a range of voluntary and private sector services with community care, such as day care, and support group contacts being most common.

A range of youth justice services were used. Five young people spent some time in a youth offending institution, secure unit or prison. At follow-up the young people reported that they had committed a total of 50 crimes and these included 13 thefts/burglaries, 6 driving related offences, 5 public order offences, 5 assaults, 4 taking cars without owner's consent (TWOC), 1 criminal damage, and 16 undisclosed types of crime. Per month, on average the young people had more than one contact each with the police as a victim of crime and this was much higher than contact with the police as perpetrator of crime.

On average per young person per month, seven days were spent in domestic accommodation that was not funded by SSDs. This category most commonly included those young people living with family members or friends. One young person in the cohort spent some time sleeping rough.

Table 8.3 Monthly service use per young person over the follow-up period (n=101)

Service type	Follow-up (average per month per young person) (mean, standard deviation (SD⁴))
SSD services	
Leaving care/personal adviser sessions	2.04 (1.83)
Drop-in centre contacts	0.23 (1.30)
Social worker sessions	0.23 (0.60)
Support worker sessions	0.22 (1.47)
Other social services	0.18 (0.65)
SSD provided or funded accommodation	
Supported accommodation days	11.25 (13.43)
Independent accommodation days	9.25 (12.62)
B&B days	0.63 (3.23)
Foster care days	0.40 (2.80)
Emergency accommodation days	0.15 (1.12)
Other social service accommodation days	0.16 (1.01)
Education & education services	
Careers/Connexions adviser	0.23 (0.57)
Special school	0.13 (0.94)
College counsellor	0.00 (0.02)
Other education services contacts	0.08 (0.49)
Hospital services	
Inpatient stay nights	0.10 (0.42)
Outpatient attendances	0.07 (0.27)
A + E attendances	0.04 (0.12)
NHS community services	
General Practitioner contacts	0.34 (0.66)
Community nurse contacts	0.18 (0.67)
Practice nurse contacts	0.06 (0.14)
Counsellor contacts	0.01 (0.13)
Community mental health team contacts	0.01 (0.05)
Community psychiatric nurse contacts	0.00 (0.03)
Other NHS community services	0.12 (0.24)

⁴The Standard Deviation (SD) is a measure of the dispersion/spread, which is commonly reported alongside mean values. The SD represents the average distance individual observations are from the mean. The larger (smaller) the SD the more (less) dispersed the individual observations are around the mean.

Voluntary sector services	
Community care contacts	0.28 (2.22)
Group support contacts	0.16 (0.54)
Family support service contacts	0.12 (0.67)
Drug & alcohol project contacts	0.10 (0.47)
Accommodation support contacts	0.06 (0.46)
Drop-in centre contacts	0.04 (0.33)
Mental health service contacts	0.01 (0.06)
Advice service contacts	0.01 (0.06)
Asylum service contacts	0.01 (0.06)
Helpline calls	0.00 (0.01)
Youth homelessness service contacts	0.00 (0.01)
Other voluntary services	0.04 (0.24)
Private services	
Childminder contacts	0.17 (1.66)
Private tuition contacts	0.04 (0.29)
Youth justice where young person is perpetrator	
Youth offending institution/secure care days	0.44 (2.81)
Youth offending team contacts	0.31 (1.35)
Police contacts	0.19 (0.89)
Probation officer contacts	0.14 (0.63)
Lawyer contacts	0.11 (0.46)
Court days	0.05 (0.20)
Police custody/remand days	0.01 (0.04)
Youth justice where young person is victim	
Police contacts	1.14 (3.48)
Lawyer contacts	0.00 (0.03)
Court days	0.00 (0.01)
Other accommodation	
Non SSD funded domestic accommodation days	7.38 (11.09)
Other accommodation days	0.16 (1.62)
Sleeping rough days	0.00 (0.03)

Comparison of the cost of services used by the care leavers

Table 8.4 reports the mean (average) cost of all the services used by each young person per week by sector and the total cost of all the services used, on average, per young person per week. On average, the total cost of all services used (including

domestic accommodation) was £418 per young person per week or around £21,800 per young person per year.

The cost of leaving care worker input was approximately £19 (SD=30) per young person per week, which is about 2% of the total cost of services per young person per week. Care leavers spent an average of 54 minutes (SD=77) per week with their leaving care worker. SSDs bore the large majority of the cost of caring for these young people that is 77% of all costs, including all social services and SSD provided and funded accommodation.

As seen in table 8.4, accommodation is one of the most costly aspects of support. Supported accommodation and independent living were the most commonly used forms of accommodation, provided or funded through social service departments, and cost a total of £270 (SD=158) per young person per week, on average. Other domestic accommodation, such as living with family or friends, was the third most commonly used type of accommodation and cost £44 (SD=77) per young person per week, on average.

Across all young people, youth justice accounted for the third largest contribution to overall expenditure (6%) at an average cost of £26 per young person per week.

The health service was the fourth most costly input into the young people's total package of care at £15 on average per young person per week.

The voluntary, education and private sectors costs and the cost of medication each contributed to 1% or less of the total cost of all support received by the young people.

Table 8.4 Total cost (£) of all services used per young person per week over the follow-up period

Service	Follow-up (n=101)	
	Mean	%
	Cost (SD)	
SSD all	322 (176)	77
SSD services		7
Social services provided/funded accommodation		70
Other domestic accommodation	44 (76)	11
SSD services*	29 (75)	7
Youth justice	26 (81)	6
Health services	15 (39)	4
Voluntary sector services	6 (18)	1
Education services	4 (15)	<1
Private sector services	1 (10)	<1
Total cost per week	418 (173)	
Total cost per year	21,812 (9038)	-

*This cost was included in 'SSD all' and should not therefore be included when summing the mean cost.

Cost-function analysis

Bivariate analysis

Bivariate associations between the average (mean) cost of all services per young person per week and the independent variables thought to predict cost are reported in table 8.5. Statistically significantly higher costs were associated with care leavers who were younger when leaving care, those who were perceived by their workers to have mental health/emotional and behavioural difficulties, those with more than one placement move per year, those who perceived their family support to be weak and those who had fewer overall life skills, based on their worker's viewpoint. All these associations are in the expected direction.

Table 8.5 Bivariate associations: the cost of young people's support care per week

Independent variable	Number of young people	Mean cost (SD ²)	p-value ³
<i>Gender</i>			
Male	47	405 (186)	
Female	54	430 (162)	0.476
<i>Age when left care¹</i>			
>17	27	362 (219)	
≤17	74	439 (150)	0.055
<i>Ethnicity</i>			
White citizen group	74	426 (185)	
Minority ethnic group	27	397 (137)	0.487
<i>Asylum seeker</i>			
Yes	12	405 (52)	
No	89	420 (184)	0.784
<i>General Health Questionnaire T1^{a, 1}</i>			
>1	45	408 (144)	
≤1	56	427 (195)	0.630
<i>General well-being^{b, 1}</i>			
> 64	49	390 (189)	
≤ 64	52	445 (156)	0.639
<i>Disability</i>			
Yes	18	390 (187)	
No	83	425 (171)	0.439
<i>Mental health/emotional & behavioural difficulties</i>			
Yes	45	462 (172)	
No	56	383 (168)	0.023
<i>Average number of placement moves per year^{a, 1}</i>			
> 1	41	450 (176)	
≤ 1	60	397 (170)	0.003
<i>Overall difficulty T1^{a, 1}</i>			
> 4 (difficulties)	50	424 (165)	
≤ 4	51	413 (183)	0.790
<i>Young person support from friends T1</i>			
Weak	15	428 (150)	
Strong	86	417 (178)	0.812
<i>Family support T1</i>			
Weak	43	467 (187)	
Fair/Strong	58	382 (155)	0.013
<i>Overall life skills score T1^{b, 1}</i>			
> 9 (more skills)	44	391 (161)	
≤ 9	57	440 (181)	0.064

¹Split at the median but analysed as continuous data

²SD = Standard Deviation

p-value figures in bold are statistically significant at the 10% level

^aHigher score indicates a worse outcome

^bHigher score indicates a better outcome

Multivariate analysis

The final multivariate model is reported in table 8.6. The independent variables that were related to cost were mental health/emotional and behavioural problems, family support level, number of placement moves and disability.

Table 8.6 Multiple regression for the cost of care per week

Variables	Co-efficient	95% confidence interval	p-value
Average number of placement moves	36.55	9.82 to 63.28	0.008
Family support	86.28	22.73 to 149.82	0.008
Mental health/emotional and behavioural difficulties	-80.69	-147.29 to -14.09	0.018
Disability	74.70	-10.09 to 159.49	0.084

On average, each additional placement move was associated with an extra cost of £37 per young person per week. Young people who perceived that they had weak family support cost an average of £86 per week more than those who thought that they had fair/strong family support. Those young people who were perceived by the workers to have mental health/emotional and behavioural difficulties cost an extra £81 per week compared to those who did not. Finally, and least statistically significant of all, those who were perceived by their worker as not having a disability were associated with an extra cost of £75 per week compared to those who were perceived to have a disability.

From the adjusted R squared the model was able to explained approximately 17% of the total variation in cost. Thus a large proportion of the variation in cost remains unexplained as a result of random variation or perhaps the omission of important variables that were not collected as part of the study.

Findings from the generalised linear model and the bootstrap analysis did not differ substantially from the ordinary least squares regression reported above and therefore these results are not presented.

Discussion

The considerable effort expended on collecting data from study participants was rewarded by a high response rate to the follow-up questionnaires that are reported in this chapter. In spite of a very low attrition rate (5% of the T1 sample) the statistical power of this type of analysis was inevitably limited by the relatively small sample size. As a result, the analysis that could be meaningfully undertaken was limited and should be seen as hypothesis generating, rather than explanatory.

In general, economics-focused schedules were well completed. The schedules were kept as brief as possible so that the response burden on study participants was minimised and the data collection process was enhanced. A small amount of cost data was omitted to keep the questionnaire length manageable, for example data on out-of-pocket expenses for the care leavers and their family to access services, but these costs are likely to be small relative to the costs of other support provided so their omission is unlikely to greatly influence the costs reported. A further limitation was the reliance on service user recall over a relatively long period of time (mean of 285 days).

The average cost of the total package of care was £418 for each young person per week. A wide range of statutory and non-statutory services supported the young people over the duration of this study and this has implications for multi-agency provision. On average, the young people had more contact with their leaving care worker than with any other social service.

The average hourly cost of activity of leaving care workers was £20 (SD=5). Netten & Curtis (2002) report comparable national unit costs for social workers of £19 per hour. Similarly, the average cost of (mainstream) social workers was calculated directly as £22 per hour (Biehal *et al.*, 2003). Based on the study results the average cost of leaving care worker support was £19 per young person per week.

Social service departments provided or funded the majority of the accommodation used by young people in the study, including supported accommodation and independent accommodation. Given that the unit cost of both these forms of accommodation was substantial, they had considerable impact on the costs expended by the SSD overall and were a significant proportion of the total cost of the whole care package received by the young people in the study.

Beyond SSD services, youth justice costs were the largest contributor to the total costs of support for the young people (6%). Although the large majority of youth justice costs related to the young person as perpetrator of the crime (97%), 24 young people reported being a victim of crime.

Some use of NHS hospital and community services was made. Over the follow-up period 18% of young people had at least one inpatient stay (length of stay: mean=5, days, SD=8). Twenty-seven young people had at least one outpatient attendance. Substantial use was made of maternity/obstetric hospital services including nine inpatient attendances, seven outpatient attendances and one accident and emergency attendance (12% of the young people, 22% of females). Five per cent of the young people were admitted to hospital following an overdose or other deliberate self-harm episode. On average, one in three young people visited their GP per month, which appears rather high. Over the follow-up period 63% of the young people visited their GP at least once (range 1-40). The GP consultations took place for a whole host of reasons and no one type of consultation was paramount.

Little use was made of formal education or education services mainly due to the small number of study participants who were still at school. *At some point* over the follow-up period, 48% of the young people were at college and 24% were participating on training courses, with 6% attending both but, as stated earlier, these were not included in the costing exercise. As reported in Chapter 4, the more detailed picture of college and training attendance was less optimistic with fragmented attendance being commonplace.

Economic evaluations typically compare the costs and outcomes of at least two interventions, however this was not possible here since the leaving care initiative was implemented nationally throughout England. Another way to analyse observational data is to conduct time series analysis (Shadish *et al.*, 2002) but this depends on obtaining at least three points of data collection and this was not possible within the research timeframe relating to the current study hence a cost-function analysis was adopted instead.

Based on the (multivariate) cost-function analysis results, the independent variables that were related to higher average (mean) cost of services included those young people who had had a higher number of placement moves, weak family support, those with mental health/emotional and behavioural difficulties and those who were

perceived not to have a disability. The strongest statistically significant associations were in the expected direction (placement moves, family support, mental health/emotional and behavioural difficulties).

The relationship of the disability variable to cost was not in the expected direction and had the lowest statistical significance of all four variables included in the cost-function analysis and therefore this result should be interpreted with particular caution. The sample size of those perceived to be young disabled people was small ($n=18$) and the disability variable was based on a broad interpretation of disability as perceived by the young people's care workers (as described in Appendix C). Further investigation of the data suggests that young people who were not disabled were much more likely to be living independently and therefore the average (mean) cost of independent accommodation for those who were not disabled was substantially higher than for young disabled people (£144, $SD=169$ vs. £17, $SD=53$; $p=0.000$) so this is likely to account for most of the cost difference. At the same time, young disabled people were not more likely to live in supported accommodation (a finding which is supported by the results reported in Chapter 3) but more likely to live in domestic accommodation. Indeed, the cost of supported accommodation was similar across the two groups (not disabled = £150, $SD=152$ vs disabled = £143, $SD=159$; $p=0.872$). In order to explore differences in costs across the non-disabled versus disabled groups, the total costs of services for both groups were compared without accommodation costs. Once accommodation costs were excluded from the total cost of care received per young person per week it was found that costs for disabled young people were higher than for people who were not classified as disabled (£129, $SD=153$ vs £71, $SD=107$, $p=0.147$).

The multivariate results suggest that it might be possible to reduce costs by improving the strength of family support of the care leavers. In terms of overall budgetary planning, the study results also suggest that a higher budget might be required to support those young people who are younger, on average, when leaving care, and those who have had a higher than average number of placement moves. As noted above, though, the cost-function analysis results should be interpreted with caution and the direction of causality cannot be implied.

Summary points

- The average cost per hour of leaving care worker time was £20 per hour
- A wide range of statutory and non-statutory sector services were used by the young people in this study
- The total package of support cost an average of £418 per young person per week
- The average time leaving care worker spent with the care leavers was 54 minutes per week and the average cost per week of leaving care worker support received was £19
- SSDs bore the largest proportion of the total costs of caring for the young people in the study through their provision and funding of both social services and accommodation
- Substantial youth justice costs were incurred which were similar in magnitude to SSD service costs excluding social services accommodation
- Higher costs were statistically significantly related to young people who had more placement moves, those young people who perceived that they had weak family support and those who had mental health/emotional and behavioural difficulties.

9 The New Context of Leaving Care: Legislation, Policy, Services and Resources

How young people fare when they leave care is shaped by a range of forces, including their personal histories prior to being looked after, the differing contexts of their care experience and by new relationships and experiences upon leaving care. Continuing support from social workers, carers, families and friends forms part of this tapestry. However, the support provided by leaving care services is also shaped by broader factors that affect the organisation and delivery of these services. It is with these wider influences that this chapter will be concerned. In particular, it will focus on the response made by our participating authorities to the challenges of the Children (Leaving Care) Act 2000 (CLCA) and the influence of this new legislative context on the overall shape of policies, procedures and services. In addition, it will provide a focus on service developments for particular groups of young people and in key resource areas, such as housing, education/employment and health.

Information will be drawn from a variety of sources, including key informant interviews, interviews with leaving care workers and analysis of relevant policy documents from the seven participating local authorities. This will be linked to the case material presented in previous chapters. Key informant interviews were undertaken with the service managers responsible for leaving care services in our authorities on two occasions, approximately 12 months and 18 months after implementation of the legislation in October 2001. Interviews were conducted with the team managers of the leaving care teams at the 12 months stage and, during the follow-up interviews; broader policy related questions were also asked of leaving care workers. The material therefore provides a broad cross section of views concerning the impact of the legislation and in relation to progress in key resource areas for leaving care services.

The findings presented here may not fully reflect the overall national picture. The sample authorities are fairly representative of different types of authority, including two counties, two London boroughs, two metropolitan districts and a single unitary city authority. However, they are unlikely to reflect the overall state of leaving care services. Although there were variations in the pre-Act service bases of these authorities, since the focus of our study was on learning more about 'what helps',

they were selected precisely because they had established leaving care teams prior to the new legislation. Indeed, in four of the authorities these services had been in existence for 10 or more years.¹ Reports that address the post CLCA state of leaving care services are only just beginning to emerge and these will be utilised to situate our findings in a broader context.²

The legislative context

Throughout the 1990s, the duties and powers contained in the leaving care provisions of the Children Act 1989 provided the legislative base for leaving care services. Although it provided a stimulus for the further development of services, including the growth of specialist teams, it did not prove sufficient to redress evidence concerning the relatively poor life chances of young people leaving care. While these developments were welcome, services developed unevenly and marked inconsistencies continued to exist (Biehal *et al.*, 1995; Department of Health, 1997; Broad, 1998). It was these inconsistencies that the Quality Protects Initiative (QP) and the CLCA were designed to address.

Launched in 1998, QP set a clear objective to local authorities with respect to young people leaving care aimed at promoting their social inclusion and additional central funds were made available to help them achieve this (Objective 5). Three areas were targeted – housing, participation in education, training and employment, and the requirement to stay in touch with young people to provide support and monitor outcomes. A range of performance indicators was devised to measure the progress of local authorities in meeting targets in these three areas for young people at the age of 19. Achievement of these objectives also dovetailed with others relating to looked after young people, especially those concerned with attachment and stability (Objective 1) and health and educational performance (Objective 4).

The CLCA is intended to bring about a major shift in the landscape of leaving care. Its purpose is to delay transitions, improve the preparation, planning and consistency

¹A recent survey of 52 leaving care projects undertaken since the implementation of the CLCA has pointed to a new phase in the growth of specialist services (Broad, 2003). Over one quarter (26%) of the projects surveyed had started after 2000 either in anticipation of or in response to the new legislation. The issues for schemes of this kind will not therefore be adequately reflected in our findings.

²Two reports, in particular, have recently become available. Broad's (2003) survey of 52 leaving care projects in England and Wales and an investigation by the National Children's Bureau into the implementation of the CLCA in eight London boroughs (Hai and Williams, 2004).

of support available to young people, and to strengthen arrangements for providing financial assistance. At its core are new duties to assess and meet needs, provide personal advisers and develop pathway planning for eligible, relevant and former relevant young people up to the age of 21 (or beyond if continuing in education). Pathway planning is understood to be a multi-agency task, co-ordinated by the personal adviser and subject to regular review. Regulations and guidance have spelt out the core areas of young people's lives that should be addressed through pathway planning (Department of Health, 2001a).

Although a period of 18 months is a relatively brief one in which to assess the influence of major legislation on service developments, the next sections of the chapter will consider the responses of our authorities to the challenges it has presented.

Implementing the CLCA

In the main, the Act has bedded in. It has changed the culture, the way social workers in particular think about their ongoing responsibility towards young people. It has begun to make an impact on discharge arrangements. So (although) we haven't eliminated crisis discharges, we have certainly eliminated the culture where people were thinking, well that is the end, and washing their hands of young people. That seems to be quite a considerable change in attitude, I think, across the Department. (Service Manager, Area 2, reflecting back on progress).

QP and the CLCA were intended to stimulate a change in culture and, amongst practitioners in leaving care in these authorities, it was keenly anticipated. In many respects, given the established nature of leaving care services in these authorities, most felt relatively well positioned to take advantage of the new opportunities it presented and advanced preparations were common:

We'd been working on ideas of how to make this work. We've had draft policies for as long as there have been drafts of the Leaving care Act. So there was nothing really there that came as a surprise. (Team manager, Area 1)

Making the legislation work has meant that all the leaving care services have undergone a degree of transformation in their structures, policies, procedures and in the way services are provided to young people. Much of this change has occurred over the course of the study and against a backcloth of wider patterns of reorganisation in child care services in these authorities. It has been a difficult and at times confusing process, especially with respect to the new eligibility criteria and a need to ensure that policies, procedures and financial arrangements were in line with these. In consequence, policy documents were drafted and re-drafted during the study period in light of experience, information exchange and further official guidance.

In overall terms, however, the CLCA (and QP before it) have been welcomed. There was a universal feeling amongst practitioners at all levels that it had helped to increase the profile of leaving care, provided a sharper focus to leaving care work and some additional leverage and resources to help improve the range and quality of services provided. Leaving care had been placed more firmly on the map and, as the above comment implies, it was becoming less easy for local authorities to abrogate their responsibilities as corporate parents. There were abiding concerns and difficulties, and these will be considered below, but the availability of protected funding in the early stages of implementation had been a critical factor in these positive developments.

Ring fenced funding

Additional funding associated with the CLCA was protected until March 2004. Negotiations within authorities to protect and secure these funds for leaving care work were sometimes protracted and some senior managers felt that clearer guidance about what it could or could not be spent on would have been helpful. Most, though not all, authorities felt these funds were sufficient to meet their requirements. These resources had been used to fund improvements to project accommodation and equipment and to increase social work and other support staff within the leaving care teams. They had also been used to fund more specialist posts – for example, linked Connexions posts, accommodation, health and employment specialists – and to make improved financial provision for young people attending higher education and to provide financial incentives for those in education or employment.

However, the degree to which these benefits accrued varied across the authorities and some serious concerns were expressed. In particular, two issues stood out. First, there was concern that some of these resources had been absorbed into services for looked after children. Local authority calculations had tended to include all services that contributed to leaving care – including preparation in foster and residential placements and the work of children's social work teams. Although, in the context of hard pressed services, this may have made sense from a local authority perspective, it had the effect of diverting funds away from care leavers. This had occurred to such an extent in one authority that staff at all levels were disillusioned and felt that no new money had been made available in reality to help them deliver their services. Second, there was considerable uncertainty about what would happen to the funding of services once the ring fenced budget ended. Would this come to be seen as a transitory golden moment for leaving care services or would a funding framework be put in place to safeguard these services and enable a continuing pattern of development? These concerns echo the findings from other recent work on the CLCA (Broad, 2003; Roberts Centre, 2003; Hai and Williams, 2004).

The impact on team structures

All the teams had undergone some expansion to meet their new responsibilities. The degree of expansion varied considerably, ranging from just two new social work staff in one authority to, at the other extreme, a need to integrate three separate teams of workers into one overall service. In this London borough (Area 3), a pre-existing but expanded leaving care team was, over the course of the study, merged with a new team of Connexions personal advisers and a specialist team working with former unaccompanied minors leaving care. Managing expansion on this scale is a challenging process requiring considerable adjustment and clarification of roles and working relationships. In a London context, this also tended to be combined with serious recruitment and retention problems that necessitated an over reliance on agency staff (see also Hai and Williams, 2004). Establishing a settled team and, by implication, service was therefore a major challenge.

The CLCA also directs attention to the development of more consistent services within and between authorities. Area 2, a large county, had previously lacked central co-ordination. It operated a dispersed specialist model of service delivery in which a mix of relatively autonomous in-house and voluntary sector projects delivered leaving

care services to specific local districts. A major task for this authority had therefore been to develop centralised policies, procedures and service standards that could ensure greater consistency of provision across the authority as a whole.

Surveys of leaving care services in the late 1990s pointed to the gradual emergence of multi-disciplinary teams (Broad, 1998; Stein and Wade, 2000). This has been encouraged by recent government initiatives and was evidenced by developments in these authorities. Only one authority had not used CLCA or QP funds to recruit specialist staff, preferring to link young people with external services, while the others had chosen to exploit this opportunity to varying degrees. These specialists, often holding their own generic caseloads and working alongside other case workers, could help to stimulate service developments in their specialist areas, such as housing, education and employment, health or group work.

Alongside these broadly positive developments leaving care workers often had continuing concerns about the overall resource and working environment. High caseloads and increased demand for services were often felt to be inconsistent with the new statutory responsibilities and increased paperwork associated with the legislation and tended to reduce direct contact time with young people. Lack of office space (or its inappropriateness for use by young people) and equipment (such as access to telephones and computers) were also sources of frustration that could reduce staff morale and efficiency and limit informal access to scheme services by young people.

Personal advisers

The role of personal advisers is pivotal to the CLCA. Personal advisers have responsibility for providing personal support to young people, for undertaking assessment and pathway planning and for co-ordinating the services and resources required to meet these plans. Guidance does not specify from where personal advisers should be drawn but does suggest that duplication should be avoided with other agencies adopting a similar role, such as Connexions (Department of Health, 2001a). Despite this role being a statutory requirement, Broad's (2003) survey of leaving care services (undertaken 12-18 months after implementation) suggested that only around 60% of young people had a designated personal adviser at that stage. Where they did, these were drawn from leaving care workers (65%), social workers (27%), Connexions staff (5%) and from other unspecified sources (3%).

Less variation was apparent for our authorities. In six of our authorities personal advisers had simply been drawn from the existing (and expanded) pool of leaving care workers. In general terms, this had permitted a relatively smooth transition, since the same workers were just adopting a subtly different role. In some instances, teams were re-designated as 'pathway' or '16 plus' teams, although many young people continued to refer to them as leaving care. Personal advisers also tended to adopt the Connexions brief and, in most cases, specialists from this service were bought in to provide further advice and support to staff and young people.

Only in one authority had a different solution been attempted. Here the personal adviser role was contracted out to the Connexions service and, over the course of the study, this team was gradually integrated with the leaving care team. Every young person (at least up to the age of 19) would have a leaving care worker and a personal adviser to help them adjust to independent living. Inevitably this involved a more complex series of adjustments as the respective roles required negotiation and clarification over time.

Contact levels in these authorities were good. At the follow-up interviews, virtually all of the young people (97%) were still in touch with a leaving care worker or personal adviser, some 10 to 18 months after leaving care, and for around three in five (61%) this contact was monthly or more frequent. From a worker perspective, in around three quarters of cases (74%) this continuing contact was considered to be 'planned and regular'.

There were inevitably teething troubles. New statutory responsibilities required a change in style of work that was not always welcome. Case responsibility tended to displace more informal or collective ways of working that had preceded it and could increase workers' anxiety and sense of responsibility. It is to be hoped that new ways of expressing this informality will be found, since this is valued by young people and was one of the strengths of leaving care schemes in the past (Biehal *et al.*, 1995; Department of Health, 1997). It was also recognised that personal advisers could not be experts in all fields and needed to rely on improved working relationships with other agencies to co-ordinate services effectively. Some concern was also expressed about the risk of duplication for particular groups of young people, especially those with physical or learning disabilities for whom other transitional and advisory arrangements also existed. The solution appeared to lie in careful

negotiation to see what added value 'leaving care' could provide without adding to young people's confusion:

There is a real danger that young people can become confused over where they should go for what...So part of the work we do is to look at what's already there for young people, try to make sure they're getting the best out of it and what we can add to it. (Team manager, Area 5).

Finally, the biggest headache appeared to relate to rolling out awareness of this new role (and its limits) to social work teams and care providers across the authority. Although most teams had some involvement in providing training, progress was slow:

The biggest problems I've experienced has been lack of knowledge from other agencies about what our role is as personal advisers under the legislation and misunderstandings from social workers about what our role is within the leaving care team, how that fits in with their role and how we can work together. (Leaving care worker, Area 7).

Changes in remit

Significant changes to the remit of the leaving care teams have taken place in response to new statutory responsibilities for looked after young people as well as for those who have left care and the requirement to formally stay in touch with young people who have left.

Case management

Historically leaving care teams have worked on an informal and voluntary basis with young people and provided additional specialist assistance to carers and child care social workers preparing young people for leaving care (Biehal *et al.*, 1995). This is beginning to change with the assumption of case management responsibilities. In a majority of our authorities (4) formal case transfer arrangements had been put in place for young people approaching the age of 16. Referrals at this stage triggered allocation of a personal adviser, a joint assessment in tandem with the young person's social worker, preparation of an initial pathway plan, and then formal transfer. At this point the social worker tended to withdraw. In response to the

CLCA, this appears to be a pattern that is emerging more widely (Broad, 2003; Hai and Williams, 2004). In our other authorities, joint working arrangements tended to continue until the young person formally left care. Only at this stage did the personal adviser take case responsibility.

Assuming case responsibility for looked after young people was a major change for existing leaving care workers. In many respects, this had advantages. Teams tended to be more aware of all eligible young people and this was helped by improved management information systems. Referral and assessment procedures were more streamlined, although still dependent on co-operation from social work teams. Case responsibility also improved workers ability to respond directly to needs, without the need for lengthy liaison and negotiation. In other respects, it had inevitably brought changes to traditional styles of work. The combined social work and befriending roles were more complex. Informality and flexibility were less easily managed in a statutory context. Young people tended to have less choice about who they worked with or how they used the service and, especially where they had a strong bond with a social worker, case transfer could involve some loss of continuity for them. From a social work perspective, however, the balance sheet was broadly positive:

It was something they (the team) thought about, because they are bankers now as well as having other statutory duties. So they are fulfilling quite a few roles...and it would change the dynamics of the relationship with young people quite a bit. But looking at it as an overall package, I think it's the best way forward in terms of consistency and equity. (Service manager, Area 1)

Staying in touch

Earlier research identified a discrete tendency for professional support to fall away soon after young people left care (Biehal *et al.*, 1992; Garnett, 1992). The CLCA requires contact to continue at least to the age of 21, as a basis for pathway planning, and local authorities have to report on contact levels at age 19 as part of the performance indicators associated with QP. Contact levels now appear quite high, currently standing at 81% nationally (Department for Education and Skills, 2003). There is little doubt that QP reporting requirements have been influential in improving post care contact and the development of information systems to permit

this. While this was the case in our authorities, it was not the most important factor nor was maintaining links with young people always straightforward.

Most of these authorities had set up databases to track young people, monitor their progress and report on QP targets. A variety of strategies were employed to maintain links, including regular visits, phone calls, letters, newsletters and meetings. These were generally viewed as a feature of good practice. Most teams had traditionally provided services up to 21, although not all young people accessed these. Pathway planning requirements also provided an extra incentive, especially for those aged 19 or over who may not previously have received an allocated keyworker service. Most young people were happy to comply and valued their engagement with the service. However, there were ethical objections to the compulsion involved, especially for older young people – ‘at what point do young people have a right not to be in touch?’

Concerns were expressed in relation to two groups of young people and for different reasons. First, there were those who were doing well, perhaps going on to higher education, who appreciated the past support they had received but now wanted to get on with their own lives. For some of these young people, losing touch could be positive. Second, there were quite ‘high risk’ young people, perhaps offending or involved in substance misuse, who were disaffected and rejected further contact. In these circumstances tracking could be a particularly sensitive and, at times, intrusive process and could not always be maintained successfully.

However these concerns, legitimate as they are, do need to be balanced against the sense of abandonment many young people have felt in the past and the poor life chances that were associated with this. Maintaining contact can involve a light touch, perhaps texting, letter writing or a regular phone call. As many practitioners realised, staying in touch does also leave the door open for future support – even for those who had returned to the family home and were no longer directly eligible to receive a service. Young people may change their minds, indeed often do, and may later appreciate a safe avenue of return.

Assessment and planning

The crux of the CLCA is to improve the quality and consistency of assessment and planning for young people leaving care. Whether or not young people continue to be

accommodated, every young person should have a comprehensive assessment, an allocated personal adviser and a pathway plan as soon as practicable after they reach 16. Pathway planning should identify immediate needs and look forward to a longer-term future beyond care. These plans should be continually monitored and regularly reviewed up to the age of 21 (or beyond if in education). Planning is envisaged as a multi-agency activity, co-ordinated by the personal adviser, and needs to cover all the core areas of young people's lives (Department of Health, 2001a).

In Chapter 2, we identified that, at least from the perspective of workers, most young people had received a reasonably thorough assessment of their needs prior to leaving care and that a majority (68%) had taken part in a leaving care review.³ However, timescales for leaving care planning were often short – around three quarters of reviews (76%) being held eight weeks or less before moving on. This does suggest a lack of forward planning that the new requirements should help to address.

Recent evidence points to some delays in implementing pathway planning. Broad's (2003) survey found that only 70% of eligible, relevant and former relevant young people were thought to have plans in place some 12-18 months after implementation of the CLCA. Evidence from this study also points to differences in the perceptions of young people and workers. At the follow-up interviews, leaving care workers reported that 88% of young people in the sample had pathway plans, although young people were less certain. Over one half (57%) reported having a plan, more than one quarter (27%) had no recollection of one and 16% were unsure either way. Furthermore, only a very small proportion of the young people (21%) recalled having received a copy of their plan.⁴ At the very least these discrepancies suggest that, for some young people, their engagement with the pathway planning process had not been especially memorable. This was also the case for some young people who were aware they had copies of their plan – 'It wouldn't have made any difference if I hadn't done it'. However, where young people were aware, they were much more likely to say that they had found it a helpful and rewarding process.

³Recruitment of our sample bridges the implementation of the new Act. Assessment and planning for leaving care for some young people was therefore undertaken under the old Children Act 1989 arrangements, which included provision for formal leaving care reviews.

⁴Seventy per cent of young people said they had not received a copy of their plan and 10% were uncertain.

Despite these difficulties, most managers and practitioners viewed the new assessment and planning arrangements positively. Although planning arrangements had existed prior to the CLCA in these authorities, it was generally felt that the statutory element was helping to promote greater consistency and equity. There was some acknowledgement that past systems had tended to be looser, less co-ordinated and not always applied equally to all young people. Pathway planning also promoted forward thinking; a sharper focus on all key areas of young people's lives and encouraged multi-agency working. It also tended to engender greater accountability for the work to be undertaken and transparency for young people, enabling them to express dissatisfaction if services were not provided as promised.

The requirement for six monthly planning reviews was also thought helpful and, in some authorities, provision of allocated worker support past 19 was a new development. Reviews helped to ensure that the needs of young people who were doing well and not in crisis were not forgotten, thereby encouraging more sustained and proactive support. Reviews could also be more informal and young person centred and therefore preferable to the formalities of reviewing in the looked after system, although engaging young people once they had left care could be problematic:

What I have found is that young people much prefer to be in a pathway plan meeting than to be in a review, just because there is less formality. (Service manager, Area 3)

It's easier to do pathway planning when they are being looked after. Once they cease to be looked after it's harder...because obviously they feel like they have gone past having meetings...but we're still managing to do it. (Leaving care worker, Area 1)

However, carrying out pathway planning was not easy. A number of technical, resource and workload issues were raised. Increased paperwork and tight timescales for completing plans meant that many practitioners were still trying to catch up with the backlog of cases. Although the new assessment framework provided a more structured approach to identifying needs, meeting them was dependent on the availability of resources in an environment where these were often

over-stretched. The format of pathway plans was also a worry for some practitioners. A better balance needed to be struck between versions that were overly bureaucratic and not user friendly and, where local authorities had devised their own formats, those that were too simplistic and talked down to young people. Finally, especially in authorities that did not transfer case responsibility at 16, there was a recognised need to integrate pathway and looked after planning requirements to reduce duplication and confusion surrounding these parallel systems.⁵

Broader concerns were also raised. The introduction of pathway planning at such an early age, although necessary to reduce drift, could be unsettling for young people who were established and comfortable in their placements. It forced upon them a pattern of forward thinking not common amongst young people of their age. Tact, timing and sensitivity were therefore crucial. There was a strong feeling that planning should not be rigidly age led and should take proper account of individual circumstances. For example, some aspects of the plans (such as housing) may not be immediately relevant and could be revisited at a more appropriate time and stressful periods (such as examinations) should be avoided. Overall, practitioners found it hard to engage young people in forward planning. Most lived their lives on a day-to-day basis and getting them to think into the future was difficult.

Engaging young people, especially those who had become disillusioned with the care system, was seen as the key difficulty. The compulsion on young people to buy into pathway planning could also clash with the young person centred philosophy of teams:

Actually these young people are adults and there's not an awful lot of scope in the Act for letting these young people decide whether they want a pathway plan and personal adviser. They've got to have one regardless and you as the authority are going to be seen as failing if you're not providing this. (Team manager, Area 4)

Plans were fragile documents, easily disrupted by the chaotic events that could affect young people's lives. In these circumstances, the watchwords appeared to be participation, negotiation, flexibility and compromise: 'we just carry on and keep

⁵See also Hai and Williams (2004) on the need for an integrated approach.

amending it; a lot of it's like that...it's very difficult for them'. Much appeared to depend on how pathway planning was sold to young people and on the degree to which they felt the content was of immediate relevance to their lives. It is therefore likely that where practitioners are sceptical of the value of pathway plans, and some did view it as just another bureaucratic exercise, the chances of successful engagement will be lower. Where, however, it is employed as part of a dynamic relationship building process it may prove helpful and, perhaps, help to give young people a stronger sense of control over their own futures.

Financial assistance

The CLCA introduced new financial arrangements for young people aged 16 or 17 who are looked after or leaving care. To encourage local authorities to continue to act as corporate parents and reduce incentives for early discharge, it required them to take financial responsibility for these young people by meeting living costs, providing personal allowances and other expenses associated with meeting pathway plans.⁶ The new arrangements were also intended to remove the financial hardship that was often caused by the lottery of the benefits system and to make financial assistance more accessible and consistent.

Early evidence suggests that these arrangements have been largely positive and have led to more consistent and transparent systems for providing payments to young people (Broad, 2003; Roberts Centre, 2003). Continuing concerns centre on the relatively low level of personal allowances (mostly pegged at minimum benefits levels) and on the need for further guidance on what exactly unaccompanied minors are entitled to receive (Hai and Williams, 2004). In Chapter 4, we identified the range of financial assistance available to young people in our sample (including income maintenance, leaving care grants and a range of financial incentives and top ups) and suggested that young people tended to appreciate the clarity of these arrangements and the potential for an immediate response to their needs. However, many continued to struggle financially. Although almost all (95%) had received some financial help, almost one third (30%) felt they were not coping well at follow-up.

⁶With the exception of young disabled people and young parents, all young people in and leaving care in this age group were disqualified from access to housing benefit, income support or job seekers allowance. Expenditure in these areas was pooled with the ring-fenced grant to provide resources for meeting this new role. Young people are still eligible to claim training allowances, education grants and so on and may claim benefits upon reaching 18.

After early teething troubles, most practitioners at all levels felt the new arrangements were working well. Payment systems had been simplified, were more transparent and equitable and were available by right to older young people (in education or work) who may previously have missed out. Concerns were expressed about young people's loss of benefit entitlements but this was counterbalanced by the merits of greater financial control. There was greater flexibility to respond immediately to needs and young people were less likely to fall through the old benefits net. In these respects, the new arrangements were meeting the objectives set for them:

Some young people didn't have the skills to access finances and know where to go and those were young people who could have been left without. Now the Act says your authority is responsible, it must provide. So I think young people should not be left destitute in the same way. (Team manager, Area 6)

Cash payments could also be used to maintain contact with young people who otherwise may not have been willing to engage or co-operate in pathway planning – '*if you go in with their money they are generally going to see you*' (Leaving care worker, Area 1). However, this also caused concerns. The controls on young people tended to increase their dependency on social services, workers were more subject to manipulative pressure and handling quite large sums of cash could place staff or young people at some risk. In consequence, payments were made through BACS systems wherever possible. New financial responsibilities were also in tension with the traditional, more informal befriending role that leaving care workers had previously adopted, although not all managers were sympathetic to the dilemmas this could create:

It's like you've moved back into the parenting role...We used to do a lot of positive stuff with young people, but now we're constantly saying no. We've become social services again. (Leaving care worker, Area 5)

To be honest, I'm not very sympathetic to people who say you can't get into financial arrangements because it interferes with the caring, supportive role...I think you have to try and model it on parenting. Parents have to say no sometimes...It's part of helping young people to be realistic about their lives and futures. (Service manager, Area 4)

With respect to financial assistance, some practitioners were also worried about the possible emergence of a two-tier service. Some groups of young people tended to be excluded from the new arrangements and, while they could usually return for financial help if their circumstances changed, were likely to be disadvantaged relative to others.⁷ Furthermore, although these authorities tended to have some arrangements in place to support young people in higher education, there was evidence of a funding gap for young people aged 18 or 19 wanting to return to further education. These young people were often ineligible for income support or housing benefit and yet social services funding packages were less likely to be available to them.

Finally there was some concern that personal allowances, which were usually set at benefit levels and available as of right, could act as a disincentive for young people to engage in work or training:

It's good that this (the personal allowance) can't be reduced; they have their money...But you have to work hard to try to ensure that somebody who doesn't want to attend college, who doesn't want to work, doesn't just stay in bed all day for their £42.70 because they know it's not going to be reduced or stopped. (Team manager, Area 1)

Working hard to make opportunities look appealing, persuading young people to build for the future and providing financial incentives for participation in education, training or work were important strategies in this regard. Most incentive schemes provided an additional weekly top up of £10-20 and met young people's related expenses - including travel, child care, clothing and so on. It may be that the level of incentive payments could be looked at to make the distinction between work and non-work income greater and the benefits of participation more attractive.

⁷Groups mentioned included those who returned to the parental home (after six months stay), 'qualifying' young people (who did not meet the eligibility criteria for the CLCA), those who had used respite care and, in some instances, those remanded to care. These young people continued to be assisted under Section 24 of the Children Act 1989, but this assistance was usually less, more discretionary and tended to exclude incentives payments.

General and targeted team services

Case management responsibilities had led to greater formality in service provision and, in all our authorities, individual casework constituted the bedrock service. However, young people also tend to value more informal access to leaving care support and, in most authorities, additional services and opportunities for involvement were also provided. All offered access to drop in or duty services, although only one authority made this available on a 24 hour basis through an on-call system.

Most teams also provided some group work. The logistics of doing this in rural areas were often difficult and teams tried to resolve this by either providing transport or devolving services to local districts on a rota basis. The range of groups included: independent living skills; specific groups for young parents, young men and women; social, recreational and sports groups; employment groups; and groups associated with music, arts and theatre. Groups often met with mixed success, some proved enduringly popular while others petered out as young people failed to sustain interest. Those young people hardest to engage were the least likely to participate. One team had appointed a specialist worker to promote participation and develop group work and it was no surprise to find that this authority had the broadest range of group-based activities. Another team had also developed a peer mentoring scheme, employing care experienced young people to work alongside other young people preparing to leave care.

Some teams appeared to invest more than others in promoting user involvement. It was felt that enhanced involvement helped young people to stay in touch, helped to develop practical and interpersonal skills, built young people's confidence and helped to provide reliable feedback on the range and quality of services. Some had established user committees to provide for this and some young people were also involved in presentations about leaving care, in staff recruitment and in preparing regular newsletters. In general terms, strategies to evaluate the quality of services were under-developed (see also Biehal *et al.*, 1995). Although all authorities were required to report on QP performance indicators, these reveal little about service quality. Some teams undertook exit interviews or had service evaluation forms for young people to complete. However, strategies that involve young people more fully in the development and review of services are only likely to enhance their overall quality.

Targeted services may also be needed to meet the needs of specific groups of young people. The following sections will review our findings and consider local authority responses in relation to three broad groups who may face additional barriers when leaving care – young UK citizens from minority ethnic backgrounds, asylum seekers and young disabled people.

Young people from minority ethnic backgrounds

Amongst young people in the sample born or brought up in the UK, only 15 were from minority ethnic backgrounds and two thirds were in the care of our two London boroughs. Given this small number, our findings should be treated with caution. With this caveat in mind, there appeared to be few significant differences in their experiences when compared to those of white UK citizens.⁸ There were no discernible differences in the pattern of their care careers, in the manner or timing of leaving care, in their outcomes at follow-up nor in the support available to them from professionals, family or friends. Leaving care therefore seems to be a fairly consistent experience and there appear to be more similarities than differences in the experience of young people from different cultural backgrounds (see also Hai and Williams, 2004). More focused studies with larger comparative samples may, however, reveal greater divergence.

In general terms, these young people did not feel distanced or isolated from their own communities. Most had developed positive links, where they wanted them, and felt quite comfortable with their identities – ‘a young black girl...there's no problem with that, I know who I am.’ Some young people valued highly friendship with others who shared a similar cultural background. Most, however, based their friendships on shared interests and understandings irrespective of race and culture:

I just have friends, that's all. It doesn't matter to me what colour they are. I just know they are my friends.

There's no difference. It's just who you associate with when you are in school...Just as long as we get along and we've got similarities.

⁸As indicated in Chapter 2, 75% of the young people defined themselves as white, 9% as being of mixed heritage, 5% as Black and 1% as being of Asian origin. We acknowledge that grouping these young people together for statistical purposes only provides a crude approximation of ethnic origin and is likely to obscure cultural and experiential differences that may exist for young people from different ethnic groups. However, the overall numbers precluded more detailed analysis.

The value of shared cultural and linguistic heritage could be more important to young people who had arrived as unaccompanied children, although this was not always the case. The difficulties of adjusting to life in the UK could be relieved by contact with others from their homeland:

*It's very nice because we speak the same language...we eat the same food...
It's nice talking to someone who understands what you are saying.*

Although UK citizens from minority ethnic communities are at considerable risk of experiencing racism and discrimination, the interviews did not reveal evidence of different patterns of treatment. While the experience of racism was a common occurrence, young people did not suggest that they had been treated differently by staff or carers as a result of their ethnic origin while they were looked after and seemed no less likely to be satisfied with the leaving care services they had received. In general, our authorities did not provide specific services or groups to meet any particular or additional needs these young people may have had. However, the staff teams in the two London boroughs were ethnically diverse (a factor appreciated by young people) and their needs were provided for as part of an integrated generic service. The young people generally appeared satisfied with this approach.

Unaccompanied asylum seeking young people

Work with unaccompanied asylum seeking and refugee young people has become a significant feature of leaving care work in some local authorities (Kidane, 2002; Broad, 2003). Recent national estimates suggest that around 700 former unaccompanied children left care in 2002-2003, the majority being male, and that they accounted for around 7% of all care leavers (Department for Education and Skills, 2003). However, the majority are based in London and the South East (BAAF/Refugee Council, 2001) and, in one of our London authorities, reportedly accounted for around 47% of the leaving care caseload.

Twelve young people in our sample had originally arrived in the UK as unaccompanied children and all were resident in our two London boroughs.⁹ In Chapter 2 we identified some expected differences in their care careers when compared to other young people in the sample. They were more likely to have last

⁹Given the sample size, a similar caution should be exercised in relation to the findings that follow. To allow for this, Fisher's Exact tests were used for all tests of association.

entered care at an older age, to have stayed for a shorter time and, although not statistically significant, appeared more likely to have had a last placement in residential care. They were less likely to exhibit troublesome behaviours while they were looked after and were much less likely to have involvement in offending at either baseline or follow-up.¹⁰

Upon leaving care they were significantly more likely than other young people to be placed in supported accommodation ($p<0.001$; $n=106$) and to be in this type of accommodation at follow-up; mostly in shared housing with floating support ($p<0.001$; $n=101$).¹¹ When compared to other young people, however, there were no significant differences in the number of moves made over the follow-up period or in overall housing outcome.¹² This suggests that there were variations in the suitability of this type of accommodation and in young people's coping skills. Indeed, some workers were critical of the support packages provided by some landlords in the private sector. Without adequate support, the accommodation was less likely to be considered suitable. In other respects, outcomes for unaccompanied young people were broadly similar to those for the rest of the sample, although it was not surprising to find that they lacked family support ($p=0.001$; $n=101$).

Recent national data suggests that unaccompanied young people are more likely than other care leavers to continue in education after leaving care. For the year 2002-2003, 50% of former unaccompanied minors were in education on reaching their 19th birthday compared to 21% of all care leavers and 10% were in higher education compared to just 6% of their peers (DfES, 2003). Although not reaching the threshold for statistical significance, a similar pattern was evident in our sample – 58% of these young people were in full time education at follow-up compared to 17% of their peers.

¹⁰With respect to behaviour issues while looked after, significance levels were as follows: running away ($p=0.01$; $n=101$); offences ($p=0.05$; $n=101$); school exclusion ($p=0.02$; $n=100$); although similar patterns were apparent for truancy and substance misuse, these did not prove significant. With respect to offences at baseline ($p<0.01$; $n=106$) and at follow-up ($p=0.02$; $n=101$).

¹¹Ten young people were living in supported semi-independent accommodation at baseline, mostly shared housing with floating support, and 2 were living with carers. At follow-up, all were living in supported housing.

¹²Our measure of housing outcome was defined in Chapter 3 and combined assessments by young people and workers of the suitability of the accommodation and the young person's ability to manage.

Most practitioners felt that unaccompanied young people tended generally to fare quite well and that they tended to be responsible and well motivated, especially with regard to education. Approaches to meeting their needs differed in the two London boroughs. In one, services for these young people were integrated into the overall leaving care service while, in the other, a specialist team of workers were recruited to work with them. In part, this reorganisation stemmed from recognition of poor past practice for this group of young people. They had been less likely to access leaving care services and, given the lower level of special grant awarded to local authorities for unaccompanied young people aged 16 or 17, had tended to be moved on early.

There was also continuing concern expressed in relation to those aged 16 or 17 at referral, who were assisted under Section 17 of the Children Act 1989 and who, in consequence, often bypassed the requirements of the CLCA altogether even though their needs were very similar. Amendments to the use of Section 17 funds for children and families in need under the Adoption and Children Act 2002 and subsequent guidance provided by the Department of Health (LAC{2003}13), may help to bring about some change in social work practice and greater use of Section 20 placements for this older age group. As looked after children they would then become eligible for leaving care services under the CLCA.

In general terms eligible, relevant and former relevant young people had equal access to the full range of leaving care services, although language barriers could make their involvement in informal and group services more difficult. However, their immigration status did limit the options and opportunities available to them in some important respects. Ten of these young people had been granted *exceptional leave to remain*, usually until they were 18, and only two young people had *indefinite leave to remain* and the citizenship rights that went with this status. Access to housing and college courses could be restricted. Permanent tenancies were not available to young people unless their citizenship status was resolved, perhaps helping to explain the heavy use of transitional supported housing for this group, and colleges were sometimes reluctant to recruit young people if their ability to complete a course was uncertain.

As young people approached 18, feelings of emotional stress and uncertainty increased. Young people were often in limbo, lacking basic control over the course of their lives:

It's a time when their immigration is often due to expire. There's the possibility that they'll be sent back home and all the issues that brings about. It's a very emotional time for some young people, in addition to the everyday emotions they go through. (Team manager, Area 3)

Status issues frustrated young people and restricted basic freedoms most take for granted:

There's a lot of things now. It means I can't travel unless I go to court and they say I can travel, which is a lot for me. I had to miss out on a school trip for that reason. (Young person, Area 4)

Managing the asylum process and liaising with solicitors, the Home Office, the National Asylum Support Service (NASS) and refugee advice agencies was resource intensive for practitioners and was additional to all the other common leaving care needs that had to be met. Some workers had built links with specialist agencies to offer access to advice, support and counselling in response to the past and continuing emotional distress that young people had often experienced. Some young people, however, expressed a clear frustration at the inadequacy of the support they had received and at the inability of social workers to help them resolve their immigration status.

Working with uncertainty was therefore a common feature of social work practice. Practitioners found themselves working in the space between two powerful and inherently contradictory forces. On the one hand, the thrust of the CLCA is on social inclusion and forward planning for young people leaving care. On the other, immigration policies (and the populist discourses that feed them) tend to be socially exclusive. In such circumstances, sound pathway planning was extremely difficult and practitioners tended to operate with a number of contingencies that allowed for different possible outcomes to young people's asylum applications, including a real (and apparently growing) possibility of deportation:

An increasing trend that we've noticed here is young people only being given leave to remain until 18...and then they can't apply for an extension until a month before their 18th birthday. So we're working with them on needs

assessment and pathway planning and what they're going to do when they're 18. But actually they don't know if they're going to be deported. It's very difficult working in that kind of environment. (Team manager, Area 4)

Young disabled people

Disabled children and young people are over-represented amongst those living away from home for significant periods of time. Up to one quarter of young people looked after by local authorities may be disabled 'in some way' (Department of Health, 1999). Until recently, their experiences of leaving care had been relatively neglected (NFCA, 2000; Rabiee *et al.*, 2001). Considerable concern has been expressed about limitations in preparation and transition planning for these young people often leading to abrupt or unduly delayed transitions, about the restricted opportunities for 'independent' living that are often available and limitations in joint planning arrangements between children's and adult services. There is also concern that a significant proportion of young disabled people may bypass the CLCA altogether, perhaps especially those making repeated use of respite care and those in 'education' or 'health' placements on a 52 week basis (Priestley *et al.*, 2003).

Eighteen young people in our sample were assessed by their workers as having a physical, sensory or learning impairment - amounting to 17% of the sample.¹³ Findings on the experiences of this group are complicated, however, by the fact that almost three quarters of young disabled people (72%) were also assessed by their workers as having emotional or behavioural difficulties ($p=0.01$; $n=101$).¹⁴ It is important to bear this in mind, in addition to the small numbers involved, when interpreting these findings.

No significant differences were apparent in the pattern of care careers of young disabled people when compared to those assessed as not having a disability.

¹³These findings are more likely to apply to young people labelled as having 'mild' or 'moderate' physical or learning disabilities. As we shall see, young people with more severe disabilities were rarely referred to leaving care teams, the route by which our sample was recruited.

¹⁴In Chapter 2, we indicated that 42% of the sample was assessed by workers as having emotional or behavioural difficulties. This larger group therefore contains some young people who also had a physical, sensory or learning disability. The statistical findings on outcomes at follow-up were similar for both groups, in some important respects, and it is therefore difficult to disentangle whether significant associations relate primarily to 'disability' or to young people's presumed emotional/behavioural difficulties. Sample size considerations prevented us breaking down the 'disabled group' into smaller units for analysis.

However, young disabled people were marginally more likely to leave care at an earlier age ($p=0.07$; $n=106$) – 61% left at 16 years of age compared to 39% of non-disabled young people. Having done so, they were no more likely than other young people to move into supported accommodation nor to be in such accommodation at follow-up. If these findings were replicated across a larger sample it would be disconcerting, given the additional support needs these young people are likely to have. Furthermore, young disabled people were significantly less likely to feel well prepared for leaving care at the point of moving on ($p<0.01$; $n=105$). Only 6% felt 'very well' prepared for leaving compared to 39% of non-disabled young people.¹⁵

At follow-up, young disabled people were faring less well in independent living in some important respects. From a worker perspective, they were viewed as having weaker life and social skills ($p<0.01$; $n=99$). Only 6% were thought to have 'strong' skills compared to 33% of non-disabled young people. Linked to this, they were more likely to have a poor housing outcome at follow-up ($p<0.01$; $n=101$). Although in some instances this was due to an assessment that the accommodation was unsuitable for their needs ($p=0.07$; $n=101$), a stronger association existed in relation to young people's coping skills ($p=0.004$; $n=101$). Around three in five (61%) were struggling to manage in their homes successfully compared to just one quarter (24%) of non-disabled young people. In all other respects, outcomes for these young people were similar to those for other young people.

Despite these difficulties, there was little evidence that these young people received additional compensatory support. Young disabled people were no more likely than other young people to receive preparation or transition planning packages of higher intensity. Although there was some evidence that they had more frequent contact with leaving care workers and other professionals over the follow-up period, these patterns were not significantly different to those for other young people.¹⁶

Disabled care leavers may follow different transitional pathways from those of their non-disabled peers and transition planning can be much more complicated (see Rabiee *et al.*, 2001). Leaving care preparation and planning may overlap with requirements relating to education, disability and health legislation for these young

¹⁵These findings appear distinctive to young disabled people and did not apply significantly to those with emotional/behavioural difficulties only. In relation to the latter group: feeling prepared for leaving ($p=0.94$); age at leaving ($p=0.7$).

¹⁶Significance levels for post care contact were as follows: contact with leaving care worker ($p=0.11$); social workers ($p=0.25$); all professionals ($p=0.12$).

people. In all of our participating authorities young people with more severe disabilities were rarely referred to the leaving care service. Where young people reached the threshold to make a transition from children's to adult services, the added value that could be provided by leaving care teams was more uncertain:

They have a transition path from children's services through to adult services and, in terms of what the leaving care team can actually add to that in a constructive way, there's not a great role for us. (Team manager, Area 5)

In general terms this involved an advice, consultancy and liaison role to ensure that young people's entitlements under the CLCA were not lost. There was some acknowledgement that working relationships between leaving care teams, specialist children's teams and adult services tended to lack co-ordination and of knowledge gaps on all sides. Leaving care workers were often uncertain about the support they could realistically provide and specialist services tended to lack awareness of CLCA requirements. Consistent with other recent findings, it is likely that a more integrated approach to assessment and pathway planning and the development of joint training initiatives could aid the development of more rational, equitable services and help to ensure that young disabled people do not miss out (Priestley *et al.*, 2003; Hai and Williams, 2004).

Young disabled people who attempt the transition to independent living may, in some respects, be more vulnerable. As our findings have suggested, they tend to do so at an early age, often feeling ill prepared and may continue to struggle after they leave:

*Ironically, it is often those young disabled people who are most able to 'cope' in the mainstream, who face the greatest uncertainty in their transition to adulthood. (Priestley *et al.*, 2003, p. 886)*

The vulnerability of this group of young people and the resource implications of supporting them was evident in the comments of some practitioners:

That whole group of young people who you wouldn't define as having a severe disability, who nevertheless are not going to cope, are the group which

will most severely test the aftercare service. For this group, once the social worker backs away, it's left to the leaving care team, often in a situation where the young person is really struggling. (Service manager, Area 2)

Our findings suggest that developing young people's ability to 'cope' is closely linked to improving the preparation they receive for adult life while they are looked after, delaying their transition from care until they feel ready to leave, providing more supported accommodation options for them to move on to and longer term support packages of sufficient intensity to enable them to more successfully manage their lives in the community. Although there were examples of the development of specialist supported accommodation with move on arrangements for young people with learning disabilities, these were insufficient to meet overall needs and further partnerships with housing providers were needed.

Guidance to the CLCA stresses that local authorities have a responsibility to help young disabled people to achieve their full potential and recognises the disabling barriers and low expectations that often limit their opportunities (Department of Health, 2001a). The dominant model of 'independence' constitutes a major barrier for many young people. Some young people may never achieve independence in these terms, nor does it reflect how most of us live our lives. Some young disabled people may always need help to manage successfully in the community and, for them, achievement of greater independence may be enhanced if assessments are based less on what they can do by themselves and more on their ability to exercise choice and control over how things are done and over the kinds of support they need (Morris, 1997; Priestley *et al.*, 2003). Tackling these low expectations will require longer term monitoring and evaluation of the CLCA to be informed by a critical disability perspective.

Wider resource developments

Indirect services provided by leaving care teams also influence the choices and opportunities available to young people and through this may help to shape later outcomes. This chapter will close with a brief look at issues associated with the development of wider resources to meet differing types and levels of need. It will focus on three critical resource areas – housing, education and employment and health.

Housing resources

Care leavers face a heightened risk of movement and homelessness (Biehal and Wade, 1999; Pinkerton and McCrea, 1999; Dixon and Stein, 2002). Their vulnerability has been acknowledged in recent guidance and legislation, including the Homelessness Act 2002, QP and the CLCA. Taken together, these prioritise the housing needs of care leavers, stress the importance of joint planning and assessment arrangements between social services and housing providers, the need to provide flexible individual solutions to young people's diverse housing needs and to make contingency plans in case things go wrong. The development of a range of safe and affordable accommodation options is needed to meet differing levels of support need and to provide realistic choices.

For specialist leaving care services generally, housing is both an area of considerable achievement and of continuing frustration with respect to factors associated with the supply, quality and location of accommodation available (Biehal *et al.*, 1995; Broad, 1998; Stein and Wade, 2000). Recent national data for 2002-2003 suggests that, in the estimation of local councils, 93% of young people were placed in suitable accommodation at their 19th birthday (Department for Education and Skills 2003a). This may be rather optimistic. Broad's (2003) survey of leaving care projects pointed to continuing variation between local authorities and our assessment of suitability, based on both young people's and workers views, identified that just over one quarter of young people in our sample (26%) were living in homes that were considered unsuitable to their needs at follow-up.¹⁷ Nonetheless, overall progress is encouraging.

Encouraging findings were also presented in Chapters 3 and 7. At follow-up, over one half of young people (56%) were considered to have a good housing outcome and almost one third (31%) a fair outcome. Housing was identified as perhaps the most critical arena for leaving care services and as one in which post care intervention can make a tangible and positive difference. How young people fared in housing was not greatly pre-determined by past events in their lives, for example by the pattern of their care careers, and was much more closely associated with events after leaving care.

¹⁷Our measure of suitability combined two elements: whether young people liked where they lived and whether workers felt it suitable to their needs at the time. If young people did not like their accommodation 'at all' or if workers felt it unsuitable, the overall assessment was negative.

Although there were different levels of accommodation resources in our participating authorities, all had invested in this area, some over many years. In some instances, ring fenced money linked to the CLCA or funds from Supporting People had been used to recruit specialist accommodation workers or teams linked to the service and, in one instance, to create a housing advice drop in service for young people. All were trying to expand the range of independent tenancies and supported accommodation options available – including supported lodgings, hostels and foyers, training flats and floating support schemes. Most also had policies to permit young people to stay on with carers beyond 18, even if only for a relatively short period of time. In part, these options were needed to reduce reliance on bed and breakfast accommodation in emergencies and on the private rented sector, which was both expensive and of variable quality. However, in the London boroughs this sector was being exploited to provide flats with floating support, but with mixed success as some practitioners felt the support on offer was sometimes of poor quality. To facilitate these developments and make access more equitable, some councils had negotiated authority wide protocols with housing providers, established nomination rights or quotas for care leavers with housing projects, or established multi-agency accommodation panels.

However, considerable difficulties remained. The supply of accommodation, especially from councils and housing associations, was often insufficient and in some areas these pressures had increased, linked to rising youth homelessness or changes in local housing policies. This could mean that young people received only one offer with no room for mistakes or that, in county authorities, young people had to move areas to find vacant accommodation. Housing allocation policies also varied considerably within and between authorities, sometimes irrespective of agreed protocols. In some areas, young people were able to access council or housing association tenancies under licence at 16 or 17 with an agreed support package, while, at the other extreme, some housing districts refused to provide tenancies to young people before the age of 25. Where, despite existing legislation and guidance, housing departments failed to act in a corporate manner or particular districts continued to act in a discretionary way, it had serious implications for leaving care planning:

I think it's a really big concern at the moment, because the leaving care team are working with these young people to get an assessment, a plan and develop their independent living skills, but if they can't access that fundamental building block of a suitable place to live, it's very difficult. The young people are likely to move around more and be more unsettled.
(Service manager, Area 7)

They wouldn't allow anyone on the housing list until they were at least 18... You couldn't flag up that you'd got a young person coming through that had got a housing need. You ended up presenting them as homeless.
(Leaving care worker, Area 2)

Linked to pressures on supply, were concerns about the quality and location of much accommodation that was provided. Tenancies provided by councils were often hard to let, of fairly poor quality, in areas that were unsafe for young people or far from their own support networks. The case material presented in Chapter 3 highlighted the role that partners, families or close friends could play in mediating the effects of loneliness and insecurity, where their influence was positive, but it also suggested that feeling unsafe (and placement in unsafe areas) heightened the risk of young people abandoning tenancies and becoming homeless:

It places them more at risk of drug use, whether it's their own drug use or other people's, and at risk of violence. Care leavers will often say they feel unsafe in their homes or walking to their homes, which either means they end up leaving the property or, if not, they are afraid to leave their homes in case everything gets stolen.
(Service manager, Area 3)

The Supporting People initiative, launched in April 2003, had been utilised in some areas to fund specialist housing workers or to provide on site or floating support to housing projects. However, there were a number of concerns. It was not always clear to practitioners what could be funded from this source. Where support services were funded, the support provided was often at a lower level than young people needed and had to be supplemented from leaving care budgets. There was also concern that it was linked to quite serious rises in housing costs, which local authorities had to meet for care leavers, as housing providers disaggregated the cost

of support from other aspects of their housing costs. There was also uncertainty about the future. The initiative has been under review amidst fears that, in response to ballooning expenditure, cuts may be made to the relatively low cost floating support schemes it was originally designed to fund (see Weaver, 2004).

In all authorities significant concerns were raised about housing resources for young people with more complex or higher-level support needs. Suitable housing options for young people with mental health problems, young disabled people or young people with serious offences or with patterns of heavy drug use appeared hard to come by:

Where the difficulties arise is where young people don't fit into our existing [housing] resources...Particularly young people who may never have the skills to leave care adequately or need greater support than we can provide through some of the projects we have running. (Service manager, Area 5)

Given the overall pressure on housing resources, where young people failed to settle or where their lives were more chaotic, they would run out of options quite quickly and this could create a cycle of further movement and instability.

Education and employment

The poor educational attainment and economic participation of care leavers has been a consistent theme in the UK and international literature (Festinger, 1983; Raychuba, 1987; Aldgate *et al.*, 1993; Cook, 1994; Jackson, 1994; Biehal *et al.*, 1995; Broad, 1998; Pinkerton and McCrea, 1999; Dixon and Stein, 2002). The QP initiative targeted both areas and there have been small but steady signs of improvement, although there continues to be large variations in the performance of local councils (Department for Education and Skills, 2003a).

Variations were also apparent between our participating authorities in relation to career outcomes at follow-up ($p=0.02$; $n=91$) and in the proportions of young people not in education, training or employment (ranging from 38% to 76%). Explanations for these variations were not discernible from the data available. For example, poorer performance did not equate to those councils that acknowledged having been less proactive in these areas in the past and that were therefore working from a lower

pre-Act service base. Some long-standing teams were also struggling in these respects. Further and more detailed research is necessary to understand these patterns more clearly and to take proper account of how variations in local education and labour markets may also work to structure choices and opportunities for young people.

Strategies to improve the economic participation of care leavers have, in the past, tended to receive less priority from leaving care schemes than have service developments in housing, finance and life skills (Biehal *et al.*, 1995; Department of Health, 1997; Stein and Wade, 2000). However, the advent of QP, of public service agreements to improve performance and the greater focus given to this area in pathway planning are making some difference. Practitioners often reported that the new duties and reporting requirements had given a stronger profile and more recognition to this area of work provided some leverage to promote greater corporate responsibility and had provided some additional funds to develop initiatives.

However, concerns about the new performance culture were also expressed. Some workers felt that the targets took insufficient account of the very disadvantaged starting points of many young people. Others suggested that the reporting requirements should be extended to 21, since many young people are only just ready to return to education at 19 or 20. There was also concern that targets may unduly narrow the focus of leaving care services and that other areas of equal importance to young people's lives, such as emotional well-being or family and social relationships, could suffer relative neglect.

Findings reported in Chapters 4 and 7 were cautiously encouraging with respect to increased participation in post 16 education; a finding more widely recognised (Broad, 2003). However, sustaining this participation is a key challenge, since the drop out rate from courses and into unemployment was quite high during the follow-up period. Other findings were mixed. Although almost one half of the sample (47%) had a good or fair career outcome at follow-up, 44% were unemployed some 10-18 months after leaving care. A positive career outcome was associated with stable care and post care experiences. Leaving care at an early age (at 16 or 17) was associated with a poor career outcome. These young people tended to be less equipped for entry into the labour market, even when taking account of other difficulties that may have been present in their lives at that time.

Although most leaving care teams acknowledged that services to promote young people's economic participation and provide more opportunities had been under-developed in the past, some significant developments were taking place. There was evidence of increased collaborative working across agencies in an effort to seek solutions. In two authorities, a multi agency steering group had been formed to encourage the development of a more strategic and integrated approach. Representation included leaving care teams, Connexions, regeneration units, the Learning Skills Council and local colleges and employers. In other authorities similar links were being built on a more informal or individual basis. As the new Connexions service was gradually rolled out across these areas, lengthy negotiations over respective roles and responsibilities were taking place and, as we have seen, resources were used to recruit or second Connexions staff to leaving care teams to provide a specialist careers input to young people and workers. Some teams had also recruited their own education and employment specialists to advise young people and broker these links. Specialists could also help to provide a bridge between school and post 16 education and work in an effort to prevent young people becoming lost at that stage:

We really needed someone to work with young people in years 10 and 11 to make sure they make that transition from school to further education, employment or training and that they don't drop out; recognising that once they do, it's a danger zone really. (Service manager, Area 6)

As we have seen, financial incentives schemes had been developed to encourage young people to take up opportunities, although there was concern in some quarters that these might be insufficient to make a substantive difference. Four authorities had also established 'employability projects' or were in the process of doing so. These were designed to provide sponsored employment opportunities and work experience tasters, mainly within the local authority. In one authority this was supplemented by a peer-mentoring scheme, using care experienced young people to provide continuing advice and encouragement to younger care leavers.

These kinds of developments are encouraging. However, remedial work at this stage is more difficult unless the foundations for career planning are laid during the time young people are looked after. There is evidence that those who do well educationally tend to have found a settled placement, sometimes quite late in their

care careers, usually with a foster carer who places a high value on education and provides consistent help and encouragement (Biehal *et al.*, 1995; Jackson *et al.*, 2003). Given the challenge of providing such environments, many young people leaving care will lack skills, confidence and qualifications. They are likely to need help to identify their strengths and weaknesses and to prepare them for education, work or training (Smith, 2000):

It's not just about, is there an employer who will give them a job, it won't work. It's about those interpersonal skills and confidence that young people haven't got. We have to tackle that first, so that any opportunity you can get can be successful. (Leaving care worker, Area 7)

It is perhaps equally important that young people have a career *plan* that provides them with a positive sense of direction, however far ahead this may be. Simply getting young people on to a course or training scheme is likely to be insufficient if it is not consistent with young people's aspirations for themselves. In previous chapters we have noted that many young people were engaged on low-level courses or in routine or casualised forms of employment that lacked this direction. Being economically active, in itself, was a more ambivalent 'good' for young people and was less significantly associated with a positive overall sense of mental well-being than was the case when young people were coping well in their homes. Faring well in housing therefore tended to be valued more highly by young people:

We've got young people who are motivated by their personal advisers to access training or employment, but then it will last a matter of days or weeks...They'll find something else and it ends...We've got a huge number who are in that process. (Leaving care worker, Area 6)

Breaking this cycle, once it starts, is difficult and is unlikely to occur without continuing support and encouragement, flexible planning that can adjust to changes in young people's circumstances and can allow for young people returning to learn or earn at a later point when they are more settled. The links between economic participation, housing, life skills and troubles also highlight the need for career planning to form part of a wider package of support. There is reciprocity between

different life areas and providing a focus on education and employment in isolation from these other factors is therefore less likely to meet with success.

Health

The emotional, physical and mental health needs of young people and the services provided by leaving care teams and allied professionals in response to them were discussed in some detail in Chapter 5. Until recently, the health of young people leaving care has been neglected both in research and practice (Stein and Wade, 2000) and most of our teams considered it an area of weakness within their overall strategy and a particular focus for further development. This weakness appears to be a common one in the post CLCA environment (Broad, 2003).

However, there is evidence of considerable need. Surveys of care leavers have found high levels of smoking, drug and alcohol use, chronic physical conditions and mental health problems (Saunders and Broad, 1997; Smith, 1998; Ward *et al.*, 2003). Evidence from this study suggests that, while around three in five young people enjoyed reasonably good health, a significant minority experienced difficulties. Over the course of the follow-up period there was an increase in the proportion of young people reporting physical health conditions (from 28% to 44%), there was a deterioration in mental well-being for two fifths of the sample (41%) and almost one third (30%) of young people had problems with substance misuse at the follow-up stage. The tendency for early parenthood also points to needs around sexual health and relationships.

The profile of health issues for looked after children has been raised through official guidance. The *Framework for the Assessment of Children in Need and Their Families* highlights the need for joint assessments with health professionals (Department of Health, 2000) and *Promoting the Health of Looked After Children* requires regular health assessments and improved record keeping (Department of Health, 2002). QP includes objectives to improve the health outcomes of children in care and guidance to the CLCA states that pathway planning should build upon these foundations and provide a vehicle for assessing and monitoring health needs and for promoting healthy lifestyles (Department of Health, 2001a).

Although starting from a low base, there was some evidence that this heightened profile was beginning to be reflected in leaving care practice in our authorities.

Health needs were widely recognised as a service gap requiring a serious response. As we saw in Chapter 2, health and lifestyle issues appeared to figure more prominently in preparation and transition planning for this sample of young people than might have been the case in the past. Health promotion issues were also addressed at the leaving care stage through individual casework and, in some areas, through drop in services or single or mixed sex group work - covering physical and sexual health, diet, drugs, sport and leisure and sometimes involving specialist inputs from health professionals. However, these developments should not be over-stated. Services were not consistent across all areas and evidence of a coherent health strategy was sometimes lacking.

Engaging young people in regular health checks and in discussions about their health could prove difficult, as is the case for many young people:

It's a kind of struggle really, but I think it's the kind of struggle you would have if you were a parent...knowing that if you force a teenager to do something, they're still highly unlikely to do it or at least be resentful about it. (Team manager, Area 3)

How it is done is likely to be critical. There is some evidence that health strategies are unlikely to be successful unless young people's own health concerns are listened to carefully, they are fully involved in health planning, their rights to confidentiality are respected and unless access to health services become more flexible and user friendly (Mather *et al.*, 1997; Farmer and Pollock, 1998; Broad, 1999).

Collaboration with health professionals was also improving. Most teams had established some links with local health services - including primary care teams, CAMHS, teenage pregnancy initiatives, drug advice agencies and, where possible, counselling services. In most areas, young people were referred on to these agencies if difficulties arose. However, in a few areas resources had been utilised to develop in-house multi-disciplinary skills. These included access to health workers for looked after children, sometimes based within the team, or the recruitment or secondment of part or full time mental health clinicians. There were perceived advantages to this approach. There were more opportunities to develop flexible non-stigmatising services for young people, including home visits or group work approaches. Mental health clinicians could also provide consultancy to staff working

with young people in difficulty, provide in-house assessments and offer an improved bridge to adult services.

Provision of mental health services was a universal concern for all teams. As we have seen in previous chapters, young people with mental health issues, including those assessed as having emotional or behavioural difficulties, are particularly vulnerable to poor outcomes on leaving care. Compared to other young people they were more likely to have higher levels of post care instability, a higher risk of homelessness, worse housing and careers outcomes and weaker life skills at follow-up. Their vulnerability was reflected in higher levels of professional contact covering more areas of their lives over the follow-up period, although only 13% of those who reported mental health issues had contact with a mental health professional.

Of course, not all young people with mental health issues need therapeutic services and not all young people are ready to accept them, perhaps especially when services are heavily formalised. However, access was a major issue for practitioners. Shortages in the availability of CAMHS services, high thresholds for acceptance, lengthy waiting times and requirements for young people to be settled or in education were commonplace. A major gap affected young people who were rising 18 but did not meet the threshold for adult services. Only in one area had negotiations with the CAMHS team stretched access to 19 and, in most areas, support from health professionals linked to looked after children also fell away. Leaving care teams were often left to support young people as best they could and without the requisite skills to provide the support that was needed.

Clearly there is a need to find creative solutions to these problems. The question of resources and access to therapeutic services is of obvious importance. However, as they are presently constituted many young people reject them or find it too difficult to sustain their commitment to them. Closer collaboration is needed to create a more flexible and imaginative range of services, perhaps allowing young people to dip in and out more readily or providing brief therapies that help young people to manage their difficulties more effectively. Staff who are struggling to support young people in difficulty also need access to specialist advice and consultancy services.

Most importantly, perhaps, our findings highlight the importance of viewing young people's emotional, physical and mental health needs in the round. There is a close relationship between a young person's state of health and how they fare in other

spheres of their lives. Some young people may have a pre-disposition to health difficulties that affects their ability to manage in other areas while, for others, struggling on a low income, the loss of a job or of a key relationship could have a negative impact on their health. Maintenance of a healthy and stable lifestyle therefore needs to form part of a comprehensive package of after care support that addresses the inter-connectedness of young people's lives.

Summary points

This chapter explored responses to the challenge of implementing the Children (Leaving Care) Act 2000 (CLCA) and its impact on services. In addition it considered services for particular groups of young people and developments in key resource areas (housing, employment and health).

CLCA

- In overall terms the CLCA has been welcomed. It has increased the profile of leaving care and led to perceived improvements in the planning, consistency and equity of services in these authorities
- To varying degrees, ring fenced funding has led to some expansion of social work staff, the creation of specialist posts within teams and to greater multi-disciplinary working. Major concerns centred on the future uncertainty of funding and the tension between increased service demand/caseloads and the new statutory responsibilities placed on teams
- Responsibility for looked after young people aged 16/17 and care leavers is leading to the emergence of formal case transfer systems as young people approach 16. This has advantages – referral and assessment tended to be more streamlined and responses to need more flexible – but it has brought changes to informal and flexible styles of work valued by young people
- In all but one authority, leaving care teams had adopted the personal adviser role. Contact with personal advisers was good. At follow-up, 97% of young people were still in touch (10 to 18 months after leaving care) and for 61% this contact was monthly or more frequent. Most young people were happy to stay in touch, although some workers expressed concern about the compulsion that is now involved
- Assessment and pathway planning requirements were perceived to promote forward thinking, provide a sharper focus on key areas of young people's lives, encourage multi agency working and improve the transparency and accountability of the planning and review process. However, young people were less certain than workers about whether they had a written plan and only 21% recalled having had a copy of it. Engaging young people in forward planning was not easy, plans were often fragile and there was some tension between identifying needs and finding the resources to meet them

- The new financial arrangements for those aged 16/17 were working effectively. Payment systems had been simplified and made more responsive to need; entitlements were more transparent and available by right to older young people in education or employment through incentive schemes. However, it may be necessary to look again at incentives schemes to make the distinction between work and non-work income greater and the benefits of participation more attractive.

Targeted services for particular groups

This section reviewed findings and services for specific groups of young people:

Young people from minority ethnic communities (UK citizens)

- There are likely to be more similarities than differences in the experience of leaving care for young people from different cultural backgrounds, although small numbers (15) suggest a need for caution. Amongst UK citizens, a comparison of young people from minority ethnic backgrounds with white young people revealed no discernible differences in patterns of care careers, experience of leaving, in outcomes at follow-up nor in the support available from professionals, families or friends
- In our authorities, targeted services were not provided to meet additional needs for these young people, although the ethnic diversity of teams was a factor appreciated by young people.

Asylum seeking young people

- Compared to other young people, the 12 unaccompanied minors drawn from two London boroughs tended to have entered care at an older age, stayed for a shorter time and were less likely to have been in trouble while looked after or after leaving care. They were more likely (at baseline and follow-up) to be in supported accommodation and were more likely to be participating in education
- In one borough a specialist asylum team provided support while, in the other, it was provided as part of the generic service. Young people could access all leaving care services, but language issues and immigration status limited their opportunities (to access permanent tenancies and some college courses). Asylum issues for young people approaching 18 created considerable anxiety and uncertainty, constrained pathway planning and added to workload pressures.

Young disabled people

- Young disabled people were less likely to feel well prepared for leaving care, had weaker life skills than other young people and greater difficulty coping with their accommodation. Despite this, there was little evidence of them receiving additional compensatory support
- Young disabled people may follow different and more complicated transitional pathways. Yet co-operation between different service providers often lacked co-ordination, suggesting the need for more integrated assessments and joint

training. The development of more supported accommodation options will also be necessary, since the 'independence' model of leaving care may not always be appropriate for this group.

Resources

Young people's opportunities are also influenced by indirect service developments in housing, education/employment and health.

- Housing has been an area of success for leaving care services and this was evidenced through the range of housing and support options available in these authorities. However, problems with the supply, location and quality of accommodation persisted. The shortage of options for young people with more complex or higher-level support needs was a particular concern
- From a lower service base, developments were improving opportunities for economic participation. These included greater collaborative working across agencies, development of specialist posts in teams, financial incentive schemes and 'employability' projects. Developments, however, remained uneven across the authorities and drop out rates pointed to the ambivalence many young people felt about the 'work' they were doing
- Health needs have been neglected and developments remain limited, despite its higher profile. However, it was widely recognised as a service gap and there was evidence of increased collaboration and of emerging multi-disciplinary skills within teams. Access to mental health services was a universal concern, especially for those rising 18, and a more imaginative menu of services is needed to engage young people in a rounded appreciation of their health.

10 Summary and Conclusion

Young people leaving care are expected to make a series of complex and difficult transitions. Some manage these quite successfully, while others experience considerable disorientation and may encounter serious difficulties. The evidence base concerning the problems associated with leaving care is large. However, our knowledge about how young people can be more effectively supported through these transitions is at an earlier stage. This should not be too surprising, since it is only over the past 25 years that the testimony of care experienced young people, allied to growing academic and professional concern, has placed leaving care higher on the research, policy and legislative agenda. This study makes a contribution to this growing evidence base and carries a number of important messages about the progress young people make, the kinds of services that appear helpful to them when negotiating these major changes in their lives and about the costs associated with them. These will be reviewed in this final chapter.

How far these findings reflect the national state of leaving care services is open to question. The growth of specialist services has been gradual and marked by a pattern of uneven development (Stein and Wade, 2000). Some local authorities have invested quite heavily in this area, others less so. Variations in the support and financial assistance available to young people have been considerable. It is these inconsistencies that the Quality Protects Initiative (QP) and the Children (Leaving Care) Act 2000 (CLCA) were designed to address. The new legislative context has stimulated the growth of further specialist schemes (Broad, 2003) and the challenges faced by local authorities finding their way in the leaving care world are likely to be somewhat different to those for more established services. If services are gradually improving, and there is evidence that they are, they are unlikely to be doing so at the same pace. The seven authorities that participated in this study already had established leaving care services prior to this new context, most of long standing. As such, they were relatively well positioned to take advantage of new opportunities. Their selection reflected a desire to provide evidence about services that seemed helpful to young people and made a difference to their lives. Attempts to learn from the experience of others, to avoid reinventing the wheel, are a common feature of practice and the messages that follow, both positive and negative, are therefore of universal concern.

Preparation

Equipping young people with the practical, interpersonal and emotional resources needed for adult life should be a central feature of corporate parenting. Given its importance, it is surprising that very few studies have focused on what makes for effective preparation. To date, best evidence suggests that preparation should begin early, occur naturally but in a planned and thoughtful manner and take place in the context of a stable placement allowing for the gradual development of rounded skills and competencies (Cook, 1994; Clayden and Stein, 1996).

Amongst leaving care practitioners, preparation was largely viewed as the province of prime carers and social workers while young people were looked after, '*I feel it should be done within the care placement. That is part of caring for somebody. Milestones ought then to be addressed at the reviews'* (Team manager, Area 1). At this stage most teams were willing to provide an advice and consultancy role. However, inconsistencies in the preparation process were identified in both residential and foster care and relationships with caregivers appeared variable:

I don't think there is much preparation work going on there. To be honest, I think most of our units are in crisis at the moment. (Team manager, Area 4)

Some foster carers are great at it and work really well with members of my team...and others find it much more difficult...There are pockets of excellent practice and pockets where we just don't seem to be able to communicate at all. (Team manager, Area 5)

As these comments imply, providing young people with stable environments and with consistent preparation for adulthood are enduring challenges for the care system (Stein and Carey, 1986; Who Cares? Trust, 1993; Clayden and Stein, 1996). Although the *Looking After Children* materials provide one framework for connecting broad based preparation to the child care planning and review system (Department of Health, 1995), further work is needed in research and practice to identify more clearly the processes associated with 'good' assessment and planning in this area.

Some encouraging signs were apparent. Most young people in this study felt quite positive about the information and support they had received to help prepare them for adult life. A majority felt they had received sufficient support in relation to a range of

health and lifestyle issues, although this was less likely to be the case in relation to important practical and interpersonal skills. Good preparation support was associated with a longer and more settled care career. Where older teenage entrants failed to settle, there appeared to be fewer opportunities for adequate preparation. Young people with emotional or behavioural difficulties were also less likely to feel well supported.

Young people identified a wide range of people who they felt had assisted them to prepare for adult life, including extended family members, older friends, partners and their families and a range of professionals. Not all were central but each had his or her part to play. It may therefore be helpful for practitioners to be mindful of these networks and, where possible, to draw on these sources of support when co-ordinating preparation plans.

In overall terms, the vast majority of young people (83%) felt 'very' or 'quite' well prepared for leaving care, although this was significantly less likely to be the case for young disabled people and reflects recent concern about the quality of preparation and transition planning for this group (Rabiee *et al.*, 2001). However, whether or not young people felt prepared or ready to leave bore no relation to the preparation support they had received while they were looked after. Why this should be was not clear and warrants further investigation. It may be that feeling ready relates to wider issues in young people's lives, such as a desire for independence or self reliance, in-built expectations about leaving, disillusionment with the care system or to the availability of broader networks of support at this time. It does, however, point to the need to pay close attention to the meaning behind statements of this kind and to take account of this apparent complexity when carrying out assessments of need.

Transition planning

Leaving care teams had a more central role at the leaving care planning stage. At the heart of the CLCA is an intention to delay transitions and to improve the quality and consistency of assessment and planning for leaving care. As we have seen, it is one that has been broadly welcomed (see also Broad, 2003; Hai and Williams, 2004). The recruitment of our sample coincided with the introduction of the CLCA in October 2001 and therefore transition planning for some of these young people preceded the new requirements.

Young people leave care at a much earlier age than young people in the wider population leave home. Three quarters of our sample (75%) had moved on from their last care placement before the age of 18. This is considerably higher than recent national statistics suggest and may, at least in part, be due to definitional differences (Department of Health, 2003a).¹

Leaving care early, at 16 or 17, was associated with shorter, more unsettled care careers and was more common for young people who exhibited challenging behaviours, such as offending and, to a lesser extent, running away or substance misuse. In addition, even when account was taken of difficulties of this kind, leaving early appeared to have an economic legacy. Those who left at an earlier age were more likely to be unemployed at follow-up and appeared less equipped to enter the world of work than were those who left aged 18 or over. Age at leaving was the only care career factor that was directly associated with subsequent economic participation and, as such, provides further evidence of the need to delay transitions wherever this is practicable.

Most practitioners were very aware of the need to avoid young people moving on at too early an age. However, delaying transitions has proved difficult, requiring as it does a change in culture and in placement supply and resources. Just over one third of young people (35%) felt that they had no choice about when they left care. Lack of choice was most often associated with placement breakdown, but also to young people feeling reluctant to leave or to changes in the circumstances of carers that required them to do so. Even where young people did exercise choice, this was sometimes problematic; in some instances reflecting a headstrong desire for independence irrespective of whether others considered them ready to leave.

Factors like those above place constraints on assessment and planning. However, at least from the perspective of workers, most young people appeared to have received a reasonably comprehensive assessment of their needs prior to leaving care and a majority (68%) had taken part in a leaving care review. Those who left at an older age were more likely to have received a comprehensive assessment.

¹In Chapter 2 we suggested that 'leaving care' in local authority returns to the DoH/DfES are more likely to reflect a formal discharge of responsibility and therefore may have an upward effect on age at leaving. Our definition, in contrast, included movement from a last care placement to independent or semi-independent accommodation or to the family home. It captured this movement and the assumption of greater adult responsibilities irrespective of formal status.

Otherwise, there were no associations with young people's characteristics or care careers. This is encouraging, since it suggests that young people's past experiences may not bear too heavily on the assessment and planning they subsequently receive.

The timescales for leaving care planning were often very short. Around three quarters of reviews (76%) had been held eight weeks or less before moving on and one third (35%) within four weeks. This suggests a lack of forward planning that the new assessment and pathway planning requirements of the CLCA may help to address. However, from a worker viewpoint, there was some evidence that the presence of a formal preparation programme and of a formal leaving care review was associated with a more comprehensive assessment of young people's needs at the point of leaving care. This points to the value of formal arrangements within which preparation, assessment and planning can take place.

The new arrangements for needs assessment and pathway planning were broadly welcomed in the local authorities. Leaving care practitioners widely felt that it was leading to more transparent, consistent and equitable procedures, that it promoted forward thinking and encouraged multi-agency working. How it is carried out is of critical importance and, in this respect, there may be room for improvement. At the follow-up interview, although workers reported that 88% of young people had pathway plans, the views of young people were more equivocal. While over one half (57%) reported having a plan, over one quarter (27%) had no recollection of one, 16% were unsure and only a small proportion of young people (21%) recalled having received a copy of the plan. At the very least these discrepancies suggest that, for many young people, their involvement in pathway planning was not particularly memorable.

Carrying out pathway planning was not always straightforward. Identifying needs was one thing, meeting them in the context of an over-stretched resource environment could be another. Workers also highlighted the need for planning to be sensitive to individual circumstances, to avoid unsettling young people unnecessarily or at significant times in their lives. Concerns were also expressed about the compulsion that lies behind pathway planning and at the difficulties of engaging young people in the process, especially once they had left care. Plans were also fragile documents, subject to the ebb and flow of young people's lives, and required continuing monitoring and adjustment. Without engagement, the process proved

impossible. Sustaining young people's involvement needed careful negotiation, flexibility and compromise.

Housing and support

Care leavers face a heightened risk of movement and homelessness (Biehal and Wade, 1999; Pinkerton and McCrea, 1999; Dixon and Stein, 2002). Their vulnerability has been acknowledged in recent guidance and legislation, including the Homelessness Act 2002, QP and the CLCA. For specialist leaving care schemes, housing has been both an area of considerable achievement and of frustration (Broad, 1998). The findings for our participating authorities were generally encouraging, even though young people's early housing careers were often difficult and significant problems existed in relation to the supply, quality and location of accommodation. At follow-up, over one half of the young people (57%) were considered to have a 'good' housing outcome and almost one third (31%) a 'fair' outcome.² Furthermore, virtually all the young people (93%) acknowledged having received support in this area over the follow-up period.

In Chapters 3 and 7, housing was identified as perhaps the most critical area for leaving care services and getting this right can lead to wider benefits for young people. It is also one in which positive post care intervention can make a significant difference. How young people fared in housing was not greatly associated with past events in their lives, for example with the pattern of their care careers, and was much more closely linked to events after leaving care. Even brief periods of homelessness, which were unfortunately common, were not associated with subsequent housing outcome, provided support was available to help young people back onto the housing ladder. A positive outcome was associated with having strong life skills, being economically active and relatively free of troubles, such as offending or substance misuse. It was also closely associated with young people having a positive sense of overall well-being. However, young people with mental health problems or emotional or behavioural difficulties, young disabled people and those with continuing patterns of instability were particularly vulnerable to poor housing outcomes.

²Our measure of housing outcome was based on a combined assessment by young people and workers of the suitability of a young person's accommodation and of their ability to manage in their homes (see Chapter 3).

On the basis of this evidence, strategies to improve housing outcomes for young people require a number of inter-related elements.³ First, there is a need for planned investment in an appropriate range of supported and independent accommodation to meet differing needs and choices. Second, this long term investment is likely to be enhanced by the development of formal protocols and partnerships with local housing providers to audit needs, plan developments, provide for joint assessments and ensure that access to accommodation is more consistent and equitable (see also Department of Health, 2000b; Stein and Wade, 2000). Third, the provision of good quality accommodation, by itself, is unlikely to work unless there is a flexible finance and support package in place sufficient to enable young people to maintain their homes successfully. Furthermore, support for housing should be situated in the context of a more comprehensive package of support that addresses the wider aspects of young people's lives that appear to intersect with it. Finally, in some of our authorities CLCA or Supporting People funds had been exploited to provide specialist posts within leaving care teams to co-ordinate developments or to provide on-site or floating housing support and initiatives of this kind are also likely to be helpful.

Many difficulties were also apparent. District housing policies were highly variable and inconsistent within our authorities. Shortages in the overall supply and quality of housing meant that some young people had to be placed far from their networks of support, while others were placed in areas that were unsafe for them or in circumstances that ultimately threatened their tenancies. A major concern centred on the shortage of appropriate accommodation for young people with complex or higher level support needs - including young people with mental health problems, young disabled people not meeting the threshold for adult services, persistent offenders and young people with drug dependencies. As we have seen, these groups of young people are vulnerable to poor housing outcomes. Their particular needs should be a focus of concern that may need to be addressed through housing partnerships to develop an improved range of higher intensity or more specialist supported options.

³The housing developments that have taken place in our participating authorities, often over many years, and the issues associated with these were discussed more fully in Chapter 9.

Career planning

The poor educational attainment and economic participation of care leavers is well known. The QP initiative targeted both areas and while there have been slow but steady signs of improvement, as with our authorities, there are quite large variations in the performance of local councils (DfES, 2003). Related guidance and policy initiatives are also helping to increase the profile of education for looked after young people (DoH/DfES, 2000; Social Exclusion Unit, 2003).

The task is a considerable one. Difficulties at school, such as truancy and exclusion, affected at least three quarters of the sample and were associated with later unemployment. Over one half (54%) left school with no qualifications while less than two fifths (38%) attained at least one GCSE/GNVQ at any grade. Consistent with our findings, there is a growing body of evidence that those who do better educationally tend to be female, to have been looked after longer and to have found a settled placement, sometimes late in their care careers, usually with a foster carer who values education and provides consistent encouragement (Biehal *et al.*, 1995; Robbins, 2001; Jackson *et al.*, 2003).

Just over one third of young people (35%) were participating in post 16 education and the proportion doing so appears to be rising more generally, reflecting the expansion of further education opportunities (Broad, 2003). However, sustaining young people's participation is a challenge, as drop out rates were quite high over the follow-up period. Only one in ten young people were engaged in work or training and those who were employed were quite often engaged in low paid or casual forms of employment. Although almost one half of the young people (47%) had a good or fair career outcome at follow-up, a similar proportion (44%) was unemployed.⁴

A positive outcome was associated with a stable care and post care career, leaving care later, faring well in housing, having good life and social skills and being reasonably free of troubles. Although it was also associated with a more positive sense of mental well-being, once account was taken of how young people were faring in housing this association ceased to have significance. This suggests that the association between purposeful economic activity and mental well-being is probably mediated through housing and that housing may be more of a priority for young

⁴Our measure of career outcome was based on participation in education, training or work and an assessment by workers of attendance and progress.

people. It may also reflect a greater ambivalence about the type of education or work they were undertaking and the value of this for their lives.

In the participating authorities generally, services to promote economic participation were starting from a lower base than was the case with housing. However, there were some important developments taking place. First, there was evidence of an increase in joint working across agencies in an effort to seek solutions. In some areas links were informal, in others multi agency steering groups had been established to stimulate change. Second, resources were being used to recruit or second Connexions or in-house employment staff to provide a specialist input to the work of teams. Third, most authorities had developed financial incentives schemes to encourage young people's participation in education, training or work. Finally, in some areas employability projects were being launched to offer sponsored employment and work experience opportunities with the local council and, in one area, a peer mentoring scheme was being piloted.

Developments of this kind are important. However, as our findings suggest, interventions at the time of leaving care are made more difficult if the foundations for career planning are not laid while young people are looked after. Many young people leave care lacking skills, confidence, qualifications and, in many instances, motivation. They will need help to identify their strengths and weaknesses and to prepare them for the world of work (Smith, 2000). Simply getting young people onto a course or training scheme is unlikely to work if it is not consistent with what young people want for themselves. It is perhaps most important that, as part of pathway planning, each young person has a career *plan* that looks into the future and provides them with a more positive sense of direction, however far ahead the end point may be. If young people are not ready at one point, continuing support, encouragement and flexible forward planning may lead them to return at a later point when they feel more settled.

Many young people were struggling on relatively low incomes, most commonly at or near benefit levels. The new financial arrangements for 16 and 17 year olds have increased their dependence on social services. Despite this, these arrangements were generally seen to be working well. They had provided more consistent and transparent systems for providing payments to young people, greater flexibility to respond to needs and had reduced the likelihood of young people falling through the benefits net. In these respects, they were meeting the aims set for them. Coping on

low incomes still stretched young people's abilities. Although 95% of young people had received some financial help, 30% felt they were not coping well at follow-up. Practitioners also had abiding concerns about some groups at least partially excluded from these payments, about a funding gap for those aged 19 plus in further education, about the controls these arrangements placed on young people and difficulties associated with the transition to benefits at 18.

Health and well-being

Until recently, the health of young people leaving care has been relatively neglected. Surveys of care leavers have found high levels of smoking, drug and alcohol use, chronic physical conditions and mental health problems (Saunders and Broad, 1997; Smith, 1998; Ward *et al.*, 2003). However, the profile of health issues for looked after children has been raised through official guidance and growing professional concern (Department of Health, 2000; Department of Health, 2002).

There was evidence of some deterioration in the mental or physical health of young people over the follow-up period of nine months. Although most young people (59%) were considered to be normally well, the proportion reporting health problems doubled. Mental health issues, most commonly stress and depression, were reflected in higher GHQ-12 scores for 41% of the sample at follow-up.⁵ Where young people were experiencing symptoms of anxiety and depression at baseline, they were predisposed to have similar feelings at follow-up. A more positive sense of mental well-being was associated with faring well in housing and being relatively free of troubles, such as offending or substance misuse.

The inter-relationship between health issues and other life outcomes is complex. Some young people with a predisposition to health difficulties may then struggle to cope with other aspects of the transition to independent living. For others, the stress of adjusting to adult life or of coping with low income, poor housing or homelessness may have adverse consequences for their health. What this interplay between the different dimensions of young people's lives does suggest, however, is that efforts to assess and monitor young people's health need to be well rounded and take proper account of how young people perceive the different aspects of their lives and the impact these have for their health.

⁵The GHQ-12 was used a measure of mental well-being. It does not provide for a clinical diagnosis of mental illness but is sensitive to short term changes in mental well-being that may affect normal functioning. Higher scores denote the presence of difficulties.

The particular vulnerability of young people with mental health or emotional or behavioural difficulties appeared to be recognised in practice. Although these young people tended to stretch the resources and skills of teams, they had tended to receive more intensive contact and more comprehensive support when compared to other groups of young people. While this support may not have lead to an improvement in overall outcomes, it may well have prevented further deterioration to their life chances.

Young people's overall sense of well-being appeared to be improved where they *perceived* that they had a stronger friendship network, perhaps irrespective of whether the influence of friends was always positive, and where they had better life and social skills at follow-up.⁶ Integration into the world of work, and the social networks it can provide, also made some contribution. Perhaps starting in quite small ways, strategies aimed at increasing young people's social integration and social competence may have beneficial effects on self esteem and self efficacy and, through this, on their overall quality of life. Creating opportunities for young people to experience success in valued tasks or in social relationships – whether in relation to life skills, work, leisure pursuits or hobbies – may also lead to an improved sense of well-being.

Most teams acknowledged health as an area of weakness in their overall strategy - one that was only just being addressed and was by no means consistent across the authorities. Health promotion issues were being addressed through individual casework and, in some areas, through drop in services or mixed or single sex groupwork. Collaboration with health professionals was also improving and a few teams were developing in-house multi-disciplinary skills through the recruitment or secondment of mental health clinicians who were able to develop more flexible non-stigmatising services for young people, staff consultancy and an improved bridge to adult services.

However, provision of mental health services was a universal concern and only 13% of young people who reported mental health difficulties had contact with a mental health professional over the follow-up period. While not all young people needed or were ready to accept such help, access to CAMHS was a major issue. Problems

⁶Overall well-being was measured by Cantrill's ladder, part of the Lancashire Quality of Life Profile, which provides a general measure of quality of life.

linked to high thresholds for acceptance, waiting lists and the need for young people to be settled were commonplace. Although improved resourcing of CAMHS is important, closer collaboration is also needed to create a more flexible and imaginative menu of services that better address young people's needs and cater more effectively for those rising 18.

Social support

The accelerated transition to adulthood made by young people leaving care and the disadvantages they face suggest that many will struggle without a strong base of support from family, friends, carers and professionals. As previous studies have found, contact between young people and members of their immediate and extended family was high (Biehal and Wade, 1996; Marsh and Peel, 1999).

However, the quality of that contact was more variable. Young people were more optimistic than workers about the support available to them from the closest adult in their family during the follow-up period and were more likely to feel this support had strengthened. Although the presence of family support did not relate greatly to other aspects of young people's lives, it did appear to have the affective benefits one would expect. Those with stronger support at follow-up felt that they had more confidence and self esteem than did those who were more isolated from their families.

The degree of family contact young people had while they were looked after was strongly associated with the level of family support young people could expect after leaving care and with greater involvement with a wider family network. This further reinforces the value, wherever safe and practicable, of maintaining family links for looked after young people (Millham *et al.*, 1986; Biehal *et al.*, 1995).

Further attention should be paid to exploiting the potential for support from the wider kin network during pathway planning. When asked to identify the adult family member closest to them, young people identified an impressive range of key kin from their immediate and extended families. As other work has found, social workers were not good at identifying these key kin (Marsh and Peel, 1999). Fewer than two fifths (37%) were able to do this at baseline, rising to 51% at follow-up. Lack of knowledge of this kind is likely to impede the involvement of these family members when planning support.

Although leaving care was a time when many young people were attempting to re-negotiate family relationships and establish renewed support or, as other recent research has found, were needing help to move on psychologically from previously damaging family relationships (Sinclair et al 2003), counselling and mediation in this area appeared to be a relatively low priority for workers. Only two fifths of young people (42%) reported receiving support in this area and, although 71% of workers said that support had been provided, much of that on offer seemed fairly low key or reactive rather than planned and its effects in improving the support available from families appeared limited.

Patterns of early family formation are common amongst care leavers. At the follow-up stage, almost one in five young people (18%) were living with a partner, a small number had become attached to their partners' families and over one third of females (35%) and 15% of males had become parents. Some of the risk factors for teenage parenthood were evident. Those who became parents were more likely to have had unsettled care careers, to have had other troubles at that stage and to have been unemployed at baseline. Strategies to reduce the risk of early parenthood therefore need to be quite broadly based and require more complex solutions than those provided by a health promotions perspective alone.

The potential for support from past foster carers and residential workers has also tended to be under-utilised (Fry, 1992; Wade, 1997). As part of an effort to delay transitions, all of our authorities had policies to permit young people to stay with foster carers beyond formal discharge at 18 and, at baseline, one quarter of those with a last placement in foster care were doing so. However, most had moved on by the follow-up interview some nine months later. While staying on could therefore provide some valuable breathing space, it was not being used to provide young people with an alternative home base into adulthood.

More could also be done to encourage continuing contact with past carers once young people do move on – an area in which there were few policies to promote or resource contact. There was evidence that many carers were willing to provide support. At follow-up, 31% of those with a last placement in residential care and 13% of those who had been fostered were in contact with a past caregiver at least monthly. However, it was still the case that the majority of young people had lost touch.

Contact with carers can help to ameliorate the risk of social isolation. Those who were in contact with carers over the follow-up period tended to have weaker family support networks and contact was also associated with young people having a stronger friendship network and improved life and social skills. If the potential for continuing support is to be further exploited, more imaginative strategies will be needed to promote and resource a greater role for caregivers in the leaving care process.

Both QP and the CLCA emphasise the need to stay in touch with young people and to plan and review progress through to 21 or beyond if in education. In achieving this, the role of the personal adviser is pivotal. Although most of our authorities had a fairly strong leaving care profile in advance of the new legislation, it was nonetheless encouraging to find that the level of professional contact was high – even if the quality of the support provided inevitably varied from case to case. At follow-up, virtually all of the young people (97%) were still in touch with a leaving care worker/personal adviser and for around three in five (61%) this contact was monthly or more frequent.

Young people generally valued being in touch and were happy to receive support. Consistent contact tended to provide encouragement, reassurance and a person to turn to at times of difficulty. Involvement in the more informal aspects of scheme services, such as drop ins or groups, often helped to reduce social isolation and to build confidence and social skills. Most of our statistical measures of support, however, were either benign or were associated with young people not doing so well. Where young people were in greater difficulty, intensity of contact with professionals was higher. Where they were doing relatively well, contact was less frequent.⁷ It is understandable that those who are struggling tend to be a focus of attention and take the lion's share of resources, provided they are willing to accept help. However, it is also important to be mindful of those who appear to be doing well. As we have seen, the balance in young people's lives was often fragile and easily disturbed and removing too much support at too early a stage could quite easily jeopardise the progress that is being made.

⁷The tendency for social work contact to follow difficulty has also been highlighted in other recent reports on foster children (Sinclair *et al.*, 2003) and adolescent support teams (Biehal *et al.*, 2003).

In virtually all of our authorities personal advisers had been drawn from the existing (and expanded) pool of leaving care workers. New statutory responsibilities for looked after young people and case transfer arrangements at 16 had tended to displace more informal or collective ways of working within the teams – a style of work that young people, conscious of their new adult status, have tended to appreciate. However, change had also brought perceived benefits. Referral and assessment procedures were more streamlined, case responsibility allowed for a more immediate response to needs and was leading to a pattern of support that was perceived as being more consistent, equitable and of longer duration. Some loss of informality and choice is perhaps inevitable, although it is to be hoped that new ways will be found to express this as it has represented one of the strengths of leaving care schemes in the past (Biehal *et al.*, 1995; Department of Health, 1997).

Service costs

The total package of care provided to the young people involved the use of a diverse range of services spanning the statutory sector and the non-statutory sector. All the support that the young people receive can contribute to their smooth transition into adulthood and independence. Each service can provide valuable input and more use of services from one sector might impact on service use in another sector, hence the need to consider the total package of care. Since numerous agencies provide support to the young people then co-operation across agencies is likely to enhance the total package of support received.

The social services departments bore the largest proportion of the total cost of caring for the young people in the study through provision and funding of social services and accommodation. Leaving care workers were the most commonly used social service. Considerable youth justice costs were also incurred and these were similar in magnitude to SSD service costs, excluding social services accommodation. The large investment by social services departments and youth justice, in particular, in supporting these care leavers depends upon a high degree of organisation and substantial levels of funding.

Multivariate (cost-function) analysis was used to explore variables that were associated with high or low costs of care. Although the results should be interpreted with caution and the direction of causality cannot be implied, the variables that were most strongly related to the total cost of care included the number of placement

moves experienced by young people while looked after, the level of family support and the mental, emotional and behavioural difficulties experienced by the young people. These findings suggest that, where possible, improved family support for care leavers can be associated with less use of other types of support, possibly reducing costs overall. Additionally those care leavers who had an above average number of placement moves were associated with higher costs of the total package of care and this has implications for planning the budget. Similarly, a higher budget might be required to support those young people who are younger, on average, when leaving care and, as mentioned above (in the section on transition planning), typically practitioners are keen to avoid young people moving on at too early an age.

Conclusion

There is much in these findings that is encouraging even if, as is likely, they do not reflect the overall national state of leaving care work. Local authorities that were reasonably well positioned to respond to the challenges of the CLCA are likely to continue developing faster and more widely than those that were starting from a lower service base. Catching up is a more difficult thing to do.

The traditional strengths of leaving care services in developing supported accommodation and the practical skills and financial arrangements that young people need to manage were well to the fore. Recent developments in the area of education and employment opportunities were also encouraging. Some areas continue to lag behind and require a greater priority, perhaps especially in health and family relationships, since they are dimensions of young people's lives that are equally vital to their overall sense of well-being.

Some groups of young people appear vulnerable to difficulties on leaving care. In particular, young people with mental health or emotional and behavioural difficulties appear to fare badly and, in some important respects, this also applies to young disabled people and young people with persistent offending or substance misuse problems. These groups of young people are likely to require support packages of higher intensity, perhaps including access to more specialist supported accommodation options. Greater attention should be given to their needs at the pathway planning stage, involving much closer and more consistent collaboration between agencies to ensure that they do not miss out or become confounded by duplicate planning arrangements.

The CLCA has been broadly welcomed and, at least in the early stages, appears to be having a positive influence - especially with regard to referral, assessment and planning arrangements and the financial provision for young people. However the CLCA, by itself, cannot radically alter the life chances of young people leaving care. How young people fare is also heavily influenced by a broader raft of social policies affecting the transition to adulthood of all young people, including policies with respect to housing, education and employment, health and financial support. Throughout the report reference has been made to the ways in which policies in these areas serve to structure young people's opportunities and work to facilitate or inhibit pathway planning, perhaps especially with respect to housing and education or work. Policies of this kind need to be consistent with the ambitions that underpin the CLCA for young people leaving the care system.

Leaving care is also not simply an adjunct to the care system, it is an integral part of it. The evidence presented here and in previous studies has highlighted the interconnectedness between care and aftercare. How young people fare after they leave is, at least in part, shaped by previous experiences in placements, in schools and in their family and social lives. Improvements in these experiences while young people are looked after – especially by providing more stable environments in which young people can develop appropriate attachments to home, carers and school – are likely to make the task at the leaving care stage easier.

However, our evidence also suggests that life after care is not pre-determined by these past events and there is considerable scope for positive intervention. Even where young people experience unsettled careers in the initial period after leaving, all is not lost. As we have seen, how young people fared in housing and how they felt about their mental health and overall well-being was, for most young people, influenced more by current rather than past events in their lives. Young people have considerable reserves of courage and resilience when faced with adversity and, provided they are given comprehensive support packages based on a careful and continuing assessment of their changing needs, it is possible to turn things around. This is perhaps the most encouraging finding of all.

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12 Appendix A

Local Authority Areas

Local authority areas

Information on the seven local authorities participating in the research has been gathered from local authority websites, the Labour Force Survey (LFS) 2001-02 and 2001 Census data. Specific information on the leaving care teams was obtained from interview data and policy and practice documents supplied by each of the teams.

Area 1

Area one is a Southern county with a major city and large rural area and a population of around 550,000. The main industries are manufacturing and services and it has a high economic activity rate (84% compared to 79% GB 2002). According to the LFS unemployment was lower than the national average for 2002 (2% compared to 3.2%) and youth unemployment accounted for a quarter of all claimants.

Social Services provide the Leaving Care Service, a centrally based in house team, which is based in one of the towns.

The leaving care team was established in the early 1990's and has grown considerably in recent years. The team has taken on the role of personal advisor for all young people leaving care. The majority of the team are not qualified social workers. The team has a service level agreement with Connexions and has two connexions advisors working with them. Leaving care services also has access to the looked after children's nurses.

The team provides a preparation for independence course, area based drop-ins and individual support for moving on and adapting to post care living. The team has run specific groups for young parents, young disabled care leavers and asylum seekers.

Generally a young person will be transferred to the leaving care team at 16 years of age and the district social worker will withdraw (exceptions for disabled young people).

The team have established links with housing providers, run their own supported lodgings and have an agreement with a local housing group for housing for difficult to place young people.

Area 2

Area two is a Northern county covering a large geographical area, including some major towns and rural surroundings. It has a population of around 730,000 and a large manufacturing industry. Unemployment in 2002 matched the national average at 3.2%.

Aftercare in Area two is mainly provided by four small voluntary sector teams based around the county complemented by an in-house service provided by the local authority. Leaving care workers in all teams act as designated personal advisors for young people. Not all are qualified social workers. Although some young people still had a district social worker at T1 as well as a personal advisor, this was rare at T2.

The teams have provided some group-work including independent living skills and support for young mothers. Although there is a general shortage of accommodation for young people across the county, a countywide protocol has been established with local housing districts to improve access to tenancies and there is access to hostels and a small supported lodgings scheme. A service agreement is in place with Connexions to provide linked services to teams and an employment scheme has been developed to provide employment opportunities with the Council.

Area 3

Area three is a London borough with a population of around 220,000, a large proportion of which is made up of minority ethnic groups. It has an established manufacturing base with a strong retail and distribution sector. However, unemployment in the area is high (7.1% compared GB 3.2%).

The authority has a large centrally based leaving care team, which consists of qualified social workers for 'mainstream' young people; qualified social workers for unaccompanied minors leaving care and a Connexions service for all care leavers. They are all housed in the same building as part of an integrated service. The service was undergoing some re-structuring over the study time-period which had an impact on staffing within the leaving care team. Almost a third of referrals from this Area were unaccompanied minors.

The primary worker for young people leaving care is the social worker (either from the mainstream or unaccompanied minors team) although this person is not the designated personal advisor. This role has been taken on by the Connexions service.

A large range of group-work and social events (including health, life skills, employment and housing advice) is offered in addition to the usual leaving care service. The service had recently developed a specialist accommodation team and has access to council tenancies and training flats, private sector supported housing and a small supported lodgings scheme. Formal partnerships have also been established with CAMHS and local primary health care services.

Area 4

Area four is an inner London borough with a population of 180,000, around a quarter of which is made up of minority ethnic groups. It has a large business and services sector and at 4.4% unemployment is higher than the national average.

The in-house leaving care team is well established and consists of social workers and specialist workers. This includes seconded Connexions workers, housing support workers, health, benefits and group workers.

The primary worker is a qualified social worker and also the designated personal advisor. The team also supports unaccompanied minors leaving care. Just under half the referrals from this area were unaccompanied minors.

There is an established group-work programme offering independent living skills and social activities. The service has nomination rights to council and housing association tenancies, some with floating support, and a small supported lodgings scheme. An employability project has been launched to provide work experience placements and there are also links with CAMHS and a health worker for looked after children that can provide support up to age 18.

Area 5

Area five is a unitary authority, with a population of just under 300,000, and an ethnic minority community that accounts for around a third of its population. It has a thriving commercial and manufacturing centre although it has a higher than average percentage who are unemployed (4.8% compared to national average 3.2%).

The specialist leaving care team was established in the late 1980's. It comprises of a team manager, qualified social workers and support and development workers. Young people are allocated to leaving care workers when they reach 15½ (usually the leaving care worker will be the personal advisor). The team takes on an advisory

and supportive role whilst the young person is still looked after, taking on full responsibility when the young person moves on from care. The leaving care team undertakes work with relevant unaccompanied asylum seekers through close liaison with the asylum team.

The team work in partnership with Connexions, and has a Connexions worker in the team. They also have agreements with a range of local housing providers including YMCA, housing associations, emergency hostels and supported accommodation.

Area 6

Area six is a Northern metropolitan district council covering several major towns and rural areas. It has a population of around 390,000, 15% of which is made up of minority ethnic groups. It relies strongly on manufacturing as its main employer. Unemployment in the area matches the national average.

The well-established in-house local authority team of leaving care workers are centrally based and act as the designated personal advisors for most young people leaving care. They are not qualified social workers. The team also has a Connexions worker who is seconded to the team and a seconded health adviser. Those young people who remain with foster carers after legal discharge tended to receive after care support from their social worker rather than being passed onto the leaving care team.

The team offers social events for young people leaving care in addition to a formal independent living skills programme. A formal housing protocol is in place with the local Council providing access to tenancies and training flats. There is also access to housing association tenancies, hostels and a supported lodgings scheme.

Area 7

Area seven is a Northern metropolitan district council with a thriving manufacturing, shopping and distribution centre. It has a population of around 315,000 people in a diverse range of city, urban and rural communities. Unemployment is around 3.4%.

Leaving care services are provided by a joint initiative between the council and a voluntary sector provider. It was set up in the early 1990's and has provided a service to both care leavers and to young homeless people from a centrally based office in the city. The team includes qualified social workers and unqualified support

workers. There is a co-working system in place with qualified and unqualified workers sharing case responsibility. Social workers take on the role of personal advisor and non social workers do most of the day-to-day contacts.

The service includes a duty service, 24-hour emergency on call service, emergency food scheme and befriending, as well as organised workshops and social activities. Although there was a severe shortage of accommodation for young people in the area, a multi agency joint assessment team was being developed to improve these options. Young people could access council (or housing association) tenancies and training flats, hostels or in-house supported lodgings.

13 Appendix B

Non-participant Data

Non-participant data

This section provides a brief description of the non-participant group. As outlined in Chapter 1, 147 young people were referred to the study. Forty-one of these young people were unable or unwilling to participate directly (i.e. by completing a schedule at T1). However basic monitoring data was collected from workers on the general characteristics of those who did not participate. This enabled us to identify any bias within the sample and identify and address any barriers to participation. The following section provides a description of the group together with a comparison with the participant group. It also explores the main reasons for non-participation in the study.

Describing the non-participant group

1 Local authority areas

Whilst a proportion of the referrals from each of the seven local authorities did not take part in the study, the majority (n=25, 61%) of non-participants came from Areas 2 and 3.

Table AB.1 Referrals and non-participants by local authority

Care leavers	Area	Area	Area	Area 4	Area 5	Area 6	Area 7	Total
	1	2	3					
Referrals	13	35	32	15	10	18	24	147
Non-participants	5	12	13	3	1	2	5	41
% non-participants	38%	34%	40%	20%	10%	11%	21%	28%

As discussed further below, this was in part due to the substantial restructuring of services within these areas, which had an impact on the study referral procedure and our ability to access and contact young people. Delays in referrals from the teams meant that some young people were no longer suitable for the study (e.g. they were not 'recent' care leavers) or they were referred late and difficulties in obtaining contact meant that we were unable to secure an interview within the timescale for T1.

2 Reasons for not participating in the study

Young person unwilling to participate - (n=15, 37%)

Over a third of non-participants refused to take part in the study. Our focus on the early months of post-care living meant that the research was taking place at a time of considerable change in the lives of these young people. Several of the non-participants were experiencing difficulties or felt that they had more pressing issues to deal with. In addition, two young people who wanted no further contact with leaving care services declined because they did not wish to dwell on their care experience. One young person simply said '*no thanks*'.

Unable to contact young person - (n=17, 41%)

Around two-fifths of the non-participant group were either not in contact with the leaving care team or proved difficult for the research team to track within the study time frame. In several cases these young people agreed to participate in the research and interview appointments were set up, but the young person failed to show or cancelled prior to the appointment. One young woman failed to show on three occasions and contact was finally lost when she sold her mobile phone. Those who were difficult to contact were often the more troubled young people who were moving accommodation frequently and were dropping in and out of contact with the leaving care teams. Reorganisation within the leaving care teams also had an impact on our ability to contact young people. For example we experienced delays in receiving referrals and contact details. Also, some workers had yet to begin working with young people and had not had the opportunity to discuss the research with them.

Not appropriate to contact young person - (n=7, 17%)

The research team withdrew contact in a small number of cases where the leaving care worker considered it unsuitable to include a young person in the study. This included young people who were described as having profound communication difficulties and their primary worker considered them unable to participate. Other young people were experiencing considerable personal difficulties either with their mental health or personal issues and leaving care workers did not consider it appropriate to engage them in the study.

Other - (n=2, 5%)

The carers of a young person who had been referred to the study objected to us contacting them. We were therefore unable to arrange an interview. In addition,

contact with an asylum seeker was hampered when he began to withdraw from the leaving care service due to difficulties arising from uncertainty about his age.

3 Gender

Compared to the participant group, slightly more non-participants were male (59% compared to 47%). This may reflect wider population trends which suggest that males are less likely than females to participate in research (Rosnow and Rosenthal, 1996).

4 Ethnic origin

The non-participant group consisted of a higher proportion of young people from minority ethnic backgrounds compared to the participant group (44% compared to 21%). It is likely that this reflects difficulties with the referral procedure in some of the teams rather than a greater unwillingness to participate amongst minority ethnic young people. When we looked at reasons for non-participation it was clear that ongoing restructuring within one of the asylum teams had hampered the researchers ability to contact asylum seeking young people in one of the areas. Several leaving care workers were yet to start working with newly allocated cases and were therefore unable or unwilling to engage these young people in the research within the study timeframe.

Whilst disappointed at being unable to involve these young people, we do not feel that this introduced bias into the sample as the proportion of minority ethnic young people in the participant sample (21%) is broadly consistent with local authority returns on the ethnic origin of looked after young people in England (Department of Health, 2003a).

5 Age

The age range of young people in the participant and non-participant groups was not too dissimilar. Over half (56%) of the non-participant group were aged 17 or under at the point of referral soon after leaving care. This compares to 67% of the participant sample. Slightly more non-participants were aged 18 and over (41% compared to 33%) at the point of referral. However, the age of 7% of the non-participants was unknown. In some cases this was because the young person was an age disputed asylum seeker.

6 Disability

There was some indication of a small difference between the participant and non-participant groups in terms of disability and health issues.

A greater proportion of the non-participant group were described as having a physical disability. (5%, compared to 2%), although this only amounted to two young people in each group. In both non-participant cases, workers cited a profound disability involving communication difficulties as the main reason for not participating.

Broadly comparable proportions had learning difficulties (17% of non-participants and 13% of participants), mental health problems (15% and 10% respectively) and emotional and behavioural problems (49% and 42% respectively).

As discussed in section 2 above, some young people were unable or unwilling to participate because of mental health or disability issues.

7 Leaving care

The non-participant group had left care from a range of placements. Similar proportions of non-participants had left from foster care (46%) and residential care (49%) and 5% had left from 'other' placements. When compared to the participant group, non-participants appeared to be more likely to have left from residential care than participants (49% and 34%, respectively).

Whilst 7% of non-participants had remained with foster carers after legal discharge from care, most had moved onto semi independent or independent living at baseline. A small proportion (7%) continued to live in supported environments, such as a secure psychiatric ward and residential schools for young people with learning disabilities.

Conclusion

Overall, we feel that the participant sample is largely representative of young people leaving care in the seven local authority areas. We found little evidence of any bias within the sample. We did, however, identify some obstacles to participation which resulted largely from ongoing restructuring within some of the leaving care teams and which subsequently delayed or prevented contact with young people within the T1 timescale for data collection.

Generally, however, we were extremely encouraged by the level of interest and participation amongst both young people and leaving care workers. The extent of their willingness to engage in the study is reflected in participation rates that reached 72% for young people referred to the study and 100% for leaving care workers asked to take part by completing a schedule/interview.

14 Appendix C

Statistical Analysis – Main Measures & Outcomes

Statistical analysis - main measures & outcomes

This appendix provides an overview of the statistical tests and key assumptions that were adopted in the course of conducting this research. It describes the construction of outcome measures and key variables and outlines our approach to statistical analysis and to the emerging issues and limitations encountered during the analysis stage.

Constructing the main outcome measures

This section addresses our approach to constructing the outcome measures and describes the main outcome measures and key variables used throughout this report.

Approach to outcomes

Knapp (1989) describes outcomes as the effects or results of a process. For the purpose of this study the 'process' may be seen as a combination of the care and leaving care experiences, the support or intervention young people have received and the wider context in which it takes place. Because support may serve as a mediator between experiences and outcomes we have considered the two aspects of this process separately. First, we have looked at selected elements of the care experience; the transition process and early post care experience (baseline starting points) in terms of their association with later intermediate and final outcomes at follow-up. Second, we have considered the use of formal and informal sources of support to help young people prepare for and adjust to post care living. In doing so, we have been able to explore and reflect upon how these aspects inter-relate in shaping the progress of young people.

Two kinds of outcome measures have been employed in this study. First, intermediate or process outcome measures are used to assess young people's progress in relation to important areas of their lives - such as housing, careers, life skills and social networks. Second, three overall or final outcome measures have been employed as measures of overall quality of life and social participation (GHQ-12, Cantril's ladder and the in-house 'workhome' measure).

We should at this stage acknowledge the limitations of measuring outcomes over a relatively short time frame (9 months). The outcome measures employed in this study describe a young person's status and progress across a range of life areas at the end of the research process (up to 18 months on from leaving care). In this

sense they merely act as an indication of how well or poorly young people are managing and progressing with post care living within a set time frame. Whilst these outcomes may well serve as predictors of future life chances, ultimately, it is useful to bear in mind that these are early days in the transition to adulthood and there is great potential for young people's circumstances to alter in either direction as their skills and experiences develop and broaden. This issue of assessing outcomes over short time frames both highlights the limitations of relatively short-term studies and suggests a need for longer-term follow-ups. That said, previous research has suggested that 6–9 months does provide a reasonable amount of time in which to monitor change and that planned intervention in the early stages of transition to independent living can have an assessable impact upon subsequent outcomes (Biehal *et al.*, 1995). It also provides a sharp focus on the transition process itself, the distinctiveness of which may become flattened out in a longer-term follow-up.

Key variables and outcome measures

A range of variables was used for bivariate and multivariate analysis. As outlined below this included variables to describe basic characteristics; the care and leaving care experience; baseline, intermediate and final outcome measures across key life areas after leaving care; support; and service use.

1 Basic characteristics of young people

- **Gender** - whether male or female
- **Ethnicity** - due to the small numbers of young people from minority ethnic backgrounds in the sample (27), and in order to provide a reasonably robust variable that could be used in statistical tests, the following variable was constructed – 'white citizen young people'/'minority ethnic young people'. The latter category includes both citizen young people from minority ethnic backgrounds and asylum seeking young people. We recognise that this only provides a crude indicator of ethnic origin, collapsing together as it does young people from very different cultural backgrounds, but it was the best that could be done with the numbers available
- **Disability** - this variable combined young people with sensory, physical or learning impairments, based on information provided by workers (total 18 young people) in order to compare experiences with those considered non-disabled. A similar limitation applies to that for ethnic origin
- **Mental health/emotional and behavioural difficulties** - this variable combined cases where workers perceived young people to have one or more

mental health related problems. Ten per cent of young people were thought to have a mental health problem and 42% problems with emotional or behavioural difficulties (44% of young people in total)

- **Parenthood** - whether or not the young person or a partner had or was expecting a child This variable was drawn from information provided by young people at baseline and follow-up.

2 Care characteristics

Previous research has pointed to a number of key factors related to the care experience which may be associated with the life chances of young people moving on from care. These may serve as risk indicators or protective factors. The main factors used in this study included:

- **Length of time in care** - the number of years in care during the last care episode
- **Placement movement** - two variables were constructed. The first indicated the number of moves in total during the last care episode and the second, the average number of moves per year of being in care during the last care episode. This latter variable thus adjusted for the length of time in care
- **Last care placement** - whether in foster, residential or other care placement
- **Age at moving on** - the young person's age on leaving their last care placement
- **Care difficulties** - whether the young person had experience difficulties such as running away, offending, substance misuse, being bullied and truancy and exclusion whilst in care. These variables were also combined into an overall care difficulty score.

3 Baseline and Intermediate outcome measures in key life areas

The status of young people across key life areas in the early months after leaving care (T1) and nine months later (T2) was assessed. Young people were categorised as having good or poor; or good, fair, poor T1 baseline and T2 intermediate outcome measures across these key life areas. Variables were based on information from both the young person and their leaving care worker. The main baseline and outcome measures used in analysis were constructed as follows:

- **Education (T1)** - attainment in education on leaving care was assessed on the basis of the young person's information on qualifications obtained:

Good - at least one GCSE or GNVQ at any level

Poor - no GCSEs or GNVQs

Information on any qualifications obtained over the follow-up was collected qualitatively at T2.

- **Life skills (T1 & T2)** - life skills at baseline and follow-up were assessed using information derived from young people and workers (see Chapter 3). For multivariate analysis in Chapters 7 and 8, the worker variable was used. Workers were asked to rate young people's coping skills in 11 life skills areas, each involving a four scale measure from very weak to very strong: health (hygiene and diet), practical skills (shopping, cooking, budgeting), interpersonal skills (managing friendships and sexual relationships, managing formal encounters and college/work relationships) and overall assessments of the young person's sense of self identity and self esteem/confidence.

These items were tested for internal consistency (Cronbach's alpha 0.88) and summed into an overall score per case to provide a scale measure for use in further analysis. The limitations with this variable were discussed in Chapter 3.

- **Career (T1 & T2)** - this measure was based on whether the young person was engaged in education, training or employment and their leaving care worker's assessment of progress and attendance. Two versions of this variable were used, a three value (good, fair, poor) used in the construction of 'Workhome' (see Chapter 7) and a two value variable which compressed good and fair used in Chapter 4.

Good - engaged in education, training or employment and scored positively on leaving care worker's assessment of progress *and* attendance

Fair - engaged in education, training or employment and scored positively on either progress *or* attendance assessment (but not both)

Poor - unemployed *or* in education, training or employment but scored poorly on leaving care worker's assessment of progress *and* attendance

Young parents and those in young offenders institutions were excluded from this outcome measure. However they were included in the NEET variable (see Chapter 4).

- **Accommodation (T1 & T2)** - the housing measure was based on the suitability of the accommodation and the ability of young people to manage in their homes. It draws upon the perspective of both the young person and their leaving care worker (see Chapter 3).

Good coping -	both the young person and their leaving care worker felt that they were coping quite or very well in the accommodation.
Poor coping -	the young person or their leaving care worker felt that the young person was coping not so well or not at all well.
Good suitability -	young person liked where they lived (all or some of the time) and their leaving care worker assessed the accommodation suitable for their needs.
Poor suitability -	young person did not like where they lived at all or their leaving care worker assessed it as unsuitable for their needs.

These dimensions were combined to give an overall housing baseline and outcome measure:

Good -	positive assessments of coping and suitability
Fair -	one of the dimensions was assessed positively
Poor -	both dimensions assessed negatively

4 Final outcome measures

In addition to these general baseline and intermediate outcome measures three key measures were used to provide an overall assessment of final outcome and progress over the nine-month follow-up. These measures, which are used in the regression model, were described in detail in Chapter 7. In brief, they include assessments of general and mental well-being and overall progress in two key life areas (accommodation and career).

General and mental well-being were assessed using:

- **The General Health Questionnaire (GHQ-12)** - a twelve-item version of the GHQ-12 was administered to young people at T1 and T2. The GHQ-12 is a measurement of mental well-being. Whilst it cannot make a clinical diagnosis of long term mental illness it can identify the appearance of disturbing problems, such as psychological distress or poor mental well-being, which may interfere with normal functioning
- **Cantril's Ladder** - the ladder is a measure of life satisfaction used in the Lancashire Quality of Life Profile (LQoLP). The LQoLP is a measure of subjective well-being based on how happy one feels over a given time period.

The overall measure of progress in key life areas was based on:

- **Workhome** - the importance of positive outcomes in the key life areas of accommodation and career has been highlighted in previous research and various government initiatives. An in-house measure of overall outcome in these areas was developed by combining the two separate intermediate outcome measures related to progress in career and accommodation (as outlined above). Both of these were three-value measures expressed as good, fair and poor. These two measures were then combined to form a five - value 'workhome' measure based on the reasonable assumption that steady involvement in education, training or employment and appropriate housing with sufficient support to maintain it were equally important ingredients of a 'good' overall outcome. Without these, it would be difficult to argue that, in overall terms, a young person was doing particularly well.

5 Support (informal and formal)

Information on support prior to, during and after the transition from care was gathered from young people and their leaving care workers at T1 and again, in greater detail, at T2. Assessing support, however, is not a straightforward undertaking. Support from both informal (i.e. family, friends, ex-carers) and formal (i.e. professional) sources was assessed using a range of measures. Generally, support was measured in terms of intensity (based on the frequency of contact with support providers and the number of key life areas in which support had been provided) and quality (based on whether support was considered helpful or not by young people).

Preparation support

Two separate measures of professional support to prepare young people for the move to independent living were constructed:

1. An overall assessment of the quality of support received. This was based on whether young people felt that, while they were looked after, they had received *enough*, *some* or *no* information or support across a fifteen-item checklist of independent living skills. Scores were summed and support was rated on a scale of 0 to 30 accordingly.
2. A measure based on the leaving care worker's account of whether the young person had received a planned program of preparation and if so, which areas had been addressed (range 0-18 areas). These items were summed to give an overall rating and tested for internal consistency (Cronbach's alpha 0.84). The mean score was 13.5 areas addressed and a score of 13 was used to divide the sample as follows:

Low intensity support -	no planned program of preparation
Medium intensity support -	received planned program of preparation in up to 12 areas
High intensity support -	received planned program of preparation in 13 or more areas

Transition planning support

Again, two measure were constructed, one based on the young person's data and the other based on the leaving care worker's perspective:

1. The first, derived from the young person's data, was an assessment of the level of leaving care planning support. This was based on the number of individuals (friends, family and professional sources) identified by the young person as providing help during this important time (range 0 – 7).
2. The second, was a transition planning score, based on the leaving care workers reporting of key areas in which a needs assessment was carried out prior to leaving care (health, accommodation, careers, finances, life skills etc. providing a range from 0 – 10). The 10 items

were summed to give an overall rating. Reliability tests pointed to a strong internal consistency between these items (Cronbach's alpha 0.95).

After care support (T1 to T2)

Information (from young people and leaving care workers) on on-going support over the follow-up period from professionals, ex-carers, family and friends was used to construct the following support measures:

- **Professional support**

Professional support was assessed in terms of intensity of contact with a range of different support professionals.

The intensity measures were derived from the young person's data. A number of separate measures were constructed. These were based on the average number of contacts per month between the young person and their leaving care worker, their social worker and other professionals.

Additionally, an overall scale measure of intensity of professional support was constructed to give an indication of general professional support. This was based on the average number of contacts with 'all' professionals (including leaving care worker and social worker).

- **Informal support**

Support from past carers

In addition to professional support, a similar measure of contact with ex-carers (residential or foster) was created. This was based on the average number of contacts per month between young people and their previous carers over the follow-up period.

Family support

The frequency of contact with family members was established by asking young people and their leaving care worker to identify those family members the young person saw at least every two weeks. They were also asked to identify a key family member (i.e. a family member who the young person felt closest to) and indicate the helpfulness of contact with that person. This provided two measures of support at T1 and T2 (one from each perspective):

Young person

Strong - Has contact with family and contact with the closest adult is 'mostly helpful'

Fair - Has contact with family and contact with closest adult is 'sometimes helpful'

Weak - Has no family contact or was not close to any adult or contact with closest adult was 'mostly unhelpful'

Worker

Strong - Has contact with adult family members and contact with closest adult thought helpful

Weak - Has no adult family contact or was not close to any adult or contact with closest adult thought unhelpful

Support from friends

The strength of support from friendship networks was measured by two variables, one from the perspective of the young person and one from the leaving care worker's perspective. Both were constructed at T1 and T2 as follows:

Strong - One or more close friends

Weak - No close or no real friends

- Support in life areas**

Finally, two assessments of support across life areas were constructed to show the breadth of support provided from professional and informal sources. These were derived from leaving care worker data and constructed by summing the number of key life areas in which young people had received support over the follow-up period (i.e. housing, life skills, career, finance, family, friendships, general health; range 0 to 7). The two separate measures indicated support from the following sources:

Professional - Number of life areas in which professional support received

Informal - Number of life areas in which informal support received

Statistical analysis

Bivariate analysis

Three types of data are utilised in this report – nominal, ordinal and interval data:¹

- Nominal data include variables that do not imply that individuals have more or less of a particular quality, such as gender, ethnic origin, local authority area and so on
- Ordinal data include variables that do place individuals in the sample into a rank order on the basis of having more or less of a particular quality, but where the distance between each value cannot be measured with precision – we simply know that where young people are positioned implies that they are doing better or worse with respect to this measure. Variables of this kind include scale measures of life skills, ratings of care behaviour difficulties and some of our intermediate outcome measures (for example, for housing and family support)
- Interval or scale data include variables where every point in a scale is equidistant from the point above and the point below, such as age at leaving care or length of time looked after in care.

In analysing these data we avoided the assumptions implicit in usual parametric tests by using a range of appropriate non-parametric tests (Chi-square, Fisher exact test, Mann Whitney U, the Kruskal Wallis H test, and Kendall's tau B as the occasion required). These tests were adequate for all the analyses in Chapters 2 to 6. However, the use of non-parametric tests did not apply to the multivariate analysis conducted in Chapter 7 (see below) or cost function analysis in Chapter 8.

We followed the convention of reporting findings when they proved significant. The threshold for statistical significance was $p=0.05$ and the p values of all reported findings are provided in the text. In Chapter 7 the statistics measuring the strength of the associations and the size of the sample to which these tests relate are also reported. Where the strength of association appears weaker or stronger this is reported, but providing these statistics also enables readers to make up their own minds about which findings seem more or less important.

¹See Bryman and Cramer (1990), Chapter 2, for definitions of different types of variables and their implications for analysis.

The complexities involved in researching the social work field often deliver associations that appear quite weak (even though they are significant) and yet they can account for quite large percentage differences in the sample. The association between young people's life skills at baseline (as assessed by workers) and subsequent housing movement and instability over the follow-up period was one of the weakest associations identified ($p=0.03$; Kendall's tau $b = -0.169$). Yet the percentage differences - especially for those with four or more moves - are quite large, as Table AC.1 below suggests:

Table AC.1 Number of housing moves at follow-up by life skills at baseline (n=97)

Moves	Life skills (%)		
	Strong	Fair	Weak
0-1	76	62	48
2-3	18	23	16
4 or more	6	15	36

Multivariate analysis

In Chapter 7, linear regression was utilised to identify factors that were associated with three final outcome measures after allowing for other possible influences on outcome. These measures were the GHQ-12 (a measure of mental well-being), Cantril's Ladder (a measure of overall quality of life) and an in-house variable 'workhome'.

We have treated the 'workhome' measure as an ordinal variable in this analysis. As a check we grouped this variable into three values (good, fair, poor) and compared the means for these values against our other two key final outcome measures (GHQ-12 and Cantril's ladder). As Table AC.2 suggests, the distribution of means at follow-up provides some justification for considering 'workhome' as an ordinal variable in that there is evidence of a fairly clear hierarchy from poor to good.

Table AC.2 Comparing means for workhome, GHQ-12 and Cantril's ladder

Workhome	GHQ-12	Cantril's ladder
Poor	3.29	49.81
Fair	2.38	61.71
Good	1.31	65.23

There is some debate between researchers in the applied social sciences as to when and how essentially ordinal data can be used (Bryman and Cramer, 1990; Wright, 1997). Rather than entering this debate, it is perhaps more important to provide a clear rationale for including 'workhome' in linear regression in this particular case. This rests on the key assumption that it matters much less whether or not the outcome variable itself is normally distributed than that there should be a normal distribution amongst the residuals. Wright simplifies this nicely:

In plain English, the main assumption for regressions is that there is nothing strange looking in the scatter plot or, more generally, in the residuals. (Wright 1997, p.104)

When constructing the final model for 'workhome' checks on the distribution of residuals were carried out. The residuals were plotted and tested for Skewness (0.271, standard error 0.260) and Kurtosis (-0.689, standard error 0.514). We considered that these were within acceptable bounds. In addition, we also plotted residuals against predicted values and this revealed nothing untoward with respect to distribution. For example, the Pearson correlation between predicted values and residuals was $r = -0.022$. These checks give further confidence about using the 'workhome' variable in this way.

Further discussion on all variables used, is contained within the relevant chapters.

15 Appendix D

Ethical Issues and Confidentiality

Ethical issues and confidentiality

There are a number of ethical issues that arise with regard to the involvement of young people and practitioners in research. Care has been taken during all aspects of our research (design, data collection, analysis and reporting) to conduct the study according to sound ethical standards.

Good practice

Training provided to researchers ensured that good practice was carried through at all stages of data collection. Researchers adhered to the ethical protocols of the Research Unit and where necessary, the local authority in which they were researching. Researchers involved in fieldwork had experience of interviewing young people and had current CRB checks.

Informed consent

In our study, all participants were 'volunteers' and all were fully informed as to the study's aims, objectives and importance. The research relationship between participants and the study was also made clear. The study provided such information through a variety of means, including written correspondence in the form of introductory contact letters and information leaflets and by way of verbal communication during introductions to face-to face and telephone interviews.

Confidentiality

A number of strategies were put in place to ensure confidentiality. In line with standard research practice, any identifying characteristics were removed from documentation that might be seen by agencies and individuals outside of the research team. Participants in the research were allocated codes and where necessary pseudonyms to ensure confidentiality in data presentation. These practices have been adhered to in all reporting stages.

Confidentiality was assured throughout the course of data collection. In addition, the management of disclosure, whereby participants may reveal information that might suggest risk, either to themselves or others was discussed in detail.

Instances may arise when interviewers wish to advise research participants to seek advice or support. Where these situations did occur, information on useful support or advisory contacts was checked for accuracy and relevance.

Data storage

Data was subject to rigorous security. Contact details and keys to allocated codes were kept secure and in separate locations and were accessible by members of the research team only.

Databases were password protected and stored on secure locations. Separate databases were used for storing contact details and case information.