

## Looked-After Children and Young People

**[N] Interventions and approaches to support looked-after young people transitioning out of care into independent living**

*NICE guideline NG205*

*Evidence reviews underpinning recommendations 1.8.1 to 1.8.21*

October 2021

Final

*These evidence reviews were developed  
by NICE Guideline Updates Team*



## **Disclaimer**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

## **Copyright**

© NICE 2021. All rights reserved. Subject to [Notice of rights](#).

ISBN:978-1-4731-4291-6

## Contents

|  |            |
|--|------------|
| <b>Interventions and approaches to support looked-after young people transitioning out of care into independent living .....</b>   | <b>6</b>   |
| Review question .....  | 6          |
| Introduction .....   | 6          |
| Summary of protocol .....  | 7          |
| PICO table.....  | 7          |
| SPIDER table .....   | 9          |
| Methods and process .....  | 9          |
| Effectiveness evidence.....  | 9          |
| Summary of studies included in the effectiveness evidence .....  | 10         |
| Summary of the effectiveness evidence .....  | 19         |
| Economic evidence .....  | 137        |
| Summary of included cost effectiveness evidence.....   | 138        |
| † SW = south west quadrant i.e. the new intervention is less costly and less effective, and is deemed cost-effective if the ICER is greater than the threshold of £20,000; SE = south east quadrant i.e. the new intervention is less costly and more effective and so is dominant. ‡ discounted values are presented in brackets. § Converted from 2009 GBP to 2020 GBP accounting for inflation, conversion ratio 1.208, EPPI Centre cost converter accessed on the 07/09/2020 ..... | 141        |
| Economic model.....  | 143        |
| The committee’s discussion of the evidence.....  | 143        |
| References – included studies.....   | 149        |
| <b>Appendices.....</b>   | <b>153</b> |
| Appendix A – Review protocols .....  | 153        |
| Review protocol for interventions to looked-after young people transitioning out of care into independent living (review question 6.1) .....   | 153        |
| Appendix B – Literature search strategies .....  | 167        |
| Appendix C –Evidence study selection .....   | 212        |
| Appendix D – Effectiveness evidence.....   | 213        |
| RCTs   | 213        |
| Non-RCTs .....   | 265        |
| Qualitative studies .....  | 291        |
| Appendix E – Forest plots.....   | 382        |
| Appendix F – GRADE and CERQual Tables .....  | 383        |
| GRADE tables .....   | 383        |
| CERQual tables.....  | 444        |
| Appendix G – Economic evidence study selection.....  | 508        |
| Appendix H – Economic evidence tables.....   | 509        |

---

|  |     |
|--|-----|
| ScHARR 2010 .....  | 512 |
| Appendix I – Health economic model .....                   | 515 |
| Appendix J – Excluded studies .....                        | 516 |
| Effectiveness studies.....                                 | 516 |
| Cost-effectiveness studies.....                            | 528 |
| Appendix K – Research recommendations – full details ..... | 530 |
| Research recommendation .....                              | 530 |
| Appendix L – References .....                              | 533 |
| Other references .....                                     | 533 |
| Appendix M – Other appendix .....                          | 533 |

# Interventions and approaches to support looked-after young people transitioning out of care into independent living

## Review question

6.1a: What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support looked-after young people transitioning out of care into independent living?

6.1b: Are interventions to support transition out of care for care leavers acceptable and accessible to care leavers and their providers? What are the barriers to, and facilitators for the effectiveness of these interventions?

## Introduction

Local authorities provide information about children who were previously looked after, who turned 17 to 21 in the year. These were children who were looked after for at least 13 weeks after their 14th birthday, including some time after their 16th birthday. Of those ceasing to be looked after, those moving into independent living represent 16%, with 30% returning home to live with parents, 13% moving out under special guardianship orders, and 12% being adopted. From the 31<sup>st</sup> March 2019, the number of young people aged 16 and over leaving care to move into independent living has risen each year from 3,720 in 2015, to 4,560 in 2017, to 4,680 in 2019. Of those moving into independent living in 2019, 4000 received supportive accommodation while 680 had no formalised support. The proportion of children ceasing to be looked after, who were male, and who ceased on their 18th birthday have both been increasing. This is likely to be influenced by unaccompanied asylum-seeking youth reaching 18 years of age and leaving the care system. 32% of children ceasing to be looked after left on their 18th birthday, up from 23% in 2015. Local authorities are expected to stay “in touch” with care leavers and provide statutory support to help the care leaver transition to living independently. To be counted as ‘in touch’, there should be contact between the local authority and the young person around 3 months before and one month after the young person’s birthday. Local authorities were in touch with 75% of 17-year olds, 93% of 18-year olds and 89% of 19 to 21-year old care leavers.

Economic and education outcomes for care leavers: From the 31<sup>st</sup> March 2019, for 18-year olds, 46% were known to be in education, 18% in training or employment and 30% were NEET. For 19 to 21-year olds, 6% were known to be in higher education, 21% were in other education, 25% were in training or employment and 39% were NEET (compared to around 12% of all young people aged 19 to 21 years). Information was known for 91% of 19-21-year old care leavers.

Accommodation outcomes for care leavers: 27% of 18-year-old care leavers were accommodated in semi-independent transitional accommodation; 20% with former foster carers; 13% were living independently; 12% with parents or relatives. 35% of 19 to 21-year-

old care leavers were living independently; 14% in semi-independent transitional accommodation; 11% with parents or relatives; and 8% with former foster carers (“Staying Put”).

In a July 2016 policy document, *Keep on Caring*, the Department for Education (DfE) noted that outcomes for care leavers were much worse than for their non-care experienced peers. Care leavers as a group have poor outcomes on key measures such as housing, health, employment, and continuing in education and training post-16. Moreover, the quality and type of leaving care services provided by local authorities to support care leavers transitioning into independence is variable. It is currently unclear what specific interventions are effective in improving outcomes for care leavers. This review will consider interventions to support looked-after children and young people transitioning out of care to independent living.

## Summary of protocol

### PICO table

**Table 1: PICO for review on interventions to support looked after young people transitioning out of care to independent living**

|                     |  |
|---------------------|--|
| <b>Population</b>   | <p>Looked after young people and care leavers (transitioning out of care into independent living), aged 16 – 25.</p> <p>Also including:</p> <ul style="list-style-type: none"> <li>• Young people living at home with birth parents but under a full or interim local authority care order and are subject to looked-after children and young people processes and statutory duties.</li> <li>• Young people on remand, detained in secure youth custody and those serving community orders.</li> </ul>  |
| <b>Intervention</b> | <p>Interventions and approaches to support looked-after young people transitioning out of care into independent living.</p> <p>Interventions may include:</p> <ul style="list-style-type: none"> <li>• Information and education-giving tools or programmes</li> <li>• Extended foster care support programmes</li> <li>• Supported lodgings, training flats, semi-independent living (e.g. “SHIP” “16 plus”), and lodging arrangements for care leavers in higher education.</li> <li>• Life-skills training (independent living skills, specific courses such as on maintenance, fuse changing, budgeting, finance, and positive risk-taking)</li> <li>• Approaches to assist entry into employment, training, and higher education (e.g. supportive work placements and internships, see also “care leavers covenant”)</li> </ul> |

## FINAL

### Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|                   |  |
|-------------------|--|
|                   | <ul style="list-style-type: none"><li>• Coaching and mentoring (including peer mentoring) schemes (e.g. north wales advocacy service)</li></ul>  |
| <b>Comparator</b> | Services as usual, waiting list or another intervention.   |
| <b>Outcomes</b>   | <p><u>Quantitative outcomes</u><br/>Following transition:</p> <ul style="list-style-type: none"><li>• Re-entering care (adult social care services)</li><li>• Employment and economic independence (including adverse outcomes such as homelessness)</li><li>• Completion of training and education</li><li>• Mental and emotional wellbeing</li><li>• Quality of life</li><li>• Health outcomes (e.g. nutritional intake, dentition, or improved health behaviours, risk-taking behaviours)</li><li>• Criminal outcomes</li></ul> |



## SPIDER table

**Table 2: SPIDER table for interventions to support looked after young people transitioning out of care to independent living**

|                               |  |
|-------------------------------|--|
| <b>Sample</b>                 | Looked after young people and care leavers (transitioning out of care into independent living), aged 16 – 25.<br><br>Also including: <ul style="list-style-type: none"> <li>• Young people living at home with birth parents but under a full or interim local authority care order and are subject to looked-after children and young people processes and statutory duties.</li> <li>• Young people on remand, detained in secure youth custody and those serving community orders.</li> </ul> |
| <b>Phenomenon of Interest</b> | Health and social care interventions and approaches to support looked-after young people transitioning out of care to independent living   |
| <b>Design</b>                 | Including focus groups and interview-based studies (mixed-methods studies will also be included provided they report relevant qualitative data).   |
| <b>Evaluation</b>             | Evidence should relate to the views of care leavers, their carers, and providers who would deliver eligible interventions. Views should consider: <ul style="list-style-type: none"> <li>• The accessibility and acceptability of the intervention, including information about the source and type of intervention used.</li> <li>• Barriers to and facilitators for intervention effectiveness in supporting care transitions.</li> </ul>  |
| <b>Research type</b>          | Qualitative and mixed methods  |
| <b>Search date</b>            | 1990   |
| <b>Exclusion criteria</b>     | <ul style="list-style-type: none"> <li>• Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data.</li> <li>• Countries outside of the UK (unless evidence concerns an intervention which has been shown to be effective in reviewed quantitative evidence)</li> <li>• Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current)</li> </ul>  |

## Methods and process

This evidence review was developed using the methods and process described in [Developing NICE guidelines: the manual](#). For further details of the methods used see Appendix N. Methods specific to this review question are described in this section and in the review protocol in Appendix A.

The search strategies for this review (and across the entire guideline) are detailed in Appendix B.

Declarations of interest were recorded according to [NICE's 2018 conflicts of interest policy](#).

## Effectiveness evidence

### Included studies

After removing duplicates, a total of 36,866 studies were identified from the search. After screening these references based on their titles and abstracts, 136 studies were obtained and reviewed against the inclusion criteria as described in the review protocol for interventions to support transition out of care into independence (Appendix A). Overall, 33 papers (27 original studies) were included. These reported on 8 RCTs, 5 non-RCTs, and 14 qualitative studies.

A summary of included studies and interventions can be found below. Full evidence tables can be found in Appendix D. The full references of included studies are given in the reference section of this chapter.

### Excluded studies

In total, 103 studies were excluded because they did not meet the eligibility criteria. See Appendix J for a list of references for excluded studies, with reasons for exclusion. qq

### Summary of studies included in the effectiveness evidence

Included studies described 28 interventions to support transition out of care into independence.

The tables below present a summary of the populations, comparisons, sample sizes, and outcomes evaluated in the evidence identified within this review. For further information on the studies summarised, see full evidence tables in Appendix D.

### Quantitative evidence

**Table 3: Summary of quantitative studies contained within this evidence review**

| Study (country)         | LACYP population  | Intervention                                 | Comparator        | Number of participants who completed study | Outcomes reported (follow up f/u)                |
|-------------------------|---|--|-------------------|--|--|
| <b>RCT</b>              |   |  |                   |  |  |
| Braciszewski 2018 (USA) | Youth aged 18-19 years old who exited foster care fewer than 2 years ago, owns a mobile phone and had a moderate or severe risk score on the alcohol, smoking and substance involvement screening test (but not currently in or seeking substance abuse treatment). | iHeLP (electronic motivational intervention) | Services as usual | 33 care leavers                            | Proportion of days abstinent from drug of choice |

| Study (country)                               | LACYP population  | Intervention                                     | Comparator        | Number of participants who completed study | Outcomes reported (follow up f/u)  |
|---|---|--|-------------------|--|--|
| Courtney 2008b/<br>Greeson 2015a<br><br>(USA) | Youth aged 17 years old in out-of-home care.  | Life Skills Training programme (LST)             | Services as usual | 482 care leavers                           | Current living situation<br>Qualifications<br>Grade completion<br>College enrolment<br>Employment<br>Earnings<br>Hardship score<br>Preparedness and job preparedness score<br>Delinquency score<br>Pregnancy<br>Checking and savings accounts (Bank)<br>Receiving financial assistance |
| Courtney 2011a/<br>Zinn 2017<br>(USA)         | Youths around the age of 16, in out-of-home care.   | Independent living – employment services (IL-ES) | Services as usual | 254 care leavers                           | Current living situation<br>Qualifications<br>College enrolment<br>Employment status<br>Hardship score<br>Preparedness and job preparedness score<br>Delinquency score<br>Pregnancy<br>Checking and savings accounts (Bank)<br>Receiving financial assistance                          |
| Courtney 2011b/<br>Greeson 2015b<br>(USA)     | Aged 16 or older (95% were aged 16-18 years old) in intensive foster care, with a service plan goal of independent living or long-term substitute care. | Independent learning outreach program            | Services as usual | 194 care leavers                           | Current living situation<br>Qualifications<br>College enrolment<br>Employment status<br>Hardship score   |

| Study (country)                  | LACYP population   | Intervention                              | Comparator   | Number of participants who completed study | Outcomes reported (follow up f/u)   |
|----------------------------------|--|---|--|--|---|
|                                  |  |   |  |  | Preparedness and job preparedness score<br>Delinquency score<br>Pregnancy<br>Checking and savings accounts (Bank)<br>Receiving financial assistance   |
| Courtney 2019/ Jacobs 2018 (USA) | 17 year olds in the custody of the state (child protection system or juvenile justice system) for at least one year after age 14 or at least one day after age 17. | YVLifeSet programme                       | a list of other social services and resources that were available in the community | 1322 care leavers                          | Housing instability<br>Qualifications<br>Employment and earnings<br>Hardship score<br>Social support<br>Familial closeness<br>Mental health score<br>Overall health score<br>Access to health care<br>Drug use score<br>Victimization score<br>Criminal behaviour score<br>Contact with the criminal justice system |
| Gray 2018 (USA)                  | Aged out of foster care and enrolled as freshmen at University (age not reported)  | Koru Mindfulness program                  | Wait list control  | 36 care leavers                            | Mindfulness score<br>Stress score<br>Sleep quality score  |
| Greeson 2017 (USA)               | Aged 18 - 20.5 years old taking part in an Achieving Independence Center. Presently in out-of-home care through the local DHS; goal for permanency.                | Natural Mentoring intervention (C.A.R.E.) | Services as Usual  | 24 care leavers                            | Mindfulness score<br>Emotional regulation<br>Mental health score<br>Psychological sense of School membership score<br>Youth/Natural Mentor Relationship Quality   |

| Study (country)   | LACYP population   | Intervention  | Comparator                               | Number of participants who completed study | Outcomes reported (follow up f/u)  |
|-------------------|--|---|--|--|--|
|                   |  |   |  |  | "Grit" scale<br>Resilience score<br>Life Skills<br>Perceived future opportunities<br>Prosocial behaviour score   |
| Power 2012 (USA)  | 69 children aged 16.5 to 17.5 years received special education services and have been in foster care for at least 90 days. | TAKE CHARGE (self-determination coaching and mentoring)   | Foster Care Independent Living Programme | 69   | Self-determination score<br>Quality of life<br>High school completion<br>Employment<br>Self-determination scale<br>Transition planning engagement score<br>Independent living activities score<br>Post-secondary education   |
| <b>Non-RCTs</b>   |  |   |  |  |  |
| Barnow 2015 (USA) | In out-of-home care currently or formerly, between the ages of 16 and 21   | College preparation<br>Job preparation<br>Life skills courses<br>Substance abuse counselling<br>Income support services<br>Parenting support classes<br>GED preparation/r | Not receiving these services             | 1058 care leavers                          | Completion of GED or diploma<br>Employment in a paid job including apprenticeship and the military<br>Post-secondary enrolment full-time (or part time if also employed part-time)<br>Any positive outcome (employment or education) defined as having one or more of the other three outcomes |

## FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

| Study (country)          | LACYP population  | Intervention                        | Comparator                          | Number of participants who completed study | Outcomes reported (follow up f/u)  |
|--------------------------|---|-------------------------------------|-------------------------------------|--|--|
|                          |   | emedial education<br>Health support |                                     |  |  |
| Chittleburgh 2010 (UK)   | Youth set to leave care in the near future (mean age 16 years, 11 months).                              | Aftercare service                   | Services as Usual                   | 43   | Losing tenancies<br>Criminal conviction after leaving care<br>Losing contact with support agencies<br>Unable to find a job   |
| Jones 2011 (USA)         | Youth in residential care being discharged from foster care, at least 17 years old at time of discharge | Transitional housing programme      | Other Living Arrangements           | 106  | Alcohol and substance abuse<br>Receipt of public financial support<br>Housing instability<br>School attendance<br>Employment<br>Earnings<br>Financial stress score<br>Social support<br>Health compared to others their age (score)<br>Criminal behaviour and justice system involvement<br>Homelessness<br>Readiness for independent living score<br>Proportion living independently<br>Connectedness to the adult world score<br>Mental health score |
| Lee 2012/ Lee 2014 (USA) | Youth in out of home care for at least 1 year, aged 17 years old  | Remaining in care beyond age 18     | Not remaining in care beyond age 18 | 732 care leavers                           | Criminal behaviour and justice system involvement  |

| Study (country)    | LACYP population  | Intervention                | Comparator             | Number of participants who completed study | Outcomes reported (follow up f/u)   |
|--------------------|---|-----------------------------|------------------------|--|---|
| Vorhies 2009 (USA) | Foster care youth with severe mental illness who are pregnant and parenting in Chicago, IL. | Thresholds Mothers' Project | Before and after study | 25 care leavers                            | Brief symptom inventory<br>Child abuse potential inventory<br>Parental expectations of child behaviour<br>Parenting stress index<br>Pregnancy<br>Suspected child abuse<br>Child custody change<br>Hospitalisations<br>Educational involvement<br>Employment<br>Criminal justice involvement |

### Qualitative evidence

**Table 4: Summary of the qualitative studies contained within this evidence review**

| Study (country)    | Intervention                   | LACYP population (age)   | Setting and context  | Type of analysis   | Perspectives (n)                   |
|--------------------|--------------------------------|--|--|--|------------------------------------|
| Curry 2015 (USA)   | Transitional Housing Programme | Care leavers (age over 18)                                       | Two residential transitional housing programmes in LA, California. | Two semi-structured interviews. Participants were also invited to take photographs that reflected their time transitioning out of care. During the follow-up interview, participants described each photo, including why they chose to take the photo, what was important about the photo, and what they thought the photo said about their experience with housing since emancipation. Thematic analysis and triangulation were used. | Care leavers (14)                  |
| Dworsky 2010 (USA) | Campus Support Programmes      | Care leavers admitted to college or university (age not defined) | Ten campus support programs in California and Washington State     | Mixed methods study using telephone interviews for administrators combined with a web survey for care leavers. Thematic analysis with multiple analysts and triangulation (with the web survey) were used).  | Campus support administrators (10) |

| Study (country)        | Intervention   | LACYP population (age)   | Setting and context                                    | Type of analysis  | Perspectives (n)  |
|------------------------|--|--|--|---|---|
| Gray 2018 (USA)        | Koru-mindfulness program                               | Aged out of foster care and enrolled as freshmen at University (age not reported)                        | a large, midwestern, public 4-year University          | Focus groups were used with 6 - 10 participants in each group. The focus groups took place during class time, and students had the option not to participate. Each focus group was led by a pair of trained graduate students, who used a semi-structured interview protocol consisting of 10 open-ended questions designed to gather information about students' familiarity with the intervention and their likes, dislikes, and general perceptions about it. Two authors performed a thematic analysis. | Care leavers at university (32)   |
| Klodnick 2014 (USA)    | Therapeutically orientated Transitional Living Program | Care leavers with mental health problems planning to exit the Programme within 1 year (age not reported) | A therapeutic independent living programme in Illinois | A purposeful sample was selected. Semi-structured interviews explored experiences with services, living situation, education, employment, and supportive relationships in addition to perspectives on goals and the future. Thematic analysis with multiple analysts was used.  | Care leavers (16)   |
| Lougheed 2019 (Canada) | Strengths-based creative mindfulness-based group work  | Care leavers (age not reported)  | A community hall in Gibsons, British Columbia          | Semi-structured interviews. The participants were a convenience sample within a larger criterion sample scheme. Interviews occurred at three separate points in time over an 8-month period: pre- and postgroup, and at a follow up period, 4 months after the group ended. Inductive thematic analysis was performed with respondent validation.   | Care leavers (8)  |
| Martikk 2019 (UK)      | Youth volunteering programme                           | Care Leavers (Age not reported)  | youth volunteering project in Greater Manchester       | Purposive sampling was used to select participants who typified the gender, age and geographical location(s) of those who engaged with The Project. Semi-structured interviews were guided by a themed interview schedule designed to allow young people to reflect about their participation in the project, as well as contextualise their experience on the project in their everyday life. Qualitative data were thematically analysed using a priori themes derived from Office of National            | Care leavers (6)<br>Youth worker (1)<br>Social workers (3),<br>Foster carer (1)<br>Sheltered housing project worker (1) |



| Study (country)         | Intervention                                | LACYP population (age)                              | Setting and context  | Type of analysis   | Perspectives (n)   |
|-------------------------|---|---|--|--|--|
|                         |   |   |  | Statistics, as well as based on additional themes that emerged during the analysis.  |  |
| Mendes 2011 (Australia) | Leaving Care and After Care Support Service | Care leavers (Age not reported)                     | A Leaving Care and After Care Support Service in a rural city (Bendigo) in Australia.  | Semi structured interviews with care leavers used to uncover information about their pre-care, in-care, leaving care and post-care experiences and participation in the employment and/or mentoring programs. Focus group interviews with service employees, care leavers, and workers in the Leaving Care Alliance. Thematic analysis was used. | Care leavers (19), LCACSS workers (unclear No.), workers in the Leaving Care Alliance (unclear No.) St Luke's leaving care support workers and employment and mentoring program workers (unclear No.)              |
| Mendes 2017 (Australia) | Stand by Me (UK Personal Advisors Model)    | Care leavers (Age not reported)                     | The largest child and family welfare organisation in Victoria, SBM workers worked alongside case managers and care teams           | Semi-structured interviews regarding what support young people reported receiving through the program, and how they evaluated that support. Interviews and focus groups with a range of professionals and carers were also conducted. Thematic analysis was used.  | Young people leaving care (9), non-SBM supported youth (number unclear), Stand By Me workers (4), non-SBM staff (8) from the various residential care, home-based care, lead tenant and post care support programs |
| Rosenwald 2013 (USA)    | Independent Living Services                 | Care leavers (age range between 18 and 23)          | Independent living services in Florida providing a range of services e.g. financial, educational, case management, support groups. | Semi-structured individualised interviews and focus groups. Questions included (1) How is the experience of transition to adulthood? and (2) How has ILS been a component in this transition? Thematic analysis with multiple analysts was used.   | Care leavers (6)   |
| Schelbe 2018 (USA)      | College Support Program                     | Care leavers admitted to college (age not reported) | The Student Enrichment Program (STEP) at a community college in the south-eastern United States                                    | Semi-structured interviews. Thematic analysis with multiple analysts was used.   | Care leaver Students (8) former Student (1), Mentors (5), Collaborative Members (8), Dual Members (8), Independent Living Program Staff (2)  |

| Study (country)         | Intervention   | LACYP population (age)  | Setting and context   | Type of analysis   | Perspectives (n)                  |
|-------------------------|--|---|---|--|-----------------------------------|
| Schwartz-Tayri 2017     | Bridges to Independence Programme (Israel)                         | Convenience sample of looked after youth aging out of care (age not reported)   | A transitional housing and independent living programme for care leavers in Israel                        | A semi-structured questionnaire was used. The interviews addressed two main topics: a retrospective evaluation of their experiences as participants in the program, and their current situation in areas such as housing, employment, health, social support, service utilization, life satisfaction and outlook for the future. Responses to open questions were subjected to thematic content analysis.  | Care leavers (25)                 |
| Sims-Schouten 2017 (UK) | life-skills project "New Belongings"                               | Care leavers with mental health and wellbeing issues (aged 16 to 25 years)  | UK-based study. The project was designed to improve the life chances and outcomes for those leaving care. | Semi-structured interviews. Thematic analysis was used. Undertaken by University researchers. Interviews covered the specific areas of the programme: living skills, mental health and wellbeing, and relationships.   | Perspectives of care leavers (22) |
| Greenson 2015a (USA)    | Natural mentoring (Caring Adults R Everywhere (CARE)) intervention | Looked after youth at risk of aging out of care without a permanent family connection (15 – 21 years)                   | Urban charter high school in the Northeast United States  | Semi structured interviews. These covered. (1) their definition of natural mentoring; (2) their personal experiences with regard to natural mentoring relationship; (3) their thoughts and feelings toward C.A.R.E., a novel child welfare-based intervention (4) their reactions toward the specific components of C.A.R.E. (5) their feelings toward potentially receiving this natural mentoring intervention. Three analysts used thematic analysis. | Looked after young people (17)    |
| Greenson 2015b (USA)    | Natural mentoring  | Child welfare workers and supervisors who had served youth likely to, or who had, aged out of care (15 years and older) | a large urban city in the Northeast United States   | A focus group covering a) the process older foster youth experience as they prepare for emancipation, b) the notion of natural mentoring specifically for older youth in foster care, c) the specific components of the natural mentoring intervention contained within the manual, and d) the challenges, barriers, and opportunities that may be associated with the implementation of a natural mentoring intervention in a child                     | Child welfare professionals (20)  |

| Study (country)    | Intervention                                  | LACYP population (age)                        | Setting and context           | Type of analysis   | Perspectives (n)                            |
|--------------------|---|---|-------------------------------|--|---|
|                    |   |   |                               | welfare setting. Thematic analysis was performed.  |   |
| Spencer 2018 (USA) | Natural mentoring (Youth Initiated Mentoring) | Youth aging out of care (aged 16 to 25 years) | A mid-western city in the USA | Semi structured interviews covering: the overall strength of the relationship and types of support the mentor provided for the youth. Thematic analysis with multiple coders was used. | Youth aging out of care (12)<br>Mentors (9) |

See Appendix D for full evidence tables

## Summary of the effectiveness evidence

### Quantitative evidence

#### Randomised Controlled Trials

##### *iHelp vs No after care service*

**Table 5: GRADE table for iHelp text-message intervention vs care as usual (Braciszewski 2018)**

| Outcome   | Sample size | Effect size (95% CI)    | Quality  | Interpretation of effect <sup>a</sup>           |
|---|-------------|-------------------------|----------|---|
| Percent days abstinence during past 30 days: Self-report at 3 months  | 31          | MD 18.15 (16.55, 45.45) | Very low | More percent days abstinent in intervention arm |
| Percent days abstinence during past 30 days: Self-report at 12 months | 30          | MD 29.27 (3.64, 56.36)  | Very low | More percent days abstinent in intervention arm |

##### *Life Skills Training Programme (classroom and practicum-based training) vs Usual Care*

**Table 6: GRADE table summary for Life skills training programme vs care as usual (Courtney 2008b)**

| Outcome   | Sample size | Effect size (95% CI)   | Quality  | Interpretation of effect <sup>a</sup> |
|---|-------------|------------------------|----------|---------------------------------------|
| Completion of high school diploma or general equivalency diploma (GED) at 2 year follow up: Self-report             | 411         | OR 1.05 (0.71 to 1.55) | Very low | Could not differentiate               |
| Attended college at 2-year follow up: Self-report   | 411         | OR 0.77 (0.51 to 1.14) | Very low | Could not differentiate               |
| Overall preparedness at 2 years: Youths were asked how prepared they felt in 18 areas of adult living. The response | 411         | MD 0.00 (-0.07, 0.07)  | Very low | <b>No meaningful difference</b>       |

| Outcome   | Sample size | Effect size (95% CI)               | Quality  | Interpretation of effect <sup>a</sup>                      |
|---|-------------|------------------------------------|----------|--|
| ranged from very prepared (4) to not at all prepared (1)  |             |                                    |          |  |
| Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1).  | 411         | MD 0.00 (-0.10, 0.10)              | Very low | <b>No meaningful difference</b>                            |
| Currently employed at 2-year follow up: Self-report   | 411         | OR 0.84 (0.57 to 1.24)             | Very low | Could not differentiate                                    |
| Earnings reported over 2-year follow up period: Self-report   | 411         | MD -\$600 (-\$2065.57 to \$865.57) | Very low | <b>No meaningful difference</b>                            |
| Number of residential moves over 2-year follow up period: Self-report   | 411         | MD -0.10 (-0.50, 0.30)             | Very low | <b>No meaningful difference</b>                            |
| Homeless at any point in 2-year follow-up period: Self-report   | 411         | OR 0.73 (0.42 to 1.26)             | Very low | Could not differentiate                                    |
| Reported at least one hardship by the time of the 2-year follow-up: self-report based on 3-item hardship scale  | 411         | OR 0.74 (0.47 to 1.15)             | Very low | Could not differentiate                                    |
| Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours   | 411         | OR 1.20 (0.79 to 1.81)             | Very low | Could not differentiate                                    |
| Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours  | 411         | MD 0.02 (-0.29, 0.33)              | Very low | <b>No meaningful difference</b>                            |
| 1+ assistance with finance reported at any point in 2-year follow-up period   | 314         | OR 0.60 (0.38 to 0.96)             | Very low | <b>Outcome was less frequent in the intervention group</b> |
| Score on 5-item hardship and financial assistance scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not pay rent, was evicted or did not pay utility/phone bill, 4) received informal financial assistance 5) received formal financial assistance (a score of 5 meaning that the youth reported at least one element in each of the 5 categories) | 411         | MD 0.00 (-0.09 to 0.09)            | Very low | <b>No meaningful difference</b>                            |
| Became pregnant at any point in 2-year follow-up period   | 249         | OR 1.07 (0.60, 1.93)               | Very low | Could not differentiate                                    |

**Independent learning - employment service intervention vs usual care****Table 7: GRADE table summary for Independent learning – employment service vs care as usual (Courtney 2011a)**

| Outcome   | Sample size | Effect size (95% CI)                | Quality  | Interpretation of effect <sup>a</sup> |
|---|-------------|-------------------------------------|----------|---------------------------------------|
| Overall preparedness at 2 years: Youths were asked how prepared they felt in 18 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions)   | 229         | MD -0.01 (-0.09, 0.07)              | Very low | <b>No meaningful difference</b>       |
| Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions)  | 229         | MD -0.03 (-0.13, 0.07)              | Very low | <b>No meaningful difference</b>       |
| Has high school diploma or GED certificate at 2-year follow-up: Self-report   | 229         | OR 0.97 (0.56, 1.70)                | Very low | Could not differentiate               |
| Currently enrolled in school at 2-year follow-up: Self-report   | 229         | OR 1.20 (0.70, 2.04)                | Very low | Could not differentiate               |
| Highest grade achieved in school by 2-year follow-up: Self-report   | 229         | MD 0.01 (-0.14, 0.16)               | Very low | <b>No meaningful difference</b>       |
| Attended college at any point by 2-year follow-up: Self-report  | 229         | OR 1.42 (0.67, 3.01)                | Very low | Could not differentiate               |
| Employed at any point in the 12 months prior to 2-year follow-up: Self-report   | 229         | OR 0.87 (0.52, 1.48)                | Very low | Could not differentiate               |
| Currently employed at 2-year follow-up: Self-report   | 229         | OR 1.07 (0.63, 1.83)                | Very low | Could not differentiate               |
| Formal earnings in the 12 months prior to 2-year follow-up: Self-report   | 229         | MD -\$460.00 (-\$1385.65, \$465.65) | Very low | <b>No meaningful difference</b>       |
| Reported at least one hardship during the past 12-months, at the time of the 2-year follow-up: Self-report based on 3-item hardship scale (see below)   | 229         | OR 1.59 (0.90, 2.81)                | Very low | Could not differentiate               |
| Score on 3-item hardship scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not pay rent, was evicted or did not pay utility/phone bill (a score of 3 meaning that the youth reported at least one element in each of the 3 categories) | 229         | MD 0.18 (-0.04, 0.40)               | Very low | <b>No meaningful difference</b>       |

| Outcome  | Sample size | Effect size (95% CI)   | Quality  | Interpretation of effect <sup>a</sup> |
|--|-------------|------------------------|----------|---------------------------------------|
| Received public (formal) financial assistance by 2-year follow-up: Self-report   | 229         | OR 1.65 (0.77, 3.53)   | Very low | Could not differentiate               |
| Received informal financial assistance by 2-year follow-up: Self-report  | 229         | OR 1.16 (0.68, 1.98)   | Very low | Could not differentiate               |
| Received any financial assistance by 2-year follow-up: Self-report   | 229         | OR 1.21 (0.72, 2.04)   | Very low | Could not differentiate               |
| Number of residential moves by 2-year follow-up: Self-report   | 229         | MD -0.23 (-0.69, 0.23) | Very low | <b>No meaningful difference</b>       |
| Having been homeless at any point during 2-year follow-up: Self-report   | 229         | OR 0.59 (0.22, 1.61)   | Very low | Could not differentiate               |
| Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours see appendix D for more information)             | 229         | OR 1.08 (0.64, 1.82)   | Very low | Could not differentiate               |
| Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours (see appendix D for more information) | 229         | MD -0.47 (-1.30, 0.36) | Very low | <b>No meaningful difference</b>       |
| Reported being pregnant at 2-year follow-up: Self-report   | 133         | OR 1.60 (0.70, 3.65)   | Very low | Could not differentiate               |
| Reported having made someone pregnant at 2-year follow-up: Self-report   | 96          | OR 0.69 (0.26, 1.82)   | Very low | Could not differentiate               |
| Had a savings account at 2-year follow-up: Self-report   | 229         | OR 1.06 (0.60, 1.86)   | Very low | Could not differentiate               |
| Had any account (savings or checking) at 2-year follow-up: Self-report   | 229         | OR 1.12 (0.66, 1.90)   | Very low | Could not differentiate               |

### ***Independent learning outreach programme vs usual care***

**Table 8: GRADE table summary for independent learning outreach programme vs care as usual (Courtney 2011b)**

| Outcome  | Sample size | Effect size (95% CI)   | Quality  | Interpretation of effect <sup>a</sup>                 |
|--|-------------|------------------------|----------|---|
| Remained in foster care at 2 year follow-up: self-report, based on whether the youth had a DCF social worker, which was used as a proxy for remaining in foster care | 179         | OR 2.05 (1.13, 3.74)   | Very low | <b>Outcome was more frequent in intervention arm.</b> |
| Overall preparedness at 2 years: Youths were asked how prepared they felt in 18  | 179         | MD -0.05 (-0.14, 0.04) | Very low | <b>No meaningful difference</b>                       |

| Outcome   | Sample size | Effect size (95% CI)       | Quality  | Interpretation of effect <sup>a</sup>                 |
|---|-------------|----------------------------|----------|---|
| areas of adult living. The response ranged from very prepared (4) to not at all prepared (1)  |             |                            |          |   |
| Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1)   | 179         | MD -0.02 (-0.12, 0.16)     | Very low | <b>No meaningful difference</b>                       |
| Has high school diploma or GED certificate at 2-year follow-up: Self-report   | 179         | OR 1.15 (0.63, 2.10)       | Very low | Could not differentiate                               |
| Currently enrolled in school at 2-year follow-up: self-report   | 179         | OR 1.46 (0.81, 2.64)       | Very low | Could not differentiate                               |
| Highest grade achieved in school by 2-year follow-up: self-report   | 179         | MD 0.39 (-0.02, 0.80)      | Very low | Could not differentiate                               |
| Attended college at any point by 2-year follow-up: self-report  | 179         | OR 2.11 (1.16, 3.83)       | Very low | <b>Outcome was more frequent in intervention arm.</b> |
| Attended college at any point by 2-year follow-up: according to StudentTracker service of the National Student Clearinghouse  | 179         | OR 1.60 (0.93, 3.06)       | Very low | Could not differentiate                               |
| Attended college and persisted in their attendance at 2-year follow-up: self-report   | 179         | OR 2.15 (1.17, 3.96)       | Very low | <b>Outcome was more frequent in intervention arm.</b> |
| Employed at any point in the 12 months prior to 2-year follow-up: self-report   | 179         | OR 0.96 (0.46, 1.99)       | Very low | Could not differentiate                               |
| Currently employed at 2-year follow-up: self-report   | 179         | OR 0.85 (0.47, 1.53)       | Very low | Could not differentiate                               |
| Formal earnings in the 12 months prior to 2-year follow-up: self-report   | 179         | MD 200 (-1381.83, 1781.83) | Very low | <b>No meaningful difference</b>                       |
| Reported at least one hardship by the time of the 2-year follow-up: self-report based on 3-item hardship scale  | 179         | OR 5.42 (0.62, 47.37)      | Very low | Could not differentiate                               |
| Score on 3-item hardship scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not pay rent, was evicted or did not pay utility/phone bill (a score of 3 meaning that the youth reported at least one element in each of the 3 categories) | 179         | MD 0.11 (-0.02, 0.24)      | Very low | Could not differentiate                               |
| Received public (formal) financial assistance by 2-year follow-up: self-report  | 179         | OR 1.57 (0.26, 9.63)       | Very low | Could not differentiate                               |

| Outcome  | Sample size | Effect size (95% CI)   | Quality  | Interpretation of effect <sup>a</sup> |
|--|-------------|------------------------|----------|---------------------------------------|
| Received informal financial assistance by 2-year follow-up: self-report  | 179         | OR 2.12 (0.38, 11.87)  | Very low | Could not differentiate               |
| Received any financial assistance by 2-year follow-up: self-report   | 179         | OR 2.68 (0.51, 14.20)  | Very low | Could not differentiate               |
| Reported living in a foster home at the point of the 2-year follow-up: self-report   | 179         | OR 0.73 (0.35, 1.54)   | Very low | Could not differentiate               |
| Reported living in a group home at the point of the 2-year follow-up: Self-report  | 179         | OR 1.57 (0.26, 9.63)   | Very low | Could not differentiate               |
| Reported living in (non-foster) home of relative at the point of the 2-year follow-up: Self-report   | 179         | OR 1.04 (0.44, 2.46)   | Very low | Could not differentiate               |
| Reported living in the home of their parents at the point of the 2-year follow-up: self-report   | 179         | OR 0.87 (0.38, 2.00)   | Very low | Could not differentiate               |
| Reported living in 'other' home at the point of the 2-year follow-up, or missing   | 179         | OR 0.57 (0.16, 2.02)   | Very low | Could not differentiate               |
| Number of residential moves by 2-year follow-up: self-report   | 179         | MD -0.08 (-0.56, 0.40) | Very low | <b>No meaningful difference</b>       |
| Having been homeless at any point during 2-year follow-up: Self-report   | 179         | OR 0.68 (0.11, 4.18)   | Very low | Could not differentiate               |
| Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours (see appendix D for more information)            | 179         | OR 0.79 (0.44, 1.42)   | Very low | Could not differentiate               |
| Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours (see appendix D for more information) | 179         | MD 0.08 (-0.78, 0.94)  | Very low | <b>No meaningful difference</b>       |
| Reported being pregnant at 2-year follow-up: Self-report   | 122         | OR 0.75 (0.37, 1.55)   | Very low | Could not differentiate               |
| Received having made someone pregnant at 2-year follow-up: Self-report   | 57          | OR 0.75 (0.37, 1.55)   | Very low | Could not differentiate               |
| Received any financial assistance by 2-year follow-up: Self-report   | 179         | OR 1.13 (0.62, 2.03)   | Very low | Could not differentiate               |
| Received any financial assistance by 2-year follow-up: Self-report   | 179         | OR 1.35 (0.69, 2.62)   | Very low | Could not differentiate               |



**Natural mentoring intervention vs usual care****Table 9: GRADE table summary for natural mentoring intervention vs care as usual (Greeson 2017)**

| Outcome  | Sample size | Effect size (95% CI)    | Quality  | Interpretation of effect <sup>a</sup> |
|--|-------------|-------------------------|----------|---------------------------------------|
| Self-reported connection to people in school, mean score, postintervention: assessed using Goodenow's Psychological Sense of School Membership | 17          | MD 0.20 (-0.68 to 1.08) | Very low | Could not differentiate               |
| Self-reported youth/natural mentor relationship quality, mean score, postintervention: assessed using the Youth Mentoring Survey               | 17          | MD 0.30 (-0.05 to 0.65) | Very low | Could not differentiate               |
| Self-reported youth/natural mentor relationship quality, mean score, postintervention: assessed using the Relational Health Indices            | 17          | MD 0.30 (-0.22 to 0.82) | Very low | Could not differentiate               |

**TAKE CHARGE vs Foster Care Independent Living Programme****Table 10: GRADE table summary for Take Charge intervention vs independent living program (Powers 2012)**

| Outcome   | Sample size | Effect size (95% CI)     | Quality  | Interpretation of effect <sup>a</sup>                          |
|---|-------------|--------------------------|----------|--|
| Self-determination post intervention: assessed using the Arc Self-determination Scale   | 69          | MD 14.22 (4.06 to 24.38) | Very low | Effect favours intervention group but may be less than the MID |
| Self-determination at 1-year follow up: assessed using the Arc Self-determination Scale   | 69          | MD 14.20 (4.00 to 24.40) | Very low | Effect favours intervention group but may be less than the MID |
| High school completion post-intervention: School data was collected from school records (i.e., transcripts, IEP). Participants completed their secondary education (either through graduation or obtaining their GED)   | 69          | OR 1.83 (0.61 to 5.49)   | Very low | Could not differentiate  |
| High school completion at 1-year follow up: School data was collected from school records (i.e., transcripts, IEP). Participants completed their secondary education (either through graduation or obtaining their GED) | 69          | OR 2.63 (0.90 to 7.65)   | Very low | Could not differentiate  |
| Employment post-intervention: assessed by self-report ("the outcome survey")  | 69          | OR 2.84 (0.84 to 9.66)   | Very low | Could not differentiate  |
| Employment at 1-year follow up: assessed by self-report ("the outcome survey")  | 69          | OR 2.08 (0.72 to 6.01)   | Very low | Could not differentiate  |

| Outcome  | Sample size | Effect size (95% CI)    | Quality  | Interpretation of effect <sup>a</sup> |
|--|-------------|-------------------------|----------|---------------------------------------|
| Post-secondary education post-intervention: defined as attending either a 2 or 4-year college programme.   | 69          | OR 2.30 (0.20 to 26.75) | Very low | Could not differentiate               |
| Post-secondary education at 1-year follow up: defined as attending either a 2 or 4-year college programme. | 69          | OR 2.28 (0.71 to 7.37)  | Very low | Could not differentiate               |

### YVLifeset programme vs usual care

**Table 11: GRADE table summary for YVLifeset vs care as usual (Courtney 2019)**

| Outcome  | Sample size | Effect size (95% CI)   | Quality  | Interpretation of effect <sup>a</sup>                             |
|--|-------------|------------------------|----------|---|
| Has high school diploma at 1-year follow-up: Self-report   | 1114        | OR 1.14 (0.89 to 1.44) | Very low | Could not differentiate   |
| Has GED certificate at 1- year follow-up: Self-report  | 1114        | OR 0.92 (0.66 to 1.26) | Very low | Could not differentiate   |
| Has participated in vocational training at 1-year follow-up: Self-report   | 1114        | OR 1.39 (0.93 to 2.08) | Very low | Could not differentiate   |
| Has enrolled in post-secondary institution at 2-year follow-up: Self-report  | 1114        | OR 0.82 (0.62 to 1.09) | Very low | Could not differentiate   |
| Formal earnings at year 1: Self-report   | 1114        | MD: \$611<br>P=0.043   | Very low | <b>More formal earnings in intervention arm</b>                   |
| Total earnings at year 2: Self-report  | 1114        | MD: \$244<br>P=0.555   | Very low | Could not differentiate   |
| Employed at any time up until the 1 year follow-up: Self-report  | 1114        | OR 1.25 (0.97 to 1.61) | Very low | Could not differentiate   |
| Score on social support scale at year 1: Self-report based on a 7-item survey assessing the number of people the youth could ask for various types of help   | 1114        | MD 0.17<br>P=0.084     | Very low | Could not differentiate   |
| Very close to an adult at 1 year: Self-report  | 1114        | OR 1.10 (0.72 to 1.69) | Very low | Could not differentiate   |
| Score on familial closeness scale at 1 year: Self-report based on a 6-item scale rating the level of closeness to 6 particular family member   | 1114        | MD 0.1<br>P=0.801      | Very low | Could not differentiate   |
| Score on housing instability scale at 1 year: Self-report based on the sum of 4 dichotomous indicators (whether the youth experiences: homelessness, couch surfing, inability to pay rent, loss of housing due to inability to pay rent) | 1114        | MD -0.2<br>P=0.005     | Very low | <b>Lower level of housing instability in intervention arm</b>     |
| Score on economic hardship scale at 1 year: Self-report based on the sum of 5 dichotomous indicators (whether in the last year the youth experienced: not  | 1114        | MD -0.2<br>P=0.022     | Very low | <b>Lower score on economic hardship scale in intervention arm</b> |

| Outcome   | Sample size | Effect size (95% CI)            | Quality  | Interpretation of effect <sup>a</sup>   |
|---|-------------|---------------------------------|----------|---|
| having necessary clothes/shoes, inability to pay utility bill, having utilities shut off because of inability to pay bill, having phone service shut off due to inability to pay bill and delaying paying a bill to pay for food)   |             |                                 |          |   |
| Homelessness during 1-year follow-up: Self-report   | 1114        | OR 0.71 (0.54 to 0.94)          | Very low | <b>Fewer people reported period of homelessness during follow-up in intervention arm</b>          |
| Score on mental health problems scale at 1 year: Self report based on responses to the 21-item Depression, Anxiety, and Stress Scales (DASS, with each items scored between 0 [did not apply at all to me over the past week] and 3 [applied to me very much or most of the time over the past week]) | 1114        | MD -1.4<br>P=0.025              | Very low | <b>Lower score on mental health problems scale in intervention arm</b>                            |
| General health self-reported as being "good", "very good" or "excellent" at 1-year follow-up  | 1114        | OR 1.52 (1.05 to 2.20)          | Very low | <b>More participants reporting general health as being good or better in intervention arm</b>     |
| Did not receive medical care when needed during 1 year follow-up: Self-report   | 1114        | OR 0.73 (0.57 to 0.95)          | Very low | <b>Participants in the intervention arm were more likely to received medical care when needed</b> |
| Days binge drinking in past month, reported at 1 year follow-up: Self-report  | 1114        | MD -0.2<br>P=0.197              | Very low | Could not differentiate   |
| Used illegal drugs during the 1 year follow up: Self-report   | 1114        | OR 0.94 (0.73 to 1.21)          | Very low | Could not differentiate   |
| Condom use during last sexual encounter (or reported as not being sexually active during follow up): Self-report  | 1114        | OR 1.17 (0.91 to 1.49)          | Very low | Could not differentiate   |
| Spent 1+ nights in jail or prison during the 1 year follow up: Self report  | 1114        | OR 0.89 (0.67 to 1.17)          | Very low | Could not differentiate   |
| Score on criminal behaviour scale: Self-report based on a 10-item scale   | 1114        | MD 0.00<br>P=0.664 <sup>3</sup> | Very low | Could not differentiate   |
| Arrested during 2-year follow-up: Self-report   | 1114        | OR 1.00 (0.79 to 1.27)          | Very low | Could not differentiate   |
| Convicted of a crime during 2-year follow-up: Self-report   | 1114        | OR 1.13 (0.83 to 1.54)          | Very low | Could not differentiate   |

**Non- Randomised Studies*****College preparation services vs no college preparation services*****Table 12: Summary GRADE table (College preparation services vs no college preparation services)**

| Outcome  | Sample size | Effect size (95% CI)                    | Quality  | Interpretation of effect <sup>a</sup>  |
|--|-------------|---|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)  | 1058        | Beta coefficient -0.317 (-1.00 to 0.37) | Very Low | No statistically significant association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient 0.561 (0.08 to 1.04)   | Very Low | Intervention was associated with a more favourable outcome                             |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.49 (-0.16 to 1.14)   | Very Low | No statistically significant association was observed between intervention and outcome |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.42 (-0.04 to 0.89)   | Very Low | No statistically significant association was observed between intervention and outcome |

***Job preparation services vs no job preparation services*****Table 13: Summary GRADE table (Job preparation services vs no job preparation services)**

| Outcome   | Sample size | Effect size (95% CI)                   | Quality  | Interpretation of effect <sup>a</sup>                        |
|---|-------------|--|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)                                   | 1058        | Beta coefficient 0.546 (-0.23 to 1.32) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)          | 1058        | Beta coefficient 0.99 (0.41 to 1.58)   | Very Low | Intervention was associated with a more favourable outcome   |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report) | 1058        | Beta coefficient 1.25 (0.11 to 2.39)   | Very Low | Intervention was associated with a more favourable outcome   |

| Outcome  | Sample size | Effect size (95% CI)                 | Quality  | Interpretation of effect <sup>a</sup>                      |
|--|-------------|--------------------------------------|----------|--|
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 1.03 (0.53 to 1.53) | Very Low | Intervention was associated with a more favourable outcome |

### ***Life skills courses vs no life skills courses***

**Table 14: Summary GRADE table (Life skills courses vs no life skills courses)**

| Outcome  | Sample size | Effect size (95% CI)                  | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---------------------------------------|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)  | 1058        | Beta coefficient 0.34 (-0.31 to 0.99) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient 0.26 (-0.21 to 0.73) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.45 (-0.23 to 1.12) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.33 (-0.10 to 0.78) | Very Low | No association was observed between intervention and outcome |

### ***Substance abuse counselling vs no substance abuse counselling***

**Table 15: Summary GRADE table (Substance abuse counselling vs no substance abuse counselling)**

| Outcome  | Sample size | Effect size (95% CI)                    | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)                          | 1058        | Beta coefficient -0.66 (-1.57 to 0.25)  | Very Low | No association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report) | 1058        | Beta coefficient -0.86 (-1.66 to -0.06) | Very Low | Intervention was associated with a less favourable outcome   |

| Outcome  | Sample size | Effect size (95% CI)                   | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|--|----------|--|
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.02 (-0.83 to 0.86)  | Very Low | No association was observed between intervention and outcome |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient -1.02 (-1.84 to 0.89) | Very Low | No association was observed between intervention and outcome |

### *Income support services vs no income support services*

**Table 16: Summary GRADE table (income support services vs no income support services)**

| Outcome  | Sample size | Effect size (95% CI)                  | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---------------------------------------|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)  | 1058        | Beta coefficient 1.37 (0.82 to 1.91)  | Very Low | Intervention was associated with a more favourable outcome   |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient 0.42 (-0.01 to 0.85) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.92 (0.40 to 1.43)  | Very Low | Intervention was associated with a more favourable outcome   |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.71 (0.28 to 1.15)  | Very Low | Intervention was associated with a more favourable outcome   |

### *Parenting support services vs no parenting support services*

**Table 17: Summary GRADE table (parenting support services vs no parenting support services)**

| Outcome   | Sample size | Effect size (95% CI)                 | Quality  | Interpretation of effect <sup>a</sup>                      |
|---|-------------|--------------------------------------|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report) | 1058        | Beta coefficient 0.82 (0.06 to 1.58) | Very Low | Intervention was associated with a more favourable outcome |

| Outcome  | Sample size | Effect size (95% CI)                  | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---------------------------------------|----------|--|
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient 0.23 (-0.43 to 0.90) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.01 (-0.71 to 0.74) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.40 (-0.28 to 1.09) | Very Low | No association was observed between intervention and outcome |

### ***GED preparation/remedial education support vs no GED preparation/remedial education support***

**Table 18: Summary GRADE table (GED preparation/remedial education support vs no GED preparation/remedial education support)**

| Outcome  | Sample size | Effect size (95% CI)                  | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---------------------------------------|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)  | 1058        | Beta coefficient 0.18 (-0.37 to 0.72) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient 0.35 (-0.11 to 0.81) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient 0.05 (-0.53 to 0.62) | Very Low | No association was observed between intervention and outcome |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.30 (-0.15 to 0.75) | Very Low | No association was observed between intervention and outcome |

**Health support services vs no health support services****Table 19: Summary GRADE table (Health support services vs no health support services)**

| Outcome  | Sample size | Effect size (95% CI)                    | Quality  | Interpretation of effect <sup>a</sup>                        |
|--|-------------|---|----------|--|
| Association of intervention with completion of GED or diploma over 2-year follow up (assessed by self-report)  | 1058        | Beta coefficient -0.49 (-1.11 to 0.14)  | Very Low | No association was observed between intervention and outcome |
| Association of intervention with employment in a paid job including apprenticeship and military over 2 years (assessed by self-report)   | 1058        | Beta coefficient -0.17 (-0.31 to 0.65)  | Very Low | No association was observed between intervention and outcome |
| Association of intervention with post-secondary education enrolment full-time or part-time if also employed part-time (assessed by self-report)  | 1058        | Beta coefficient -0.59 (-1.17 to -0.01) | Very Low | Intervention was associated with a less favourable outcome   |
| Association of intervention with any positive outcome (employment or education) defined as having one or more of the other three outcomes over 2 years (assessed by composite of self-report outcomes) | 1058        | Beta coefficient 0.17 (-0.65 to 0.32)   | Very Low | No association was observed between intervention and outcome |

**Transitional housing program vs other living arrangements****Table 20: GRADE table summary for Transitional housing program vs other living arrangements (Jones 2011)**

| Outcome  | Sample size | Effect size (95% CI)    | Quality  | Interpretation of effect <sup>a</sup>  |
|--|-------------|-------------------------|----------|--|
| Mean number of housing moves at 6 months: self-report                            | 106         | MD -1.14 [-1.57, -0.71] | Very low | Intervention was associated with an improvement but may be less than the MID |
| Mean number of housing moves at 12 months: self-report                           | 80          | MD -1.58 [-2.65, -0.51] | Very low | Intervention was associated with an improvement but may be less than the MID |
| Mean number of housing moves at 24 months: self-report                           | 50          | MD -1.34 [-4.60, 1.92]  | Very low | Could not differentiate  |
| Number who were without a place to sleep for one night at 6 months: self-report  | 106         | OR 0.07 [0.00, 1.20]    | Very low | Could not differentiate  |
| Number who were without a place to sleep for one night at 12 months: self-report | 80          | OR 0.04 [0.00, 0.77]    | Very low | Effect favoured intervention   |



| Outcome  | Sample size | Effect size (95% CI)           | Quality  | Interpretation of effect <sup>a</sup>   |
|--|-------------|--------------------------------|----------|---|
| Number who were without a place to sleep for one night at 24 months: self-report   | 50          | OR 0.57 [0.02, 14.66]          | Very low | Could not differentiate   |
| Readiness for independent living score at 6 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)  | 106         | MD -0.07 [-0.17, 0.03]         | Very low | Could not differentiate   |
| Readiness for independent living score at 12 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)   | 80          | <b>MD -0.18 [-0.30, -0.06]</b> | Very low | <b>Intervention was associated with an improvement but may be less than the MID</b> |
| Readiness for independent living score at 24 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)   | 50          | MD 0.11 [-0.76, 0.98]          | Very low | No meaningful effect  |
| Number living independently by 6 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent.  | 94          | <b>OR 0.16 [0.06, 0.43]</b>    | Very low | <b>Effect favours control group</b>   |
| Number living independently by 12 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent. | 80          | <b>OR 0.35 [0.13, 0.91]</b>    | Very low | <b>Effect favours control group but may be less than the MID</b>                    |
| Number living independently by 24 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent. | 50          | OR 0.34 [0.09, 1.25]           | Very low | Could not differentiate   |
| Number attending school/education at 6 months: self-report   | 106         | OR 1.09 [0.51, 2.34]           | Very low | Could not differentiate   |
| Number attending school/education at 12 months: self-report  | 80          | OR 0.73 [0.30, 1.77]           | Very low | Could not differentiate   |
| Number attending school/education at 24 months: self-report  | 50          | OR 0.72 [0.22, 2.33]           | Very low | Could not differentiate   |
| Number employed at 6 months: self-report   | 106         | OR 1.00 [0.47, 2.15]           | Very low | Could not differentiate   |
| Number employed at 12 months: self-report  | 70          | OR 1.59 [0.62, 4.09]           | Very low | Could not differentiate   |
| Number employed at 24 months: self-report  | 50          | OR 0.43 [0.12, 1.59]           | Very low | Could not differentiate   |

| Outcome  | Sample size | Effect size (95% CI)           | Quality  | Interpretation of effect <sup>a</sup>                            |
|--|-------------|--------------------------------|----------|--|
| Number unemployed “at some point” at 6 months: self-report   | 106         | <b>OR 0.36 [0.15, 0.85]</b>    | Very low | <b>Effect favours control group but may be less than the MID</b> |
| Number unemployed “at some point” at 12 months: self-report  | 80          | OR 0.65 [0.24, 1.71]           | Very low | Could not differentiate  |
| Number unemployed “at some point” at 24 months: self-report  | 50          | <b>OR 0.23 [0.06, 0.88]</b>    | Very low | <b>Effect favours control group but may be less than the MID</b> |
| “Connectedness to the adult world” at 6 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain.  | 106         | MD 0.06 [-0.24, 0.37]          | Very low | <b>No meaningful difference</b>                                  |
| “Connectedness to the adult world” at 12 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain. | 80          | MD -0.09 [-0.47, 0.29]         | Very low | Could not differentiate  |
| “Connectedness to the adult world” at 24 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain. | 50          | MD -0.62 [-1.09, -0.15]        | Very low | Could not differentiate  |
| Mean monthly income at 6 months, in dollars: self-report   | 106         | MD 102.00 [-126.63, 330.63]    | Very low | Could not differentiate  |
| Mean monthly income at 12 months, in dollars: self-report  | 80          | MD -241.00 [-594.43, 112.43]   | Very low | Could not differentiate  |
| Mean monthly income at 24 months, in dollars: self-report  | 50          | MD -67.00 [-169.83, 35.83]     | Very low | Could not differentiate  |
| Mean financial stress score at 6 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were                         | 106         | <b>MD -1.12 [-1.67, -0.57]</b> | Very low | <b>Effect favours control group but may be less than the MID</b> |

| Outcome  | Sample size | Effect size (95% CI)        | Quality  | Interpretation of effect <sup>a</sup>                            |
|--|-------------|-----------------------------|----------|--|
| summed and reported as the variable identified as financial stress   |             |                             |          |  |
| Mean financial stress score at 12 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress | 80          | MD -0.21 [-0.77, 0.35]      | Very low | Could not differentiate  |
| Mean financial stress score at 24 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress | 50          | MD -67.00 [-169.83, 35.83]  | Very low | Could not differentiate  |
| Receipt of public assistance by 6 months: self-report  | 106         | OR 0.55 [0.13, 2.44]        | Very low | Could not differentiate  |
| Receipt of public assistance by 12 months: self-report   | 80          | OR 0.52 [0.16, 1.73]        | Very low | Could not differentiate  |
| Receipt of public assistance by 24 months: self-report   | 50          | OR 0.68 [0.12, 3.89]        | Very low | Could not differentiate  |
| With a clinical/borderline substance abuse problem at 6 months: Young Adult Self-Report (YASR)   | 106         | <b>OR 0.14 [0.05, 0.41]</b> | Very low | <b>Effect favours the intervention</b>                           |
| With a clinical/borderline substance abuse problem at 12 months: Young Adult Self-Report (YASR)  | 80          | OR 0.52 [0.20, 1.38]        | Very low | Could not differentiate  |
| With a clinical/borderline substance abuse problem at 24 months: Young Adult Self-Report (YASR)  | 50          | <b>OR 0.10 [0.01, 0.83]</b> | Very low | <b>Effect favours control group but may be less than the MID</b> |
| With a clinical/borderline alcohol problem at 6 months: Young Adult Self-Report (YASR)   | 106         | <b>OR 0.13 [0.04, 0.49]</b> | Very low | <b>Effect favours the intervention</b>                           |
| With a clinical/borderline alcohol problem at 12 months: Young Adult Self-Report (YASR)  | 80          | <b>OR 0.28 [0.08, 0.95]</b> | Very low | <b>Effect favours control group but may be less than the MID</b> |
| With a clinical/borderline alcohol problem at 24 months: Young Adult Self-Report (YASR)  | 50          | OR 0.38 [0.07, 2.00]        | Very low | Could not differentiate  |
| With a clinical/borderline drug problem at 6 months: Young Adult Self-Report (YASR)  | 106         | <b>OR 0.39 [0.16, 0.96]</b> | Very low | <b>Effect favours control group but may be less than the MID</b> |

| Outcome  | Sample size | Effect size (95% CI)        | Quality  | Interpretation of effect <sup>a</sup>  |
|--|-------------|-----------------------------|----------|--|
| With a clinical/borderline drug problem at 12 months: Young Adult Self-Report (YASR) | 80          | <b>OR 0.23 [0.08, 0.67]</b> | Very low | <b>Effect favours the intervention</b> |
| With a clinical/borderline drug problem at 24 months: Young Adult Self-Report (YASR) | 50          | OR 0.28 [0.05, 1.43]        | Very low | Could not differentiate                |
| Number previously arrested at 6 months: self-report                                  | 106         | OR 0.96 [0.06, 15.80]       | Very low | Could not differentiate                |
| Number previously arrested at 12 months: self-report                                 | 80          | OR 0.60 [0.13, 2.70]        | Very low | Could not differentiate                |
| Number previously arrested at 24 months: self-report                                 | 50          | OR 0.13 [0.02, 1.11]        | Very low | Could not differentiate                |
| Number previously jailed at 6 months: self-report                                    | 106         | OR 0.31 [0.01, 7.91]        | Very low | Could not differentiate                |
| Number previously jailed at 12 months: self-report                                   | 80          | OR 0.60 [0.13, 2.70]        | Very low | Could not differentiate                |
| Number previously jailed at 24 months: self-report                                   | 50          | OR 0.11 [0.01, 2.08]        | Very low | Could not differentiate                |
| Number victims of crime at 6 months: self-report                                     | 106         | OR 0.07 [0.00, 1.20]        | Very low | Could not differentiate                |
| Number victims of crime at 12 months: self-report                                    | 80          | OR 0.60 [0.13, 2.70]        | Very low | Could not differentiate                |
| Number victims of crime at 24 months: self-report                                    | 50          | OR 6.20 [0.59, 64.73]       | Very low | Could not differentiate                |

### Still in care vs leaving care

**Table 21: GRADE table summary for still in care (between ages 17 – 23) vs leaving care (Lee 2012/2014)**

| Outcome   | Sample size | Effect size (95% CI)                      | Quality  | Interpretation of effect <sup>a</sup>                           |
|---|-------------|---|----------|---|
| Involvement in violent crimes (women): self-reported  | 732         | OR 0.94 (0.31 to 1.57) <sup>1</sup>       | Very Low | Could not differentiate   |
| Involvement in property crimes (women): self-reported | 732         | OR 1.02 (0.37 to 1.67) <sup>1</sup>       | Very Low | Could not differentiate   |
| Involvement in drug crimes (women): self-reported     | 732         | OR 0.71 (0.12 to 1.30) <sup>1</sup>       | Very Low | Could not differentiate   |
| Involvement in any crimes (women): self-reported      | 732         | OR 1.44 (0.64 to 2.24) <sup>1</sup>       | Very Low | Could not differentiate   |
| Involvement in violent crimes (men): self-reported    | 732         | OR 1.26 (0.50 to 2.02) <sup>1</sup>       | Very Low | Could not differentiate   |
| Involvement in property crimes (men): self-reported   | 732         | <b>OR 0.57 (0.20 to 0.94)<sup>1</sup></b> | Very Low | <b>Effect favours intervention but may be less than the MID</b> |
| Involvement in drug crimes (men): self-reported       | 732         | OR 0.63 (0.20 to 1.06) <sup>1</sup>       | Very Low | Could not differentiate   |

| Outcome   | Sample size | Effect size (95% CI)                      | Quality  | Interpretation of effect <sup>a</sup>                           |
|---|-------------|---|----------|---|
| Involvement in any crimes (men): self-reported  | 732         | OR 1.20 (0.53 to 1.87) <sup>1</sup>       | Very Low | Could not differentiate   |
| Arrests (women): self-reported,   | 732         | <b>OR 0.48 (0.21 to 0.75)<sup>1</sup></b> | Very Low | <b>Effect favours intervention</b>                              |
| Incarceration (women): self-reported, spent one night in jail, prison, juvenile hall, or another correctional facility. | 732         | <b>OR 0.52 (0.15 to 0.89)<sup>1</sup></b> | Very Low | <b>Effect favours intervention but may be less than the MID</b> |
| Conviction (women): self-reported   | 732         | <b>OR 0.53 (0.14 to 0.92)<sup>1</sup></b> | Very Low | <b>Effect favours intervention but may be less than the MID</b> |
| Arrests (men): self-reported  | 732         | OR 0.64 (0.27 to 1.01) <sup>1</sup>       | Very Low | Could not differentiate   |
| Incarceration (men): self-reported, spent one night in jail, prison, juvenile hall, or another correctional facility.   | 732         | OR 0.71 (0.24 to 1.18) <sup>1</sup>       | Very Low | Could not differentiate   |
| Conviction (men): self-reported   | 732         | OR 0.96 (0.29 to 1.62) <sup>1</sup>       | Very Low | Could not differentiate   |

### **Out of care by age 18-19 vs remaining in care**

**Table 22: GRADE table summary for out of care by age 18-19 vs remaining in care (Lee 2012/2014)**

| Outcome  | Sample size | Effect size (95% CI)                           | Quality  | Interpretation of effect <sup>a</sup>   |
|--|-------------|--|----------|---|
| Time to first adult arrest among women over 6 years follow up          | 732         | <b>Beta coefficient -3.05 (-3.87 to -2.23)</b> | Very Low | <b>Intervention is associated with an improvement, unclear if more than the MID</b> |
| Time to first adult arrest among men over 6 years follow up            | 732         | <b>Beta coefficient -2.59 (-3.24 to -1.94)</b> | Very Low | <b>Intervention is associated with an improvement, unclear if more than the MID</b> |
| Time to first adult violent offense among women over 6 years follow up | 732         | <b>Beta coefficient -2.97 (-3.98 to -1.95)</b> | Very Low | <b>Intervention is associated with an improvement, unclear if more than the MID</b> |
| Time to first adult violent offense among men over 6 years follow up   | 732         | <b>Beta coefficient -3.95 (-4.97 to -2.93)</b> | Very Low | <b>Intervention is associated with an improvement, unclear if more than the MID</b> |

**Aftercare service vs No after care service****Table 23: GRADE table summary for Aftercare service vs care as usual (Chittleburgh 2010)**

| Outcome   | Sample size | Effect size (95% CI) | Quality  | Interpretation of effect <sup>a</sup>   |
|---|-------------|----------------------|----------|---|
| Losing tenancy within 6-12 months of leaving care   | 43          | OR 0.00 (0.00, 0.04) | Very low | <b>Fewer participants having lost tenancy in intervention arm.</b>                    |
| Received criminal conviction after leaving care     | 43          | OR 0.16 (0.03, 0.88) | Very low | <b>Fewer criminal convictions in intervention arm.</b>                                |
| Lost contact with support agency after leaving care | 43          | OR 0.02 (0.00, 0.21) | Very low | <b>Fewer participants having lost contact with support agency after leaving care.</b> |
| Unable to find a job within 2 years of leaving care | 43          | OR 0.04 (0.01, 0.19) | Very low | <b>Fewer participants unable to find a job in intervention arm.</b>                   |

**Threshold Mothers Service****Table 24: GRADE table summary for Threshold Mothers Service (Vorhies 2009)**

| Outcome   | Sample size | Effect size (95% CI)     | Quality  | Interpretation of effect <sup>a</sup> |
|---|-------------|--------------------------|----------|---------------------------------------|
| Brief symptom inventory: Global Severity Index after 10 months of intervention, assessed by self-report           | 16          | MD -0.30 (-10.20, 9.60)  | Very low | Could not differentiate               |
| Brief symptom inventory: Positive Symptom Distress Scale after 10 months of intervention, assessed by self-report | 16          | MD 3.51 (-5.86, 12.88)   | Very low | Could not differentiate               |
| Brief symptom inventory: Positive Symptom Total after 10 months of intervention, assessed by self-report          | 16          | MD 0.34 (-8.99, 9.67)    | Very low | Could not differentiate               |
| Child Abuse Potential: Abuse sub-scale after 10 months of intervention, assessed by self-report                   | 17          | MD 14.79 (-63.86, 93.44) | Very low | Could not differentiate               |
| Child Abuse Potential: Distress sub-scale after 10 months of intervention, assessed by self-report                | 17          | MD 8.82 (-46.55, 64.19)  | Very low | Could not differentiate               |
| Child Abuse Potential: Rigidity sub-scale after 10 months of intervention, assessed by self-report                | 17          | MD -2.28 (-11.93, 7.37)  | Very low | Could not differentiate               |

| Outcome   | Sample size | Effect size (95% CI)     | Quality  | Interpretation of effect <sup>a</sup> |
|---|-------------|--------------------------|----------|---------------------------------------|
| Child Abuse Potential: Unhappiness sub-scale after 10 months of intervention, assessed by self-report   | 17          | MD 1.93 (-8.13, 11.99)   | Very low | Could not differentiate               |
| Child Abuse Potential: Problems with Child and Self sub-scale after 10 months of intervention, assessed by self-report  | 17          | MD -0.76 (-5.88, 4.36)   | Very low | Could not differentiate               |
| Child Abuse Potential: Problems with Family sub-scale after 10 months of intervention, assessed by self-report  | 17          | MD 1.68 (-9.77, 13.13)   | Very low | Could not differentiate               |
| Child Abuse Potential: Problems with Others sub-scale after 10 months of intervention, assessed by self-report  | 17          | MD 3.42 (-2.22, 9.06)    | Very low | Could not differentiate               |
| Parenting Stress Inventory: Child Domain Total (including distractibility/hyperactivity, adaptability, reinforces parent, demandingness, mood and acceptability subscales) after 10 months of intervention, assessed by self-report | 12          | MD -0.16 (-27.99, 27.67) | Very low | Could not differentiate               |
| Parenting Stress Inventory: Parent Domain Total (including competence, isolation, attachment, health, role restriction, depression and spouse subscales) after 10 months of intervention, assessed by self-report                   | 12          | MD 0.58 (-24.13, 25.29)  | Very low | Could not differentiate               |
| Maintained employment for the last 6 months (after an average of 1 year in the programme, range from less than 3 months to over 2.5 years): assessed by self-report   | 25          | OR 0.08 (0.00, 1.30)     | Very low | Could not differentiate               |

### **University-based mindfulness program vs wait list**

**Table 25: Summary GRADE table (University-based mindfulness program vs Wait List)**

| Outcome   | Sample size | Effect size (95% CI)           | Quality  | Interpretation of effect <sup>a</sup>                                 |
|---|-------------|--------------------------------|----------|---|
| Mindfulness score at post intervention: assessed using the self-reported Five Facet Mindfulness Questionnaire                                     | 36          | MD 7.20 [-6.05, 20.45]         | Very Low | Could not differentiate   |
| Mindfulness score at post intervention (difference in score from baseline): assessed using the self-reported Five Facet Mindfulness Questionnaire | 36          | MD 6.9 (P>0.05)                | Very Low | No statistically significant association was observed                 |
| Sleep Quality score at post intervention: assessed using the self-reported Pittsburgh Sleep Quality Index   | 36          | <b>MD -5.90 [-9.15, -2.65]</b> | Very Low | <b>Effect favours intervention group but may be less than the MID</b> |

| Outcome   | Sample size | Effect size (95% CI)           | Quality  | Interpretation of effect <sup>a</sup>                                 |
|---|-------------|--------------------------------|----------|---|
| Sleep Quality score at post intervention (difference in difference in score from baseline): assessed using the self-reported Pittsburgh Sleep Quality Index | 36          | MD -3.1 (P>0.05)               | Very Low | No statistically significant association was observed                 |
| Stress score at post intervention: assessed using the self-reported Perceived Stress Scale  | 36          | <b>MD -4.70 [-8.12, -1.28]</b> | Very Low | <b>Effect favours intervention group but may be less than the MID</b> |
| Stress score at post intervention (difference in difference in score from baseline): assessed using the self-reported Perceived Stress Scale                | 36          | MD -3.3 (P>0.05)               | Very Low | No statistically significant association was observed                 |



**Qualitative evidence**

**Summary CERQual table (Experience of participants receiving Transitional Housing or Independent Living Services)**

| Themes  | illustrative quotes   | Studies   | CERQual concerns   | CERQual explanation   |
|---|---|---|--|---|
| <p><b>Skills learned as a tools on a journey to building a new life:</b><br/>                     The provision of life skills was perceived as an important component of tangible services for a majority of the participants, including internships, financial management and school registration/financial aid assistance. When discussing transitioning to adulthood, one participant stated having support in the area of finance would be helpful. Another participant stated learning how to build credit would be useful. One participant indicated an appreciation for how ILS taught youth how to manage their money. A participant indicated that assistance with school would help her to be in a win-win situation. Another participant stated assistance would be useful in “signing up for school, and financial aid.”</p> | <p><i>Shaydon photographed a room he was renovating at his internship site, which he explained represented the new carpentry and building skills he had developed during his time in the transitional housing program: “Starting from scratch. Starting over. We could always, like build over, you know. You can always build. You just need your tools, you know?” (Care Leaver)</i></p> <p><i>“I wish that we had groups that—when we would make it out in the real world—we wouldn’t be as stunned, you know, dealing with you know the day to day things of paying your rent, paying your cable bill, paying your phone bill. See [the program] does all that for you. You end up getting co-dependent on the staff doing things for you.”</i></p> <p><i>“I would say that ... it was hard, just not knowing everything, ...</i></p> | <p><b>4</b><br/>                     Curry 2015<br/>                     Klodnick 2014<br/>                     Rosenwald 2013<br/>                     Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>                     C: Minor concerns<br/>                     A: No concerns<br/>                     R: Moderate concerns</p> <p><b>Overall:<br/>                     Very Low</b></p> | <p>All studies were from outside of the UK. A disparate range of skills training was recommended.</p> |

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p><i>how to shop, and different little budgeting skills, about electricity and paying rent, and, yeah, it was, it was definitely hard, but ... I think with ... support ... as long as you have support, it's ... doable, it's definitely able to be done."</i></p> <p><i>"[I would like to be] learning how to build credit and ... stuff like that, cause I still don't know to this day."</i></p> <p><i>"[Things] like that, credit building, credit ways to help you build credit. Like, I remember at first I didn't know about the bank system. And, I think I was like 17 turning 18 and I really didn't know how to go set up a bank account and what was that account, and, like you have a savings and you have a checking ... I didn't really know the difference between it, why you needed to have two."</i></p> <p><i>"It's pretty good. Sometimes ... it gets ... interesting, like they have ... groups for kids ... they teach kids how to ... manage they money ... [further] ... like if you [are] older, like over 18, they teach you how to ... manage your money and ... get a job, stuff like</i></p> |  |  |  |
|--|---|--|--|--|

|  |   |  |   |  |
|--|---|--|---|--|
|  | <p><i>that."</i></p> <p><i>: "[ Just] learning about ... how did I sign up for school when I was signing up for [local college]—I didn't know exactly what to do—you know, luckily I had my Godmom, who, ... she helped me out as far as going there and signing up for financial aid and stuff like that. Um, because I did ask my ... IL specialist and, you know, she was, you know, giving me a run around and telling me basically to do it myself when I wanted, you know, I didn't know how to do it."</i></p>                     |  |   |  |
| <p><b>Building new relationships as part of independent living services – Particularly supportive peer groups, but also the staff.</b></p> <p>The participants explained that in order to let go and move forward, they recognized they needed to change their attitudes and priorities. For many of these young adults, part of this process of change involved surrounding themselves with peers who were positive and self-motivated to make change in their lives. Programs included different frequency of peer-support gatherings. E.g. weekly gatherings of program participants to provide ongoing peer connections, ideas, and support, or monthly gatherings of this type. For some participants, the peer gatherings served as a source of connections to prosocial peers that they believed were</p> | <p><i>"I encourage [my peers], they encourage me. I like to think we all got some dreams — we don't wanna be like average, you know, typical foster youth that didn't make anything of their self."</i></p> <p><i>"stop being childish, stop looking for like a fun time, actually try to, you know, work on a career that I've picked."</i></p> <p><i>'[RE staff] Care leavers should take heed of what they are trying to tell you. They aren't here to hurt you... take anything from you... make you paranoid...they are just</i></p> | <p><b>3</b><br/>Curry 2015<br/>Klodnick 2014<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Minor concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK. Recommended positive relationships encompassed peer support and the staff who were a part of the independent living programme.</p> |

|  |   |  |  |  |
|--|---|--|--|--|
| <p>moving in a positive direction. For example, Shaydon met people through his housing program who invited him to spoken word events. By purposely surrounding himself with former foster youth and young men of color who were engaging in positive activities, Shaydon was able to reinforce his new priorities. When asked about what the best part of services were, most participants responded with the name of a staff person, typically a therapist or a residential staff. Participants described these individuals as those who (1) “care,” “understand” or “agree” with them, (2) they trust; and (3) “want to help” and are consistent in “being there.” The importance of relationships with staff was emphasized again when participants were asked what advice they have for young people who have not yet exited the TLP. Emphasis was placed on trusting program staff and being open to asking for and receiving help.</p> | <p><i>here to help you.’</i></p> <p><i>“[program staff] is good company to be with... [the program] is good company to be with. People who care about you if you care about yourself. People will help you if you want to be helped.”</i></p> <p><i>“[. . .] like a mother”</i></p> <p><i>“She was with me when I gave birth”</i></p> <p><i>“She didn’t try to educate me—just to be with me”</i></p> <p><i>“She is still in touch with me, although she is not required to be”</i></p> <p><i>“When he is with me, he is totally attentive to me, not focusing on anything else.”</i></p> |  |  |  |
| <p><b>Receiving therapeutic services as part of support for independent living</b></p> <p>As part of his transitional housing program, Kyle has received therapy, participated in an internship, and established relationships with staff and peers in the transitional housing program, all of which helped Kyle achieve a new level of understanding of his past and present. Kyle described his photo, focusing on the light</p>  | <p><i>“I can’t be stressed out about certain things that I can’t control. You know, it’s . . . I don’t know, it’s a lot of things that’s changed in the transition that I’m in. I can think of so many things in this picture. Yeah, I just feel like even the worst things are gonna kinda drift away. Get blown away.”</i><br/>(Care Leaver)</p>  | <p><b>3</b><br/>Curry 2015<br/>Klodnick 2014<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Minor concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 3 studies contributed to this theme. All studies were from outside of the UK</p> |

|   |   |                                |   |   |
|---|---|--------------------------------|---|---|
| <p>breaking through the dark storm clouds as a symbol that the storm was beginning to clear. The transitional housing program has provided Kyle the space to develop a new outlook on life, and to him the dark storm clouds representing his past are starting to drift away. In his interpretation of the photo, he said he felt that the worst things in his life were behind him and he could look to the future with hope and optimism. In one study, counselling was found to provide emotional support (to complement material support) and “the strength to keep going”. Most described their counselor as responsive to their needs, accessible, and treating them with respect. They saw him or her as someone they could confide in with their problems and worries, and on whom they could depend. Many reported that their counselor continued to be available to them after they left the program. Staff members were described as significant sources of support and as fostering real change. The atmosphere in the program was likened to that of a family (“Suddenly it felt like I had a family”; “I felt that they were proud of us”; “They didn’t let go until I got settled”). Relations with the staff were described in terms of emotional closeness, and continuous support.</p> | <p><i>“I get to talk to somebody [therapist] who would actually listen and try to help me through my issues.” (Care Leaver)</i></p>   |                                |   |   |
| <p><b>Learning to sacrifice short-term happiness for long term goals.</b></p> <p>For example, learning to say no to drug taking and excessive drinking. Learning to focus on future goals. Jesuina reported that she felt that she had changed her perspective and priorities, and was more focused on her future. Participants explained that in order to let go and</p>   | <p><i>“I even feel like..I feel cooler for saying no [to drugs], like, back in the day if I would say no, I guess I would feel like, I’m gonna say yeah, because I’m gonna be cooler or something.”</i></p> <p><i>“Sometimes you gotta give up some things in order to get other things.”</i></p> | <p><b>1</b><br/>Curry 2015</p> | <p>ML: Minor concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. This study was from outside of the UK. This study was rated moderate risk of bias.</p> |

|   |   |  |   |  |
|---|---|--|---|--|
| <p>move forward, they recognized they needed to change their attitudes and priorities. For many of these young adults, part of this process of change involved surrounding themselves with peers who were positive and self-motivated to make changes in their lives.</p>   |   |  |   |  |
| <p><b>Transitional housing supports independence and “freedom”</b></p> <p>Independence and the young adult’s efforts to establish control her or his own life. Dimensions of this theme included learning independent living skills and valuing self-reliance. Some participants described moments in their childhood or earlier stages of their transition into adulthood when they felt out of control and hopeless. In contrast, many of the participants indicated the felt empowered by this new sense of control, and many depicted independence. For example, Transitional housing allowed Brayden to take control over his life and exercise autonomy. His comments revealed that this sense of control was significant even in the smallest details of his life such as what he eats, which was so meaningful to him that he chose to document his dinner as part of his journey toward independence. Anne found meaning in her first apartment because the sense of place signified the beginning of the process of learning to be an adult and with it, a sense of autonomy and responsibility. Similar to Shaydon, Anne’s experience in the transitional housing program was the first time she felt that she held the power over her own decisions, both large and small. When discussing perceptions of services, most participants referred explicitly to having “freedom” and often cited</p> | <p><i>"I'm independent. I don't got people telling me what to do all the time. When to go to bed, when not to, when to go eat, when not to go eat, you know? It feels good for me, 'cuz, you know, being in that [ foster care] placement, it was like almost like jail." (Care Leaver)</i></p> <p><i>"It's basically that house that helped me get started, to where I am now, living on my own because I never lived on my own before. . . [I spent time] learning how to be an adult because in foster care like everything's done for you, all the decisions are made for you so it's kind of hard to make your own decisions 'cuz you're kind of like standing there waiting for somebody to make your decision." (Care Leaver)</i></p> <p><i>"I can do my own thing, . . . I pay my own rent, I do my own bills, I do my own thing like I don't always have somebody always</i></p> | <p><b>2</b><br/>Curry 2015<br/>Klodnick 2014</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK</p> |

|   |   |  |   |  |
|---|---|--|---|--|
| <p>learning to do things on their own as something they liked about services</p>  | <p><i>checking in on me. I mean they check in on you every week but it's a lot less than my other transitional housing [for minor youth in foster care] used to do so it just symbolizes like I'm at a place where I feel independent but I still need help, so I like that."</i><br/>(Care Leaver)</p> <p><i>"I'm actually learning more because we do it instead of just talking about it."</i></p> |  |   |  |
| <p><b>Balance of support and independence ("Safety net")</b></p> <p>Sherice took great pride in learning self-reliance. She explained the importance of the balance of support and independence provided by her current program. The housing program provided her the room to pursue her own goals and interests while maintaining the social and emotional support that she needs to move forward. For Sherice, this foundation was a critical part of her journey toward independence. Participants described the program as a place of protection or as providing a safety net. One participant described how if he fails, he has "walls" around him to support him, while another felt protected from failure because of the program.</p> | <p><i>"They lay down the foundation and then they leave room for us to build the house."</i> (Care Leaver)</p> <p><i>"I feel like the services from [the program] help me to not be put in that position where I feel like I can't do things on my own."</i> (Care Leaver)</p>  | <p><b>2</b><br/>Curry 2015<br/>Klodnick 2014</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK</p> |
| <p><b>Performing a juggling act – the multiple expectations and requirements of the housing programme. Work, school, transport support, and the location of housing.</b></p>  | <p><i>"I usually work about 35 hours a week. I don't usually go over 37 because I usually take a night class. I was taking a night class on Thursday and then I was taking</i></p>  | <p><b>1</b><br/>Curry 2015</p>                   | <p>ML: Minor concerns<br/>C: No concerns<br/>A: Serious concerns</p>  | <p>Only 1 study contributed to this theme. This study was from outside of the UK.</p>    |

|   |  |  |   |  |
|---|--|--|---|--|
| <p>Experiences with difficulty balancing work and school demands, and frustration with having to rely on public transportation. Housing programs required the participants to seek part or full-time employment, internships, and/or to pursue educational goals. Participants were grateful for these opportunities, however, many explained that balancing these expectations was made more challenging by the amount of time they had to spend on public transportation because of long commutes between work and school or the residence and employment. Most of the participants had high career aspirations but were struggling to find a path to achieving their goals when they were stuck in a cycle of low-wage work, long commutes, and difficulty scheduling college courses around work. In practicality, the location of their housing meant that many of these young adults had to spend a significant amount of time merely travelling to and from school or work. Young adults in transitional housing programs often have less choice in their housing location than other young adults, making it even more challenging to pursue school and work at the same time. Rebecca, a program alumna, reflected on her struggles associated with balancing multiple requirements and her goals as well as the important role that transportation plays in meeting the expectations of the program and personal goals. Although earlier in the interview, Rebecca characterized public transportation as “the bus struggle,” she also explained the importance of being provided monthly bus passes in sprawling Los Angeles. Rebecca’s comment linked the ability to accomplish her goals to the availability of public</p> | <p><i>two classes on Wednesdays and Mondays and Tuesdays and Thursdays, so I was at school back and forth and I don't have a car so it was like, I was on the go. Train, bus, train, bus, train, bus, home."</i></p> <p><i>"In LA, everyone's like, what? You don't have a car? . . . And you know transitional housing and um, and DCFS [the Los Angeles County Department of Children and Family Services] and ILP, they really helped me with transportation, you know as far as public transportation, issued us monthly passes and that literally was a lifesaver because, I mean when you don't have a job and you're trying to get from place to place, you're not in school or you don't have a job and you're trying to get those things, you know, established, how would you [get around without a bus pass], if you don't have parents or you don't have family?"</i></p> <p><i>"I always did really well in school and to not be going in [to school], and following that because I [was] working so much, like that really, really made me sad."</i></p> |  | <p>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>This study was rated moderate risk of bias.</p> |
|---|--|--|---|--|



|   |   |  |   |  |
|---|---|--|---|--|
| <p>transportation, illustrating how transportation was a critical part of the juggling act.</p>   | <p><i>When she first moved into the transitional housing program, Jesuina spent about 3.5 hours every day travelling to and from her job, which started at 9 o'clock in the evening and ended at 4 o'clock in the morning. Although Jesuina was also trying to complete her GED, she had little energy for studying because of her difficult work schedule and few or no options for reducing her commute time.</i></p>   |  |   |  |
| <p><b>Feeling of uncertainty and underpreparedness in launching from the programme, balanced with the desire to move forwards. Limited support network (being on own).</b></p> <p>In the midst of finding and maintaining work, pursuing educational goals, and fulfilling the requirements of their transitional housing programs, the participants were also in the midst of contemplating their futures. The final theme that emerged in the discussion of their photographs revealed the young adults' desires to move forward — to launch from the program and explore the world. Yet at the same time, the participants revealed they were worried about their own readiness to move forward. In regards to future housing, several participants described specific goals for living in their own apartment or eventually buying a home. The vast majority of preexit participants believed that change and positive experiences would occur, but at the same time,</p> | <p><i>"I hardly doubt it's gonna happen because I don't have a job, 'cuz they want us to at least have a job to be able to pay the rent when we move out of here."</i></p> <p><i>"After this, um, transitional housing, there's actually other transitional housings for 21 to 24 or 23. Yeah, so I was thinking about going to [another] THP-Plus, which is for older youth and still getting the resources I need and the resources I want. Many nearing their program's age or time limit had to face the reality that their financial situations were too precarious to support independent living options. The perspectives of three program</i></p> | <p><b>3</b><br/>Curry 2015<br/>Klodnick 2014<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK. Uncertainty and under preparedness was merged with a theme on the absence of a reliable support network.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |  |  |  |  |
|---|--|--|--|--|
| <p>expressed anxiety about being on their own. Excitement about the near future was expressed in conjunction with living in their own apartment after exiting the program. Most participants also expressed concerns about emancipating. Worries were primarily about financial management and maintaining one’s own apartment. Worries about the future included “looking at it [the future] alone... like facing it alone” and often were linked to awareness of one’s limited support network, for example, one states. Other worries discussed that are related to change include: (1) the need to be successful now in order to ever be successful; (2) the potential to end up like family who are doing poorly; and (3) the vision of a particularly challenging future—despite positive beliefs that turning 21 is a new start.</p> | <p><i>alumni were also important in understanding the transition out of supportive housing. Rebecca took a photo of her current apartment to illustrate what might typically be viewed as “real” independence. She explained that she “built a home there and I was comfortable and I really love the fact that [the program] does allow the youth to take over the lease if you can afford it.”</i></p> <p><i>“Any day, any moment in time, if I lost my job, I could be on the streets, you know, at any moment in time if something were to happen to me, you know, I couldn’t call my mom or my dad and say, “Yo, can you help me with this or can you help me with that,” you know. I literally have myself [to rely on] and when you have just yourself [you are vulnerable], you know?”</i></p> <p><i>“what sucks is because I don’t have anybody to fall back on... From my background and everything like that.”</i></p> <p><i>“I would just be living with my mom for maybe a year or so until I get stable; nothing really different,</i></p> |  |  |  |
|---|--|--|--|--|

|  |  |   |  |   |
|--|--|---|--|---|
|  | <p><i>I'm mean, I'm going to be in college hopefully. I take my GED test on the 23rd of November and I'll be on my way... I'll be working at [the airport]. I'll be waiting or bartending."</i></p> <p><i>"I haven't changed for 3 years. People who knew me 5 years ago know exactly who I am today, I haven't changed. I don't think I ever will."</i></p> <p><i>"if I don't do what I need to do now, it's going to be horrible. I'm going to end up just like my mom... not a lot of money, Sect. 8 building... I'm not going to have enough money to get a car; I'm going to end up getting a job and a car, but no gas money, it's just going to be a downhill thing."</i></p> |   |  |   |
| <p><b>Supported housing better than group homes</b></p> <p>Participants living in their own supported apartments at pre-exit felt they had more freedom and were living in the "real world" than those living in a group home. Participants were critical of group homes, describing them as places where you "couldn't do anything you wanted to;" had to seek "permission to do things that most people wouldn't think of having to ask for" (i.e., to see family, to walk down the street, to eat something different); and felt isolated and</p> | <p><i>"I feel like the services from [the program] help me to not be put in that position where I feel like I can't do things on my own."</i></p> <p><i>"You can't tell someone that they are now adults—and also tell them what to do. What's wrong with a couple of beers after a day's work?" Care leaver</i></p>   | <p><b>3</b><br/>Klodnick 2014<br/>Schwartz-Tayri 2017<br/>Mendes 2011</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Minor concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 3 studies contributed to this theme. This study was from outside of the UK.</p> |

|  |  |  |  |  |
|--|--|--|--|--|
| <p>depressed. Those who were not yet in their own apartments were eager to move to their own apartment. In a group home from one study, a few of the respondents complained about roommates who disregarded the rules, did not take part in cleanup or other chores, and were generally inconsiderate of their peers. These respondents felt that the staff did not always know what was going on at their apartment, and thus were unable to control the situation. They thought that the staff should intervene more actively to enforce rules such as the ban on alcohol, drugs, and overnight guests. Conversely, a few complained that the rules were too strict, and did not give them sufficient independence.</p>  |  |  |  |  |
| <p><b>Aspirations, future goals, and wake up calls</b></p> <p>Definitions of future success often included the avoidance of negative life experiences (e.g., incarceration, unemployment, pregnancy). The clarity with which the participants articulated plans and envisioned their post-emancipation lives varied. A few reported a plan for what they would be doing in the future in regards to housing, employment, education, and relationships, while most possessed vague plans despite their nearing 21st birthday. This realization about eminent change remained unarticulated by all the others as they tended to focus on what would happen in the future (e.g., living independently, working, struggling with finances) rather than how those experiences would come to be and what changes would likely occur in the upcoming year. Also, the majority of participants, however, did not articulate realistic future</p> | <p><i>“I don’t know, I hope not bad. I want so many things in life. I want to go to school, be an architect, be a millionaire, just have fun, have kids.”</i></p> <p><i>“will be real good. I will be out on my own, I’m getting a lot of money from social security. By then, I’ll have a job, I’ll have money and DCFS will pay for college.”</i></p> <p><i>“I usually don’t think about the future... I know I should be thinking about it but I can’t, it’s too hard. I’ve been doing nothing but thinking about suicide since I was a little kid, I’m not used to thinking about the future.”</i></p> | <p><b>2</b><br/>Klodnick 2014<br/>Rosenwald 2013</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK. Theme was disparate and covered the clarity with which care leavers planned for the future, the wakeup call of experiencing independence, and their indicators of success in the future.</p> |

|   |   |  |  |  |
|---|---|--|--|--|
| <p>goals. Participants expressed difficulty in daily living post-exit, while lamenting not having given their post-exit life enough consideration. Simply leaving the TLP was also described as a “wake-up call.’ Planning for the future was often mentioned as advice for current TLP residents, but specifically describing what to or how to plan was missing from the advice. Resiliency was demonstrated through their words, as participants discussed successful goal accomplishment that requires endurance against the odds. They reported that how they define their success is measured by achieving a variety of milestones, whether these milestones reference achieving self-sufficiency, beating the odds of their peers, attaining educational goals, and/ or becoming a parent. In this light, successful completion of a wide array of goals, in the face of obstacles, serves as a protective factor in promoting this role of resiliency. One participant defined self-sufficiency as an important goal: For another, focusing on parenthood, as well as graduation, provided an important gauge of resiliency. For a third of the participants, multiple goals of car and home ownership and creating a family were important despite still needing to complete a high school education at age 21. For a fourth, the goals attendant to resiliency included school and work. Participants discussed offering support as fulfilling and expressed desires to support loved ones both financially and emotionally post-emancipation. Helping others was typically expressed as something that felt good. Pre and post-exit participants expressed a desire to embark on careers in a helping profession, such as law, nursing, or mental health. The opportunity to give back and</p> | <p><i>“You don’t think about it [the future] while you are there [in the TLP].’</i></p> <p><i>“I waited until I left [the TLP] and then realized that, you know, oh my goodness, I’m out here, so now I have to really do something.”</i></p> <p><i>“(To) me, being successful is being self-sufficient, graduating, becoming something, like, every foster child, like, basically, we’re statistics. Like, they might say maybe 90%’s gonna fail, you know, due to the fact that they didn’t have no discipline growing up in foster care or whatever. But, being successful to me is graduating and proving everybody wrong, the people who say I’ll never make it.”</i></p> <p><i>. “I think my biggest success was having a baby and being able to finish school because most foster home kids don’t accomplish that ... I’ve never had anyone. I’ve always felt lonely and I’ve always been to myself. I’ve always had higher standards and goals in knowing that I don’t want to be like this. I want better for myself and</i></p> |  |  |  |
|---|---|--|--|--|

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|   |   |  |  |  |
|---|---|--|--|--|
| <p>to share one's story were often cited as the motivating factors for these goals.</p> | <p><i>my child, so me having a baby is like—really increases me and encourage(s) me to keep pushing and keep going with certain things. ... It's never successful. It's never, it's very hard. Like I said, you're always alone in this. No matter how much help they say they're going to give you or how much help you think you have, at the end of the day, it's really up to you, you know? So, it's hard. You have to, you have to have a positive attitude, you have to have a lot of ambition, you have to be hungry for success in order for you to make it, but it's hard every day, it's hard."</i></p> <p><i>"Success as an adult to me is, um, when I wanna accomplish in life as a success I wanna be able to own my own house in like four or five years, I wanna have my own car, and I wanna build a family. That's success as an adult to me. Building a family, having your own house, having kids, having your own car."</i></p> <p><i>"Well, being successful, number one, you have to stay on top of your priorities at all times. Meaning, you know, you don't</i></p> |  |  |  |
|---|---|--|--|--|

|   |   |                           |                                      |  |
|---|---|---------------------------|--------------------------------------|--|
|   | <p><i>have somebody to sit there, like your parents, "Go to school; go to work; make sure you get up on time. You know you have to go to class so make sure you go to bed." That's something you have to do independently. So if you want to be successful at doing things throughout life, you have to set time frames and schedules, and, you know, I mean, you're an adult—you're gonna want to have fun— you're gonna wanna hang out with your friends. But then you have to sit there and tell yourself, "No, I have to do this. I have to maintain my grades so I continue to get my checks, or continue to make process, progress out, out of my life, period. So, I mean, I think number one is your priorities and staying on top of them and it will ... make you be successful."</i></p> <p><i>"It makes me happy that I make her happy because she doesn't have anybody there. So it makes me feel [good] that I can come there and hang out with her for awhile and help her."</i></p> |                           |                                      |  |
| <b>Receiving adult services post-exit</b> | <i>No quotes were reported to support this theme</i>  | <b>1</b><br>Klodnick 2014 | ML: No concerns<br>C: Minor concerns | Only 1 study contributed to this theme. This study was |

|   |   |   |  |  |
|---|---|---|--|--|
| <p>Study participants did not mention mental health symptoms as being barriers to reaching goals at post-exit, although eight of 13 described accessing mental health services at some point post-exit and three experienced a psychiatric hospitalization post TLP-exit. In general, descriptions of adult services were vague and seemingly superficial in comparison to the lengthy descriptions provided at pre-exit that included goal formulation, housing, job searches, and the relationship with the service provider. For example, at post-exit some struggled to recall the name of their current case managers but reported receiving support. One male participant described being connected, but not meeting with any agency staff regularly because he had “too much going on” and “wanted time to myself to get myself together,” while another reported never telling a service provider that he was homeless in order to avoid embarrassment. The majority described services in terms of medication management and financial assistance. However, one female participant described how she benefited immensely from weekly therapy, while another female described her “need” for medications to manage her “anger.”</p> |   |   | <p>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>  | <p>from outside of the UK. A range of services were described.</p>   |
| <p><b><u>Post exit instability</u></b></p> <p><b>Largely negative outcomes were experienced in the Illinois therapeutic ILS and “The other side of the bridge” supported housing (Israel)</b></p> <p><b>Housing</b></p>   | <p><i>“anytime you live somewhere and you messed up out there, it’s just an amount of time, before you gotta leave now, “you’ve been here too long, and I can’t stay, don’t know where you have been.” And it’s excuses. But sometimes it’s not, because it is true.”</i></p> | <p><b>3</b><br/>Klodnick 2014<br/>Mendes 2011<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: Moderate concerns<br/>A: Minor concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 3 studies contributed to this theme. Studies were from outside of the UK, data from one of the studies was likely collected prior to 2010. A disparate set of outcomes occurred with</p> |



|   |  |  |  |  |
|---|--|--|--|--|
| <p>For most of the respondents, finding housing after leaving the program was described as difficult. Forty percent had moved 3–6 times since graduating from the program. Only a few had been able to secure adequate housing for themselves—either in another program that offered subsidized apartments to army veterans, or in apartments shared with friends. Fourteen of the respondents reported bouts of homelessness, or not knowing where they would spend the night. Rejoining family was seen as a temporary and very undesirable last resort. When they needed to find a place, some turned for help to the staff of the program. A few were helped by friends or community services. When describing their current living arrangements, none used terms that expressed a sense of ownership, such as “my home” or “my place.” They tended to refer to themselves as “a migrant fowl,” reflecting a sense of disconnectedness and insecurity in their transition to independent living. Participants who lived in the independent supported apartments, attended college, and secured employment before exiting were struggling just as much with housing and finances as those who had lived in group homes before exiting. Living situation instability at post-exit was the norm, not the exception, as half had lived in five or more living situations since program exit. Although half moved to independent apartments at program exit, only two maintained their apartments in the 2 years post-exit, both of whom were male and receiving supplemental security income (SSI). Male participants typically moved between living with friends, significant others, acquaintances, shelters, and the streets while female participants typically</p> | <p><i>“I’m always just calling relatives to ask uh—if in a way—if they have any more room for me, if they wish to have me around. Not because I have to force them to—not just because I want everybody to feel sorry for me. I don’t.”</i></p> <p><i>“I don’t like telling people I am homeless cause I know that’s not right for me to be homeless.”</i></p> <p><i>“I realized, come on, for all my life, I do not want to be on SSI. So I planned on getting a job and getting off of it and supporting my own self because I don’t want that. Really, I don’t.”</i></p> <p><i>“I need a job. I want a job, but see the thing is, I want a job that pays the under the table. That way I don’t have to worry about losing my SSI and I can get the maximum amount of money.”</i></p> <p><i>“I’m actually different because me jumpin’ to house to house, it made me change my attitudes from when I left...from this arrogant young guy and this bully...I can’t try to...get mad at you or try to...mug you, or you will dangle [that] you gonna kick me out. So I</i></p> |  |  | <p>regard to the care leavers included in each study. Themes were conflicting as outcomes seemed much superior after one independent living programme compared to the other.</p> |
|---|--|--|--|--|

|   |   |  |  |  |
|---|---|--|--|--|
| <p>moved from living with one family member to the next. Relocating was often described as precipitated by engagement in destructive behaviors, not contributing to the household, and an inability to resolve conflict without heated arguments or physical fights.</p> <p><b>Education</b></p> <p>Those who were unable to continue with their studies attributed this to financial difficulties. Their income was barely sufficient to cover their basic needs, and they were unable to support themselves, while studying. Some had to drop out of college or vocational training because of a lack of resources. “Of the five who were enrolled in college at preexit, only two were still enrolled.”</p> <p><b>Employment</b></p> <p>Quite a few were dissatisfied with their job, but stayed on because they feared that they might not find other employment and would suffer economic hardship. Others found it difficult to hold on to a job because of their frequent moves. Some found employment independently, while others were helped by program staff or by friends. Some reported long periods of unemployment, while looking for a job without success. “Three of 13 participants were employed, all of whom worked part-time.”</p> <p><b>Poor personal resources and homelessness</b></p> <p>A sense of low self-efficacy, which they attributed to their lack of experience, qualifications or connections. Many expressed a feeling that nobody could help them, or that it</p> | <p><i>have to try, “Oh, yes ma’am, yes ‘sir”, ya know what I’m sayin?”</i></p> <p><i>“My boyfriend helped me once, and then I crashed with friends, and twice at my workplace, and again with friends”</i></p> <p><i>“I’ll have to leave this place soon and have no idea what will happen”)</i></p> <p><i>““They were shocked to see that I had nothing to eat. I was unable to buy food, and lost weight [ . . . ]”</i><br/> <i>“Dental care is important, but I had to set priorities.””</i></p> |  |  |  |
|---|---|--|--|--|

|   |  |  |  |  |
|---|--|--|--|--|
| <p>was shameful to ask for help. Negotiating ad-hoc housing and employment, as well as depending on significant others, or on the government, was expressed by many participants as stigmatizing and exploitative. For some participants, these experiences were linked to a sense of helplessness and being judged. Those who experienced chronic homelessness described this experience as affecting them both emotionally and financially. Shame was also present in discussions about homelessness. Insufficiency of benefits but fear of losing benefits - Supplemental security income was mentioned in postexit interviews in conjunction with mental health and employment. SSI was described as insufficient to live on and presented as both an employment barrier and motivator. Discussion of who received and managed the young person's SSI check (e.g., family member, social service agency) was voiced with disgruntled feelings of not being trusted or allowed to manage one's own money.</p> <p><b>Economic hardship</b></p> <p>Continuous economic hardship - At the time of the interviews, 13 of the respondents reported that they were suffering economic hardship, and 23 of the 25 reported that at one time or another they were unable to cover basic needs such as adequate nutrition, dental care, medicines, or rent. Some borrowed money from the bank, or from friends ("I'm always in debt"). Those who were married and had a child described life in poverty in spite of efforts of relatives or the program to help.</p> <p><b>Social network</b></p> |  |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
| <p>Since most had severed ties from their families, they could not turn to relatives for help. Besides, in most cases the relatives also suffered economic hardship (“my mother and grandmother depend on welfare, and my mother is harassed by creditors”). Economic hardship brought with it social isolation (“You’re stuck at home for months at a time, and go out of your mind”). Social support - Respondents told us that they were unable to spend time with their peers, because “most of my friends are from normal families. They have a life—but I don’t.” Only a few took part in leisure activities such as going out with friends, or sports. The respondents explained that their detachment from support networks was due to the lack of time and money needed to spend time with peers. They also felt that they couldn’t share many experiences with peers, because people from “normal families” cannot understand them. Twenty of the respondents had had a boyfriend or girlfriend at some time since they left the program, but only 12 were currently in a relationship, and of these, only seven reported feeling really close to their partner.</p> <p><b>Health</b></p> <p>The majority defined their health as good, but eight reported serious problems, which were exacerbated by their lack of money for major expenses such as dental care, diet, or psychiatric help (“I suffer from serious and very risky over-weight. . . but I don’t have enough for a proper diet”).</p> <p><b>Successful exits</b></p> |  |  |  |  |
|--|--|--|--|--|

|   |   |   |  |  |
|---|---|---|--|--|
| <p><b>Largely positive outcomes were experienced after St Lukes Leaving Care and After Care Support Service</b></p> <p>Most of the young people reported that they had been successful in attaining secure and stable accommodation. Some of the current housing arrangements include a student share house, boarding with ex-foster carers, renting a room in a private house, sharing with friends, own accommodation with shared facilities, living with partners in private rental, living alone in a unit or apartment which can be associated with social isolation, and living with a parent or grandparent. At least seven of the young people had received formal housing assistance from St Luke's either via the direct provision of transitional accommodation, or alternatively helping them to access other forms of housing. At least one of these young people had previously been homeless for a considerable period of time. A few had also received financial support from DHS. Others were assisted by family members, or had located housing via their own initiative. These positive outcomes were confirmed by one of the Leaving Care Alliance workers who noted that far fewer young people were presenting to the youth housing service. However, a minority had experienced some housing problems. However, a few of the young people were currently residing in temporary accommodation, and appear quite transient. Others found shared housing and housing more broadly problematic, particularly single mothers.</p> |   |   |  |  |
| <p><b>Abruptness of life after Independent living services</b></p>  | <p>"[. . .] all alone in deep water" "[. . .] nobody to help"; "[. . .] didn't know what happens next" "I got used to being with friends, and all</p> | <p><b>1</b><br/>Schwartz-Tayri<br/>2017</p> | <p>ML: Serious concerns<br/>C: No concerns</p> | <p>Theme was based on one study that was high risk of bias. This study</p> |

|  |  |   |   |   |
|--|--|---|---|---|
| <p>Most respondents described their departure from the apartment as a crisis; eight of them noted it as severe and ongoing. They talked about insecurity, loneliness and social isolation. They felt that the transition was too abrupt. Turning to the staff of the program was seen as an admission of failure. Those who were able to cope with the transition proudly claimed that they did it all alone. When, following a routine follow-up phone call, a staff member identified a crisis and offered help, this was often described as life saver, which prevented the next fall (“when I needed her most she was there for me”). They appreciated the fact that the staff took the initiative, since they themselves were not sure that they were entitled to further help after graduating from the program.</p>                                       | <p>of a sudden I was all alone.””</p> <p>“Eran always said that when anybody needed him they should call, but I felt uncomfortable calling him. That was really hard.”</p>   |   | <p>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>   | <p>was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used. Only 1 study contributed to this theme. Study was from outside of the UK.</p>  |
| <p><b>Employment support services and need for employment services</b></p> <p>Most of the young people were currently involved in either part-time paid employment or work experience. One young person was working full-time. Some of the areas of work included car repair, kitchen hand, waitressing, cooking, data entry, brick laying, and crushing boxes. Fifteen of the 18 young people were currently participating in, or had recently participated in, the St Luke’s employment support program. The program prepares young people for employment via helping them develop interview techniques, resumes and presentation skills, and then organising work experience opportunities. Currently over 20 employers are offering work experience, and the program coordinator expects 10 more to commit over the coming months. A number of the young</p> | <p><i>“The employment worker mentioned that she had seen an advertisement up in the window of Spotlight saying hand in resumes. So she took me up there so that I could hand in my resume. She also spoke to the manager of the store to ask her if there was a possibility of me being there, and got us introduced”</i></p> <p><i>“You can ring them any time and they’re actually doing something”</i></p> <p><i>“He helps you find a job. He’ll sit you down, help you do a resume, and then he’ll go out with you, take you where you want to work,</i></p> | <p><b>2</b><br/>Mendes 2011<br/>Schwartz-Tayri 2017</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. Only two studies contributed to this theme. Theme was based on two studies that were high risk of bias. One high risk of bias study was not clear about the method of recruitment, interview, or thematic analysis. The other was unclear regarding how</p> |

|   |  |  |  |  |
|---|--|--|--|--|
| <p>people stated that the St Luke's program had contributed significantly to positive educational and/or employment outcomes. Interviewee five commented that St Luke's had been very helpful in helping her attain part-time work in a restaurant Interviewee. Another stated that St Luke's had been very supportive with her hairdressing training including providing over \$500 to purchase her equipment. However, Interviewee 12 was critical of the St Luke's program because they had found him an 'absolutely crap job that I didn't like'. One of the Leaving Care Alliance workers emphasised the value of the program in educating care leavers about the labour market. This was because many care leavers 'didn't know what employment was' because they had grown up with families who had never worked. The employment program coordinator similarly noted that the care leavers had lacked the same opportunities as mainstream young people to participate in career counselling, and to be mentored by their parents into part-time employment opportunities. The employment program helped them to develop personal responsibility in terms of 'not going out late the night before, and being on time each morning because the employer was relying on them'. In addition, the LCACSS and Leaving Care Alliance workers emphasised the value of the positive social relationship with the employer and the other employees as well as the vocational gains. The support workers argued that the employment program helped to build self-confidence, independence skills, and broader social connections for the young people. The employment program coordinator also noted some barriers to program success including the lack of reliability of some young people, and the problem with</p> | <p><i>interview you, and then you'll have an interview by yourself with the employers. I'm starting a new job at Cafe Ole, and that helped me out a lot"</i></p> <p><i>: 'One young person had gone out drinking with her work placement co-workers and it was a very different circumstance of drinking to how it would normally have been with her friendship groups, because it was much more controlled and contained, and we'll go out and we'll have a few and then we'll all go home. And that young person actually recognised the social significance of work' (Staff member)</i></p> |  |  | <p>thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> |
|---|--|--|--|--|

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |   |   |  |  |
|--|---|---|--|--|
| <p>transport. Some of the young people have to catch two or three buses to get to work by 8.30 am in the morning which is a challenge. The coordinator mentioned that in one case he has to pick up a young boy at 7 am each day to get him to his apprenticeship on time. In general, young people were positive about the benefits of the program. They valued its capacity to develop relationships with local employers that lead to work experience and employment. They also recognised that the transition from school to the workforce might be straightforward for some, but requires considerable perseverance, education and training and support for others. Nevertheless, the work experience offered was useful in providing a guide and motivation for areas of future employment.</p>      |   |   |  |  |
| <p><b>Gaps in social network</b></p> <p>Personal and social support networks and mentoring - Most of the young people receive support from social networks consisting of friends, partners, family and former carers. For example, Interviewee six stated that she had four best friends: her mother, her close girlfriend, her partner and her grandmother. However, a number of the young people felt let down by friends and partners who had proved untrustworthy, and consequently experienced some loneliness and social isolation. Others commented that their existing friends were bad influences (e.g. involved in drug use and crime), and they needed to develop alternative social networks. The support workers noted that many of the young people lacked the usual family, friends and</p> | <p><i>No quotes were reported to support this theme</i></p> | <p><b>2</b><br/>Mendes 2011<br/>Schwartz-Tayri 2017</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only two studies contributed to this theme. Theme was based on two studies that were high risk of bias. One high risk of bias study was not clear about the method of recruitment, interview, or thematic analysis. The other was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> |



|   |   |                                 |  |  |
|---|---|---------------------------------|--|--|
| community supports to help develop their washing, cooking, and other basic living skills.   |   |                                 |  | The available social networks varied in their sufficiency and composition. However, social network was a common issue.   |
| <p><b>Mentoring interventions</b></p> <p>A number of the young people suggested that St Luke's provide more assistance with relationship education, bring together care leavers who were of similar age and background in a support group focused on sport or other common interests, and involve former care leavers in peer mentoring. Eleven of the 18 young people were currently in, or had recently participated in, the mentoring program. Some of the positive outcomes cited included assisting with self-confidence and maturation, social and communication skills, providing good advice, and just having fun. The mentoring program coordinator cited the importance of having sustainable relationships with 'caring people who provide positive role models and connect them to networks in society'. She argued that the mentors had created a 'sense of community' for the young people in that they were a 'fun group of people who were open to new ideas, new challenges, new things'. However, a couple of the mentoring relationships had not worked as well. Interviewee seven complained that his contacts with his mentor were too infrequent, and Interviewee 11 had lost his mentor who had withdrawn from the program due to a family illness. The Mentoring program coordinator also mentioned that some young people are not suitable for mentoring relationships</p> | <p><i>'Its helped me understand life, its helped me understand people. If I've got a problem with anything personally or physically I can talk to my mentor about it and they help me out with it'. (Care leaver</i></p> <p><i>Interviewee five described her mentor as 'like a mother. She is older than you, has a different life to you, but actually wants to get to know you, is giving you the time of day and is saying let's go out and do something. Its something I've never had before. It's not a worker, it's a friend'. (Care leaver</i></p> <p><i>"There are young people in the system that are doing okay, maybe not brilliantly but not in crisis. With their mentors they have someone who is specifically there for them in the good times and bad. They crave that social contact no matter what their circumstance is'."</i><br/>(Leaving Care Alliance Worker)</p> | <p><b>1</b><br/>Mendes 2011</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. Efforts to promote mentoring had to be tailored to the individual and varied in its success. Different approaches worked best depending on the social skills of the participant.</p> |

|   |   |                                 |  |   |
|---|---|---------------------------------|--|---|
| <p>due to mental health problems. In general, the program seemed useful in facilitating new avenues for social contact and friendship, and improving self-confidence. Nevertheless, the program was not effective for all the young people. For those who lack social skills it appears that the program may work better if focused on addressing particular needs or interests such as the development of independent living skills (e.g. cooking, driving, budgeting, literacy, etc.) or engaging in recreational activities, rather than targeting social relationships more broadly.</p>  |   |                                 |  |   |
| <p><b>Rural and remote settings</b></p> <p>Social inclusion or exclusion in regional, rural, or remote settings - The young people expressed varied views about the particular advantages and disadvantages of leaving care in regional or rural settings. Some suggested that it was easier to leave care in the country because the support networks in Bendigo were easily accessible and caring, whereas care leavers in Melbourne might find it harder to locate supports. Most named transport as a major deficit, arguing that the buses were irregular and inadequate. This was seen as creating a barrier to attaining employment, particularly for those who were interested in travelling to isolated areas to do farm work or fruit picking. But others argued that the bus services had expanded sufficiently, and that bike riding or walking were also good alternatives to bus travel. They also identified lots of job opportunities in the new market place. Social isolation and loneliness was also identified as a problem particularly for those living in remote</p> | <p><i>'A lot of the time they're like I can't catch the bus or public transport because this person is after me, that person is after me. So living in Bendigo although it is a big country town, it's actually quite small for these young people, because they have sabotaged and set themselves up to have so many enemies that it creates a big problem for them'. (Leaving Care Alliance Worker)</i></p> | <p><b>1</b><br/>Mendes 2011</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. Leaving care in rural areas had disparate advantages and disadvantages.</p> |

|   |   |  |   |  |
|---|---|--|---|--|
| <p>settings. Another difficulty was the stigma associated with being a care leaver in a small community. Interviewee five commented that many caravan parks and real estate agents would often not accept care leavers because some had attained a bad reputation for trashing houses, caravans or properties. Interviewee 13 mentioned that he was well known to the police. Others suggested that personal conflicts tended to be accentuated in a smaller community. This concern was confirmed by one of the LCACSS workers who commented that some young people had stolen cars or got involved with criminal groups or drug dealers, and consequently had made enemies. This fear of others can worsen their social isolation. But the worker also noted the potential in a small cohesive community for others to 'help repair some of the bridges these kids burn'.</p> |   |  |   |  |
| <p><b>Family Support</b></p> <p>Emotional support needed - family support - The majority of participants referenced different types of emotional support among the people involved. In aggregate, the participants discussed that emotional support from both family and case managers were important constructs in their transition. Participants referenced how family-based emotional support was useful in providing high expectations of the youth, assisting with financial assistance, and being dependent on the youth themselves (in the case of the youth's own child). In general, the youth discussed how they relied on their families during the transition to adulthood. However, many did not have family relationships on which they could draw.</p>   | <p><i>"[Referencing he sometimes did not have enough money to eat] Yeah, my parents would help—to eat, most of the times, they would help me if they had the money; if they don't have the money, then I'll probably call agency ... . And sometimes, uh, well, I'm the type of person that don't like to ask ... I'm not a person to ask for money. I hate asking for money. ... It's just not, it's just against my rule—to ask for money. I don't like to beg too much. ... And the reason why I haven't given up is because I think of my son and my father. They're the reason why I haven't</i></p> | <p><b>2</b><br/>Rosenwald 2013<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only two studies contributed to this theme. Study was from outside of the UK.</p> |

|  |   |                                    |  |  |
|--|---|------------------------------------|--|--|
|  | <p><i>given up yet. ... Because, I feel like, I want my father to, to realize that I'm his only son, and I want to make it because he believes in me. I also want my son to make it because ... I don't want to see him like, with all the other kids out here, selling dope and drinking and all the other kinds of stuff they're doing out here. [In referencing needing emergency funds for rent], I just asked my mom for it, thank God, and she came through with it. I walked across the stage, you know, ... got my own place, I got my own car, um I started [name of local college], and, um, yeah, it was just all in like a couple of months before I had my son, and he was my, um, biggest encouragement ... you know, [to] make sure he was alright and he had, um, food in his stomach and, you know, just taking care of him and giving him a life that I didn't have."</i></p> |                                    |  |  |
| <p><b>Case Manager support</b></p> <p>Participants also discussed their thoughts on the provision of emotional support from ILS case managers. Case managers can provide positive emotional support, serving as providers of tangible resources such as distributing monthly checks and mentors who can guide youth on the</p> | <p><i>"Yeah, ... they've played a major part in my success. Uh, financially wise, they have been [helpful] ... and like [the other youth in the focus group] was saying ... they're not living in the house with you to totally guide you, but they give you a little guide ... like résumés,</i></p>   | <p><b>1</b><br/>Rosenwald 2013</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |   |  |                                     |  |
|--|---|--|-------------------------------------|--|
| <p>day-to-day routine of life as well as assist in providing long-term vision. Although some provision of emotional support was identified, participants recommended increased emotional support displayed on the part of the ILS case manager. For example, they wanted the ILS case manager to adapt to a pseudo-parent role and provide even further life coaching.</p> | <p><i>and if you call, actually my worker I call her sometimes, like, well, "How do you cook this," and she'll tell me, "Well, you need that or you need this or, you know, make a budget, or this is what you're gonna use for washing, you need that for your light bill." Um, well, some workers, they do, you know, speak a good word in your ear, you know, teach you about life. And, it's just, it's not all about financial stuff, but it's just, it's a good company [referencing the ILS provider] ... I think it's beneficial. They should never take it away."</i></p> <p><i>"[If] I had like a independent coach that's more, say like a mother or father to say, "Come on, you've gotta go to school," or, "I'm gonna take, drop you to school, pick you up," you know, and stuff like that. I'm not saying that ... I need that because I'm too old for that, but that would help out, you know, cause I have friends that have [that type of support]. He (this participant is commenting on the other youth in the focus group whose comments are immediately above) just means he needs them to be more supportive, like ... "Ok,</i></p> |  | <p><b>Overall:<br/>Very Low</b></p> |  |
|--|---|--|-------------------------------------|--|

|   |   |  |   |  |
|---|---|--|---|--|
|   | <p><i>the only time we see them is when it's time for checks. Any other time I don't speak to them, I don't call, they don't call to check on me and see, 'Are you doing alright? How's school going?'" You know, some people need that extra, you know, leap. You feeling me? [I want the person to] show me that you care, not just you're giving me, you're just here to give me my check and just to discipline me. You don't, you don't do nothing else but discipline me, and if I don't go to school, that's all you're basically here for is to give out the checks and discipline me. And I don't see how you're considered a life coach if you're not teaching me about life itself."</i></p> |  |   |  |
| <p><b>Financial support</b></p> <p>Tangible independent living services requested - financial resources - Financial resources are at the heart of concrete services that youth transitioning from care receive. The participants referenced that having additional financial resources that could be available would assist then with rent, food and moving expenses. One participant stated that she gets money for rent but not enough to cover all expenses. Financial resources were also discussed for its use for food.</p> | <p><i>"Well, with the monthly check that they give you is what you have to use to pay for like whatever the sum that they give you, you have to make it last for the month which is paying your rent, um, you know, doing what you have to do, but they feel like whatever they give us is enough for you to do what you gotta do, but (brief pause) no, it's not (laughs) ... I feel like there's a lot of bills that probably they don't think about; there's rent, and rent is not cheap." (Care</i></p>   | <p><b>2</b><br/>Rosenwald 2013<br/>Schwartz-Tayri 2017</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only two studies contributed to this theme. Study was from outside of the UK.</p> |

|   |  |                                    |  |  |
|---|--|------------------------------------|--|--|
|   | <p>Leaver)</p> <p><i>"[Agency] gives me a \$50.00 card and ... the food will probably only last like half a month ... and then I have to starve the rest of the month because I have no money." Moving expenses assistance. Another participant indicated that the only time a request for additional funds was made involved moving expenses for an apartment. "I need a ... deposit, and at the time I did not have it. And ... I was told that I already received my check, but because ... I was moving, I had to use my check money. I couldn't get assistance, meaning more money to put that deposit down. They didn't cover it." (Care Leaver)</i></p> |                                    |  |  |
| <p><b>Usefulness of daycare and support for parents</b></p> <p>Day care was felt to be a tangible way in which care leavers (who were parents) could be helped to maintain work and additional schooling.</p> | <p><i>"I feel like they should be able to help with daycare ... which they don't. They're telling me that my child has to be in the system in order for me to get daycare for him, but, whatever." (Care Leaver)</i></p> <p><i>"[They] should have a program for kids that are going to school full time and that doesn't have a babysitter because obviously if you don't have a babysitter you</i></p>   | <p><b>1</b><br/>Rosenwald 2013</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|   |   |   |   |  |
|---|---|---|---|--|
|   | <i>can't go to school, you know? And if they had that, then most of the kids would be in school." (Care Leaver)</i>   |   |   |  |
| <p><b>Poor communication of program services</b></p> <p>Communication of program services - They indicated that communication with program services was important to know about program benefits. Some participants were not well informed about all of the resources available to them. At times communication was successful. When specifically asked, "did anyone ever tell you what the program was about?" another participant stated, "Yeah, they gave me the run-down, yeah, I know what the program is, the Independent Living Program." The same participant referenced a difference in being told prior to age 18 and by the time they aged out of the system</p> | <p><i>"Some kids don't even know that—don't even know all the benefits of the program," "No, I'm not told about the benefits. I'm told about some of the benefits but like I said, I think that it's a real good program," and "[Like], all the job fairs that be going on ... [they]tell us about some of this stuff, like some stuff I had to just like run up on it and they just tell us, "Oh, okay, you guys do this? I never knew that." (Care Leaver)</i></p> <p><i>"Before I aged out, I remember they were telling me—all they said was, "Okay, when you're on your own and if you get your check, you've gotta be in school" and, you know, this and that, but it wasn't really nothing that could be helpful to me." (Care Leaver)</i></p> | <p><b>1</b><br/>Rosenwald 2013</p>      | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p>   |
| <p><b>Military or civilian service</b></p> <p>Several respondents did military service, and most completed it successfully. Others did civilian service. Most described their service as a positive, and even a life-changing experience: Some acquired new skills, which</p>   | <p><i>"The service built up my personality."</i></p> <p><i>"It changed me: I'm a much more responsible adult now." "It gave me a new perspective of life. . ."</i></p>  | <p><b>1</b><br/>Schwartz-Tayri 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p>                                   | <p>Theme was based on one study that was high risk of bias. This study was unclear regarding how thematic analysis was performed; a convenience sample</p> |



FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |  |  |                                     |  |
|--|--|--|-------------------------------------|--|
| <p>served them in their civilian careers (“After doing so well in the military police, I’m ready to pursue a career in the police”; “My service opened the door for work”), and some acquired new friends, who provided them with support when needed. Most of the respondents appreciated the program staff’s support during the service, which often helped them to overcome crises.</p> |  |  | <p><b>Overall:<br/>Very Low</b></p> | <p>was used. Unclear if any validation techniques were used. Only 1 study contributed to this theme. Study was from outside of the UK.</p> |
|--|--|--|-------------------------------------|--|

**Summary CERQual table (Experience of care leavers receiving a life skills project)**

| Themes   | illustrative quotes   | Studies                                | CERQual concerns   | CERQual explanation  |
|--|---|--|--|--|
| <p><b>Prepositioning</b><br/>This theme related to how the 22 young people positioned themselves and their mental health and wellbeing, with a specific focus on prepositioning narratives (i.e., relating to their character, competence, traits, and skills prior to their involvement with the life skills project). In order of being commonly expressed, participants spoke about becoming really stressed, breaking down and crying; fear of new people and new situations; loneliness and isolation; low self-esteem; being nervous and anxious; behavioural issues (being difficult, aggressive); panic attacks.</p> | <p><i>“I get stressed, struggle with money, and erm sometimes I don’t, I don’t have nobody to talk to as well so I was getting so much stress and, my hair is falling out, err its so hard to handle, you know, like, for me to have like somebody like, and that I can talk to, even if she comes once every two weeks to see me. So, I can talk to her, it makes me feel better.”</i></p> | <p><b>1</b><br/>Sims-schouten 2017</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Individual themes were not fleshed out in detail. This study was rated high risk of bias. No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis was carried out and by how many researchers. Researcher did not discuss the credibility of their findings (e.g. triangulation,</p> |

|  |  |  |  |   |
|--|--|--|--|---|
|  |  |  |  | respondent validation, more than one analyst).  |
| <p><b>Repositioning</b></p> <p>This theme related to how the 22 young people repositioned themselves during and following the intervention (realignment of positions, as a result of participating in the project). In order of being commonly expressed, participants spoke about having to become a more resilient person – picking self up again; learning to communicate and feel confident; being able to speak to people and socialise; learning independent skills and building confidence; stress-relief and coping; being able to trust and talk to people, assertiveness; being able to express myself and my fears.</p> | <p><i>“What we're just doing, erm, I think she's taught me how to speak to people, and not like, as I used to be quite aggressive and quite horrible, and stuff like that, which make you learn how to be assertive and stuff like that, and to speak properly and not get wound up, and say things in the right way.”</i></p>     | <p><b>1</b><br/>Sims-schouten<br/>2017</p> | <p>ML: Serious concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Individual themes were not fleshed out in detail. This study was rated high risk of bias. No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis was carried out and by how many researchers. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst).</p> |
| <p><b>Mediating role of the care worker in helping participants to transition between these states (themes above)</b></p> <p>Through engagement with care workers care leavers are able to reposition themselves: “it makes me feel better”. The care worker acted as a “challenge” to correct challenging behaviour, manners of how to speak to people, be less aggressive. Communication with care workers was a means</p>   | <p><i>“Is there anything in particular that you have achieved now, that you didn't necessarily achieve before you joined XXX?”.... “it was mainly my confidence with talking to other people, with like business-like, banks, doctors, people like that never really had confidence to do it.....”And how did you gain the</i></p> | <p><b>1</b><br/>Sims-schouten<br/>2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:</b></p>                 | <p>Only 1 study contributed to this theme. This study was rated high risk of bias. No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis</p>   |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |   |  |                        |  |
|---|---|--|------------------------|--|
| <p>to calm down during panic attacks and stress, repositioning of self and anxieties through support allowing them to reposition themselves and their abilities to cope and engage with their mental health problems (constructed in terms of "difficult behaviour"). Programme build confidence with communication with (and "pushing") with business, banks, doctors and "people like that". Care worker supportive, taking to the bank and "getting" the care leaver to gradually increase the amount of talking they did to new people; gradual, staged and step-by-step nature of this approach.</p> | <p><i>confidence?"... "Erm, my, my old care worker, took me out to the bank, and like, was getting me to talk, little bits, not constantly just little bits. And then she will talk for a little bit and then she will get me to do, do some just.. like, she was constantly trying to get me to do it, by, by boosting it up. Gradually, not straight away... "Oh, that good".... "It's like new people, and I don't really get on with new people. So I was like Oh new people {soft nervous laughter} Oh no, leave me alone"</i></p> |  | <p><b>Very Low</b></p> | <p>was carried out and by how many researchers. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst).</p> |
|---|---|--|------------------------|--|

**Summary CERQual table (Experience of participants receiving College support programmes)**

| Themes   | illustrative quotes   | Studies                          | CERQual concerns   | CERQual explanation  |
|--|---|----------------------------------|--|--|
| <p><b>Problematic relationship with donors:</b><br/>Problematic relationship with donors - at least one program director expressed concern about donors who become involved for the "wrong reasons" such as wanting to probe deeply into a student's family background or placement history.</p> | <p><i>No quotes were reported to support this theme</i></p> | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns<br/><br/><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |

|  |  |                                  |  |  |
|--|--|----------------------------------|--|--|
| <p><b>Desire for financial support sought through the programme</b></p> <p>Respondents cited several reasons for wanting to participate in the program. Many were in need of the financial aid the program would provide.</p>  | <p><i>“Due to my family situation I couldn't pay for my schooling...And I knew that this program would help me a lot. [W]ithout this it would be very hard for me to go to school.” (Student)</i></p> <p><i>“The [campus support program] helped...by giving me support for school and by giving me financial aid. I am very thankful because if it wasn't for them I would not be going to school.” (Student)</i></p> | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |
| <p><b>Desire for help to achieve educational goals sought through the programme</b></p>  | <p><i>“I became a [program participant] because it will assist and guide me throughout my years in college...It also allowed me to have a equal opportunity to achieve my goals just as any other student who is pursuing a college degree.” (Student)</i></p>   | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |
| <p><b>Continuity of supportive relationships:</b></p> <p>Continuity of relationships. Programme directors were supported by a very small staff—generally one or two people. However, staff turnover tended to be low, so students have an opportunity to develop lasting relationships with adults who are genuinely concerned about them and their success in school. This may be a new experience for students whose case workers changed frequently while they were in foster care.</p> | <p><i>“The students get to build a family within the [campus support program]. We get to support each other and the [campus support program] staff and sponsors are our parents in school so they look after us like a family does for their children.” (Student)</i></p> <p><i>“[They] gave me ideas of how to</i></p>  | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |

|  |   |   |   |  |
|--|---|---|---|--|
|  | <p><i>balance my personal life and school [so] it does not affect my performance in school. [They] just give me different alternatives to deal with situations...."</i></p> <p><i>"Knowing that at anytime if I have a problem there is someone who is concerned and will be there to help me." (Student)</i></p> <p><i>"Having adults and other students who understand what you're going through and feel like." (Student)</i></p> <p><i>"They provided a...nurturing environment on campus, I felt emotionally safe and felt that someone cared, The emotional support was very important, and having talks with the program directors on campus really helped."</i></p> |   |   |  |
| <p><b>Lack of information about post-secondary educational options -</b><br/>                 Programs faced a wide array of challenges in their efforts to help former foster youth stay in school and graduate. To begin with, program directors expressed concern about foster youth not having access to information about post-secondary educational options, college admissions requirements, financial aid availability, or campus support programs. They also lamented that foster youth are often</p> | <p><i>No quote was reported to support this theme</i></p>   | <p><b>1</b><br/>                 Dworsky 2010</p> | <p>ML: Serious concerns<br/>                 C: No concerns<br/>                 A: Serious concerns<br/>                 R: Serious concerns</p> <p><b>Overall:</b><br/> <b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |

|  |   |                                  |  |  |
|--|---|----------------------------------|--|--|
| not encouraged to pursue postsecondary education despite its importance to labor market success.   |   |                                  |  |  |
| <p><b>Lack of preparation lead to remedial courses –</b><br/>This lack of encouragement might explain, at least in part, why far too many foster youth are not academically prepared for college-level work. One director went so far as to say that even community college may be beyond the reach of some. Most of the directors estimated that 50 to nearly 100% of the young people in their programs are required to take remedial level courses (which don't count toward college credit). Remedial course-taking was especially high at the one community college-based program, probably because California's community colleges have an open admissions policy (i.e., students are not required to have a high school diploma or GED). The only exceptions were the two University of California based programs. Their schools do not offer remedial courses because the admissions process is supposed to screen out students who are not academically prepared.</p> | <p><i>“Just knowing how to adjust to the difference; the work load was different and the college environment was totally different from my high school environment.”</i></p> <p><i>“A group of people who...believe that you can be somebody even though all your life somebody may have told you that you couldn't.”</i></p> | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |
| <p><b>Problems identifying eligible students</b><br/>Not only are relatively few foster youth academically prepared for college, but identifying eligible students can be difficult. For years, the only systematic way for campus support programs to identify eligible students was through a question on the FAFSA (Free Application for Federal Student Aid) which asks “Are you (or were you until age 18) a ward/dependent of the court?” Unfortunately, the FAFSA data sometimes arrived after all of the program slots were filled. The question can also be confusing, particularly for</p>   | <p><i>No quote was reported to support this theme</i></p>   | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |

|  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| <p>young people who had been in foster care for years but left before their 18th birthday or who are placed with kin and may not think of themselves as wards of the court. An item that asks students to “indicate if you have been in foster care (e.g., foster home, group home or placed with a relative by the court)” was recently added to the admissions application for California's public colleges and universities. Although this item addresses some of the FAFSA question's shortcomings, the new item does not distinguish between students who had ever been in foster care—including those who returned home to their families or were adopted—and those who “aged out.” Moreover, some young people who would be eligible for these program do not identify themselves (and do not want to be identified) as former foster youth.</p>  |   |                                  |   |  |
| <p><b>Increasing awareness of campus support</b><br/>Because it can be difficult to identify eligible students, campus support programs devote a considerable amount of time and other resources towards recruitment and outreach activities. They send representatives to college fairs or other events attended by high school students, organize campus visits, tours and information sessions, meet with individual students and give potential applicants a chance to talk with current program participants. Some of these efforts have paid off and a number of programs are on target to meet their recruitment goals or have more applicants than slots to fill. Efforts to increase awareness of campus support programs have included conference presentations to professionals who work with foster youth, outreach to school counselors and designated foster youth liaisons at community colleges, mass mailings to foster youth and their</p> | <p><i>“Well they didn't really know about it but if I had told them I needed help moving in maybe they could have had some people help me.”</i><br/>(Student)</p> <p><i>“I'm not too sure that they could have done anything about it. Personal problems have to be dealt with on one's own.”</i><br/>(Student)</p> | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |

|   |  |                                  |  |  |
|---|--|----------------------------------|--|--|
| <p>caregivers, and working closely with independent living services providers, public child welfare agencies and community organizations. Other efforts, such as providing information to residential advisors or talking with faculty and staff, have been more internally focused.</p>  |  |                                  |  |  |
| <p><b>Meeting non-academic needs (housing) –</b><br/>Meeting some of the program participants' non-academic needs can also be challenging. Most campus support programs provide year round housing. This is critical for former foster youth because many have nowhere to go when school is not in session. Addressing students' housing needs was especially challenging for the community college-based program because, like most community colleges, it does not provide on-campus housing. Finding affordable housing near the campus can be difficult, and transportation becomes an issue if students have to commute from far away.</p> | <p><i>“I think that for me feeling secure about where I'm going to live is always in the back of my head... I don't know if I'll have a roof over my head. And that is very scary to think about.” (Student – housing assistance recipient)</i></p> <p><i>“Managing going to school full time as well as working as much as possible to be able to support myself and pay for my bills.”</i></p> <p><i>“Making sure I had a place to live especially during the times when there was no school.”</i></p> <p><i>“I was afraid I wouldn't have a place to stay and I wouldn't be able to do as good in college as I did in high school.”</i></p> | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |
| <p><b>Meeting non-academic needs (mental health problems)</b><br/>Another common need is for mental health services. Because mental health problems or personal crises can adversely affect academic progress, campus support programs often make referrals to student counseling services. Recognizing that former foster youth may have a</p>   | <p><i>“There is an incredible feeling of aloneness during this transition”</i></p> <p><i>“Not knowing what to do and knowing that I was going to be alone.”</i></p>  | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns</p>                                     | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010.</p>   |



FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |   |                                  |   |  |
|--|---|----------------------------------|---|--|
| <p>greater need for these services than the typical undergraduate, several campus support programs have arranged for annual caps on the number of sessions for which students are eligible to be doubled or lifted altogether. In some cases, students must be referred to community-based clinics because the mental health services they need are not available on campus, and at least one program uses some of its foundation funding to pay for these services. Students may also fail to “follow through” when a referral is made due to their distrust of mental health professionals</p>   | <p><i>“Not having anybody to help or someplace to be in the transition. Feeling alone.”</i></p> |                                  | <p><b>Overall:</b><br/><b>Very Low</b></p>  | <p>This study was rated high risk of bias.</p>   |
| <p><b>Financial sustainability for college support programmes</b><br/>Finally, programs must also deal with the issue of long-term financial sustainability. Thus far, much of the funding for campus support programs has come from private foundations or individual and corporate donors. The colleges and universities with which they are affiliated have generally provided in-kind support, such as office space, or have covered some or all personnel costs. Directors expressed concern about ongoing funding once their start-up grants expire. In some cases, funding from other college or university departments is replacing foundation support, which is why it is important for programs to have the backing of the college or university administration.</p> | <p><i>No quote was reported to support this theme</i></p>                                       | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns<br/><br/><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias.</p> |
| <p><b>Collaboration</b><br/>One way programs are dealing with some of these challenges is by working collaboratively through both formal organizations and informal partnerships. Collaboration among campus support programs, particularly within the same region, is common. Many of the California programs belong to formal organizations (e.g., Southern California</p>   | <p><i>No quote was reported to support this theme</i></p>                                       | <p><b>1</b><br/>Dworsky 2010</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Serious concerns<br/><br/><b>Overall:</b></p>                     | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010.</p>   |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |   |   |   |  |
|---|---|---|---|--|
| <p>Higher Education Foster Youth Consortium; Northern California University Foster Youth Consortium; Southern California Council of programs assist in the development of new programs or programs share information about potential recruits. In addition to these external collaborations, program directors work closely with other departments and divisions at their own schools. Colleges), which some program directors described as “support groups” for sharing ideas about best practice. Program directors in California also work with the Foster Youth Success Initiative to facilitate the transfer of foster youth from community colleges to four-year schools. However, collaboration can also involve informal partnerships, as when established.</p> |   |   | <p><b>Very Low</b></p>  | <p>This study was rated high risk of bias.</p>   |
| <p><b>Ways in which the programme could have been improved</b><br/>                 Help with housing and living expenses were among the most frequently cited unmet needs e.g. more financial aid. Others mentioned graduate school advising or career counseling. Another suggestion was for more opportunities for program participants to “get together” for peer support.</p>  | <p><i>“Perhaps being able to offer more funding for students, because while my scholarship is enough for tuition it doesn’t help much with living expenses.” (Student)</i></p> <p><i>“That you could use the scholarship for as long as it takes to get my major. Some students only need to go to school for two years others need to go for six. So after four years I still need help paying for college.” (Student)</i></p> <p><i>“I would have the director meet with all seniors to make sure they have a plan after graduation and if they need any help applying to</i></p> | <p><b>1</b><br/>                 Dworsky 2010</p> | <p>ML: Serious concerns<br/>                 C: Minor concerns<br/>                 A: Serious concerns<br/>                 R: Serious concerns</p> <p><b>Overall:<br/>                 Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK and data was likely collected prior to 2010. This study was rated high risk of bias. Suggestions for programme improvement were disparate.</p> |

|   |   |                                     |  |  |
|---|---|-------------------------------------|--|--|
|   | <p><i>grad schools.” (Student)</i></p> <p><i>“I would want there to be a service where individually scholars are sat down and evaluated as to what career path they are headed down.” (Student)</i></p> <p><i>“I would love more reunions with students of the program, since they are my support and community.”</i></p> |                                     |  |  |
| <p><b>Tracking progress of students (STEP programme)</b></p> <p>Programs track student progress in a number of different ways. Some maintain a customized database that includes information about GPA, course grades, courses taken, academic major, and/or credits earned, although they were frequently described as “in development.” Most of the other programs are able to pull individual-level student data directly from a campus-wide system, but a couple must submit requests for the specific data that they need. By contrast, only two programs have a system for tracking the provision of services and supports. Both collect those data in narrative form, which might explain why they have rarely been used. Programs use the data they collect for a variety of purposes. Not surprisingly, the most common is to measure student progress. Of particular concern is whether students are meeting academic requirements and are on track to graduate within 5 years. Data are also used for end-of-year reporting, which often means that programs only track what their funders want to know. Only two of the</p> | <p><i>No quotes were reported to support this theme</i></p>   | <p><b>1</b></p> <p>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|   |  |                                  |  |  |
|---|--|----------------------------------|--|--|
| program directors interviewed specifically mentioned research or evaluation as a reason for data collection.  |  |                                  |  |  |
| <p><b>Mentoring and role clarity (STEP programme)</b><br/>The Mentor subsystem of the STEP was created by the collaborative to address unmet needs of the Students, particularly in navigating outside systems (e.g., legal services). Mentors, adult volunteers from the community, were linked with individual Students to provide support and guidance as the Students pursue their education. Role clarity, specifically ambiguity or lack of role clarity, emerged as a common theme—particularly among the Mentors and Collaborative Members. While Mentors consistently explained their role was about supporting Students, there was a lack of consensus about how to support Students. Support around Students’ educational processes was an area where disagreement existed. One Mentor envisioned becoming a Mentor with the STEP in order to help “youth to be successful in their higher education. . .[and] assisting him more with the school process;” however, this was not the role he played, as the Program Coordinator and academic advisor at the community college filled those roles. The extent to which mentors were to provide tutoring and educational assistance was a source of role confusion. Mentors discussed needing clearer roles and expectations.</p> | <p><i>"We went to the meetings that describe what the goals were and the dos and don'ts of the program and we were basically told that we were not to give the kid any advice, that wasn't our job. It sounded like our job was just more to be his buddy and to let him sound ideas off of us and you know not really interfere a lot with his life but to be there for him when he needed us." (Mentor)</i></p> <p><i>Another Mentor suggested that Mentors were to “provide support and guidance in any way that we could.”</i></p> | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |
| <p><b>Importance of programme leadership (STEP programme)</b><br/>Program leadership can also be considered a subsystem of the STEP. STEP services were managed by one full-time staff person, referred to in this report as the Program</p>  | <p><i>No quote was reported to support this theme</i></p>  | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p>                                     | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|  |  |   |   |  |
|--|--|---|---|--|
| <p>Coordinator. Many stakeholders viewed the Program Coordinator role as the most important in the structure of the STEP. The Program Coordinator received support and guidance from an individual referred to as the Program Leader who was employed in an administrative position at the community college and originally convened the group that became the Collaborative, was central in the development and management of the STEP prior to the Program Coordinator, who worked closely with Students and further developed and managed the STEP.</p> |  |   | <p><b>Overall:</b><br/><b>Very Low</b></p>  |  |
| <p><b>Peer support and network (STEP programme)</b><br/>The third subsystem was made up of the Students—program participants who have been in foster care and who are enrolled in the local community college pursuing post-secondary education. Although not part of the intended design of the STEP, the Students commented that they connected with one another as a group within the community college. The cohesion came from the shared background.</p>  | <p><i>“ . . . it’s the best opportunity that one can find you know to be able to have a program where there’s other people who is from your same background going through the same things as you.”</i></p> <p><i>“ . . . [STEP]. . . connects you because it is for the former and current foster children so when you’re in college and you have that thing that’s different about you it’s always good to find common people. . . [STEP] helped me not feel, I guess, alone.”</i></p> <p><i>“I felt that being surrounded by people of the same background would help to motivate me in a way that I would feel I was not the only one. I knew that they would understand my background and help direct me and guide me in</i></p> | <p><b>2</b><br/>Schelbe 2018<br/>Dworsky 2010</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|  |   |                                     |  |  |
|--|---|-------------------------------------|--|--|
|  | <i>the best possible way."</i>  |                                     |  |  |
| <p><b>Collaborative members and role confusion (STEP programme)</b></p> <p>Each stakeholder group had a specific set of roles, or normative expectations of a person or group, which governs their behaviors within the STEP. Collaborative Members also expressed confusion regarding their expected roles within the STEP. While there had been discussion of creating a job description for Collaborative Members, one had not been created. The expansion of the Program Coordinator role further shifted the roles and responsibilities of the Collaborative. The Program Coordinator helped facilitate support and resources for the Students in times of need and the relationships in the collaborative made this possible. One explanation for role confusion, particularly among Collaborative members was the Program Coordinator's expanding role. Over time, the Program Coordinator assumed responsibilities related to program growth and expansion, beyond just managing the day-to-day activities. This may have contributed to the lack of clarity about roles among other stakeholder groups.</p> | <p><i>"I don't think people were really prepared for what their role was [within the Collaborative]. I never saw [the Collaborative] as a structural foundation that would enable the collaborative to continue on with any great focus or direction." (Collaborative member)</i></p> <p><i>". . .if you bring on new Collaborative Members to be sure that there is some kind of orientation, a good overview of exactly what the program is and maybe what they will be asked to or required to do as a Collaborative Member." (Collaborative member)</i></p> <p><i>"we kind of defer to [the Program Coordinator] a lot more than maybe we would previous before we had [the full-time Program Coordinator] but I mean because [Program Coordinator]'s so great we've kinda given [the Program Coordinator] a lot more, you know, than maybe what was the original intent. . ." (Collaborative member)</i></p> | <p><b>1</b></p> <p>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|  |   |                                  |  |   |
|--|---|----------------------------------|--|---|
| <p><b>Boundaries between mentors and students (STEP programme)</b></p> <p>In the systems theory, boundaries are properties that delineate subsystems within a system and the system relative to its outside systems. While the term boundaries was mentioned frequently across all stakeholder groups, it was in a different context as it was related to interpersonal relationships and understanding roles rather than distinguishing boundaries between subgroups. For instance, Mentors referenced boundaries between them and their Students. Mentors commented on the importance of establishing clear and concise boundaries with the Students they mentored. Several Students and Mentors mentioned challenges in their relationships with one another when there had been a previous relationship. Some stakeholders reflected on the boundaries between the Students and the Program Coordinator as it related to the Program Coordinator's role as leader versus peer. Some shared observations about occasional lack of role clarity in this regard. The frequent contact between Program Coordinator and Students, as well a closeness in age, may explain these observations.</p> | <p><i>"I think it's very easy to cross those boundaries and cross those lines. . . [Student] ended up living with the family [of a different Mentor]. . . it was a disaster according to [Student]." (Mentor)</i></p> <p><i>"I felt like it was not just a job relationship anymore, it was personal and job like and I didn't really like that situation." (Student)</i></p> | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p>  |
| <p><b>Power to deliver services within the STEP system and the importance of including the student's voice– (STEP programme)</b></p> <p>In the STEP, the most evident sources of power included making programmatic decisions and accessing information and resources. Stakeholders reported that the STEP was initially structured in such a way as to centralize power within the Collaborative, allowing power to flow from the</p>   | <p><i>No quote was reported to support this theme</i></p>   | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Minor concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. This theme covered discussions of where the power lay in a hierarchical structure such as the STEP</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|   |  |  |  |  |
|---|--|--|--|--|
| <p>Collaborative through the Program Coordinator, then radiate outward to other stakeholders (e.g., Mentors, Independent Living Staff), and ultimately end with Students. As time passed, the Program Coordinator assumed more power in making decisions. After the shift in power, the Collaborative appeared to serve as a safety net for Students, where the Program Coordinator could access emergency supports for the Students on an as-needed basis. This new function of the collaborative continued to hold a place of power within the program, as the safety net was accessed only by the Program Coordinator on Students' behalf. Thus, the hierarchy where Collaborative Members held power over Students was preserved. Although some of the Mentors expressed having limited power, the Mentors' power was evident in their access to the Program Coordinator, the reports they completed on Students, and their attendance at collaborative meetings. Collaborative Members developed the mentoring component based on the belief that Mentors possessed wisdom, life experience, and problem-solving skills that could help the Students. The Students remained on the perimeter of the power structure and lacked decisional capacity about the ways in which the program operated. With the many discussions about STEP's development, none of the Collaborative Members mentioned seeking input from the former foster youth about their needs for this type of program. Periodically, students were invited to collaborative meetings to share experiences, including any challenges and needs. Acknowledging the importance of Students having the ability of self-determination, several Collaborative Members noted the</p> |  |  |  | <p>programme. Suggestions that the student voice should feed into the power structure was ancillary to this.</p> |
|---|--|--|--|--|



FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|  |   |   |   |  |
|--|---|---|---|--|
| <p>value of Students speaking about their experiences and needs.</p>   |   |   |   |  |
| <p><b>Pivotal role of the programme co-ordinator (STEP programme)</b><br/>                 The Program Coordinator linked STEP to the other community systems and brought in resources for Students and STEP. Some of the resources were part of the other student support services offered on campus. In times of Student crisis, the Program Coordinator helped access resources, and for ongoing programming, the Program Coordinator brought community members to STEP to provide trainings for Students. Likewise, the Program Coordinator was central to the organization and serves as the connector between subsystems: the Collaborative, Mentors, and Students. The Collaborative Members envisioned the program; the Program Coordinator was responsible for implementing the program. All stakeholder groups identified the Program Coordinator as a strength of the STEP, including one Collaborative Member who referred to the Program Coordinator as the person who “keeps all the folks together” and another who described the Program Coordinator as a “professional anchor.”</p> | <p><i>No quote was reported to support this theme</i></p> | <p><b>1</b><br/>                 Schelbe 2018</p> | <p>ML: No concerns<br/>                 C: No concerns<br/>                 A: Serious concerns<br/>                 R: Moderate concerns</p> <p><b>Overall:</b><br/> <b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|   |   |                                  |  |  |
|---|---|----------------------------------|--|--|
| <p><b>The benefits of an open and collaborative system – (STEP programme)</b></p> <p>The STEP functioned largely as an open system. By engaging community members to support and develop the STEP, the program became a collaborative community program. Collaborative Members brought knowledge, wisdom, and resources from outside communities into the STEP. The collaborative meetings provided a venue for the exchange of ideas and discussions for planning and addressing unmet needs. Some of the resources were financial such as the agencies that provided the funds to hire a full-time Program Coordinator. Other resources included bringing in volunteers to serve as Mentors and providing workshops for Students. The Mentors, while part of the STEP, were also connected to the larger community and thus served as a vehicle for connecting the STEP to other systems and bringing in input. The Program Coordinator was positioned to draw upon the diverse talents and connections of those around the table to address Students' needs. Some of the most notable examples of the benefits of an open system were when a Student experienced a crisis and a Mentor and/or Program Coordinator pulled in community resources to assist. This happened for a student facing eviction where through the advocacy and resources the Program Coordinator provided, the student remained housed. In addition to benefiting Students in crisis, the open boundaries of the program benefited Students in other practical and important ways. Ancillary services, such as internships, were made available to Students as a result of connections within the community as well as the support services available through the</p> | <p><i>One Dual Member stated, “. . . the sharing of information is, to me, is a powerful tool and. . . the meetings that we had, we were really discussing how can we grow this program, affect these kids' lives, and really get them, you know, in that forward direction of their education. . .” (Dual Member)</i></p> <p><i>One Collaborative Member explained how the Program Coordinator could “can pick up the phone and say ‘I need x, y, and z from [the child welfare agency]’ or ‘I need this from DOE [Department of Education]’ or ‘I need this from the local school district’ you know, and those barriers get eliminated quickly.”</i></p> <p><i>A Student described her similar experience, saying “[I] made a lot of resources, resources and I made a lot of connections and networks that obviously benefit me very well. . . I tell [the Program Coordinator] all the time that I probably wouldn't have made it this far without [the Program Coordinator] and the program.”</i></p> | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |
|---|---|----------------------------------|--|--|

|   |   |   |  |  |
|---|---|---|--|--|
| <p>community college. One mentor recounted the Program Leader connecting the Student he mentored with an internship opportunity outside the program, due to community connections. As the STEP functioned as an open system, the array of programs and services available to Students extended beyond what the STEP offered. The STEP facilitated Students access to resources available through the community college’s infrastructure such as financial aid, advising, internships, and job opportunities. Outside systems including community agencies and institutions such as Department of Juvenile Justice, Department of Education, and Child Welfare System provided additional opportunities and services outside the STEP. Workshops and guest speakers at events and trainings for Students were provided by those from outside systems. The Collaborative Members and Mentors identified the importance of input for the sustainability of the STEP.</p> |   |   |  |  |
| <p><b>Need to enage more financial support and community collaborations with business world – (STEP programme)</b><br/>                 Several stakeholders voiced concerns that, without more financial resources, STEP’s future would be threatened. The STEP engaged partners who served foster youth and were an obvious fit with STEP’s mission. Yet, in terms of future program growth, some stakeholders expressed the idea of developing ties within the business sector to further the development and funding of the program and continue to connect with community and grow as an organization. One Dual Member stressed the importance of engaging the business community with the intent to diversify and increase financial support for the program as well as offer a wider</p>   | <p><i>No quote was reported to support this theme</i></p> | <p><b>1</b><br/>                 Schelbe 2018</p> | <p>ML: No concerns<br/>                 C: No concerns<br/>                 A: Serious concerns<br/>                 R: Moderate concerns<br/><br/> <b>Overall:</b><br/> <b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK.</p> |

|  |  |                                  |  |   |
|--|--|----------------------------------|--|---|
| <p>array of practical supports (e.g., internships and mentors) to Students. Many Collaborative Members and Dual Members noted the need to engage a greater variety of people with the Collaborative. Stakeholders raised concerns about needing input in the form of grants and donations. An additional concern mentioned was the need to increase input through expanding the collaborative to include small business owners and leaders in the banking community, thus increasing involvement beyond local leadership in nonprofits and local government. Some stakeholders questioned STEP's sustainability if there were not additional inputs in terms of financial support and new community involvement including business leaders.</p>  |  |                                  |  |   |
| <p><b>Supporting feedback into the system (STEP programme)</b><br/>Feedback in the systems theory is defined as a form of input that informs a system's performance. Within the STEP, feedback was evident in stakeholders' discussion of the program through feedback from outside the system (external feedback) and from within the system among subsystems (internal feedback). External feedback about the STEP seemed to be generally positive. Perhaps, this was most apparent in the creation of the STEP when stakeholders from various agencies and organizations came together to form the Collaborative. Another source of positive feedback about the STEP occurred at the state level, when the STEP was recognized as a model program and funding was allocated to replicate the STEP at other colleges and universities across the state. Throughout the STEP, there were instances of internal feedback between individuals in the various subsystems and the Program</p> | <p><i>One Mentor explained, "I see as a mentor role within STEP is making sure that STEP is aware of what [Student] is doing. I try to be that bridge back to the program itself."</i></p> <p><i>a Dual Member spoke to the importance of having Mentors participate in the collaborative for purposes of feedback: "that's why mentors were so important to be at the table, because [Students] were sharing this stuff their mentors. . .and the mentors bringing this [information] back to the table. . . These are the areas we need to look out and make sure they're covered in the development of this program."</i></p> | <p><b>1</b><br/>Schelbe 2018</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. "feedback" as a theme here covered some varied aspects, such as feedback and evaluation of the service itself, and care leavers themselves receiving feedback about their progress through pay for grades systems.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|   |   |  |  |  |
|---|---|--|--|--|
| <p>Coordinator. For example, Students reported that they received money as part of the “pay for grades” program as positive feedback on their academic performance. The higher the Students’ grades, the more money they receive. Similarly, feedback about Students’ progress was noted through monthly reports completed by Mentors and to the Project Coordinator. Mentors also discussed providing and receiving feedback about Students beyond these reports through informal conversations with the Program Coordinator. Collaborative Members also reported providing and receiving feedback to and from other subsystems. One Dual Member mentioned a strength of the collaborative is the guidance they provided to the Program Coordinator. In another example, Some stakeholders expressed a desire for more feedback in the STEP. Along the same lines, a Collaborative Member stated that completing exit interviews with Students would be a great way to receive feedback from Students about the STEP. Moreover, the exit interviews would offer an opportunity to collect systematic information about Students’ exit and experiences. Another theme that emerged was in relation to the current evaluation, in which some stakeholders expressed their appreciation for being interviewed and being able to express their views of the STEP. In fact, a few stakeholders stated an evaluation of the program should have been conducted sooner.</p> | <p><i>One Student expressed that he thought the collaborative needs to interact more with the Students “because they need to know who they’re serving.”</i></p> |  |  |  |
|---|---|--|--|--|

**Summary CERQual table (Experience of care leavers receiving a mindfulness intervention)**

| Themes | illustrative quotes | Studies | CERQual concerns | CERQual explanation |
|--------|---------------------|---------|------------------|---------------------|
|--------|---------------------|---------|------------------|---------------------|

|   |  |   |   |  |
|---|--|---|---|--|
| <p><b>Techniques of the mindfulness intervention that were found to be beneficial</b></p> <p>There was consensus that students found at least one mindfulness technique beneficial. The three practices most frequently mentioned as being helpful were (1) belly breathing, (2) guided imagery, and (3) the STOP acronym.</p>  | <p><i>No quotes were reported to support this theme</i></p>  | <p><b>1</b><br/>Gray 2018</p>                   | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. All data were from outside of the UK. It was unclear why participants found these techniques particularly beneficial.</p> |
| <p><b>Benefits for stress, sleep levels, and focus</b></p> <p>Students reported that mindfulness had the greatest impact on their stress levels, sleep quality, and focus, which was consistent with the quantitative findings. Almost half of all positive comments on the benefits of mindfulness practices pertained to stress reduction. Sleep quality was the aspect of life where students perceived the greatest impact of mindfulness. Students reported that mindfulness practices, especially belly breathing and the STOP acronym, helped them fall asleep, return to sleep once they awoke in the night, or improved their overall sleep quality. Heightened focus was the next most popular benefit cited, with students recounting situations where this enhanced focus helped them study or take a test. Other ways that students said mindfulness positively impacted them included improved mood and confidence, less self-judgment and criticism, enhanced clarity in their thinking, and greater self-awareness.</p> | <p><i>“understanding what’s going on, not just what’s going on around you but what’s going on inside you so, you know, knowing how you’re feeling and what you’re thinking.”</i><br/>– looked after person</p> | <p><b>2</b><br/>Gray 2018<br/>Lougheed 2019</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>   | <p>Only 1 study contributed to this theme. All data were from outside of the UK.</p>   |

|  |  |                               |   |  |
|--|--|-------------------------------|---|--|
| <p><b>Challenges in using mindfulness practices</b></p> <p>Students also experienced various challenges in using different mindfulness practices and incorporating mindfulness into their daily routine. Students reported struggling when a practice required them to sit still and/or stay focused on the practice for 10 minutes or more. Students also reported difficulty finding the time or motivation to practice the mindfulness techniques or remembering to use the techniques in times of relative ease.</p>   | <p><i>No quotes were reported to support this theme</i></p>  | <p><b>1</b><br/>Gray 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. All data were from outside of the UK.</p> |
| <p><b>Displeasure/dissatisfaction regarding the intervention setting and instruction</b></p> <p>A small proportion of comments indicated that some students were displeased with the setting and framework in which mindfulness was taught. Focus group facilitators observed that about three students made comments reflecting displeasure. The displeased students reported difficulty concentrating on the mindfulness instruction when other students were not paying attention or were entering and leaving the classroom during the instruction time. They also expressed disliking the requirement of the Koru mindfulness program as part of the course. These dissenting views remind us that, despite average gains in stress reduction and sleep improvement, it is important to attend to students who react negatively to a particular mindfulness instructional practice so that adverse experiences can be minimized or eliminated by providing alternative stress-reduction or relaxation activities.</p> | <p><i>"The more we are told to do it, the more we are not going to want to do it." (Care leaver)</i></p> | <p><b>1</b><br/>Gray 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. All data were from outside of the UK.</p> |

|   |  |                                   |   |   |
|---|--|-----------------------------------|---|---|
| <p><b>Inclusive safe and fun</b></p> <p>participants discussed that the group was experienced as a source of social support that felt inclusive, safe, and fun.</p> | <p><i>"I didn't feel like I was being judged"</i></p> <p><i>"It was nice to have other people to talk to about that kind of stuff because you know at school you don't just like talk about it with anyone. So, it was nice there. It was nice to have other people to talk about it who get it [the experience of being in foster care]."</i></p> | <p><b>1</b><br/>Lougheed 2019</p> | <p>ML: Minor concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>One study of moderate quality contributed to this theme. Only 1 study contributed to this theme. All data were from outside of the UK.</p> |
|---|--|-----------------------------------|---|---|

**Summary CERQual table (Experience of young people leaving care, Stand By Me workers and non-Stand By Me staff from the various residential care, home-based care, and post care support programs regarding the Stand By Me intervention (based on the UK Personal Advisors model))**

| Themes  | illustrative quotes                                | Studies                         | CERQual concerns  | CERQual explanation   |
|---|--|---------------------------------|---|---|
| <p><b>The Stand By Me worker-client relationship –</b><br/>Most of the young people were able to develop close working relationships with their workers whilst still in care. The SBM-supported young people who participated in the evaluation experienced the worker-client relationship as a central and reliable adult support, which appeared to constitute a therapeutic relationship in itself. These relationships delivered both emotional and practical assistance to young people, as well as a vehicle for accessing wider services and supports.</p> | <p>No quote was reported to support this theme</p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |
| <p><b>Reduction of leaving care and post-care anxiety</b><br/>The period of pre-discharge engagement appeared to alleviate</p>  | <p>No quote was reported to support this theme</p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns</p>   | <p>Only 1 study contributed to this</p>   |



FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |  |                                 |   |   |
|---|--|---------------------------------|---|---|
| <p>an identified period of 'leaving care anxiety', during which many care leavers typically disengage from supports and exhibit escalating challenging behaviours. The availability of a key support person throughout the transition from care appeared to enhance engagement with services in both the leaving and post care periods.</p>   |  |                                 | <p>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>                          | <p>theme. Study was from outside of the UK. Study was rated high risk of bias.</p>                                  |
| <p><b>Enhanced leaving care planning and implementation</b><br/>Although Australian studies typically report low rates of leaving care plan completion, leaving care planning was able to be completed and implemented for all SBM supported young people, and SBM workers facilitated access to available brokerage and supports.</p>  | <p>No quote was reported to support this theme</p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |
| <p><b>Holistic support, flexible brokerage and funding advocacy</b><br/>The intensive case management provided by SBM workers enabled the delivery of wraparound support, including practical assistance. SBM workers provided transport to and support with essential appointments, informal counselling, and emotional support for young people's aspirations, concerns, ongoing stress and anxiety and achievements. SBM workers assisted young people in purchasing household, employment and education-related goods, as well as personal necessities such as medication and clothing. There were also opportunities for supporting competence in independent living skills. Additional financial support assisted SBM supported clients to develop social networks and community connectedness, for</p> | <p>No quote was reported to support this theme</p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |

|  |   |                                 |   |   |
|--|---|---------------------------------|---|---|
| <p>example by supporting access to recreational activities. SBM workers were also available to respond to crises, which were occasional for some young people and more ongoing for others. SBM clients were also referred to other support services, and staff advocated for their access to welfare services and programs in the broader community, with a view to promoting greater social inclusion.</p>  |   |                                 |   |   |
| <p><b>Strengthened housing assistance 1</b> - key role of SBM – The twelve SBM clients were provided with housing support including advocacy and access to brokerage funds from the time of exiting care. This included renegotiating continued arrangements with existing foster or kinship carers; providing emotional support to those who moved in with family or partners and assistance in maintaining these housing arrangements; supporting young people whilst they moved into independent living including in one case funding private rental or hotel accommodation; and/or identifying alternative options where the situation became untenable. Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three year SBM support period in December 2015. This outcome was notable given that the program targeted care leavers at high risk of homelessness. The housing assistance provided by SBM seems to have played a key role in enabling care leavers to move from OOHC to other secure accommodation without experiencing the trauma of not knowing where they would stay.</p> | <p><i>"Investigating housing means contacting a whole bunch of agencies, visiting family, and exploring whatever option the young person thinks is available to them which might not be realistic but you still have to explore it...we look at the practical things that they need to set up as far as furniture, white goods, even rent and bond (SBM program worker)."</i></p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |
| <p><b>Homelessness a problem</b><br/>Nevertheless, housing continues to be a challenge given the general limited stock of accommodation, specific age restrictions on access to some transitional programs such as</p>   | <p><i>. A number of workers from the Berry Street post care support information and referral program explained why many care leavers</i></p>  | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns</p>  | <p>Only 1 study contributed to this theme. Study was from</p>   |

|  |   |                                 |   |   |
|--|---|---------------------------------|---|---|
| <p>lead tenant, and the often prohibitive cost of private rental. Once that happens, the young people may find it very difficult to access funds they are entitled to, or navigate the homelessness system in order to get their needs prioritised. Additionally, many care leavers don't want to share with other people and prefer to live on their own, but either can't afford to do so because of the low rate of the Youth Allowance or the shortage of one bedroom options</p>  | <p><i>become homeless: "Their initial plans often go awry due to circumstances that they haven't factored in. So they make plans to move in with a relative or friend or whatever and within a few months it goes pear shaped" (Non-SBM staff focus group)</i></p>  |                                 | <p>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>   | <p>outside of the UK. Study was rated high risk of bias.</p>  |
| <p><b>SBM can prevent homelessness –</b><br/>Conversely, the workers noted why SBM had been influential in preventing homelessness. SBM workers supported young people with different housing options depending on their preferences. Where young people's preferences were not considered to be in their interest by workers, they were helped to consider other possibilities. Other SBM supported young people found themselves with similarly inappropriate housing options, which may have led to homelessness without Stand By Me support. Indeed, the professional opinion of other program staff was that Stand By Me support had led to more positive housing outcomes for four ex-clients:</p> | <p><i>"We've had some young people who have accessed post care brokerage who are SBM clients. So what I noticed is that most of those young people, who are quite complex, that have SBM workers are able to survive those really difficult crisis-driven events. For example, if they become homeless and they've got someone who is actually able to do that advocacy with them, they go with them to access points."</i></p> <p><i>"there was all these people living in there and it was just chaotic all the time. Like, you didn't have any privacy or anything like that. It was just always drama, drama, drama. So I guess [the SBM worker] was trying to lead me in the right direction and I chose not to go in that direction (Celeste, SBM supported young person)."</i></p> <p><i>"Without [my SBM worker], I</i></p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p><i>wouldn't have known about all my funding. I wouldn't be in a proper house at the moment. I'd probably be staying in my Nan's little spare room, which is dust-filled, and falling apart and stacked with mass amounts of stuff that she's storing. Or going from house to house, crashing at people's places or something. Whereas now, I actually have a place to be, I have my own room, I have my own bathroom, there's a kitchen and everything. It makes so much difference because without having one set place, I would have been too stressed to get into school (Caine, SBM supported young person)."</i></p> <p><i>"I went from lead tenant into private rental because I was working at the time. I was running a call centre ... But then ...the call centre shut down, so I lost my job there. So I wasn't able to pay my rent anymore, so that placement fell apart... if it wasn't for [the Stand By Me worker] paying my rent and stuff, I probably would have had to go to court 'cause-like, I couldn't pay the rent to the lady that I was leasing it off (Stacey, SBM supported young</i></p> |  |  |  |
|--|---|--|--|--|

|   |   |                                 |   |   |
|---|---|---------------------------------|---|---|
|   | <p>person)."</p> <p><i>"last year we had four young people leave us at 18. One of them was connected with Stand By Me and she is the one who has maintained her housing. So one out of that four after the original planning. And the year previous to that, 2013, we had six young people exit care, three of them were connected to Stand By Me, and one of them was connected with the [other intensive support program] which also did that bridging. And those four — despite two of them having quite difficult journeys — were still able to have been housed and supported to get housing with family and friends, and looking at their longer term options, whereas the last two really did struggle (Lead Tenant program staff)."</i></p> |                                 |   |   |
| <p><b>Continuation of support to wait for the right housing options, suddenness of being on your own</b><br/>                 An advantage of the SBM program was its ability to place young people in a stand-by position for appropriate housing options to avoid the acceptance of inappropriate housing because of support ending. Two SBM supported young people commented that without access to SBM their post-care trajectories could have been terrible.</p> | <p><i>"there aren't a lot of options and sometimes leaving care feels a little bit like dumb luck and timing, you know? So, the planning can happen, but if there isn't a vacancy within kind of the foyer model or the service that you sort of would prefer, then that's off the table. That kind of has to happen in that window. So, some of the</i></p>  | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>                 C: No concerns<br/>                 A: Serious concerns<br/>                 R: Moderate concerns</p> <p><b>Overall:<br/>                 Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p><i>planning doesn't feel like it eventuates to the way we'd like it to. But whether you extend the age of statutory orders, or have a worker that can kind of cross it and pick up the mantle so it doesn't have to all be executed by that 18th birthday, then you can wait for the better option and I think that's really important (Home based care staff)."</i></p> <p><i>"We talked about this the other day. I reckon I could have probably been dead... Then if I was homeless all the time, and I didn't have any food or shelter or anything, I would be sleeping on the street. I probably would have got pneumonia. I couldn't afford any food or something, I was starved. So yeah, I probably would be dead (Jarrod, SBM supported young person). Like, pretty much, if I didn't have SBM, I'd probably still be on drugs out in the gutter with nothing, because that's what happens. They (the government Department of Human Services) kick you out a couple of months before you're 18 with nowhere to go, no money, no job, no schooling. And how are you meant to get schooling? How</i></p> |  |  |  |
|--|---|--|--|--|

|  |  |                                 |  |   |
|--|--|---------------------------------|--|---|
|  | <p><i>are you meant to get a job? How is someone meant to give you a go when you're on drugs and you have no idea? You have no previous work experience, so you don't have a reference. You know what I mean? Like, how are you meant to go out, and how are you going to get a job when you're on the street? That was half my problem. I've only just been able to get into a course and start looking for work now because I have a stable address (Stacey, SBM supported young person, 20 years old)."</i></p>   |                                 |  |   |
| <p><b>Turning to alternative systems for those not supported by SBM</b></p> <p>In contrast, the eight young care leavers not supported by SBM each described pathways from care which included accessing homelessness support systems. The non SBM supported group tended to exhibit slightly lower levels of complexity, experiencing stability and support in their housing at the time of interview, and engagement with education, employment, and/or training. However prior to this period of stability, most of the non SBM supported young people had either returned to family post care or exited to unsustainable or inappropriate private rental properties. Consequently, seven of the eight young people experienced housing instability within six to 18 months of leaving care. This breakdown saw these young people requiring assistance from specialist homelessness services to access emergency accommodation such as refuges, or subsidised and supported accommodation as in transitional and public housing. For example, two young people</p> | <p><i>"I moved back to my mum's once or twice, and I moved back to my nan's once, but I was in care until I was 16. And then I moved into Lead Tenant just before my 17th birthday, and then I moved out pretty much just before my 18th birthday... I had to go and sleep on my nan's floor on a pull-out bed because there was no other housing opportunity. And then the [agency] where my worker worked, got me a house through their program, because they have a couple of units in a specific area (Christine, non SBM supported young person).</i></p> | <p><b>1</b><br/>Mendes 2017</p> | <p>ML: Serious concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 1 study contributed to this theme. Study was from outside of the UK. Study was rated high risk of bias.</p> |

|   |  |  |  |  |
|---|--|--|--|--|
| needed to access specialist housing support services due to initial arrangements breaking down. | <i>"I was with my mum, but that kind of fell out and fell through again. And then I went from my mother's to my friend's house. It's my best friend, but I've always been a little bit weird and I don't want to intrude on personal family ... They said I could stay as long as I wanted, but I said, "A month is good." ... Since I left care, I stayed with my mum for about a year ... Oh [then] friend and then caravan park and then here [supported accommodation] (George, non SBM supported young person).</i> |  |  |  |
|---|--|--|--|--|

**Summary CERQual table (Experience of young people leaving care, their mentors, and child welfare professionals regarding natural mentoring interventions)**

| Themes  | illustrative quotes  | Studies  | CERQual concerns  | CERQual explanation   |
|---|--|--|---|---|
| <p><b>Characteristics of good mentoring relationships</b></p> <p><b>Need for permanent/committed genuine relationships with caring adults</b> Throughout the focus groups, there was wide consensus among the youth that permanent relationships with caring adults were valuable and desirable. Because the youth participants resided in out-of-home care, they had experienced relationship disruptions in the form of familial loss, particularly with regard to their families of origin. Many youth discussed the ubiquitous desire for permanent relationships with adults</p> | <p>. "...you've got to just basically stay humble and it's so crazy because at the end of the day, us kids, like, you're in foster care, then like especially if you ain't got your parent, all you, all you want and all you, all you really desire is just love and affection. That's it at the end of the day....before I moved in with my aunt, this lady,</p> | <p><b>2</b><br/>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |



|   |   |  |  |  |
|---|---|--|--|--|
| <p>characterized by love, affection, and safety, themes which are corroborated in the scientific literature. One youth discussed her experience of impermanence within the context of a finalized adoption, suggesting that the presence of legal permanence does not necessarily guarantee relational permanence. Many youth talked about the benefit of having an enduring relationship with their natural mentor, intimating the importance of relational permanence. Participants voiced that the long-term nature was an important characteristic of their natural mentoring relationship. One participant discussed that her natural mentor is always there.</p> <p><b>Family-like</b> - A number of youth discussed the importance of a natural mentor being “like a family member.” This is interesting given the fact that most youth had limited exposure to their birth families (or any family for that matter among those with extended stays in congregate care settings), yet these youth still felt that a natural mentor should be like a family member. Their comments indicate the presence of family-like relationships outside of the context of traditional, legal permanencies. For some youth, their conceptualization of a natural mentor's qualities was based on their exposure to extended family members, many of whom served as natural mentors among the youth in our sample. A number of youth reported their mentor fulfilled a parental role in their lives. One mentee, Louise, whose mentor was a former teacher, even went so far as to indicate that she feels the kind of safety and security with her mentor that an infant feels with its mother:</p> <p><b>Trustworthiness</b> - Trustworthiness was another quality of a natural mentor that was repeatedly discussed throughout the focus groups. Many youth noted that loved ones, such as parents or role models, had broken their trust. As such, honesty was a quality that youth valued in a natural mentor,</p> | <p>this lady that me and my little sister was with, right, you know, she was all good, like she was cool, all that. She like called us her kids, all that stuff, like yeah we, we good, we happy and all that. But like right after we got adopted by the lady, she, like the whole, she did a 360. She started acting like real crazy to us. Her son was like trying to fight my sister and he was like three years older than her. I had to fight this man probably almost every day, like every single day I had to fight this boy. But there was not really nothing that we could do because of the simple fact that we was already adopted by the lady. But, I mean, later on, it turned out good because we got away from them, moved in with our aunt." (Foster youth)</p> <p>"I mean, when I need it, they're there. Like if I need help with homework or I don't understand something or even if I'm having problems on the street, she always going to be there. Another participant chimed in as well: It's good to know that you got somebody that's not going anywhere, no matter what you do.</p> |  |  |  |
|---|---|--|--|--|

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |  |  |  |  |
|--|--|--|--|--|
| <p>and the restoration of trust within adult relationships was considered to be crucial. Reflecting back on a natural mentoring relationship, one youth discussed the development of trust with a neighbour over time. The activities identified by this youth potentially facilitated the development of the trust that many of the youth desired. Interestingly, the activities occurred in the youth's community, a shared space that was familiar to him. Trust, in this relationship, was earned over time. He confided in the pastor because he did not disclose to others about his "business" so the youth developed trust and eventually discussed sensitive topics with him. In some cases, mentors provided mentees with the kind of trusting and accepting relationship with an adult that they did not otherwise have. Especially for youth who had lived in foster care most of their lives and had often moved between placements, having an adult who was consistently available and who would talk to them as a friend was viewed as especially important. As Louise explained, "it just goes all the way back to her just accepting me for who I am. Telling me that it's not bad that I have had the issues that I have had, and that I can overcome that." She added that since formalizing her relationship with her mentor: "I don't feel as if I am not wanted. It's as if I belong here. I feel like I have a purpose here because of what she has done and the way she makes me feel like a human. It wasn't like [that] when I was a kid, I feel that – it just takes one person, it just takes one person to change the way you feel on life, and the way you feel about yourself."</p> <p><b>A positive influence, advice, and good role model -</b></p> <p>Other youth described their mentors more traditionally as a role model, someone they could look up to and who they wanted to be like in some way when they are older. Many of the youth in foster care lack role models or someone who provides them</p> | <p>They could be disappointed in you, but— They'll never go anywhere, so it makes you appreciate them." (Foster youth)</p> <p>"Me and my person we joke, we play, we go out. I mean, not all the time 'cause she does have to work, but we go out. We do things as a family 'cause that's what we are, a family." Revealing a story about meeting her natural mentor, a caseworker, in a congregate care setting at the age of 14, one youth describes the moment in which she started to call her "mom." "I didn't really trust people when I was in placement. Like I was 14 at the time so I was just like everybody out to get me. But people, like people would try to talk to me and I'd just be like I could just get a vibe like no, they're not going to be here long-term. I get attached easily. So I didn't want to get attached knowing I was leaving. But when I met her, I was actually in a crisis at the time. I was getting restrained I remember and she came over and she was talking to me. I don't know why, I just calmed down, just like yeah, she's going to be the one I talk to all the</p> |  |  |  |
|--|--|--|--|--|

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |  |  |  |  |
|---|--|--|--|--|
| <p>guidance. In all cases, the mentors had provided informational support, such as how to find a place to live, creating a budget or tips on parenting a young child. As such, many felt that natural mentors could serve as role models, potentially providing them with guidance. Some youth felt that this support and guidance could be achieved through a natural mentor leading the youth “down the right path” and telling them right from wrong. Another youth discussed that while it was important for a natural mentor to help youth answer questions and provide them with guidance, it was also important to let youth answer their own questions. Thus, while the natural mentor is providing support, they are simultaneously instilling autonomy and trust so that the youth can make their own decisions. Participants also suggested that some of the challenges associated with emancipating from foster care could be attenuated by a natural mentoring relationship. Many youth spoke about how much they appreciated not only the persistence their mentors demonstrated in the provision of support but also their candidness and efforts to hold them accountable. Mentors also expressed the desire to serve as role models to help these youth identify and explore options for their own future. Callie described how she was attempting to show her mentee, Laura, what she can achieve in the future by talking about her own college and work experiences, and by exposing Laura to her healthy relationship with her boyfriend. Callie explained to Laura how they budget for household needs, such as groceries, and shared her experience booking plane tickets for a trip so that hopefully Laura could picture herself doing the same someday. Given that neither Laura nor Callie had parents who went to college, Callie expressed her strong desire to “be a role model for her and help her... know that... it's not as hard as you think it is... You can do it if you really want to.” Laura was responding to Callie's efforts, as was evident in her description of Callie: “She is like my idol. When</p> | <p>time. And from then I started calling her my mom. So from that day forward once I started calling her my mom, she started acting like as if I was her daughter.” (Foster youth)</p> <p>“Yeah, my aunt because, you know, like my mom, she had passed when I was like, like 12–13 so, she served as a real strong, I mean, she been doing it for the longest, but she just really picked it up after my mom passed, so my aunt.”</p> <p>“He was my neighbor. His name was Mr. B. He was a pastor at a church and like he was kind of like my mentor too.... Like I remember one summer I couldn't have a summer job because I was dealing with the court and all that, so like he just brought me to his church, you know. He gave me like little jobs to do around his church. You know, like he'll pay me and then, or like if he'll go away, he'll leave me, like he'll leave me with his dog, you know, to help feed his dog and feed his plants. And like, then like he used to take me out to games, to Sixers' games and all that. Then</p> |  |  |  |
|---|--|--|--|--|

|   |   |  |  |  |
|---|---|--|--|--|
| <p>people ask me what I want to grow up to be, and I'm like, 'Callie.'"</p> <p><b>Emotional support</b></p> <p>In all but one case, participants described the emotional and companionship support these relationships provided, and almost half also described times when the mentor offered appraisal or instrumental support. In all cases, mentors had provided multiple forms of support over the course of the relationship. Of great importance to these youth was that their mentors offered support unconditionally and without judgment. Ashley, who admitted one of her biggest challenges was procrastination, felt that her mentor Meredith was helping her transition into independent living by "staying on my ass" to make sure she had somewhere to live with a sufficient income, and was a good mother and friend. At the same time, Meredith provided spiritual and emotional support coupled with practical parenting advice that helped Ashley feel confident in her abilities and optimistic about her future.</p> | <p>like we'd talk about my situations. Like we wouldn't really talk, like talk around people like, like that was around us like, like people, like members of his church because like he was the only one who knew about my situation. He didn't want everybody to be, their business."</p> <p>"So to think that kids that are our youth, who are in our care don't want the same thing? Meaning they don't want somebody that's going to turn their back on them, what makes you think that they don't feel that way? That they are not going to go through their own developmental stages being an adolescent. So they have that as well as histories of trauma, abuse, neglect, depression, but in between all of that what do you find that they want? They want to be connected to somebody, they want to be loved. They want to know that even if I miss my curfew you're not going to put on a 30-day notice."</p> <p>"She may have a girlfriend that goes with her to meet this new grandbaby and somehow stays a part of this baby's life as this baby</p> |  |  |  |
|---|---|--|--|--|

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p>grows. Now at 11, 12, or 13 there's a need that this child has that the family can't meet but because I've been investing for so long, I can help [with] that need. Or when you do break your curfew rather than say, 'come get this kid; he's not listening to my rules,' it's, 'I need to go find Jonah.' Or I need to go find out— we need to find out why you need to take money out of my pocketbook. We need to work through it because my connection to you is a natural one."</p> <p>"we still have that connection you know, we have that bond. She still relies on me, 'cause she depends on me, and I love that feeling. And I love doing it, because I know that she really does need me."<br/>(mentor)</p> <p>"She's like my best friend. Like, she's just there, she's always there, she's understanding, and, she's like... my best friend, like, that's how I feel."</p> <p>"You know when a baby cries, and they hear their mother's voice, they tend to calm down? That's how it is with me. It's like..."</p> |  |  |  |
|--|---|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>if I can't see her, but I can hear her, I tend to calm down. I really look to her as my mother, because I never really had a mother... We kind of have that type of bond. And so, when I hear her voice, or... she [will] be like 'Louise calm down' or whatever... I tend to calm down."</p> <p>"And sometimes when our kids get to be 18, they just want to get out of the system, so maybe if they'd have a mentor—you know, somebody that can give them structure and guidance—they might go on towards education, because a lot of them, they're just like I want to be done with DHS and when you ask them what do they want to do with their life, they don't know."</p> <p>"That's someone they should look up to [a natural mentor], they could look up to, a role model or something, especially people, especially I guess like boys, you know, their father and they're like, you know, mentors."</p> <p>"I think for youth in care especially [natural mentoring] is needed. I think it's a good idea because it's</p> |  |  |  |
|--|--|--|--|--|

|   |  |  |  |   |
|---|--|--|--|---|
|   | <p>like you, like we honestly need somebody there for us, like they say like leading us down the right path and actually being there for us."</p> <p>"Natural mentor with me is a person who is there to help you answer your own questions. But at the same time he is not answering, he is making sure that you answer your question but at the same time he is not answering, he may be sure that you answer your own question."</p> <p>"I was expecting her to be like, 'I told you so,' and all this, and she didn't. So I'm like, 'Oh, I know I can come to you whenever, 'cause you're not gonna judge me. You're gonna come to me... as a... mother.'"</p> |  |  |   |
| <p><b>Mentoring improved relationships beyond the mentor mentee dyad</b></p> <p>In most cases (9/13), it was reported that forming and deepening the relationship with a mentor helped youth to improve their relationships with other people in their lives, such as family members and friends. Some mentees talked about how their mentors provided them with an adult perspective on their relationship with their parents or foster parents in an effort to help the youth understand where the parent was coming from. Other mentors provided their mentees with advice about managing romantic relationships or on how to approach co-</p> | <p>"I think she's kind of, you know, made me a better person through influence and example... [She] really improved the way I treat people, family, friends, stuff like that. I don't know how, honestly. It's just been like through example and influence... I've just been like, 'I want to be like that,' and been a lot more positive towards people all the time. And it's a slow,</p>   | <p><b>2</b><br/>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |

|   |  |   |   |   |
|---|--|---|---|---|
| parenting. In several cases, the mentor helped the youth think critically about which people they chose to spend time with and whether their friends were positively contributing to their lives or holding them back. Mentors also modeled positive, healthy friendships.  | gradual change, but it has been made, it is being made."   |   |   |   |
| <p><b>The challenge of bringing trustworthiness into new relationships with unfamiliar mentor figures</b></p> <p>Some youth talked about the challenge of bringing trust into new relationships with unfamiliar adults, where trust had not yet been established. Participants also discussed the context in which foster youth develop relationships with adults as compared with their peers from the general population. Foster youth may be unique in that they need time to build trust and may not be able to form relationships on a set timeline.</p> | <p>"Like how would I feel if a grown man that I never met, a new worker, any of that, like 'Yeah, you can trust me. Just tell me this, tell me that.' I'm going to look at you like you're crazy. I can't trust you. Don't even act like you my friend because I don't know you." (Foster youth)</p> <p>". . . you don't hear in the first 4, 5, 10 conversations you have with a child everything, they are very, especially in a system like this, they are guarded because as everyone knows that's power and if they hang onto that knowledge, they are holding onto something that gives them some power, if you wanted nothing else. And only when they're ready to share, then you are going to find what's really important. So it is not a process that can be done on a specific timeline." (Foster youth)</p> | <p><b>2</b></p> <p>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |
| <p><b>Mutually meaningful</b></p> <p>Reflecting on her relationship with a caseworker, one participant noted that it was important to develop a connection</p>  | <p>"Miss J, she works here. I feel like she a mentor with me because like I go through a lot of stuff and</p>  | <p><b>1</b></p> <p>Greeson 2015a</p>                    | <p>ML: No concerns<br/>C: No concerns</p>   | <p>Only one study contributed to this</p>   |



|   |   |  |   |  |
|---|---|--|---|--|
| <p>with a natural mentor that was based on trust, but also a relationship that was mutually meaningful. Another participant reflected on his current mentor-like relationship. He told interviewers that his aunt took it upon herself to care for him after her own son had died. In discussing their relationship, he notes that while the Aunt does everything for him, she also considers him to be a son, holding him to high standards. As such, the relationship is mutually meaningful, and not just one-sided.</p> | <p>a lot of people that I came across I feel like they don't really open up like Miss J. And she told me stuff like about her life that she didn't have to tell me but I felt like it's hard for me to trust a lot of people so for her to open up with me, that means she cares because if she can tell me the stuff that she told me, then I know that she really cares about me and wants me to know and be comfortable with her because she was comfortable enough to tell me that. ... I feel like Miss J's like the mom I never had because she's there for me like a mom should be."</p> <p>"My aunt, because like whenever I don't got something, I know she always got it for me. Whenever I need somebody to talk to, she there, because that was what my mom did, like I could tell my mom anything. And my aunt, she's just basically now looking at me like not just as a nephew but as her son too because she just lost hers. She just lost her son so she also looks at me as her son and she'll tell me all the time like 'You know, you're the man of the house now.' So she hold me to a high standard."</p> |  | <p>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>theme. All studies were from outside of the UK.</p> |
|---|---|--|---|--|

|  |  |  |  |   |
|--|--|--|--|---|
| <p><b>Challenges related to natural mentoring for youth in foster care:</b></p> <p><b>Preference for non-connected carers in some cases</b><br/>Although the majority of youth in the focus groups discussed the benefit of natural mentoring relationships in their lives, some youth discussed its challenges as well. Given their history in foster care and a socially constructed depiction of being “deviant,” some youth felt insecure about others' perceptions of them. As such, one youth noted that she preferred a mentor that she did not know, because she felt this person would not pre-judge her as others from her social network might.</p> <p><b>lack of a helpful relationship with a caring adult</b><br/>The concept of natural mentoring relies on the existence of supportive relationships within a youth's social network, but for some youth in foster care, these sorts of relationships are sparse. Other youth had not yet found a helpful relationship with a caring adult, though they spoke of the desire and longing for the presence of such a relationship.</p> <p><b>The issue of securing youth buy-in:</b><br/>Particularly among youth for who trust may be difficult to gain. Youth reflected that it may be difficult to encourage participants to open up, both with the interventionist running the program and with the natural mentors. Specifically, one participant suggested that some youth in foster care either do not know how to express their feelings or do not feel comfortable talking about feelings, which could be a barrier to cultivating a relationship with a natural mentor.</p> <p><b>Relationship development takes time</b><br/>Similarly, one participant voiced concern over youth being</p> | <p>"Because they get to start from scratch. They have not already heard stuff about you from other people so they can't pre-judge you, just some, you could tell them how you really feel and, you know, it's always two sides to a story so they could get your side and you want them to be on your side anyway so they can kind of give you feedback on you."</p> <p>"A lot of us, we grew up without our fathers, you know, so it's like we're searching for, we're searching for manhood almost our whole lives but nobody gonna ever fill that void that your father burnt. So it was always like we're trying to get it on our own, that's why I feel as though likewe're losing the identity, likewhat it really is to be a man ... I mean, I lost my dad when I was young so I'm still searching for somebody that could be there for me, you know, so, I mean, I, it's not really too much to say because I'm still searching and ain't nobody there and I'm just lost a little bit. I'm still looking."</p> <p>"You have your kids that do want to get close, I think that's a good</p> | <p><b>2</b><br/>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |
|--|--|--|--|---|

|  |  |  |  |  |
|--|--|--|--|--|
| <p>distant in relationships, suggesting that for some youth, relationship development just takes time. Another participant voiced her concern about youth genuinely opening up to natural mentors, rather than just voicing the words that adults want to hear.</p> <p><b>Barriers to asking for help, embarrassment</b><br/>                 Despite the clear evidence that these mentors were committed to the youth, that the youth felt comfortable with their mentors, and that all mentors had provided some supports to the youth, some youth still talked about feeling like there were times when they would not ask their mentor for help or support, even if they thought their mentor would be willing and able to do so. Youth expressed concern about burdening the mentor, being embarrassed or ashamed to reveal a choice they regretted, and feeling like there were some things they should be able to handle on their own. Laura noted that she was sometimes reluctant to call her mentor if she had a bad day.</p> | <p>idea, like do the mentor, like things with your mentor, but for the kid that don't like being close, it's going to take time, so they're going to be distant. They're going to not want to be close. Like they're, you may have like a one-on-one with your mentor but they may not talk."</p> <p>"I think everything else will be fine like trying to get them to participate and listen shouldn't be difficult, but trying to get them to really open up about how they really feel about foster care, 'cause I know when my foster parent asked me 'So how do you feel about me,' I'm not going to say anything that's going to hurt your feelings 'cause you're not going to send me back. I'm going to say everything you want to hear."</p> <p>"So it's hard for a lot of people to talk and it's hard to talk sometimes because you don't know how to express it and that's why it might be scary. Some people don't know how they feel. They might ask somebody how do you feel? You know, you might feel happy but, okay, what you</p> |  |  |  |
|--|--|--|--|--|

|  |   |  |  |  |
|--|---|--|--|--|
|  | <p>mean, like they don't know what or how."</p> <p>"Because she's got some stress going on in her life... she's going through college and ... trying to get, you know, the job... She's just got a lot going on too. And I feel like I don't need to put my problems on her shoulders because she already got enough problems stacked up on her shoulders."</p> <p>"At the moment I didn't... really want to reach out to [my mentor] and let them know what I was going through because I was, I was messing up." Jessica described the strong desire for self-sufficiency that was evident in many of the mentees' narratives and how this contributed to her hesitancy to reach out when she wanted to try to handle something on her own, given her age and life circumstances: "I wanted to see if I could do it on my own. Like that's just one thing. Even though I know she's always there, I try my hardest to, even though I'm failing, to try to get up and do it on my own because I know a lot of people, not her, but I know a lot of</p> |  |  |  |
|--|---|--|--|--|

|   |  |                                      |  |   |
|---|--|--------------------------------------|--|---|
|   | people think as a system kid, you'll never make it. So in my head, I always think in my head, she knows I'm gonna make it so I kinda want to make her proud, and even though I'm struggling and going from place to place, I want to make her proud to do it on my own."   |                                      |  |   |
| <p><b>Role of a natural mentoring intervention - identifying natural mentors</b></p> <p>Youth discussed multiple methods to identify natural mentors for youth in care, including case file reviews, a traditional method often used to identify youth's important connections. Almost all participants indicated that engaging in conversation with youth about the identification of a natural mentor was preferable as opposed to reviewing a case file for potential connections. Involving the youth in the discovery process places the youth as the leader and expert of his/her life. Conversely, solitarily reviewing the details of the youth's case file could be perceived as an invasion of privacy and a threat to the building of trust. Other youth were concerned about case file reviews, feeling that they might be judged according to misinformation in the case file. Some youth reported that case managers sometimes inaccurately represent them in their case notes. One youth felt that it was important for the case manager to initially refrain from discussion and to just observe the youth before broaching the subject of relationships with caring adults, again emphasizing the sensitive nature of this process and the need for first establishing trust with the youth.</p> | <p>"Going through my personal life- I mean, me personally, I got nothing to hide, but- I got nothing to hide, but next person might. He might not want to see you going through his life. And then, time like time change because like, alright, that teacher was probably cool back then, but now you might not know, so I think the first one [talking to the youth]. Yeah. I think the first one because, I mean, they, if they was really important to us, we would remember. Yeah. When somebody's important to you, you gonna remember them no matter what."</p> <p>"Anybody could say anything, anybody could write anything down. Until I speak of it or say something, then you could probably believe it. It could be on file that everything's pretty good, but in the person's head, you don't</p> | <p><b>1</b></p> <p>Greeson 2015a</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK. It was not clear what was meant by "observing the youth" before broaching the topic of natural mentoring. Nor how participants might arrive at their choice without the case files.</p> |

|  |  |                                   |  |  |
|--|--|-----------------------------------|--|--|
|  | <p>know how they feel. You might say that this person, him and her were good to work together for this amount of time, but she might be thinking oh he like, I really don't want to, no."</p> <p>"You got to really get to know that person, you got to really like put everything aside, not worry about no paperwork or nothing like that and just try to get to know them even if you just sit and observe them for a couple days and then slowly, slowly find something that they might have in common with you and start a conversation from that and then move on slowly from that."</p> |                                   |  |  |
| <p><b>Activities to support and develop the relationship</b><br/>The primary goal of C.A.R.E., the natural mentoring intervention, is to support and promote the growth of natural mentoring relationships for youth in foster care. Each youth/natural mentor dyad has weekly sessions with the C.A.R.E. interventionist, engages in a variety of large group activities, and has regular, informal "match time" each week in the community. Authors asked the youth to provide feedback about these activities. Some youth discussed the benefits of having one-on-one weekly check-in times with a third-party interventionist, who would be available to more objectively navigate any conflicts that the youth and their natural mentor may be experiencing e.g. therapy. In conceptualizing separate</p> | <p>"But thinking back, therapy helped me a lot, like having somebody, like she's not around all the time but having, like just talking to her and telling her what was wrong. I see her once a week. What I tell her that week, she'll like talk some about it and I'm like you weren't there so maybe what you're saying is right. Like yeah, maybe I was wrong for yelling and maybe I was wrong for breaking something like that." (Foster youth)</p>   | <p><b>1</b><br/>Greeson 2015a</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK. This theme spans several activities that were felt to be beneficial in supporting the relationship. It is not clear how much support each of these suggestions received.</p> |

|  |   |                                   |   |   |
|--|---|-----------------------------------|---|---|
| <p>support groups for the youth and their natural mentors, one youth suggested separate opportunities for peer support for mentors and mentees. Youth also discussed ideas for community-based bonding activities between the youth and their natural mentors, emphasizing the value of quality time over the money spent, using activities such as walks and board games to further the relationship.</p>   | <p>"They could offer each other different ways on how to be better mentors or, you know, the kids can, they could open up doors, like make a kid want to open up to their mentor more because maybe they're seeing that the other kid is changing or becoming a better person from actually taking heed to what their mentor said." (Foster youth)</p> <p>"P1: It don't have to be expensive. It don't have to— P2: That's right. P1: It don't even have to involve money. Take them out. Take them around a park. Walk with them. Talk with them. You could even stay in the house and joke around and play. P2: I think board games like bring people closer together, like games where you've got to like be like in each other's like, not space but like — P1: Yeah." (Foster youth)</p> |                                   |   |   |
| <p><b>Independent living skill building</b><br/>Unlike traditional classroom-based independent living courses for older youth in foster care, C.A.R.E. seeks to help youth develop these skills within the context of the natural mentoring relationship, more closely mirroring how youth from the general population learn such skills. Authors were particularly interested in speaking with youth who had been taught independent living skills via the traditional instructional model,</p> | <p>"P1: 'Cause it's like, it's like not saying normal kids 'cause we are normal, but just like the kids with their families. They got to teach them. P2: They're supposed to teach you though. I mean, yes, it's cool to go to a class and you learn with other kids, but it's, it's— P1:</p>   | <p><b>1</b><br/>Greeson 2015a</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> | <p>Only one study contributed to this theme. All studies were from outside of the UK. There was some disagreement about the benefits of natural</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|  |   |  |  |   |
|--|---|--|--|---|
| <p>and wanted to gauge their opinions about the feasibility of learning these skills within a relational context. By and large, the youth were very supportive of relationship-based independent living skill building. Youth in one particular focus group emphasized the normative and trust-building nature of learning independent living skills in relationship. It was difficult for some youth to conceive of community-based independent living skills building outside of the traditional model, suggesting that such an approach may be counter-cultural to some youth in care. This is particularly salient for those who have not lived in family-type settings. One youth had grown up in a number of residential treatment facilities and group home settings, and he felt that it was more important to discuss and talk about independent living skills rather than engage in activities in the community.</p> | <p>It's a bonding like. P2: Yeah, it's like a bonding experience for you to learn with you— L1: For the kids. P2: Yeah, for the kids when you learn with your mentor. P1: It's a bonding."</p> <p>Similarly, another youth discussed the advantages of learning hands-on independent living skills in the community: "The hands-on is way better, I think better because you could sit in a classroom and somebody could tell you something repeatedly over and over again and you never could hear it. But that way it's going to be easier because you're going to actually be able to go out into the community and do it. You're not going to be stuck, like I had to read about it. You know how to do it like the back of your hand, the hands-on part is, is better."</p> <p>"Y'all need to sit down and talk about it. It's not always going out places and doing activities, because—after the kid's graduated, the youth graduated the [natural mentoring] program, they might be coming back into the same situation because they didn't really talk about it, just went</p> |  | <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>mentoring as the primary vehicle to learn independent living skills.</p> |
|--|---|--|--|---|



FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
|   | to do stuff...I think y'all need to do more talking and more sitting down and what's that, problem solving."  |                                    |   |   |
| <p><b>System-level challenges for implementing a natural mentor intervention</b></p> <p>Issues of liability in being involved in vetting adults identified for natural mentors,</p> <p>providing contacts of potential mentors, or approaching families for contacts of potential mentors;</p> <p>Resistance to program involvement due to current organizational and system climate and culture;</p> <p>Challenges of potentially divisive relationships among involved parties.</p>   | No supportive quotes were reported  | 1<br>Greeson 2015b                 | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | Only one study contributed to this theme. All studies were from outside of the UK. Themes were not clearly fleshed out. |
| <p><b>The gap left by child welfare agencies (paid professional feeling relationships)</b></p> <p>The most common issue discussed surrounded the current role that the child welfare system plays in the lives of foster youth and how it can/cannot or does/does not fill the need for youth to have adult connections and support going into young adulthood. Many participants discussed the challenges inherent in the relationship between child welfare workers and foster youth on a micro level. Participants also described the enduring quality of a natural mentoring relationship over a relationship with a paid professional. One participant summed up the impact that having only paid professionals "care" for you</p> | "I actually liked working with older youth best and sometimes when some of them would get frustrated, even the ones that I did have a good relationship with, they would express that, 'You don't really care, I'm just a paycheck or I'm just another case.' And as much as you're trying to say, 'no you're not,' but nonetheless the reality is this is my job. I got the opportunity to get a promotion and by my getting | 2<br>Greeson 2015b<br>Spencer 2018 | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>   |   |

|  |  |  |  |   |
|--|--|--|--|---|
| <p>can have. He stated, "It corrodes the soul," meaning that it makes us less human. Our brains are social organs. We live and die literally based on our relationships. We are hardwired to belong. If the only people who care for us are paid professionals, we are deprived of belonging.</p>                    | <p>that promotion, I'm no longer going to be their caseworker."</p> <p>"There's a bond that, 'I'm not your mother, I've never been your mother, but I've cared about you for so long that the fact that you're doing things that are displeasing to me doesn't change the love that I have for you.' And to me that's the difference with a natural mentor and someone who's paid to provide the service; even if it's kin who provides a temporary home, they're being paid to provide a service, and if the bond isn't there, it could get to the point where it's not worth the money."</p> <p>"Automatically going to do whatever the circumstances require, you're there, with or without the compensation, the monetary compensation, I should say. Natural is more to me like a holistic approach, there is nothing in it for you to receive. It's just what you're supposed to do." (Child welfare professional)</p> |  |  |   |
| <p><b>Continuity of relationships from the child's own world</b><br/>Participants also conceptualized that a natural mentoring relationship may provide a connection to the youth's "world" in the midst of the trauma and instability associated with the removal from one's home setting. They described how a</p> | <p>". . . but then they're traumatized by us because we take them; no matter how bad the house is, that's home. And we rip them out of that. And if they can, you know,</p>  | <p><b>2</b><br/>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns</p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |  |  |  |   |
|---|--|--|--|---|
| <p>natural mentoring program would be complementary with and a supplement to existing child welfare programming. Another primary factor identified across focus groups was the conceptualization of natural mentoring as an innovative approach to supporting foster youth and one that is both needed and acceptable to child welfare professionals. Common themes revealed an understanding of natural mentoring as an approach to supporting youth that would fill gaps in child welfare services better than classic mentoring due to its more enduring and lifelong quality; as a relationship that already exists and has developed naturally so time is not spent building a relationship that may not be successful in the long run; and as involving adults who are more personally invested and committed to the child and as a result can provide a longer-term role model, guide, and anchor for youth as they move into young adulthood.</p> | <p>we think if it's a little child, oh you take the teddy bear with you or whatever something—well, when you are older, you are not looking at a teddy bear, but the person you have the connection with, that is something to hang on to in what is, you know, a maelstrom of emotions and confusion. So yeah, I mean, being able to pull someone into that, from a child's experience into their world and continue with them, I think is just very important." (child welfare professional)</p>   |  | <p>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p>   |   |
| <p><b>Dire consequences to lack of support – the programme as a mechanism by which to stave off instability.</b><br/>In addition to specific supports, many mentors discussed their intentional efforts to provide a sense of stability, which they viewed to be lacking in many of these youth's lives and thus constituted a critical need. Lucy, a former caseworker, saw offering stability as an essential way to support her mentee Bailey, who was about to age out of foster care, and therefore, lose her formal support system shortly after beginning college.</p>   | <p>"I just hope that you get this program up and running; I think it could be beneficial to these kids that age out. 'Cause I've seen one too many times—I think my coworker was just telling me a story about this kid... and the kid was in placement and just continued to be in placement and he turned 18, and he didn't want to go back to the placement where he was at. They pretty much just discharged him. He is an adult, 18 years though he didn't want the extensions, so she said she was just walking through [a park] and she sees him sitting on a bench and she's like, "Hi, what's going</p> | <p><b>2</b><br/>Greeson 2015a/b<br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Moderate concerns<br/>R: Moderate concerns</p> <p><b>Overall:</b><br/><b>Very Low</b></p> | <p>Only 2 studies contributed to this theme. All studies were from outside of the UK.</p> |

|  |   |                            |   |   |
|--|---|----------------------------|---|---|
|  | <p>on?" he is like, "Yeah, I'm homeless," and she was like—it's just sad because at the end of his placement like, it's like, what is the plan?" (child welfare worker)</p> <p>"She hasn't been stable for that long. I mean she [is] still on that kind of, you know, dividing line where she could go back into her old ways... or she could keep going on a positive track, and I really wanna help her stay on that positive track once she doesn't have all of the people involved in her case." Lucy was aware of how Bailey's school success had been compromised in the past by disruptions in adult support and wanted "to make sure that she knows that there's someone there, other than her friends that are her age, that's excited for her and... supporting her stuff that's going on." (mentor)</p> |                            |   |   |
| <p><b>Empowering to make own choices, shared decision making, not telling them what to do –</b><br/>The second most common issue discussed was the importance of including youth in decision making and in considering program characteristics from their perspective. Focus-group participants discussed the importance of partnering with youth, providing them with real choices and supporting them in their decisions, and considering them as the primary source of information to ensure that the mentoring</p> | <p>"telling them what to do." I think a lot of teens, they want help and they want advice, but they don't want to admit it. So I think that's a difficult thing, wanting the independence, so you have to try to find a connection somehow to get to that, to have them let you help them, let you assist them or</p>   | <p>1<br/>Greeson 2015b</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns<br/><br/><b>Overall:</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|  |   |  |                        |  |
|--|---|--|------------------------|--|
| <p>relationship works. From one participant's perspective, youth resistance to the case workers' attempts to steer them in the right direction may be connected to the authoritarian practice of child welfare professionals. Conversely, participants relayed the importance of empowering youth to lead the process in setting goals and making plans for their own lives.</p> | <p>frame it in them having the choice, giving them the choice and not telling them what to do, giving them options of what to do or how to do something because when you tell a teen to do something, the most immediate reaction is "no." They just say "no." So that's been my experience in trying to encourage them, but give it, put the ball in their court, try to help them, have them think and make the decisions, and then if they fall, be there to try to support them." (case worker)</p> <p>"To listen to this child's voice and find out really what, what are their goals, what are they interested in because I tell my kids, 'I can honestly sit back and plan for you all day but my plans may not be your plans. So that's why it's important that you bring your voice to the table, we'll listen, OK? Because you're my guide, OK? I'm not your guide. I'm here to provide resources; I'm here to listen to find out what are your needs. What can we do for you? But you have to tell me, you need to be able to guide us in the direction that you choose to go, as long as it's a positive direction.'"</p> |  | <p><b>Very Low</b></p> |  |
|--|---|--|------------------------|--|

|   |  |                            |   |   |
|---|--|----------------------------|---|---|
|   | (case worker)  |                            |   |   |
| <p><b>Adverse effects - Fear or risk of introducing further loss</b><br/>Focus-group participants also discussed the importance of considering the unique context of foster youth in the delivery of a natural mentoring program. For example, many foster youth have encountered previous loss and rejection, and participants were concerned that foster youth may experience further rejection in the natural mentoring relationship:</p>  | <p>"My concern is that if the teenagers identify maybe one or two people that they might want to be a mentor then when the— whoever the person is going to be the mentor and that person— the possible mentor says, 'No, I'm not available, I can't do it, no.' And then the child who's had so much rejection already, I would hate for that child to hear another rejection, you know?" (case worker)</p>  | <p>1<br/>Greeson 2015b</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>    | <p>Only one study contributed to this theme. All studies were from outside of the UK.</p>   |
| <p><b>Vetting - The theme addressing how to vet or gather background information on adults identified by youth as possible mentors was by far the most commonly addressed theme in exploring the identification of natural mentors for older foster youth.</b><br/>Discussion surrounded the likely problems with personal histories of identified adults; the need and importance of a screening process and how that may be different from the one used by child welfare agencies; the possibility of youth picking questionable adults; and the importance of making sure that the natural mentors chosen would have a positive influence on the youth. Participants reported that DHS policy prohibits the use of paid kinship caregivers with certain criminal histories, and this policy precludes some caring adults from being considered as placement resources for youth. However, participants also acknowledged that because the natural mentors would not be paid caregivers, such a rigid screening</p> | <p>"So in life people make mistakes, people change, people get better . . . you beat somebody up or even, and I'm going to say it, you sold drugs; that is a horrible thing but you sold them when you were 19, you went to jail for 5 years and you've come out, paid your dues, and you've got a job and that is no longer part of your life or who you are. Some of that experience might be very valuable to this 17-year old who is questioning whether that's a way to make a living. Similarly, another participant asked: "So I think it would have to be some sort of</p> | <p>1<br/>Greeson 2015b</p> | <p>ML: No concerns<br/>C: Minor concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK. Some disagreement regarding whether a strict vetting system would be good in all cases.</p> |

|  |   |                            |  |   |
|--|---|----------------------------|--|---|
| <p>process may not be necessary. In fact, participants stated that a caring adult with a questionable history who has turned his life around may be just the natural mentor that a struggling youth needs, especially if that is who the youth has identified. Of particular importance was the need to consider adults within the context of their current as well as former lifestyles.</p>    | <p>case-by-case basis . . . Because I agree with you that that person that had sold drugs and was incarcerated and turned his life around, I don't think that this background should automatically rule him out."</p>   |                            |  |   |
| <p><b>Resource constraints and workload for implementation</b><br/>One primary theme that arose across focus groups addressed the challenges to child welfare involvement due to existing time constraints faced by existing workloads: Two other child welfare professionals also expressed concern regarding the additional work associated with implementing a natural mentoring program.</p> | <p>"But the phone call with the social worker or the worker and the mentee and the mentor, that would be beneficial because under my time, I wouldn't be able to do anything like this even though I would want to. I couldn't do that. I'm going to take out time to be with the child, I'm going to do the monthly support group, and then I'm going to meet with you weekly? That's not going to happen, it's just not." (child welfare professional)</p> <p>Likewise, when asked what the greatest challenge would be in implementing a natural mentoring intervention, one participant stated: "The volume of work that we have and then the numerous changes that our agency is experiencing. In my mind this would be very difficult to do, you know, if it was assigned for us as social workers." (child welfare professional)</p> | <p>1<br/>Greeson 2015b</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK.</p> |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>". . . it would have to be an identified group of people whose time and energy was spent on the natural mentoring process because we do so much. We have so much responsibility and so many time constraints and so many regulations and so many deadlines, with so many resource limitations that you would need the people who were working on it to bring the same level of commitment that you would expect from the natural mentor and from the child. It couldn't kind of be something that was thrown on top of what you are already doing, because there wouldn't be the time to give it what it deserves. Because what you're asking people to do is to find a person and make a lifetime connection with them. . . . it has to be a designated team who would kind of focus on natural mentoring because again everybody is inundated, not just the supervisors but the workers and just the whole staff, and then there are so many changes. I think for it not to be like something that feels like it's mandated. It can't feel like it's bureaucratic; it can't be consumed</p> |  |  |  |
|--|--|--|--|--|



|  |  |                            |  |   |
|--|--|----------------------------|--|---|
|  | with red tape." (child welfare professional)   |                            |  |   |
| <p><b>Educating direct case workers, champions, specialist units and collaboration</b></p> <p>Focus-group participants also discussed potential solutions that could increase the likelihood of successful implementation. One participant suggested educating direct case workers on the benefits of natural mentoring to champion the intervention among relevant parties. Likewise, another participant suggested subcontracting the implementation of a natural mentoring program to a private provider agency. In discussing the partnership with other entities in implementing a natural mentoring program, one participant noted that a collaborative effort would be essential.</p> | <p>". . . getting the word out and getting everyone educated about how it works and what you're trying to do. You know, the reason that . . . [the intervention] is being put into place, because some teens or even parents or even anyone might question, 'Why are you—?' And if a worker doesn't have the knowledge to explain, 'Well this is why we're doing this and this is what we're trying to aim for.' Then, you know . . . if I'm asking a worker, 'Why are you doing this?' And they don't give me an answer that's like convincing, why [am] I going to— In addition to educating all direct case workers regarding the "paradigm shift" of a natural mentoring program, another participant proposed the establishment of a specialized unit or staff responsible for the implementation: "Now, whether it grows into a whole other, which I think is worthwhile to look at, a whole designated unit or whatever, centralized, yeah, it probably would—it definitely would be worth it, but how do you</p> | <p>1<br/>Greeson 2015b</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK.</p> |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>roll that out, you know? But I definitely think that it would have to be continuously mentioned. So just looking at it from a management position, it definitely is a paradigm, part of the paradigm shift that would need a lot of prompting or coaching, insisting. That whole thing I think." (child welfare professional)</p> <p>"Well I think it would be great if like an agency would be like we are going to implement this program like Pathways or something. And then they would have a staff person that was paid to run the program, that would be the point person, that would do the recruitment, the screening, that would hold the trainings for the natural mentors in groups or cycles or whatever." (child welfare professional)</p> <p>". . . it needs to be a collaborative effort only because we share information, sometimes we don't share all of the information, like you say, when you're reviewing a file, information may be in my file and may have not have been shared with the provider and the provider may not have the same</p> |  |  |  |
|--|--|--|--|--|

|  |   |                                     |   |  |
|--|---|-------------------------------------|---|--|
|  | thing. So, I think that it needs to be a collaborative effort in terms of identifying like they do now with the meetings where you know, the team who goes and collects the information; they go both to the agency and to DHS to get that information." (child welfare professional) |                                     |   |  |
| <p><b>Natural mentoring facilitates tailored support</b></p> <p>Mentors provided supports that were tailored to meet the youth's particular needs and developmental stage and that capitalized on the mentor's skillset. Will, who had previously been his mentee's social worker, stated that his main goal in the mentoring relationship was for his mentee, Tremayne "to get to a place that's stable." Will used his professional skills and connections to support Tremayne's needs. Will connected Tremayne with a fathers' support group where he could learn skills to co-parent his young son. He helped Tremayne fill out an application for emergency funds available to youth who have aged out of foster care. In addition, he coached Tremayne on how to successfully work with his case manager to access other supports he may have needed. Another mentor, Callie, provided her mentee Laura, who was a senior in high school, advice about getting her first job and about her relationships with her parents and boyfriend. Callie, Will and the other mentors interviewed were aware of the issues and concerns that were important in their mentee's lives and used the skills, experiences and connections they had to provide appropriate, effective support.</p> | No quotes were provided to support this theme   | <p><b>1</b></p> <p>Spencer 2018</p> | <p>ML: No concerns</p> <p>C: No concerns</p> <p>A: Serious concerns</p> <p>R: Moderate concerns</p> <p><b>Overall:</b></p> <p><b>Very Low</b></p> | Only one study contributed to this theme. All studies were from outside of the UK. |
| <p><b>Natural mentoring resulted in better emotional outcomes</b></p> <p>In each mentoring relationship examined, the mentor was perceived by the mentor and youth to have positively impacted</p>   | "She helped me realize that I deserve happiness no matter what. [I deserve] to be happy   | <p><b>1</b></p> <p>Spencer 2018</p> | <p>ML: No concerns</p> <p>C: No concerns</p>  | Only one study contributed to this   |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

|   |   |                                  |  |   |
|---|---|----------------------------------|--|---|
| <p>the youth during the course of the relationship in multiple ways, including the youth's psychological well-being, their relationships with others, and their beliefs and orientation toward the future. Interestingly, while all mentors could identify some ways in which they had positively impacted their mentee, the youth tended to identify a broader array of ways that their mentor had influenced them, suggesting that these relationships were more impactful to the youth than the mentors may have realized. More than three quarters of mentors (10/13) were perceived as contributing in some way to their mentee's psychological well-being. Many of the youth reported that spending time with their mentor helped them feel happier, less angry or calmer. They also spoke about how their mentors helped them feel more confident in their abilities and self-worth, which helped them feel optimistic about their future.</p> | <p>because I was just involved in a whole bunch of turmoil. I was never treated right by a man...It's definitely helped me realize that life is too short to continue in turmoil. You deserve to, everybody deserves to be happy, no matter what. So, it's just that ... she taught me to be cautiously optimistic." (Mentee)</p> <p>"It changed about how my self-esteem is and how I feel so good about myself. Like when I didn't have her or nothing, I felt horrible. I felt like I could never make it in life. I could never age out the right way. But then knowing her... that encouraged me, made me feel so good, like no matter what, even though I have her, I can do it. I can do it for myself, so it actually boosted my positivity about myself." Mentee</p> |                                  | <p>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p>  | <p>theme. All studies were from outside of the UK.</p>                                    |
| <p><b>Natural mentoring improved the way mentees felt about the future, education and career planning</b><br/>The vast majority of mentoring relationships (11/13) were perceived by the mentor and/or youth to have influenced how the youth felt about their future including their education and career planning, and their ability to plan and make decisions for the future, carefully considering the consequences of their behavior. Paramount for many mentors was helping the youth to pursue educational opportunities that would improve their future career options. For some youth who were still in high</p>  | <p>"I was like, 'Callie, I'm never going to go anywhere in school, because I don't read as fast anymore. I have to have glasses now. I have to have all these things and slow down...I'm never going to, you know, succeed early like I had planned.' She's like, 'So, what? So, what if you don't succeed early? You're going to</p>   | <p><b>1</b><br/>Spencer 2018</p> | <p>ML: No concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: Moderate concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>Only one study contributed to this theme. All studies were from outside of the UK.</p> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|   |  |  |  |  |
|---|--|--|--|--|
| <p>school, this meant encouraging them to do well, engage in extracurricular activities and begin to plan for post-secondary education. For youth who had graduated from high school, mentors offered encouragement to take college courses and helped with the paperwork. Often, youth reported that the mentor had impacted their education by making them feel confident and motivated to be successful. Many mentors were described as having influenced their mentees' planning for the future and development of skills needed to transition to independent living. E.g. Jessica's mentor helped her understand the importance of getting and keeping a job in order to support herself and have the kind of lifestyle she wants in the future. Jessica described how her mentor helped her think through the consequences of her behavior in the workplace and also how her mentor's investment and involvement in her life shifted as a result of becoming a formal mentor.</p> | <p>succeed and that's all that matters... Doesn't matter if it's early or late or whatever. You're going to succeed. And you need to stand behind that.' 'Cause my dad graduated from high school, but never went to college. My mom never graduated high school... so I will be the first in this family to actually graduate high school and have a plan for college... And she was like, 'Good. Good. Good. Good. It means you're going to go somewhere in life.'" (Mentee)</p> <p>"I have anger issues so she makes me think about it, like 'What are your consequences if you do this or you do that?...What if you [are at] work and a customer comes at you wrong?' I'm just like, 'Yeah, I won't have a job no more.' So she's like, 'So you're back to square one again. You gotta learn...not to do that.' So as being a mentor, all the little things of me... changed. She's more on me... I get so mad. I don't want to work. She's more on me like, 'Stop. .... You're grown now. You need to let all that go and focus on you and work.' So it's more everything in the world</p> |  |  |  |
|---|--|--|--|--|

|  |  |  |  |  |
|--|--|--|--|--|
|  | that she's seen as me being a system kid, she's more on me now. She's like, 'I'm your mentor now.'" (Mentee) |  |  |  |
|--|--|--|--|--|

**Summary CERQual table (Experience of care leavers, youth workers, social workers, foster carers, and a sheltered housing project worker regarding a volunteering project for care workers)**

| Themes  | illustrative quotes  | Studies                             | CERQual concerns   | CERQual explanation  |
|---|--|-------------------------------------|--|--|
| <p><b>Relationship with project workers - gatekeeping and engagement could be barriers</b></p> <p>Access to the project was significantly influenced by gatekeepers. The Project workers had to build trust with staff members in the relevant statutory services as well as with the young people. This appeared effective as in some cases The Project workers could embed themselves in statutory agencies. However, statutory staff members remained reluctant to advertise the project widely. Statutory staff are hence relying on their own individual judgement of young people in order to decide whether to refer them to The Project or not. However, referral alone was no guarantee that a young person would enrol in The Project as project staff found a need for an intense engagement process to build trust. This often started with individual meetings with each young person, during which staff members developed an understanding of the young person, the challenges they face and their level of confidence. The Project found they needed to move at the pace the young person was comfortable with and develop volunteering opportunities responsive to their needs and interests. Overall, this engagement process was characterised by persistence and patience. Project staff found that young people frequently missed meetings. Staff built this into their process by phoning young people prior to meetings to remind them. When a young</p> | <p><i>"Communication . . . giving young people the information so they can make their own choice whether to go on the programme or not, that's what's lacking." – youth worker</i></p> <p><i>"people have to be ready to do something. They have to want it for it to work' – youth worker</i></p> <p><i>" If she'd just sent me a flyer . . ., I would have looked at it and [thought that it is] not really interesting. But I think because she rang me and was, like, 'do you want to meet up?' . . . we did it on one-to-one it was more like 'oh yeah', because you can tell by their facial expressions on a one-to-one rather than on a piece of paper, you just think oh [yes]." (Kate, care leaver).</i></p> | <p><b>1</b></p> <p>Martikk 2019</p> | <p>M: minor concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>One study of moderate risk of bias contributed to this theme. Only 1 study contributed to this theme.</p> |

|   |   |                                  |  |  |
|---|---|----------------------------------|--|--|
| <p>person lacked confidence to join a Project group, staff worked individually with them until they were ready to engage. Establishing a face-to-face relationship appeared to become crucial.</p>  |   |                                  |  |  |
| <p><b>Relationship with other participants</b></p> <p>Underpinned by the strong rapport with the project worker, the social capital that is formed within the group of young people is then comprised of peer-to-peer relationships and the norms of reciprocity that arise from them. Within The Project, the 'group style' was one that allowed young people to become actively engaged in shaping the activities. This contrasts with a more passive group style that is characterised by simply showing up and plugging into activities that are exclusively being organised and managed by someone else, also referred to as 'plug-in volunteering'. The data suggest that the experience of doing things as a group helped young people to discover their strengths and overcome difficulties. Joint activity also led to the formation and enforcement of norms of behaviour, for example around trying not to swear. The social, youth and Project workers and one foster parent interviewed for this study, predominantly emphasise the bonding nature of The Project. Because it is exclusive to people in or leaving care it brings together people with similar experiences, so The Project appears to constitute bonding social capital. Being in a group that constitutes bonding social capital in this way, young people on The Project are able to exchange information relevant to the problems that being in the care system entails, for example on their entitlements while in foster care. Self-confidence and skills related to social capital are also referred to as one of the outcomes of being part of a group of similar people. The young people develop essential skills for making links outside of the group and connecting to others at a less superficial level. This is often framed in contrast to prior</p> | <p><i>Before the activity we always meet and plan for the activities . . . It's good because we are doing something that we have chosen by ourselves, it's not someone who planned for it we planned for it by ourselves and then do it by ourselves. (Jacques, care leaver).</i></p> <p><i>I thought we wouldn't get it done, but we pushed hard on the first day getting all the dried rubbish grass away and then turning all the soil . . . it knackered me quite a lot, but we still got it done. (David, care leaver).</i></p> <p><i>"If they didn't have groups like [this], they wouldn't have the chance to . . . get an insight into why they're looked after and realise that they're not on their own. Becoming part of The Project and thus a bonded group of similar individuals means that participants can take things for granted in ways that are not possible when being with other friends. As Wilma explains; One person would say 'Oh, I've got</i></p> | <p><b>1</b><br/>Martikk 2019</p> | <p>M: minor concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>One study of moderate risk of bias contributed to this theme. Only 1 study contributed to this theme.</p> |

|  |  |                                  |  |  |
|--|--|----------------------------------|--|--|
| <p>experiences, where they have felt excluded or bullied by other bonded friendship or interest-based groups.</p>  | <p><i>contact [with a parent]. Do you have contact?’ Some of their mates [outside of The Project] wouldn’t even understand what contact is, whereas in The Project they can do that. . . . It gives them an opportunity to be themselves.” (Wilma, social worker).</i></p>   |                                  |  |  |
| <p><b>External relationships</b><br/>Participation in the project facilitates new external relationships and reinforces pre-existing external relationships. There is evidence that by looking beyond the group, young people may begin to redirect attention from their own problems to those faced by others. Giving young people opportunities to forge relationships with stakeholders and organisations external to the programme links them to information and resources that are not contained within their bonded group. The Project may also lead to strengthening existing relationships by working closely with other workers involved with the young people. Through volunteering on the project young people appear enabled to move from forging friendship-like ties towards working on their bridging ties and developing a wider sense of reciprocity and connection with others in society. Statutory workers who are engaged with or involved in the project expand their bridging social capital, with implications for their professional development.</p> | <p><i>I can’t really describe how it felt, but it was very upsetting. You don’t know what they’re going to say, you might tell them one thing and they might forget that and might ask you again, you can’t really say ‘I’ve just told you that’, so you have to explain something to them in a different way, but try not to make them upset or something. (Steve, care leaver).</i></p> <p><i>I’m doing this here in this area and when I come to The Project I bring the skills I’ve learnt here to The Project and the things I’ve learnt from the Project I take it to another community. (Jacques, care leaver).</i></p> | <p><b>1</b><br/>Martikk 2019</p> | <p>M: minor concerns<br/>C: No concerns<br/>A: Serious concerns<br/>R: No concerns</p> <p><b>Overall:<br/>Very Low</b></p> | <p>One study of moderate risk of bias contributed to this theme. Only 1 study contributed to this theme.</p> |

See appendix F for full GRADE tables.



## Economic evidence

### Included studies

A systematic review was conducted to cover all questions within this guideline update. The study selection diagram is available in **Error! Reference source not found.** The search returned 3,197 publications since 2000. Additionally, 29 publications were identified through reference tracking. After screening titles and abstracts 3 publications were considered for full text inspection but two did not meet the inclusion criteria and were excluded from the evidence report. An updated search was conducted in November 2020 to identify any newly published papers. The search returned 584 publications. After screening titles and abstracts five publications were considered for full text inspection but did not meet the inclusion criteria and were excluded from the evidence report. Reasons for exclusion are summarised in **Error! Reference source not found.**

The study that was included for this review question was the SchARR 2010 cost-effectiveness analysis that was used in the existing [NICE guideline for looked-after children and young people](#) (PH28).

## Summary of included cost effectiveness evidence

### ScHARR 2010

| Study  | Intervention & comparator         | Costs  | Effects   | ICER†   | Uncertainty   | Applicability       | Limitations       |
|--|-----------------------------------|--|---|---|---|---------------------|-------------------|
| <b>ScHARR</b><br>LACYC and/or adults who were previously looked after as children and/or young people.<br>Economic analysis<br>UK public sector perspective<br>Lifetime time horizon | Transition support services (TSS) | Total costs (discounted) ‡<br>Georgiades: £101,104 (£60,176) [£122,084 (£72,663) 2020 GBP\$]<br>Lemon: £130,573 (£79,696) [£157,668 (£96,233) 2020 GBP\$]<br>Lindsey: £125,677 (£77,171) [£151,756 (£93,185) 2020 GBP\$]<br>Scannapieco: £137,949 (£85,544) [£166,575 (£103,295) 2020 GBP\$] | Total QALYs (discounted) ‡<br>Georgiades: 119.15 (47.08)<br>Lemon: 118.77 (46.82)<br>Lindsey: 118.83 (46.86)<br>Scannapieco: 118.67 (46.75)<br>Austin: 118.63 (46.72) | ICER (discounted)‡<br>Georgiades: £206,325 SW (-£101,292 SE) [£249,139 SW (-£466,150 SE) 2020 GBP]<br>Lemon: £53,316 SW (£204,561 SW) [£64,380 SW (£247,009 SW) 2020 GBP]<br>Lindsey: £76,812 SW (-£195,660 SE) [£92,751 SW (-£234,363 SE) 2020 GBP]<br>Scannapieco: £96,503 SW (-£133,074 SE) [£116,528 SW (-£158,220 SE) 2020 GBP]<br>Austin: £79,977 SW (-£167,786 | Probabilistic sensitivity analyses were undertaken. TSS dominated no TSS (i.e. was less costly and more effective) when effectiveness data was from any study other than Lemon, in both males and females.<br>The results generated are sensitive to the gender of the young people leaving care, employment status, and amount of crime committed. | Directly applicable | Minor limitations |

| Study | Intervention & comparator | Costs   | Effects | ICER†                                    | Uncertainty | Applicability | Limitations |
|-------|---------------------------|---|---------|--|-------------|---------------|-------------|
|       |                           | Austin: £140,729 (£87,748) [£169,932 (£105,957) 2020 GBP\$] |         | SE) [£96,573 SW (-£201,252 SE) 2020 GBP] |             |               |             |

| Study | Intervention & comparator  | Costs  | Effects   | ICER† | Uncertainty | Applicability | Limitations |
|-------|----------------------------|--|---|-------|-------------|---------------|-------------|
|       | Usual care/no intervention | Total costs (discounted) ‡<br>Georgiades: £350,915 (£160,547) [£423,733 (£193,862) 2020 GBP\$]<br>Lemon: £271,360 (£97,472) [£327,670 (£117,698) 2020 GBP\$]<br>Lindsey: £302,435 (£123,752) [£365,193 (£149,432) 2020 GBP\$]<br>Scannapieco: £329,031 (£143,197) [£397,308 (£172,912) 2020 GBP\$]<br>Austin: £315,853 (£132,748) [£381,396 (£160,295) 2020 GBP\$] | Total QALYs (discounted) ‡<br>Georgiades: 120.36 (46.82)<br>Lemon: 121.41 (46.91)<br>Lindsey: 121.13 (46.62)<br>Scannapieco: 120.65 (46.31)<br>Austin: 120.82 (46.45) |       |             |               |             |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

| Study | Intervention & comparator | Costs | Effects | ICER† | Uncertainty | Applicability | Limitations |
|-------|---------------------------|-------|---------|-------|-------------|---------------|-------------|
|       |                           |       |         |       |             |               |             |

† SW = south west quadrant i.e. the new intervention is less costly and less effective, and is deemed cost-effective if the ICER is greater than the threshold of £20,000; SE = south east quadrant i.e. the new intervention is less costly and more effective and so is dominant.

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

‡ discounted values are presented in brackets.

§ Converted from 2009 GBP to 2020 GBP accounting for inflation, conversion ratio 1.208, EPPI Centre cost converter accessed on the 07/09/2020

## **Economic model**

No economic modelling was undertaken for this review question.

## **The committee's discussion of the evidence**

### **Interpreting the evidence**

#### ***The outcomes that matter most***

The evidence for improving the transition of looked after young people out of care and into independent living was presented to the committee. This included several interventions that broadly fell into the categories of: independent living services and transitional housing; mentoring and coaching; mental health and wellbeing support; extended care status and support for parents in care. The committee noted the quantitative outcomes reported across included studies were disparate including economic, criminal, housing, educational, health, mental health, wellbeing, relationship, and substance abuse outcomes. Of these, the more commonly reported outcomes were to do with employment, earning, receipt of benefits, criminal involvement, housing stability, homelessness, higher education and qualifications. In general, the committee favoured more objective measures such as employment, earnings, criminal convictions, college entry and qualifications. Where data was derived from administrative records or court records the committee noted that this likely added to the reliability of the findings.

Other outcomes comprised fewer objective measures that could be influenced by lack of blinding procedures. In addition, the committee noted that many outcomes were reported on scales that were not known to the committee. For example, hardship score and job preparedness score. In many cases, these scales appeared to have been developed by the author themselves for use in the study and had therefore not been validated. In other cases, authors modified outcomes or created construct scores for which, again, it was unclear if there was validation. In all cases, the committee found it difficult to know how the magnitude of the difference in scores like these translated to tangible differences.

The committee also considered the qualitative data, which was useful to provide context to the interventions described. For interventions with multiple components, the qualitative data could be helpful to draw out the specific approaches that users and practitioners had found to be most impactful.

#### ***The quality of the evidence***

The committee considered many of the methodological weaknesses of the evidence base. Randomised controlled trials, though the most robust study design, experienced issues with high attrition rates, lack of information regarding adherence to study interventions, and lack of blinding procedures combined with self-reported outcomes. It was also likely that missing data was a difficulty, particularly with self-reported outcomes, although this was commonly not well described. Difficulties in retaining looked after children over the course of the trial could ultimately result in imbalances in the spread of confounding factors between comparison groups. This was likewise an issue for studies where randomisation techniques had not been used. The committee acknowledged the uncertainty regarding whether observations were due to differences in impact or differences between the composition of comparison groups when interpreting the results.

The standard of care that interventions were being compared to was not always well defined which made the meaning of statistically significant results favouring the intervention group less clear. The committee considered this problem compounded by the fact that the evidence was largely USA-based. Additionally, standard of care may vary significantly by state, county, and timepoint. In other cases, the committee observed that the standard of care had been well described and there already appeared to be a quite extensive support network for looked after children. At times this may have resulted in non-significant differences between comparison groups, as participants may have been receiving similar support in each arm.

The committee noted that more serious concerns were apparent in other studies such as in Courtney 2008 and Courtney 2011a where substantial crossover was apparent. For example, in Courtney 2008 (Life Skills Training Programme) 23.5% of those assigned the Life Skills group did not enrol in the intervention, while 22.6 percent in the control group graduated from the Life Skills program. In addition, adherence to the intervention could be a huge problem. For example, of those receiving the Independent living – employment services, which described an intensive array of support for attaining employment, less than 20% received the most intensive services and 33.8% received only a newsletter. Many studies did not report adherence data, which would have been particularly useful in the control groups to know how many of these participants were receiving additional services, which would have aided interpretation of the results.

Some studies may have been underpowered to detect the impact they were measuring. The lack of clear power calculations and defined primary outcomes was apparent in most studies, meaning, in many cases, effect estimates were imprecise and confidence intervals were too wide to allow the committee to make a judgement regarding the impact (or lack of impact) of the intervention under study.

It was recognised that qualitative studies did not report data that could assist the committee in making a judgement regarding the effectiveness of the interventions studied. The qualitative studies did provide useful information to supplement effectiveness data with regard to accessibility, acceptability, and barriers and facilitators to the success of the intervention. However, included qualitative studies themselves frequently had notable limitations. Many were poorly reported in terms of the selection of participants, method of interview, and method of thematic analysis. It was also common not to apply any form of validation e.g. triangulation, respondent validation, or the use of multiple analysts. More commonly, themes were derived from single studies and there were therefore questions regarding adequacy of the data. Similarly, as with the quantitative data, the committee also recognised there was a question of indirectness. Only one qualitative study was UK-based. However, the fact that many studies provided the direct perspective of the care leavers themselves was seen as a strength of much of the data.

### ***Benefits and harms***

The committee began by considering the evidence for independent living services and transitional housing for youth transitioning to independence; these studies compared novel services to the standard of care for care leavers in the population. Several studies reported evidence of no significant difference between comparison groups for outcomes related to successful independence. However, as described above, there were considerable methodological problems. Studies experienced significant problems with crossover, attrition, and adherence to the study intervention. On occasion, the standard of care in the population was already similar to that offered in the intervention group. The committee noted, that of the randomised studies, one service did seem to show significant improvements in the areas of formal earnings, housing instability, homelessness, housing instability, and economic



hardship. This was the YV Lifeset programme (Courtney 2019) which provided individualised case management, with mentoring, goals planning, group social activities, education and vocational co-ordination, referrals to other services in the community and life skills training. However, in this case, the standard of care was not very well described and appeared to be quite bare: researchers provided the comparison group with a list of services and resources that were available in the community with no further information on usual services described. The committee noted that, in this case, a poor standard of care may have been an important factor that led to significant differences (compared to the other independent living services described).

Overall, it was important to point out that the research described did not suggest clear evidence of ineffectiveness for independent living services. Rather, in the one study where standard of care in the control group may have been poorer than the independent living services under study, significant differences were observed. Furthermore, some non-randomised evidence seemed to be suggestive of the impact of various aftercare services. These included college preparation services, job preparation services, income support services, parenting support courses, transitional housing programmes, independent living skills and an aftercare service. In these studies, support services were associated with improvements in employment, post-secondary education enrolment; transitional housing services were associated with greater housing stability, and lower homelessness, with improvements in independent living scores, reductions in unemployment, and substance and alcohol abuse problem scores; finally a UK-based aftercare service was associated with reductions in housing instability, criminal convictions, and unemployment. The committee, therefore, sought to draw on the descriptions of the independent living services presented to pull out some core principles of care in the support of looked after young people moving into independence. Given that most of the independent living services reported had several components, a table showing the shared components of the services studied was presented to aid the committee in making their decisions.

The committee had previously discussed that an assessment of needs should take place prior to looked after children and young people's transition out of care and into adoptive or special guardianship placements (or into connected living). In a similar fashion, the needs of young people transitioning out of care to achieve independence should be considered. While a needs assessment is already a requirement in pathway planning (beginning age 15 and completed prior to age 16). The committee considered that this process should be more rigorous and incorporate previous life story work to identify strengths (e.g. problem-solving skills and practical skills) and needs (e.g. mental health support, gaps in social network, or negative relationships, life skills support, financial, education, training, and employment).

The committee considered the need for local authorities to perform some quality assessment of the pathway plans. Based on their experience and knowledge, they discussed what made a better quality pathway plan and agreed there was a need for plans to include actions in response to identified need. These actions should clearly identify a timeframe for completion as well as the practitioner responsible for completing the action. The committee also discussed the need for quality assessments to check that the actions were actually completed in the agreed timeframe.

Based on this needs assessment, the committee then considered the aspects of support that should be available according to the assessed needs of the youth. These included:

- The need for continuity of mental health, health, and dental care which could be facilitated by support with registration with GP services and dental services; extension of access to CAMHS until transition to adult mental health services is complete; or the

provision of alternative emotional and wellbeing services (e.g. online support, face to face counselling or group work) during and after transition into independent living until adult services can take over. Committee members related how often care leavers are lost in the gap between child and adult health services. This was supported by qualitative evidence.

- Peer groups and support for gaps in social network was a common component of the independent living services described in the quantitative evidence and helpfulness of these was supported by qualitative evidence therefore the committee recommended that these be made available.
- Life skills training was a common component of independent living services described in the quantitative evidence and helpfulness of these was supported by qualitative evidence therefore the committee recommended that these be made available.
- Job preparation services, job searching, and career advice was a common component of independent living services described in the quantitative evidence and helpfulness of these was supported by qualitative evidence therefore the committee recommended that these be made available.
- Flexible brokerage was a common component of independent living services described in the quantitative evidence and helpfulness of this was supported by qualitative evidence therefore the committee recommended that this be made available.
- Appropriate and ongoing accommodation support, including supported housing where necessary, was a common component of independent living services described in the quantitative evidence and helpfulness of these was supported by qualitative evidence therefore the committee recommended that this be made available. However, committee members stressed that this should be organised through the leaving care team working in conjunction with other housing services to promote continuity of oversight during the transition out of care.

The committee also considered the case of university students living away from home and recommended that continuity of housing should also be considered for care leavers in college/university during holidays to prevent housing instability between terms. The committee noted that isolation was a considerable problem for care leavers in this situation (something that was backed up by qualitative evidence in another evidence review) and that efforts should be made to provide social support e.g. 'buddying' systems for peer support, mentoring from older student volunteers on campus, and other social opportunities for care leavers to tackle isolation during the holidays.

Supported by expert testimony, and experience in the committee, the committee considered the danger faced by those whose care placement broke down between the ages of 16 and 17. This may lead to placement in unregulated housing at a young age, when vulnerability and the risk of exploitation may be high. The committee agreed that it was important to avoid using unregulated housing if possible, particularly among those at high risk of exploitation.

The committee considered that support available locally for care leavers is likely to differ considerably by area in which the looked after young person is currently placed. As such, a consensus recommendation was made that efforts to raise awareness of local opportunities for support in independent living were needed. Examples mentioned by the committee included work experience opportunities, apprenticeships, and college support schemes for young people previously in care.

In addition to the above, the committee considered that certain services to provide safety netting were important for young people transitioning into independence. Unlike the services

listed above, these should be available for all care leavers to help prevent deterioration in housing stability, connectedness, and economic independence. By consensus the committee suggested that the following services could be provided for care leavers without substantial cost to local authorities: drop-in services (for local guidance and signposting), possibility of more frequent meetings with the personal advisor (for individualised guidance and support), facilitated care leavers peer support groups (to support relationships after care, mentoring, and share ideas/resources).

By consensus, and drawing on qualitative evidence that suggested that shared decision making should be a cornerstone of care provided for looked after children and youth, the committee discussed the need for a mechanism by which the feedback of care leavers moving into independence can be incorporated back into the services provided. Specific qualitative evidence suggested that Children in Care councils may facilitate such feedback, although a council more focussed on care leavers was required to improve services during the transition into independence. A recommendation was drafted.

The committee considered evidence from Take Charge (a coaching and mentoring intervention) which supports looked after children receiving special educational services. This service provided weekly coaching on goal setting, problem solving, communication, and self-regulation; an individualised transition plan; and quarterly mentoring workshops (with care leavers who had reached college or surmounted significant obstacles). This intervention was compared to an independent living programme that offered classes on transition topics such as: budgeting, cooking, and preparing a resume, with support from an ILP case manager, and drop-in peer support. The committee noted that although results showed significant improvements on a “self-determination scale” non-significant differences were observed for more objective findings such as for high school completion, post-secondary education, or employment.

The committee considered evidence from a prospective cohort study describing outcomes of participants who had exited care at different ages. Those who were still in care between the ages of 17-23 were less likely to be involved in property crimes (men), or convicted/arrested (women) whereas those who had left care aged 18 - 19 had significantly worse outcomes for time to arrest and time to first violent offense. Qualitative evidence also suggested that many care leavers experienced a cliff edge moving into independence too early. Therefore, wherever possible the committee recommended that looked after youth approaching independence should be encouraged and assisted to stay in their current care placement until at least the age of 18. The committee noted that for some, staying put in their care placements beyond age 18 could be beneficial. However, this arrangement was complicated by the fact that carers may be paid less (Levels of financial support to former foster carers are agreed and specified within each local authority’s staying put policy). In addition, the ability to uphold other foster placements may be compromised by allowing an adult who has left care to stay on the premises. Therefore, the committee recommended that the possibility for staying put should be explored with all carers prior to leaving care, though it may not be possible in many cases. The committee also considered extended educational care. It was noted that for qualifying care leavers extended support was often offered if in full time education, however the definition of what constitutes full time education may be too narrow for many who would benefit from it. For example, one of the committee members raised the example of a care leaver who received a sports scholarship. By consensus, the committee recommended the need for extended care to be considered by Virtual Heads beyond care leavers who were in higher and further education.

Significantly beneficial outcomes were also observed for an intervention targeted at mental health in a university setting (Koru) and a computerised text messaging service for helping

care leavers in reaching and maintaining substance use abstinence (iHelp). Koru mindfulness was associated with improvements in sleep quality and stress scores. iHelp was associated with improved number of days abstinent. The committee noted that, though mindfulness and substance abstinence programmes can be highly beneficial, outcomes were self-reported, and the evidence base was insufficient to recommend the use of these specific approaches among care leavers.

Finally, the committee discussed that many of the problems encountered in care processes stem from a lack of accountability of local authorities in following and communicating statutory guidance. Some examples discussed included informing care leavers that if something is in their pathway plan and is signed then it constitutes an agreement that the local authority will provide that service, likewise care leavers don't have to sign their pathway plan until they are happy with it. This needs to be communicated by professionals. Other aspects that need to be communicated included rights concerning extended support beyond age 18, and their rights to have access to advocacy services to help improve adherence to statutory requirements, and to take full advantage of rights under statutory law. Statements were drafted by consensus outlining these recommendations.

### **Cost effectiveness and resource use**

The committee did not make any recommendations for transition support services specifically based on the economic evidence that was used in the existing [NICE guideline for looked-after children and young people](#) (PH28)(SchARR 2010). The existing economic model was also not updated for this review question, as no new effectiveness data were identified that would change the conclusion of the existing analysis (SchARR 2010). The new effectiveness data was reviewed for whether employment outcomes were reported and presented to the committee. Studies reporting employment outcomes were either in interventions or populations that were not comparable to the existing analysis (Braciszewski 2018, Courtney 2011b, Lee 2012/14, Vorhies 2009), or if they were comparable the data supported the existing conclusions (Barnow 2015, Chittleburgh 2010, Courtney 2019, Powers 2012). Therefore, the committee agreed that an update of the existing economic model would not be useful to inform any recommendations for transition support services.

The majority of the recommendations discussed by the committee were not considered to have substantial resource impacts, for example the committee wanted to recommend that care leavers should be informed of their rights around support and advocacy and that there should be a way of facilitating feedback from care leavers to improve services. The committee noted that many of the recommendations are already current practice in some local authorities, but the provision is variable across the country given limited resources.

The committee discussed the issue of housing for care leavers during college/university holidays and recommended that there should be continuity of housing with social support for these individuals. This recommendation is not likely to have substantial resource implications, as the committee noted that many universities already offer the option for care leavers to stay in their halls of residence during holiday times. Additionally, the social support could consist of a buddying system or mentoring from older students on campus, and other social opportunities during the holidays, which are unlikely to be costly to implement.

The committee recommended supporting young people staying in their current placement until at least the age of 18, and taking into account that placement breakdowns may lead to movement into inappropriate housing. Following the qualitative evidence presented for review question 6.2 the committee added that where possible the use of unregulated housing in LACYP younger than 18 years of age should be avoided, particularly for those at a high

risk of exploitation. The committee acknowledged the potential resource implications of this recommendation as it has become increasingly common for LACYP to enter care at a later age or to have young people who are unaccompanied asylum seekers enter care upon arriving in the country. These older LACYP usually have suffered prolonged adversity and cumulative trauma prior to entering care, or enter care due to behavioural issues, which makes them more likely to experience a placement breakdown and potential be at higher risk of exploitation. The committee therefore felt justified in making the recommendation to avoid unregulated housing on equity grounds. The committee believed that any reasonable person would not consider the use of unregulated housing for children under the age of 18 to be appropriate and therefore it would be unfair and/or a social injustice to have LACYP of similar age to have to endure such living conditions simply due to their looked after status. The committee noted that unregulated housing is usually a shared house of low quality, where an individual has their own room, but shares access to other facilities and that there is likely to be very little or no supervision provided. The committee believed that such living conditions would not allow a child to take care of themselves, be safe and it would be unlikely for people to expect other children of a similar age who are not looked after to live in similar circumstances. The committee therefore felt justified in this recommendation despite the potential resource implications. The committee also noted that a large number of LACYP p.

## References – included studies

### Effectiveness (RCT)

Braciszewski Jordan M.; et al; A pilot randomized controlled trial of a technology-based substance use intervention for youth exiting foster care; Children and Youth Services Review; 2018; vol. 94; 466-476

Courtney ME, Zinn A, Zielewski EH, Bess RJ, Malm KE, Stagner M, Pergamit M. (2008b) Evaluation of the Life Skills Training Program, Los Angeles County, California. Administration for children & families. Jul.

Courtney, Mark E., Zinn, Andrew., Koralek RJB, Robin; Evaluation of the Independent Living – Employment Services Program Kern County, California: Final Report; 2011; (no. OPRE report number 2011-13. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. ); 1-72

Courtney MEEA; Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: Final Report; 2011; vol. July 2011 (no. OPRE ); 0-81

Courtney, Mark E; Valentine, Erin J; Skemer, Melanie; Experimental evaluation of transitional living services for system-involved youth: Implications for policy and practice.; Children and Youth Services Review; 2019; vol. 96; 396-408

Gray L, Font S, Unrau Y, Dawson A. The effectiveness of a brief mindfulness-based intervention for college freshmen who have aged out of foster care. Innovative Higher Education. 2018 Oct 1;43(5):339-52.

Greeson JK, Garcia AR, Kim M, Courtney ME. Foster youth and social support: The first RCT of independent living services. Research on Social Work Practice. 2015 May;25(3):349-57.

Greeson JK, Garcia AR, Kim M, Thompson AE, Courtney ME. Development & maintenance of social support among aged out foster youth who received independent living services: Results from the Multi-Site Evaluation of Foster Youth Programs. *Children and youth services review*. 2015 Jun 1;53:1-9.

Greeson JK, Thompson AE. Development, feasibility, and piloting of a novel natural mentoring intervention for older youth in foster care. *Journal of Social Service Research*. 2017 Mar 15;43(2):205-22.

Powers LE, Geenen S, Powers J, Pommier-Satya S, Turner A, Dalton LD, Drummond D, Swank P. My Life: Effects of a longitudinal, randomized study of self-determination enhancement on the transition outcomes of youth in foster care and special education. *Children and Youth Services Review*. 2012 Nov 1;34(11):2179-87.

Jacobs E, Skemer M, Courtney M. Making Their Way: Summary Report on the Youth Villages Transitional Living Evaluation. New York: MDRC, December. 2018 Dec 5.

Zinn A, Courtney M. Helping foster youth find a job: a random-assignment evaluation of an employment assistance programme for emancipating youth. *Child & family social work*. 2017 Feb;22(1):155-64.

### **Effectiveness (Non-randomised)**

Barnow BS, Buck A, O'Brien K, Pecora P, Ellis ML, Steiner E. Effective services for improving education and employment outcomes for children and alumni of foster care service: Correlates and educational and employment outcomes. *Child & Family Social Work*. 2015 May;20(2):159-70.

Chittleburgh, C. (2010). The impact of providing a continuum of care in the throughcare and aftercare process. *Scottish Journal of Residential Child Care*, 9(1), 1-8.

Jones, Loring; The impact of transitional housing on the post-discharge functioning of former foster youth.; *Residential Treatment for Children & Youth*; 2011; vol. 28 (no. 1); 17-38

LEE Joann S.; COURTNEY Mark E.; HOOK Jennifer L.; Formal bonds during the transition to adulthood: extended foster care support and criminal/legal involvement; *Journal of Public Child Welfare*; 2012; vol. 6 (no. 3); 255-279

Lee JS, Courtney ME, Tajima E. Extended foster care support during the transition to adulthood: Effect on the risk of arrest. *Children and Youth Services Review*. 2014 Jul 1;42:34-42.

Vorhies, V., Glover, C. M., Davis, K., Hardin, T., Krzyzanowski, A., Harris, M., ... & Wilkniss, S. (2009). Improving outcomes for pregnant and parenting foster care youth with severe mental illness: An evaluation of a transitional living program. *Psychiatric rehabilitation journal*, 33(2), 115.

### **Qualitative**

Curry SR, Abrams LS. "They Lay Down the Foundation and Then They Leave Room for Us to Build the House": A Visual Qualitative Exploration of Young Adults' Experiences of Transitional Housing. *Journal of the Society for Social Work and Research*. 2015 Mar 1;6(1):145-72.

Dworsky A, Pérez A. Helping former foster youth graduate from college through campus support programs. *Children and Youth Services Review*. 2010 Feb 1;32(2):255-63.

Gray L, Font S, Unrau Y, Dawson A. The effectiveness of a brief mindfulness-based intervention for college freshmen who have aged out of foster care. *Innovative Higher Education*. 2018 Oct 1;43(5):339-52.

Klodnick VV, Davis KE, Fagan MA, Elias A. Launching into adulthood from institutional care with a serious mental health condition. *Community mental health journal*. 2014 Feb 1;50(2):209-15.

LOUGHEED Sean, C.; Strengths-based creative mindfulness-based group work with youth aging out of the child welfare system; *Social Work with Groups*; 2019; vol. 42 (no. 4); 334-346

MARTIKK, Susanne and et, al (2019) Building bridges into the community: social capital in a volunteering project for care leavers. *Children and Society* 33(2): 111-125

Mendes P. Towards a community development support model for young people transitioning from state out-of-home care: A case study of St Luke's Anglicare in Victoria, Australia. *Practice: Social Work in Action*. 2011 Apr 1;23(2):69-81.

Mendes P, Purtell J. An evaluation of housing outcomes from a support program for young people transitioning from out-of-home care in Victoria, Australia. *Scottish Journal of Residential Child Care*. 2017 May 1;16(2).

Rosenwald M, McGhee T, Nofall R. Perspectives on independent living services among resilient youth. *Journal of Family Social Work*. 2013 Mar 1;16(2):148-63.

Schelbe L, Randolph KA, Yelick A, Cheatham LP, Groton DB. Systems theory as a framework for examining a college campus-based support program for the former foster youth. *Journal of evidence-informed social work*. 2018 May 4;15(3):277-95.

Schwartz-Tayri, Talia M; Spiro, Shimon E; The other side of the bridge: A follow-up study of Israeli young adults who participated in a transitional housing program after aging out from care.; *Residential Treatment for Children & Youth*; 2017; vol. 34 (no. 34); 311-324

Sims-Schouten W, Hayden C. Mental health and wellbeing of care leavers: Making sense of their perspectives. *Child & Family Social Work*. 2017 Nov;22(4):1480-7.

Greeson, Johanna K. P; Thompson, Allison E; Ali, Samira; Wenger, Rebecca Stern; It's good to know that you got somebody that's not going anywhere: Attitudes and beliefs of older youth in foster care about child welfare-based natural mentoring.; *Children and Youth Services Review*; 2015; vol. 48; 140-149

Greeson, Johanna K. P; Thompson, Allison E; Evans-Chase, Michelle; Ali, Samira; Child welfare professionals' attitudes and beliefs about child welfare-based natural mentoring for older youth in foster care.; *Journal of Social Service Research*; 2015; vol. 41 (no. 1); 93-112

Spencer, Renee; Drew, Alison L; Gowdy, Grace; Horn, John Paul; "A positive guiding hand": A qualitative examination of youth-initiated mentoring and the promotion of interdependence among foster care youth.; *Children and Youth Services Review*; 2018; vol. 93; 41-50

### **Cost effectiveness**

Duenas, A; Everson-Hock, E; Jones, R; Guillaume, L; Goyder, E; Chilcott, J; Payne, N. Cost-effectiveness review 1: The cost-effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people. SchARR Public Health Collaborating Centre



# Appendices

## Appendix A – Review protocols

### Review protocol for interventions to looked-after young people transitioning out of care into independent living

| ID | Field           | Content  |
|----|-----------------|--|
| 1. | Review title    | Interventions and approaches to support looked-after young people transitioning out of care into independent living  |
| 2. | Review question | <p>6.1a: What is the effectiveness of interventions and approaches (including entry into employment, training, life skills and higher education) to support looked-after young people transitioning out of care into independent living?</p> <p>6.1b: Are interventions to support transition out of care for care leavers acceptable and accessible to care leavers and their providers? What are the barriers to, and facilitators for the effectiveness of these interventions?</p> |
| 3. | Objective       | <p><u>Quantitative</u><br/>To determine the effectiveness and harms of health and social care interventions and approaches to support care placement stability in looked after children and young people.</p> <p><u>Qualitative</u><br/>To determine if interventions to support transitioning out of care into independent living are acceptable and accessible to care leavers and</p>   |

|    |          |  |
|----|----------|--|
|    |          | providers who would deliver them. To determine other barriers and facilitators to the effectiveness of these interventions.  |
| 4. | Searches | <p><b>Sources to be searched</b></p> <ul style="list-style-type: none"> <li>• PsycINFO (Ovid)</li> <li>• Embase (Ovid)</li> <li>• MEDLINE (Ovid)</li> <li>• MEDLINE In-Process (Ovid)</li> <li>• MEDLINE Epubs Ahead of Print</li> <li>• PsycINFO (Ovid)</li> <li>• Social policy and practice (Ovid)</li> <li>• Cochrane Central Register of Controlled Trials (CENTRAL)</li> <li>• Cochrane Database of Systematic Reviews (CDSR)</li> <li>• Database of Abstracts of Reviews of Effect (DARE)</li> <li>• EconLit (Ovid) – economic searches only</li> <li>• NHSEED (CRD) - economic searches only</li> </ul> <p><b>Supplementary search techniques</b></p> <ul style="list-style-type: none"> <li>• Studies published from 1st January 1990 to present day.</li> </ul> <p><b>Limits</b></p> <ul style="list-style-type: none"> <li>• Studies reported in English</li> <li>• No study design filters will be applied</li> <li>• Animal studies will be excluded</li> <li>• Conference abstracts/proceedings will be excluded.</li> <li>• For economic searches, the Cost Utility, Economic Evaluations and Quality of Life filters will be applied.</li> </ul> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|    |                                   |  |
|----|-----------------------------------|--|
|    |                                   | <p>The full search strategies for MEDLINE database will be published in the final review.</p> <p>For each search the Information Services team at NICE will quality assure the principal database search strategy and peer review the strategies for the other databases using an adaptation of the PRESS 2015 Guideline Evidence-Based Checklist</p>  |
| 5. | Condition or domain being studied | <p>This review is for part of an updated NICE guideline for looked-after children and young people and concerns the support of care leavers in transitioning out of care into independent living.</p>  |
| 6. | Population                        | <p>Looked after young people and care leavers (wherever they are looked after) transitioning out of care into independent living, aged 16 – 25.</p> <p>Also including:</p> <ul style="list-style-type: none"> <li>• Young people living at home with birth parents but under a full or interim local authority care order and are subject to looked-after children and young people processes and statutory duties.</li> <li>• Young people on remand, detained in secure youth custody and those serving community orders.</li> </ul> |
| 7. | Intervention                      | <p>Interventions and approaches to support looked-after young people transitioning out of care into independent living.</p> <p>Interventions may include:</p> <ul style="list-style-type: none"> <li>• Information and education-giving tools or programmes</li> <li>• Extended foster care support programmes</li> </ul>  |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|    |                               |  |
|----|-------------------------------|--|
|    |                               | <ul style="list-style-type: none"> <li>Supported lodgings, training flats, semi-independent living (e.g. “SHIP” “16 plus”), and lodging arrangements for care leavers in higher education.</li> <li>Life-skills training (independent living skills, specific courses such as on maintenance, fuse changing, budgeting, finance, and positive risk-taking)</li> <li>Approaches to assist entry into employment, training, and higher education (e.g. supportive work placements and internships, see also “care leavers covenant”)</li> <li>Coaching and mentoring (including peer mentoring) schemes (e.g. north wales advocacy service)</li> </ul> |
| 8. | Comparator                    | <p><u>Quantitative evidence</u><br/>           Comparator could include standard care, waiting list, or another approach to support looked-after young people transitioning out of care into independent living.</p> <p><u>Qualitative evidence</u><br/>           Not applicable</p>  |
| 9. | Types of study to be included | <p><u>Quantitative evidence</u></p> <ul style="list-style-type: none"> <li>Systematic reviews of included study designs</li> <li>Randomised controlled trials</li> </ul> <p>If insufficient evidence, progress to non-randomised prospective controlled study designs</p> <p>If insufficient evidence, progress to non-randomised, non-prospective, controlled study designs (for example, retrospective cohort studies, case</p>  |

|     |                          |  |
|-----|--------------------------|--|
|     |                          | <p>control studies, uncontrolled before and after studies, and interrupted time series)</p> <p><u>Qualitative evidence</u></p> <ul style="list-style-type: none"> <li>• Including focus groups and interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data). Evidence must be related to acceptability, accessibility of interventions or other barriers to and facilitators for their effectiveness to support looked-after young people transitioning out of care into independent living.</li> </ul>   |
| 10. | Other exclusion criteria | <ul style="list-style-type: none"> <li>• Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP</li> <li>• Studies relating to transition from Children's to adult health or social care services</li> <li>• Studies of interventions for specific clinical conditions covered in existing NICE guidelines</li> <li>• Mental health and emotional wellbeing interventions covered in existing NICE guidelines</li> <li>• Health promotion interventions covered in existing NICE guidelines</li> <li>• Strategies, policies, system structure and the delivery of care that is covered in statutory guidance about looked after children and young people</li> </ul> <p><u>Quantitative evidence exclusion</u></p> <ul style="list-style-type: none"> <li>• Countries outside of the UK (unless not enough evidence, then progress to OECD countries)</li> </ul> |

|     |                                      |  |
|-----|--------------------------------------|--|
|     |                                      | <ul style="list-style-type: none"> <li>• Studies older than the year 2000 (unless not enough evidence, then progress to include studies between 1990 to current)</li> </ul> <p><u>Qualitative evidence exclusion</u></p> <ul style="list-style-type: none"> <li>• Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data.</li> <li>• Countries outside of the UK (unless evidence concerns an intervention which has been shown to be effective in reviewed quantitative evidence)</li> <li>• Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current)</li> </ul>   |
| 11. | Context                              | <p>The number of young people aged 16 and over leaving care has risen each year from 8,170 in 2007 to 10,000 in 2012. More than half of these young people (63%) were aged 18 and over at the time of leaving care. 19% were aged 16 and 18% were aged 17. In a July 2016 policy document, Keep on caring, the Department for Education (DfE) noted that outcomes for care leavers were much worse than for their peers. The quality of leaving care services provided by local authorities was variable. Care leavers as a group have poor outcomes on key measures such as housing, health, employment, and continuing in education and training post-16. It is unclear what interventions are effective in improving outcomes for care leavers.</p> |
| 12. | Primary outcomes (critical outcomes) | <p><u>Quantitative outcomes</u></p> <p>Following transition:</p> <ul style="list-style-type: none"> <li>• Re-entering care (adult social care services)</li> </ul>   |

|     |   |  |
|-----|---|--|
|     |   | <ul style="list-style-type: none"> <li>• Employment and economic independence (including adverse outcomes such as homelessness)</li> <li>• Completion of training and education</li> <li>• Mental and emotional wellbeing</li> <li>• Quality of life</li> <li>• Health outcomes (e.g. nutritional intake, dentition, or improved health behaviours, risk-taking behaviours)</li> <li>• Criminal outcomes</li> </ul> <p><u>Qualitative outcomes</u></p> <p>Qualitative evidence related to interventions to support transition from care into independence will be examined. Evidence should relate to the views of care leavers, their carers, and providers who would deliver eligible interventions, on:</p> <ul style="list-style-type: none"> <li>• The accessibility and acceptability of the intervention, including information about the source and type of intervention used.</li> <li>• Barriers to and facilitators for intervention effectiveness in supporting transition from care into independent living.</li> </ul> |
| 13. | Secondary outcomes (important outcomes) | None   |
| 14. | Data extraction (selection and coding)  | All references identified by the searches and from other sources will be uploaded into EPPI reviewer and de-duplicated. 10% of the abstracts will be reviewed by two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer.  |

|     |                                   |   |
|-----|-----------------------------------|---|
|     |                                   | <p>The full text of potentially eligible studies will be retrieved and will be assessed in line with the criteria outlined above. A standardised form will be used to extract data from studies (see Developing NICE guidelines: the manual section 6.4).</p> <p>Study investigators may be contacted for missing data where time and resources allow.</p>  |
| 15. | Risk of bias (quality) assessment | <p>Risk of bias and/or methodological quality will be assessed using the preferred checklist for each study type as described in <a href="#">Developing NICE guidelines: the manual</a>.</p> <p>The risk of bias across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group <a href="http://www.gradeworkinggroup.org/">http://www.gradeworkinggroup.org/</a></p> <p><a href="#">GRADE</a> and <a href="#">GRADE CERQual</a> will be used to assess confidence in the findings from quantitative and qualitative evidence synthesis respectively.</p> |
| 16. | Strategy for data synthesis       | <p><b>Quantitative data</b></p> <p>Meta-analyses of interventional data will be conducted with reference to the Cochrane Handbook for Systematic Reviews of Interventions (Higgins et al. 2011).</p> <p>Fixed- and random-effects models (der Simonian and Laird) will be fitted for all syntheses, with the presented analysis dependent on the degree of heterogeneity in the assembled evidence. Fixed-effects</p>   |



|  |  |   |
|--|--|---|
|  |  | <p>models will be the preferred choice to report, but in situations where the assumption of a shared mean for fixed-effects model is clearly not met, even after appropriate pre-specified subgroup analyses is conducted, random-effects results are presented. Fixed-effects models are deemed to be inappropriate if one or both of the following conditions was met:</p> <ul style="list-style-type: none"> <li>• Significant between study heterogeneity in methodology, population, intervention or comparator was identified by the reviewer in advance of data analysis.</li> <li>• The presence of significant statistical heterogeneity in the meta-analysis, defined as <math>I^2 \geq 50\%</math>.</li> <li>• Meta-analyses will be performed in Cochrane Review Manager V5.3</li> </ul> <p>If the studies are found to be too heterogeneous to be pooled statistically, a simple recounting and description of findings (a narrative synthesis) will be conducted.</p> <p><u>Qualitative data</u></p> <p>Information from qualitative studies will be combined using a thematic synthesis. By examining the findings of each included study, descriptive themes will be independently identified and coded in NVivo v.11. The qualitative synthesis will interrogate these 'descriptive themes' to develop 'analytical themes', using the theoretical framework derived from overarching qualitative review questions.</p> |
|--|--|---|

|     |                        |  |
|-----|------------------------|--|
|     |                        | <p>Themes will also be organised at the level of recipients of care and providers of care.</p> <p><u>Evidence integration</u></p> <p>A segregated and contingent approach will be undertaken, with sequential synthesis. Quantitative and qualitative data will be analysed and presented separately. For non-UK evidence, the data collection and analysis of qualitative data will occur after and be informed by the collection and analysis of quantitative effectiveness data. Following this, all qualitative and quantitative data will be integrated using tables and matrices. By intervention, qualitative analytical themes will be presented next to quantitative effectiveness data. Data will be compared for similarities and incongruence with supporting explanatory quotes where possible.</p> |
| 17. | Analysis of sub-groups | <p>Results will be stratified by the following subgroups where possible. In addition, for quantitative synthesis where there is heterogeneity, subgroup analysis will be undertaken using the following subgroups.</p> <p>Subgroups, of specific consideration, will include:</p> <ul style="list-style-type: none"> <li>• Looked-after young people and care leavers on remand</li> <li>• Looked-after young people and care leavers in secure settings</li> <li>• Looked-after young people and care leavers with mental health and emotional wellbeing needs</li> <li>• Looked-after young people and care leavers who are unaccompanied seeking asylum, or refugees</li> </ul>   |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|     |  |   |                          |                          |
|-----|--|---|--------------------------|--------------------------|
|     |  | <ul style="list-style-type: none"> <li>• Looked-after young people and care leavers who are at risk or victims of exploitation (including female genital mutilation) and trafficking</li> <li>• Looked-after young people and care leavers who are teenage and young parents in care</li> <li>• Looked-after young people and care leavers with disabilities; speech, language and communication needs; special education needs or behaviour that challenges.</li> <li>• Looked-after young people and care leavers who are placed out of area</li> <li>• Looked-after young people and care leavers who are LGBTQ</li> </ul> |                          |                          |
| 18. | Type and method of review                  | <input type="checkbox"/> Intervention<br><input type="checkbox"/> Diagnostic<br><input type="checkbox"/> Prognostic<br><input type="checkbox"/> Qualitative<br><input type="checkbox"/> Epidemiologic<br><input type="checkbox"/> Service Delivery<br><input checked="" type="checkbox"/> Other (please specify)  |                          |                          |
| 19. | Language                                   | English   |                          |                          |
| 20. | Country                                    | England   |                          |                          |
| 21. | Anticipated or actual start date           | June 2019   |                          |                          |
| 22. | Anticipated completion date                | September 2021  |                          |                          |
| 23. | Stage of review at time of this submission | <b>Review stage</b>   | <b>Started</b>           | <b>Completed</b>         |
|     |  | Preliminary searches  | <input type="checkbox"/> | <input type="checkbox"/> |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|     |                         |   |                          |                          |
|-----|-------------------------|---|--------------------------|--------------------------|
|     |                         | Piloting of the study selection process   | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                         | Formal screening of search results against eligibility criteria   | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                         | Data extraction   | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                         | Risk of bias (quality) assessment   | <input type="checkbox"/> | <input type="checkbox"/> |
|     |                         | Data analysis   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. | Named contact           | <p><b>5a. Named contact</b><br/>Guideline Updates Team</p> <p><b>5b Named contact e-mail</b><br/>LACYPupdate@nice.org.uk</p> <p><b>5c Organisational affiliation of the review</b><br/>National Institute for Health and Care Excellence (NICE)</p>   |                          |                          |
| 25. | Review team members     | <p>From the Guideline Updates Team:</p> <ul style="list-style-type: none"> <li>• Caroline Mulvihill</li> <li>• Stephen Duffield</li> <li>• Bernadette Li</li> <li>• Rui Martins</li> </ul>  |                          |                          |
| 26. | Funding sources/sponsor | This systematic review is being completed by the Guideline Updates Team, which is part of NICE.   |                          |                          |
| 27. | Conflicts of interest   | All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each |                          |                          |

|     |  |  |
|-----|--|--|
|     |  | guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.  |
| 28. | Collaborators  | Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual. Members of the guideline committee are available on the NICE website: <a href="https://www.nice.org.uk/guidance/indevelopment/gid-ng10121">https://www.nice.org.uk/guidance/indevelopment/gid-ng10121</a>  |
| 29. | Other registration details                               | N/ A   |
| 30. | Reference/URL for published protocol                     |  |
| 31. | Dissemination plans                                      | NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: <ul style="list-style-type: none"> <li>• notifying registered stakeholders of publication</li> <li>• publicising the guideline through NICE's newsletter and alerts</li> <li>• issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.</li> </ul> |
| 32. | Keywords   | Looked after children, looked after young people, children in care, care leavers, interventions, systematic review, mixed methods  |
| 33. | Details of existing review of same topic by same authors | N/ A   |

FINAL

Interventions and approaches to support looked-after young people transitioning out of care into independent living

---

|      |                              |  |
|------|------------------------------|--|
| 34.  | Current review status        | <input type="checkbox"/> Ongoing<br><input type="checkbox"/> Completed but not published<br><input type="checkbox"/> Completed and published<br><input type="checkbox"/> Completed, published and being updated<br><input type="checkbox"/> Discontinued |
| 35.. | Additional information       |  |
| 36.  | Details of final publication | <a href="http://www.nice.org.uk">www.nice.org.uk</a>   |

## Appendix B – Literature search strategies

### Effectiveness searches

Bibliographic databases searched for the guideline:

- Cochrane Database of Systematic Reviews – CDSR (Wiley)
- Cochrane Central Register of Controlled Trials – CENTRAL (Wiley)
- Database of Abstracts of Reviews of Effects – DARE (CDSR)
- PsycINFO (Ovid)
- EMBASE (Ovid)
- MEDLINE (Ovid)
- MEDLINE Epub Ahead of Print (Ovid)
- MEDLINE In-Process (Ovid)
- Social policy and practice (Ovid)
- ERIC (ProQuest)

A NICE information specialist conducted the literature searches for the evidence review. The searches were originally run in June 2019 with an additional search of the ERIC database in October 2019.

Searches were run on population only and the results were sifted for each review question (RQ). The searches were rerun on all databases reported above in July 2020 and again in October 2020.

The principal search strategy was developed in MEDLINE (Ovid interface) and adapted, as appropriate, for use in the other sources listed in the protocol, taking into account their size, search functionality and subject coverage.

The MEDLINE strategy below was quality assured (QA) by trained NICE information specialist. All translated search strategies were peer reviewed to ensure their accuracy. Both procedures were adapted from the [2016 PRESS Checklist](#). The translated search strategies are available in the evidence reviews for the guideline.

The search results were managed in EPPI-Reviewer v5. Duplicates were removed in EPPI-R5 using a two-step process. First, automated deduplication is performed using a high-value algorithm. Second, manual deduplication is used to assess 'low-probability' matches. All decisions made for the review can be accessed via the deduplication history.

English language limits were applied in adherence to standard NICE practice and the review protocol.

A date limit of 1990 was applied to align with the approximate advent of the Children Act 1989.

The limit to remove animal studies in the searches was the standard NICE practice, which has been adapted from: Dickersin, K., Scherer, R., & Lefebvre, C. (1994). [Systematic Reviews: Identifying relevant studies for systematic reviews](#). *BMJ*, 309(6964), 1286.

No study design filters were applied, in adherence to the review protocol.

#### Table 1: search strategy

**Medline Strategy, searched 10<sup>th</sup> June 2019**

**Database: Ovid MEDLINE(R) 1946 to June 10, 2019**

**Search Strategy:**

- 1 child, orphaned/ (659)
- 2 child, foster/ (71)
- 3 child, adopted/ (46)
- 4 adolescent, institutionalized/ (126)



**Medline Strategy, searched 10<sup>th</sup> June 2019****Database: Ovid MEDLINE(R) 1946 to June 10, 2019****Search Strategy:**

- 5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (123)
- 6 ("care leaver\*" or "leaving care").tw. (31)
- 7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (236)
- 8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (111)
- 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (74)
- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (2973)
- 11 "ward of court\*".tw. (12)
- 12 or/1-11 (4225)
- 13 residential facilities/ (5286)

**Medline Strategy, searched 10<sup>th</sup> June 2019****Database: Ovid MEDLINE(R) 1946 to June 10, 2019****Search Strategy:**

- 14 group homes/ (948)
- 15 halfway houses/ (1051)
- 16 (("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1131)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*).tw. (6595)
- 18 or/13-17 (13612)
- 19 orphanages/ (435)
- 20 adoption/ (4727)
- 21 foster home care/ (3503)
- 22 (special adj1 guardian\*).tw. (7)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (3144)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (279)
- 25 or/19-24 (9589)

**Medline Strategy, searched 10<sup>th</sup> June 2019****Database: Ovid MEDLINE(R) 1946 to June 10, 2019****Search Strategy:**

- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (1098738)
- 27 (prematu\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (811620)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1838706)
- 29 Minors/ (2505)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (2212038)
- 31 exp pediatrics/ (55350)
- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (768069)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1937435)
- 34 Puberty/ (12990)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (393509)
- 36 Schools/ (35128)

**Medline Strategy, searched 10<sup>th</sup> June 2019****Database: Ovid MEDLINE(R) 1946 to June 10, 2019****Search Strategy:**

- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8591)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (440583)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (3651)
- 40 or/26-39 (4935665)
- 41 18 and 40 (4519)
- 42 12 or 25 or 41 (15912)
- 43 animals/ not humans/ (4554892)
- 44 42 not 43 (15801)
- 45 limit 44 to english language (14199)
- 46 limit 45 to ed=19900101-20190606 (11059)

No study design filters were used for the search strategy

### Cost-effectiveness searches

Sources searched:

- Econlit (Ovid)
- Embase (Ovid)
- MEDLINE (Ovid)
- MEDLINE In-Process (Ovid)
- PsycINFO (Ovid)
- NHS EED (Wiley)

Search filters to retrieve cost utility, economic evaluations and quality of life papers were appended to the MEDLINE, Embase and PsycINFO searches reported above. The searches were conducted in July 2019. The searches were re-run in October 2020.

| Databases  | Date searched            | Version/files                                 | No. retrieved with CU filter | No retrieved with Econ Eval and QoL filters | No. retrieved with Econ Eval and QoL filters and NOT out CU results |
|--|--------------------------|---|------------------------------|---|---|
| EconLit (Ovid)   | 09/07/2019               | 1886 to June 27, 2019                         | 176<br>(no filter)           | Not run again                               | Not run again   |
| NHS Economic Evaluation Database (NHS EED) (legacy database) | 09/07/2019               | 09/07/2019                                    | 105<br>(no filter)           | Not run again                               | Not run again   |
| Embase (Ovid)  | 09/07/2019<br>15/07/2019 | 1946 to July 08, 2019<br>1988 to 2019 Week 28 | 307                          | 2228  | 1908  |

|                             |                          |  |     |   |   |
|-----------------------------|--------------------------|--|-----|---|---|
| MEDLINE (Ovid)              | 09/07/2019<br>15/07/2019 | 1946 to July 08, 2019<br>1946 to July 12, 2019             | 269 | 1136  | 1135  |
| MEDLINE In-Process (Ovid)   | 09/07/2019<br>15/07/2019 | 1946 to July 08, 2019<br>1946 to July 12, 2019             | 6   | 122   | 93  |
| MEDLINE Epub Ahead of Print | 09/07/2019<br>15/07/2019 | July 08, 2019<br>July 12, 2019                             | 12  | 38  | 29  |
| PsycINFO (Ovid)             | 09/07/2019<br>15/07/2019 | 1987 to July Week 1<br>2019<br>1987 to July Week 2<br>2019 | 265 | Not searched for econ<br>eval and QoL results | Not searched for econ eval<br>and QoL results |

#### Search strategies: Cost Utility filter

Database: PsycINFO <1987 to July Week 1 2019>

Search Strategy:

- 
- 1 Foster children/ (1566)
  - 2 Adopted children/ (1578)
  - 3 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (433)
  - 4 ("care leaver\*" or "leaving care").tw. (282)

- 5 ("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (772)
- 6 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (309)
- 7 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (142)
- 8 "ward of court\*.tw. (0)
- 9 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*).ti. (1638)
- 10 or/1-9 (6348)
- 11 group homes/ (884)
- 12 halfway houses/ (114)
- 13 (("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1917)
- 14 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*).tw. (8380)
- 15 or/11-14 (10954)
- 16 orphanages/ (301)
- 17 adoption/ (2693)
- 18 foster home care/ (0)
- 19 (special adj1 guardian\*).tw. (5)
- 20 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (7275)

- 21 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (790)
- 22 or/16-21 (10189)
- 23 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 24 (prematu\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (119577)
- 25 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (8166)
- 26 Minors/ (0)
- 27 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (762095)
- 28 exp pediatrics/ (26284)
- 29 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (71640)
- 30 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1874)
- 31 Puberty/ (2287)
- 32 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (291098)
- 33 Schools/ (25726)
- 34 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 35 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (578348)
- 36 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (811)
- 37 or/23-36 (1281612)
- 38 15 and 37 (5647)



- 39 10 or 22 or 38 (18267)
- 40 animals/ not humans/ (4267)
- 41 39 not 40 (18266)
- 42 limit 41 to english language (17063)
- 43 (1990\* or 1991\* or 1992\* or 1993\* or 1994\* 1995\* or 1996\* or 1997\* or 1998\* or 1999\* or 2000\* or 2001\* or 2002\* or 2003\* or 2004\* or 2005\* or 2006\* or 2007\* or 2008\* or 2009\* or 2010\* or 2011\* or 2012\* or 2013\* or 2014\* or 2015\* or 2016\* or 2017\* or 2018\* or 2019\*).up. (3398945)
- 44 42 and 43 (16072)
- 45 Markov chains/ (1336)
- 46 ((qualit\* adj2 adjust\* adj2 life\*) or qaly\*).tw. (1638)
- 47 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (1711)
- 48 "Costs and Cost Analysis"/ (14750)
- 49 cost.ti. (7067)
- 50 (cost\* adj2 utilit\*).tw. (745)
- 51 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*)).tw. (29345)
- 52 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*)).tw. (7025)
- 53 ((incremental\* adj2 cost\*) or ICER).tw. (1058)
- 54 utilities.tw. (1742)
- 55 markov\*.tw. (3797)
- 56 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (8371)

57 ((utility or effective\*) adj2 analys\*).tw. (2844)

58 (willing\* adj2 pay\*).tw. (2253)

59 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 (60767)

60 44 and 59 (265)

Database: Ovid MEDLINE(R) <1946 to July 08, 2019>

(line 65)

Search Strategy:

-----  
1 child, orphaned/ (661)

2 child, foster/ (74)

3 child, adopted/ (48)

4 adolescent, institutionalized/ (126)

5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (123)

6 ("care leaver\*" or "leaving care").tw. (32)

7 ("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (240)

8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (111)

- 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (74)
- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (2986)
- 11 "ward of court\*".tw. (12)
- 12 or/1-11 (4244)
- 13 residential facilities/ (5299)
- 14 group homes/ (950)
- 15 halfway houses/ (1052)
- 16 ("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1136)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (6631)
- 18 or/13-17 (13661)
- 19 orphanages/ (436)
- 20 adoption/ (4728)
- 21 foster home care/ (3508)
- 22 (special adj1 guardian\*).tw. (7)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (3156)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (282)
- 25 or/19-24 (9605)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101046)

- 27 (premat\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (813997)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1843400)
- 29 Minors/ (2509)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (2221342)
- 31 exp pediatrics/ (55492)
- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (771944)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1942946)
- 34 Puberty/ (13005)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (395382)
- 36 Schools/ (35299)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (442260)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (3665)
- 40 or/26-39 (4951548)
- 41 18 and 40 (4537)
- 42 12 or 25 or 41 (15959)
- 43 animals/ not humans/ (4563292)
- 44 42 not 43 (15848)

- 45 limit 44 to english language (14243)
- 46 limit 45 to ed=19900101-20190606 (11059)
- 47 limit 45 to dt=19900101-20190611 (10685)
- 48 Markov Chains/ (13500)
- 49 Quality-Adjusted Life Years/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (15718)
- 50 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroqol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (6545)
- 51 Cost-Benefit Analysis/ (77012)
- 52 exp Models, Economic/ (14227)
- 53 cost.ti. (60952)
- 54 (cost\* adj2 utilit\*).tw. (4392)
- 55 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*).tw. (162969)
- 56 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*).tw. (26515)
- 57 ((incremental\* adj2 cost\*) or ICER).tw. (10100)
- 58 utilities.tw. (5428)
- 59 markov\*.tw. (16739)
- 60 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (36613)
- 61 ((utility or effective\*) adj2 analys\*).tw. (14480)
- 62 (willing\* adj2 pay\*).tw. (4632)
- 63 or/48-62 (287270)

64 45 and 63 (311)

65 46 and 63 (269)

Database: Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations <1946 to July 08, 2019>

(Line 66)

Search Strategy:

-----  
1 child, orphaned/ (0)

2 child, foster/ (0)

3 child, adopted/ (0)

4 adolescent, institutionalized/ (0)

5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (17)

6 ("care leaver\*" or "leaving care").tw. (6)

7 ("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (45)

8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (18)

9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (4)

- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (361)
- 11 "ward of court\*".tw. (0)
- 12 or/1-11 (443)
- 13 residential facilities/ (0)
- 14 group homes/ (0)
- 15 halfway houses/ (0)
- 16 ("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (122)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (785)
- 18 or/13-17 (897)
- 19 orphanages/ (0)
- 20 adoption/ (0)
- 21 foster home care/ (0)
- 22 (special adj1 guardian\*).tw. (0)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (367)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (31)
- 25 or/20-24 (391)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 27 (prematur\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (71122)

- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)
- 29 Minors/ (0)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (282655)
- 31 exp pediatrics/ (0)
- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (105594)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)
- 34 Puberty/ (0)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (52576)
- 36 Schools/ (0)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (61256)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (516)
- 40 or/26-39 (410151)
- 41 18 and 40 (260)
- 42 12 or 25 or 41 (962)
- 43 animals/ not humans/ (0)
- 44 42 not 43 (962)
- 45 limit 44 to english language (945)
- 46 limit 45 to ed=19900101-20190606 (256)



- 47 limit 45 to dt=19900101-20190611 (916)
- 48 Markov Chains/ (0)
- 49 Quality-Adjusted Life Years/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (1713)
- 50 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (1364)
- 51 Cost-Benefit Analysis/ (0)
- 52 exp Models, Economic/ (0)
- 53 cost.ti. (9867)
- 54 (cost\* adj2 utilit\*).tw. (767)
- 55 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*).tw. (29070)
- 56 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*).tw. (4431)
- 57 ((incremental\* adj2 cost\*) or ICER).tw. (1607)
- 58 utilities.tw. (947)
- 59 markov\*.tw. (4984)
- 60 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (4280)
- 61 ((utility or effective\*) adj2 analys\*).tw. (2504)
- 62 (willing\* adj2 pay\*).tw. (911)
- 63 or/48-62 (45705)
- 64 45 and 63 (28)
- 65 46 and 63 (6)

66 47 and 63 (27)

Database: Ovid MEDLINE(R) Epub Ahead of Print <July 08, 2019>

(Line 64)

Search Strategy:

- 
- 1 child, orphaned/ (0)
  - 2 child, foster/ (0)
  - 3 child, adopted/ (0)
  - 4 adolescent, institutionalized/ (0)
  - 5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (8)
  - 6 ("care leaver\*" or "leaving care").tw. (5)
  - 7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (13)
  - 8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (8)
  - 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (3)
  - 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*).ti. (170)

- 11 "ward of court\*".tw. (0)
- 12 or/1-11 (198)
- 13 residential facilities/ (0)
- 14 group homes/ (0)
- 15 halfway houses/ (0)
- 16 (("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (60)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (232)
- 18 or/13-17 (288)
- 19 orphanages/ (0)
- 20 adoption/ (0)
- 21 foster home care/ (0)
- 22 (special adj1 guardian\*).tw. (0)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (185)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (11)
- 25 or/20-24 (191)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (0)
- 27 (premat\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (14304)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (0)

- 29 Minors/ (0)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (49388)
- 31 exp pediatrics/ (0)
- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (19442)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (0)
- 34 Puberty/ (0)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (12671)
- 36 Schools/ (0)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (0)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (11661)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (95)
- 40 or/26-39 (72744)
- 41 18 and 40 (102)
- 42 12 or 25 or 41 (409)
- 43 animals/ not humans/ (0)
- 44 42 not 43 (409)
- 45 limit 44 to english language (407)
- 46 limit 45 to ed=19900101-20190606 (0)
- 47 limit 45 to dt=19900101-20190611 (382)

- 48 Markov Chains/ (0)
- 49 Quality-Adjusted Life Years/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (419)
- 50 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (316)
- 51 Cost-Benefit Analysis/ (0)
- 52 exp Models, Economic/ (0)
- 53 cost.ti. (1350)
- 54 (cost\* adj2 utilit\*).tw. (162)
- 55 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*)).tw. (4696)
- 56 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*)).tw. (838)
- 57 ((incremental\* adj2 cost\*) or ICER).tw. (342)
- 58 utilities.tw. (155)
- 59 markov\*.tw. (807)
- 60 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (712)
- 61 ((utility or effective\*) adj2 analys\*).tw. (482)
- 62 (willing\* adj2 pay\*).tw. (178)
- 63 or/48-62 (7346)
- 64 45 and 63 (12)

Database: Embase <1988 to 2019 Week 27>

## Search Strategy:

- 
- 1 orphaned child/ (606)
  - 2 foster child/ (72)
  - 3 adopted child/ (507)
  - 4 institutionalized adolescent/ (16)
  - 5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (239)
  - 6 ("care leaver\*" or "leaving care").tw. (60)
  - 7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (328)
  - 8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (137)
  - 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (66)
  - 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*).ti. (3301)
  - 11 "ward of court".tw. (13)
  - 12 or/1-11 (4918)
  - 13 residential home/ (5797)
  - 14 halfway house/ (616)

- 15 ("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1546)
- 16 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)),tw. (8776)
- 17 or/13-16 (15272)
- 18 orphanage/ (851)
- 19 foster care/ (3851)
- 20 (special adj1 guardian\*).tw. (7)
- 21 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (4024)
- 22 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (359)
- 23 \*adoption/ (2710)
- 24 or/18-23 (6865)
- 25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2784798)
- 26 (premur\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,ad,jw. (990094)
- 27 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,ad,jw. (3070275)
- 28 exp pediatrics/ (89360)
- 29 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,ad,jw. (1438284)
- 30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88098)
- 31 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,ad,jw. (568613)
- 32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91653)

- 33 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jw. (588621)
- 34 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (6349)
- 35 or/25-34 (5334085)
- 36 17 and 35 (5115)
- 37 24 and 35 (5358)
- 38 12 or 24 or 36 or 37 (14911)
- 39 nonhuman/ not human/ (3937063)
- 40 38 not 39 (14760)
- 41 (letter or editorial).pt. (1540594)
- 42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4222564)
- 43 41 or 42 (5763158)
- 44 40 not 43 (12196)
- 45 limit 44 to dc=19900101-20190606 (11884)
- 46 limit 45 to english language (11023)
- 47 Markov chain/ (4090)
- 48 quality adjusted life year/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (30409)
- 49 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (15875)
- 50 "cost benefit analysis"/ (76518)
- 51 exp economic model/ (1504)



- 52 cost.ti. (88995)
- 53 (cost\* adj2 utilit\*).tw. (8688)
- 54 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*)).tw. (264435)
- 55 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*)).tw. (44462)
- 56 ((incremental\* adj2 cost\*) or ICER).tw. (20797)
- 57 utilities.tw. (10291)
- 58 markov\*.tw. (26990)
- 59 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (49359)
- 60 ((utility or effective\*) adj2 analys\*).tw. (25580)
- 61 (willing\* adj2 pay\*).tw. (8767)
- 62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437018)
- 63 46 and 62 (307)
- 64 (conference abstract or conference paper or conference proceeding or "conference review" or letter or editorial).pt. (5763158)
- 65 63 not 64 (307)

Database: Econlit <1886 to June 27, 2019>

Search Strategy:

-----

1 [child, orphaned/] (0)

- 2 [child, foster/] (0)
- 3 [child, adopted/] (0)
- 4 [adolescent, institutionalized/] (0)
- 5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (3)
- 6 ("care leaver\*" or "leaving care").tw. (2)
- 7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (15)
- 8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (34)
- 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (6)
- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (111)
- 11 "ward of court\*".tw. (0)
- 12 or/1-11 (163)
- 13 [residential facilities/] (0)
- 14 [group homes/] (0)
- 15 [halfway houses/] (0)
- 16 ("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (42)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (208)

- 18 or/13-17 (250)
- 19 [orphanages/] (0)
- 20 [adoption/] (0)
- 21 [foster home care/] (0)
- 22 (special adj1 guardian\*).tw. (0)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (154)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (23)
- 25 or/20-24 (172)
- 26 [exp Infant/ or Infant Health/ or Infant Welfare/] (0)
- 27 (prematu\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (5404)
- 28 [exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/] (0)
- 29 [Minors/] (0)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (45263)
- 31 [exp pediatrics/] (0)
- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (168)
- 33 [Adolescent/ or Adolescent Behavior/ or Adolescent Health/] (0)
- 34 [Puberty/] (0)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (8812)

- 36 [Schools/] (0)
- 37 [Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/] (0)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (47608)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (56)
- 40 or/26-39 (91121)
- 41 18 and 40 (71)
- 42 12 or 25 or 41 (359)
- 43 limit 42 to yr="2009 -Current" (176)

**Database:** NHSEED (CRD)

- 1 MeSH DESCRIPTOR Child, Orphaned EXPLODE ALL TREES IN NHSEED 0
- 2 MeSH DESCRIPTOR Adoption EXPLODE ALL TREES IN NHSEED 3
- 3 (("looked after" NEAR2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*))) IN NHSEED 0
- 4 ("care leaver\*" or "leaving care") IN NHSEED 0
- 5 ("in care") IN NHSEED 40
- 6 ("care experience") IN NHSEED 1
- 7 (nonparent\* or non-parent\* or parentless\* or parent-less) IN NHSEED 0
- 8 (relinquish\* or estrange\*) IN NHSEED 0

9 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*):TI IN NHSEED 22

10 ("ward of court\*") IN NHSEED 0

11 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 64

12 (((residential or supported or remand\* or secure or correctional) NEAR1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*))) IN NHSEED 88

13 MeSH DESCRIPTOR orphanages EXPLODE ALL TREES IN NHSEED 0

14 (guardian) IN NHSEED 13

15 (((placement\* or foster\*) NEAR2 (care\* or family or families))) IN NHSEED 7

16 (((kinship or nonkinship or non kinship or connected or substitute\*) NEAR1 care\*)) IN NHSEED 1

17 #13 OR #14 OR #15 OR #16 21

18 (infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\* or child\* or minor or minors or boy\* or girl\* or kid or kids or young\* or adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*) IN NHSEED 5275

19 #12 AND #18 23

20 #11 OR #17 OR #19 105

**Search strategies: Economic Evaluation and Quality of Life filters**

Database: Ovid MEDLINE(R) <1946 to July 12, 2019>

Search Strategy:

-----

- 1 child, orphaned/ (664)
- 2 child, foster/ (74)
- 3 child, adopted/ (48)
- 4 adolescent, institutionalized/ (126)
- 5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (123)
- 6 ("care leaver\*" or "leaving care").tw. (32)
- 7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (240)
- 8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (111)
- 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (74)
- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (2989)
- 11 "ward of court\*".tw. (12)
- 12 or/1-11 (4249)
- 13 residential facilities/ (5301)

- 14 group homes/ (951)
- 15 halfway houses/ (1052)
- 16 ("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1136)
- 17 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (6640)
- 18 or/13-17 (13672)
- 19 orphanages/ (438)
- 20 adoption/ (4729)
- 21 foster home care/ (3508)
- 22 (special adj1 guardian\*).tw. (7)
- 23 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (3156)
- 24 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (282)
- 25 or/19-24 (9924)
- 26 exp Infant/ or Infant Health/ or Infant Welfare/ (1101512)
- 27 (premat\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,jn. (814530)
- 28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1844269)
- 29 Minors/ (2509)
- 30 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,jn. (2223285)
- 31 exp pediatrics/ (55515)

- 32 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,jn. (772838)
- 33 Adolescent/ or Adolescent Behavior/ or Adolescent Health/ (1944098)
- 34 Puberty/ (13005)
- 35 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,jn. (395763)
- 36 Schools/ (35334)
- 37 Child Day Care Centers/ or exp Nurseries/ or Schools, Nursery/ (8611)
- 38 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jn. (442578)
- 39 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (3674)
- 40 or/26-39 (4954893)
- 41 18 and 40 (4538)
- 42 12 or 25 or 41 (16193)
- 43 animals/ not humans/ (4565244)
- 44 42 not 43 (16082)
- 45 limit 44 to english language (14416)
- 46 limit 45 to ed=19900101-20190714 (11278)
- 47 limit 45 to dt=19900101-20190715 (10852)
- 48 Markov Chains/ (13507)
- 49 Quality-Adjusted Life Years/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (15740)



- 50 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroquol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (6562)
- 51 Cost-Benefit Analysis/ (77068)
- 52 exp Models, Economic/ (14240)
- 53 cost.ti. (61003)
- 54 (cost\* adj2 utilit\*).tw. (4395)
- 55 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*)).tw. (163128)
- 56 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*)).tw. (26542)
- 57 ((incremental\* adj2 cost\*) or ICER).tw. (10113)
- 58 utilities.tw. (5434)
- 59 markov\*.tw. (16747)
- 60 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (36633)
- 61 ((utility or effective\*) adj2 analys\*).tw. (14500)
- 62 (willing\* adj2 pay\*).tw. (4638)
- 63 or/48-62 (287514)
- 64 45 and 63 (314)
- 65 46 and 63 (272)
- 66 47 and 63 (267)
- 67 Economics/ (27059)
- 68 exp "Costs and Cost Analysis"/ (226218)

- 
- 69 Economics, Dental/ (1906)
  - 70 exp Economics, Hospital/ (23683)
  - 71 exp Economics, Medical/ (14107)
  - 72 Economics, Nursing/ (3986)
  - 73 Economics, Pharmaceutical/ (2868)
  - 74 Budgets/ (11138)
  - 75 exp Models, Economic/ (14240)
  - 76 Markov Chains/ (13507)
  - 77 Monte Carlo Method/ (26889)
  - 78 Decision Trees/ (10615)
  - 79 econom\$.tw. (220798)
  - 80 cba.tw. (9569)
  - 81 cea.tw. (19685)
  - 82 cua.tw. (941)
  - 83 markov\$.tw. (16747)
  - 84 (monte adj carlo).tw. (28270)
  - 85 (decision adj3 (tree\$ or analys\$)).tw. (12136)
  - 86 (cost or costs or costing\$ or costly or costed).tw. (428019)
  - 87 (price\$ or pricing\$).tw. (31251)

- 88 budget\$.tw. (22462)
- 89 expenditure\$.tw. (46305)
- 90 (value adj3 (money or monetary)).tw. (1946)
- 91 (pharmacoeconomic\$ or (pharmaco adj economic\$)).tw. (3350)
- 92 or/67-91 (869079)
- 93 "Quality of Life"/ (178315)
- 94 quality of life.tw. (210147)
- 95 "Value of Life"/ (5653)
- 96 Quality-Adjusted Life Years/ (11173)
- 97 quality adjusted life.tw. (9768)
- 98 (qaly\$ or qald\$ or qale\$ or qtime\$).tw. (8028)
- 99 disability adjusted life.tw. (2374)
- 100 daly\$.tw. (2184)
- 101 Health Status Indicators/ (22927)
- 102 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (21132)
- 103 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1258)
- 104 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (4470)
- 105 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (28)
- 106 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (370)

- 
- 107 (euroqol or euro qol or eq5d or eq 5d).tw. (7790)
  - 108 (qol or hqi or hqol or hrqol).tw. (39934)
  - 109 (hye or hyes).tw. (58)
  - 110 health\$ year\$ equivalent\$.tw. (38)
  - 111 utilit\$.tw. (158839)
  - 112 (hui or hui1 or hui2 or hui3).tw. (1208)
  - 113 disutili\$.tw. (351)
  - 114 rosser.tw. (82)
  - 115 quality of wellbeing.tw. (11)
  - 116 quality of well-being.tw. (367)
  - 117 qwb.tw. (186)
  - 118 willingness to pay.tw. (3952)
  - 119 standard gamble\$.tw. (763)
  - 120 time trade off.tw. (981)
  - 121 time tradeoff.tw. (223)
  - 122 tto.tw. (848)
  - 123 or/93-122 (455927)
  - 124 92 or 123 (1261859)
  - 125 45 and 124 (1599)

126 46 and 124 (1395)

127 47 and 124 (1345)

128 125 not 64 (1300)

129 126 not 65 (1136)

130 127 not 66 (1090)

Database: Embase <1988 to 2019 Week 28>

Search Strategy:

-----  
1 orphaned child/ (608)

2 foster child/ (73)

3 adopted child/ (510)

4 institutionalized adolescent/ (16)

5 ("looked after" adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (239)

6 ("care leaver\*" or "leaving care").tw. (60)

7 (("in care" or "care experience\*") adj1 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (328)

8 ((nonparent\* or non-parent\* or parentless\* or parent-less) adj3 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*).tw. (137)

- 9 ((relinquish\* or estrange\*) adj2 (juvenile\* or child\* or adolescen\* or toddler\* or infant\* or infancy\* or teen\* or tween\* or young\* or baby\* or babies\* or twin\* or sibling\* or youth\*)).tw. (66)
- 10 ((child\* or infancy or adolescen\* or juvenile\* or toddler\* or infant\* or teen\* or tween\* or young\* or baby or babies or twin\* or sibling\* or youth\*) adj2 (orphan\* or foster\* or adopt\* or abandon\* or unwanted or unaccompanied or homeless or asylum\* or refugee\*)).ti. (3308)
- 11 "ward of court\*".tw. (13)
- 12 or/1-11 (4928)
- 13 residential home/ (5806)
- 14 halfway house/ (618)
- 15 (("out of home" or " out-of-home" or placement\* or "semi independent" or "semi-independent") adj2 care\*).tw. (1548)
- 16 ((residential or supported or remand\* or secure or correctional) adj1 (accommodation\* or institut\* or care or lodging or home\* or centre\* or center\* or facilit\*)).tw. (8794)
- 17 or/13-16 (15298)
- 18 orphanage/ (851)
- 19 foster care/ (3854)
- 20 (special adj1 guardian\*).tw. (7)
- 21 ((placement\* or foster\*) adj2 (care\* or family or families)).tw. (4029)
- 22 ((kinship or nonkinship or non kinship or connected or substitute\*) adj1 care\*).tw. (360)
- 23 \*adoption/ (2704)
- 24 or/18-23 (9315)
- 25 exp juvenile/ or Child Behavior/ or Child Welfare/ or Child Health/ or infant welfare/ or "minor (person)"/ or elementary student/ (2788952)

- 26 (premat\* or pre-matur\* or preterm\* or pre-term\* or infan\* or newborn\* or new-born\* or perinat\* or peri-nat\* or neonat\* or neo-nat\* or baby\* or babies or toddler\*).ti,ab,in,ad,jw. (991635)
- 27 (child\* or minor or minors or boy\* or girl\* or kid or kids or young\*).ti,ab,in,ad,jw. (3075545)
- 28 exp pediatrics/ (89475)
- 29 (pediatric\* or paediatric\* or peadiatric\*).ti,ab,in,ad,jw. (1440596)
- 30 exp adolescence/ or exp adolescent behavior/ or adolescent health/ or high school student/ or middle school student/ (88253)
- 31 (adolescen\* or pubescen\* or prepubescen\* or pre-pubescen\* or pubert\* or prepubert\* or pre-pubert\* or teen\* or preteen\* or pre-teen\* or juvenil\* or youth\* or under\*age\*).ti,ab,in,ad,jw. (569652)
- 32 school/ or high school/ or kindergarten/ or middle school/ or primary school/ or nursery school/ or day care/ (91782)
- 33 (pre-school\* or preschool\* or kindergar\* or daycare or day-care or nurser\* or school\* or pupil\* or student\*).ti,ab,jw. (589614)
- 34 ("under 18\*" or "under eighteen\*" or "under 25\*" or "under twenty five\*").ti,ab. (6369)
- 35 or/25-34 (5342804)
- 36 17 and 35 (5123)
- 37 24 and 35 (6834)
- 38 12 or 24 or 36 or 37 (16935)
- 39 nonhuman/ not human/ (3943285)
- 40 38 not 39 (16745)
- 41 (letter or editorial).pt. (1542836)
- 42 (conference abstract or conference paper or conference proceeding or "conference review").pt. (4231963)
- 43 41 or 42 (5774799)

44 40 not 43 (13711)

45 limit 44 to dc=19900101-20190606 (13274)

46 limit 45 to english language (12254)

47 Markov chain/ (4122)

48 quality adjusted life year/ or (qualit\* adj2 adjust\* adj2 life\*).tw. or qaly\*.tw. (30497)

49 (EQ5D\* or EQ-5D\* or ((euroqol or euro-qol or euroqol or euro-quol or eurocol or euro-col) adj3 ("5" or five)) or (european\* adj2 quality adj3 ("5" or five))).tw. (15926)

50 "cost benefit analysis"/ (76622)

51 exp economic model/ (1511)

52 cost.ti. (89185)

53 (cost\* adj2 utilit\*).tw. (8710)

54 (cost\* adj2 (effective\* or assess\* or evaluat\* or analys\* or model\* or benefit\* or threshold\* or quality or expens\* or saving\* or reduc\*).tw. (264961)

55 (economic\* adj2 (evaluat\* or assess\* or analys\* or model\* or outcome\* or benefit\* or threshold\* or expens\* or saving\* or reduc\*).tw. (44536)

56 ((incremental\* adj2 cost\*) or ICER).tw. (20854)

57 utilities.tw. (10311)

58 markov\*.tw. (27064)

59 (dollar\* or USD or cents or pound or pounds or GBP or sterling\* or pence or euro or euros or yen or JPY).tw. (49454)

60 ((utility or effective\*) adj2 analys\*).tw. (25652)

61 (willing\* adj2 pay\*).tw. (8797)

62 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 (437885)

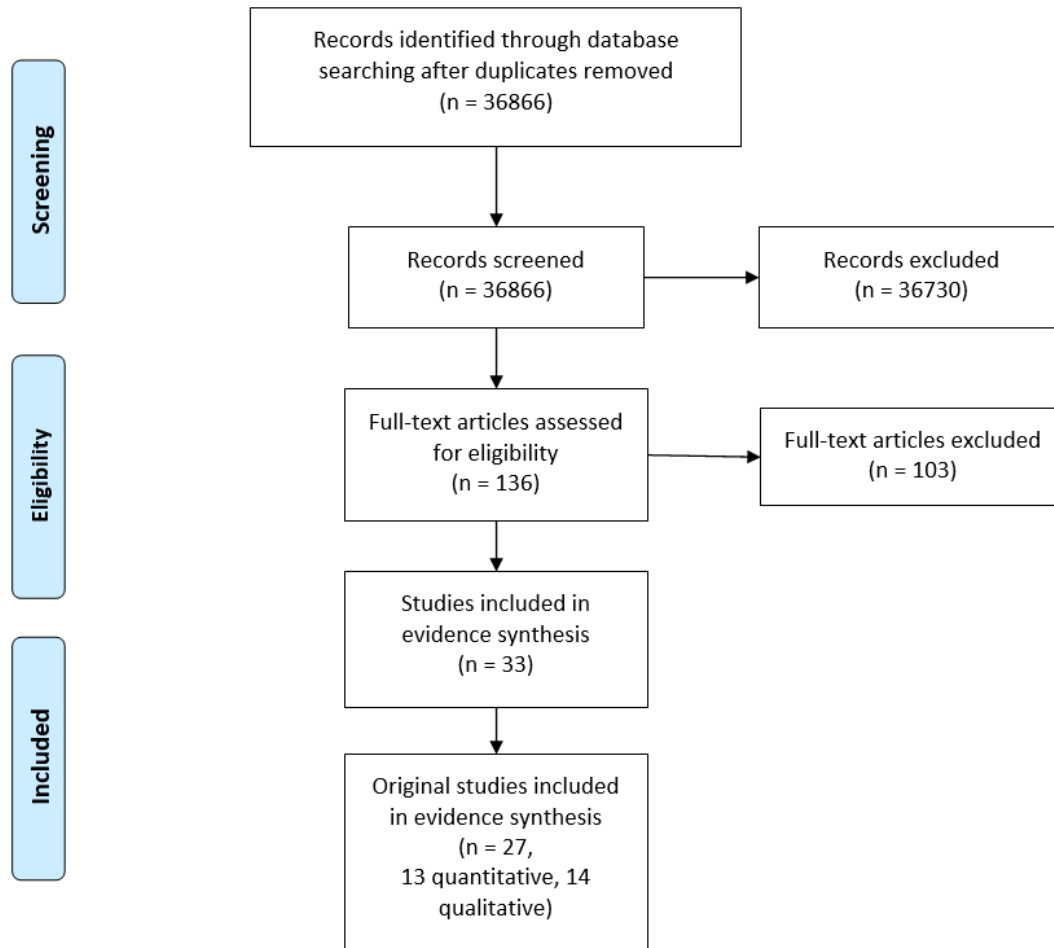


63 46 and 62 (336)  
64 exp Health Economics/ (754904)  
65 exp "Health Care Cost"/ (271264)  
66 exp Pharmacoeconomics/ (183070)  
67 Monte Carlo Method/ (36411)  
68 Decision Tree/ (11234)  
69 econom\$.tw. (313756)  
70 cba.tw. (8890)  
71 cea.tw. (29221)  
72 cua.tw. (1304)  
73 markov\$.tw. (27064)  
74 (monte adj carlo).tw. (42778)  
75 (decision adj3 (tree\$ or analys\$)).tw. (20246)  
76 (cost or costs or costing\$ or costly or costed).tw. (667335)  
77 (price\$ or pricing\$).tw. (48966)  
78 budget\$.tw. (32761)  
79 expenditure\$.tw. (65082)  
80 (value adj3 (money or monetary)).tw. (3103)  
81 (pharmacoeconomic\$ or (pharmaco adj economic\$)).tw. (8274)

- 82 or/64-81 (1524839)
- 83 "Quality of Life"/ (429148)
- 84 Quality Adjusted Life Year/ (24150)
- 85 Quality of Life Index/ (2640)
- 86 Short Form 36/ (26202)
- 87 Health Status/ (117486)
- 88 quality of life.tw. (394895)
- 89 quality adjusted life.tw. (17693)
- 90 (qaly\$ or qald\$ or qale\$ or qtime\$).tw. (18129)
- 91 disability adjusted life.tw. (3574)
- 92 daly\$.tw. (3505)
- 93 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw. (38927)
- 94 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw. (1902)
- 95 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw. (8636)
- 96 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw. (51)
- 97 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw. (403)
- 98 (euroqol or euro qol or eq5d or eq 5d).tw. (18036)
- 99 (qol or hql or hqol or hrqol).tw. (87193)
- 100 (hye or hyes).tw. (123)

- 
- |     |  |
|-----|--|
| 101 | health\$ year\$ equivalent\$.tw. (41)    |
| 102 | utilit\$.tw. (256882)                    |
| 103 | (hui or hui1 or hui2 or hui3).tw. (2074) |
| 104 | disutili\$.tw. (837)                     |
| 105 | rosser.tw. (116)                         |
| 106 | quality of wellbeing.tw. (38)            |
| 107 | quality of well-being.tw. (464)          |
| 108 | qwb.tw. (234)                            |
| 109 | willingness to pay.tw. (7664)            |
| 110 | standard gamble\$.tw. (1054)             |
| 111 | time trade off.tw. (1611)                |
| 112 | time tradeoff.tw. (279)                  |
| 113 | tto.tw. (1529)                           |
| 114 | or/83-113 (891635)                       |
| 115 | 82 or 114 (2273922)                      |
| 116 | 46 and 115 (2228)                        |
| 117 | 116 not 63 (1908)                        |

## Appendix C –Evidence study selection



## Appendix D – Effectiveness evidence

### RCTs

#### Braciszewski 2018

##### Study details

|                              |  |
|------------------------------|--|
| <b>Study type</b>            | Randomised controlled trial (RCT)  |
| <b>Study location</b>        | USA  |
| <b>Study setting</b>         | large New England agency that provides post-foster care transition services.   |
| <b>Duration of follow-up</b> | 12 months  |
| <b>Sources of funding</b>    | supported by the National Institute on Drug Abuse  |
| <b>Inclusion criteria</b>    | <p>Age<br/>18-19 years old</p> <p>Left foster care<br/>≤2 years removed (exited) from foster care</p> <p>Substance and/or alcohol abuse<br/>a score of moderate or severe risk on the Alcohol, Smoking, and Substance Involvement Screening Test and not currently in or seeking substance abuse treatment</p> |

|                          |   |
|--------------------------|---|
|                          | Uses a mobile phone<br>Owns a mobile phone and uses text messaging at least weekly  |
| <b>Sample size</b>       | 33  |
| <b>Loss to follow-up</b> | 8 participants did not have data at 3 months follow up, 12 did not have data at 6 months, 9 did not have data at 9 months and 8 did not have data at 12 months follow up. |
| <b>Outcome measures</b>  | Abstinence<br>percent days abstinent (PDA) from their drug of choice  |

### **Study arms**

#### **Electronic motivational intervention (iHeLP) (N = 14)**

Received a 20-min computerized intervention using Motivational Interviewing and FRAMES to provide psychoeducation, readiness, pros and cons and set behaviour change goals. iHeLP is accessed on a tablet PC, using headphones to maximise confidentiality, and uses a 3D cartoon character (Peedy the Parrot) to narrate intervention content and guide the participant through the session. iHeLP was tailored to the participant's substance of choice and then received substance-specific psychoeducation, presented in a gain-focused manner, and are then asked to set substance use goals and review relapse prevention strategies. Participants who did not express an interest in cutting down/quitting their substance of choice received intervention content consistent with engagement and building motivation to change. Upon completion, all participants were asked to rate on a scale of 0 to 10, how ready they are to make a change (quit or cut down) in their use of [drug of choice]. From the following day, the participant began receiving one-way daily text messages tailored to their final readiness score: those reporting a low readiness/interest in change received message content that appropriate for someone who may not see substance use as a problem (e.g., “How would your life be different if you reduced your alcohol use?”). Participants who moderate readiness for change received text message content suited for someone ambivalent about change and those who expressed a higher level of readiness were provided message content reflecting an active plan for making changes and support for relapse prevention. “poll questions” were sent each week to assess study outcomes (e.g., heavy drinking episodes) and readiness to change (via the Readiness Ruler) and subsequent messages were adjusted accordingly. Participants also received weekly feedback on

their substance use, as well as twice-monthly reminders of self-identified reasons to change, methods of change, and downsides to using substances.

#### **Control (N = 19)**

Control group participants also completed a 20-min intervention with Peedy the Parrot on the Tablet PC focused on diet and exercise, the structure of which mirrored iHeLP (i.e., psychoeducation, readiness, pros and cons, behavior change goals). One-way text message content involved general motivational statements and rhetorical questions (e.g., “Be yourself. Everyone else is already taken.”). Both arms of the study lasted six months, with participants receiving one text messages every day for the first three months and one message every other day, thereafter.

#### **Characteristics (arm-level)**

|                                | <b>Electronic motivational intervention (iHeLP) (N = 14)</b> | <b>Control (N = 19)</b> |
|--------------------------------|--|-------------------------|
| <b>Female (%)</b>              |  |                         |
| %                              | 50   | 53                      |
| <b>Non-white ethnicity (%)</b> |  |                         |
| %                              | 71   | 74                      |
| <b>Employed (%)</b>            |  |                         |
| %                              | 63   | 50                      |
| <b>CES-D Depression (%)</b>    |  |                         |
| %                              | 64   | 68                      |

|   | Electronic motivational intervention (iHeLP) (N = 14) | Control (N = 19) |
|---|---|------------------|
| <b>Age</b> ( <i>number</i> )            |   |                  |
| Mean/SD                                 | 18.99 (0.42)  | 18.84 (0.5)      |
| <b>Years of education</b>               |   |                  |
| Mean/SD                                 | 11.54 (0.78)  | 11.58 (0.69)     |
| <b>Number of foster care placements</b> |   |                  |
| Mean/SD                                 | 4.79 (3.24)   | 4.37 (2.93)      |
| <b>Years in foster care</b>             |   |                  |
| Mean/SD                                 | 4.11 (2.97)   | 5.32 (4.83)      |
| <b>Number of substance use problems</b> |   |                  |
| Mean/SD                                 | 1.5 (1.16)  | 1.79 (1.58)      |

**Risk of bias**

| Section   | Question   | Answer  |
|---|--|---|
| Domain 1: Bias arising from the randomisation process | Risk of bias judgement for the randomisation process | High<br><i>(Some differences between groups in baseline characteristics and balancing [control arm also spent an average of 1 year longer in foster care], no information on allocation concealment and limited reporting of how randomization was done.)</i> |



| Section  | Question   | Answer   |
|--|--|--|
| Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention)         | Low  |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)   | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | Low  |
| Domain 3. Bias due to missing outcome data   | Risk-of-bias judgement for missing outcome data  | Some concerns<br><i>(Retention &lt;80% with different levels of retention between group at certain time points. It is possible that this is reflective of what would happen in real world practice but may also be a result of the experimental setting. There is limited reporting on the reasons for loss to follow-up).</i>   |
| Domain 4. Bias in measurement of the outcome   | Risk-of-bias judgement for measurement of the outcome  | High<br><i>(use of self-report alone to measure outcome may not accurately capture rates of abstinence. Although study attempts to assure self-reported data using drug testing, this was only completed for a small number of participants, making formal analysis not possible. Additionally, youth in the intervention group were asked weekly via text message to document drug usage (but the control group was not), this may lead to differences between groups in recall).</i> |
| Domain 5. Bias in selection of the reported result   | Risk-of-bias judgement for selection of the reported result  | Low  |
| <b>Overall bias and Directness</b>   | <b>Risk of bias judgement</b>  | <b>High</b>  |
|  | <b>Overall Directness</b>  | <b>Partially applicable</b>  |

| Section | Question | Answer<br>(non-UK study) |
|---------|----------|--------------------------|
|---------|----------|--------------------------|

### Courtney 2008b/Greenson 2015a

#### Study details

|                              |   |
|------------------------------|---|
| <b>Study type</b>            | Randomised controlled trial (RCT)   |
| <b>Study location</b>        | USA   |
| <b>Study setting</b>         | Foster care placements under the guardianship of the Los Angeles County Department of Child and Family Services   |
| <b>Study dates</b>           | October 2001 to January 2003  |
| <b>Duration of follow-up</b> | 2 years   |
| <b>Sources of funding</b>    | funded by the Children's Bureau and directed by the Children's Bureau and the Office of Planning, Research, and Evaluation in the U.S. Department of Health and Human Services. |
| <b>Inclusion criteria</b>    | <p>Age<br/>17 years old</p> <p>Care situation<br/>out-of-home care and eligible for Chafee services</p> <p>Other<br/>deemed to be able to benefit from life skills training</p> |

|   |  |
|---|--|
| <b>Exclusion criteria</b>                 | <p>Diagnosed health problem<br/>youth with severe disabilities</p> <p>Interventions received<br/>youths who had previously been contacted to take part in life skills training</p>   |
| <b>Sample size</b>                        | 482  |
| <b>Split between study groups</b>         | 234 referred to the intervention group, 248 to the control group   |
| <b>Loss to follow-up</b>                  | 17.2% lost to follow up in the intervention group, 13.2% lost to follow up in the control group  |
| <b>% Female</b>                           | 58.5%  |
| <b>Mean age (SD)</b>                      | all youth were 17 at intake  |
| <b>Condition specific characteristics</b> | <p>Non-white ethnicity<br/>63.1%</p> <p>Type of care<br/>group home/residential care: 22.9%; non-kin foster care: 33.0%; Kinship care: 42.4%</p> <p>Special educational needs<br/>participates in a special education programme: 35.6%; learning disability: 24.6%</p> <p>Mental health needs<br/>PTSD: 6.4%</p> <p>Parent<br/>Has children or is currently pregnant: 10.1%</p> <p>Participants with emotional and behavioural problems<br/>internalising or externalising problems: 27.6%</p> |

|                         |   |
|-------------------------|---|
| <b>Outcome measures</b> | <p><b>Housing stability</b><br/>Assessed by self-report at the interview: Youths were asked to report where they are currently living (e.g. foster care, homeless, with relatives etc)</p>  |
|                         | <p><b>Education</b><br/>Assessed by self-report at the interview: Youths were asked about current enrollment, grade completion, whether they have a high school certificate or a GED, and whether they are enrolled in college (this outcome was also assessed using student tracked and is also separated into whether the youth ever enrolled and whether they have persisted with their enrollment)</p>  |
|                         | <p><b>Employment and earnings</b><br/>Assessed by self-report at the interview: 1) Employed at time of second interview 2) employed at any time in past 12 months. 3) earnings in prior 12 months.</p>  |
|                         | <p><b>Economic well-being</b><br/>Assessed by self-report at the interview, using 1) 3-item scale of hardship (a. begged, sold plasma, pawned or sold recyclables for money. b. borrowed money for food, went to food pantry/soup kitchen for money, went hungry, c. did not pay rent, was evicted or did not pay utility/phone bill) reported as a mean (SD), with a result of 3 relating to the youth reporting at least 1 hardship in each domain. 2) number of participants reporting one or more of the hardships outlined in 1).</p>  |
|                         | <p><b>Preparedness and job preparedness</b><br/>Assessed by self-report at the interview: Youths were asked how prepared they felt in 18 areas of adult living. The response categories were very prepared (4), somewhat prepared (3), not very well prepared (2), and not at all prepared (1).<sup>17</sup> Efforts to identify underlying dimensions of preparedness based on these items led to the development of two scales, an overall scale of the average of all 18 items and a job preparedness scale, the average of three employment-related items. These scales are not independent since the job preparedness items are included in the overall scale.</p>   |
|                         | <p><b>Delinquency</b><br/>Assessed by self-report at interview: Youths were asked:</p> <ul style="list-style-type: none"> <li>• (a) Been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?</li> <li>• (b) Been drunk in a public place?</li> <li>• (c) Avoided paying for things such as movies, bus or subway rides, food, or clothing?</li> <li>• (d) Been involved in a gang fight?</li> <li>• (e) Carried a handgun?</li> <li>• (f) Purposely damaged or destroyed property that did not belong to you?</li> <li>• (g) Purposely set fire to a house, building, car, or other property or tried to do so?</li> <li>• (h) Stolen something from a store or something that did not belong to you worth less than \$50?</li> <li>• (i) Stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car?</li> <li>• (j) Committed other property crimes such as fencing, receiving, possessing, or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?</li> <li>• (k) Attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?</li> <li>• (l) Sold or helped sell marijuana (pot, grass), hashish (hash), or other hard drugs such as heroin, cocaine, or LSD?</li> <li>• (m) Been paid cash for having sexual relations with someone?</li> <li>• (n) Did you receive anything in trade for having sexual relations, such as food or drugs?</li> <li>• (o) Had or tried to have sexual relations with someone against their will?</li> </ul> |

this was reported as 1) number of youth reporting 1+ delinquent behaviours, 2) mean number of delinquent behaviours.

#### **Pregnancy**

Female youths were asked if they had been pregnant at any point during between the baseline and second follow-up interviews.

#### **Documentation and accounts**

Assessed by self-report at the interview, whether the youth: 1) had a savings account 2) had any account (savings or checking)

#### **Financial assistance**

Assessed by self-report at the interview: 1) received public assistance (Temporary Assistance to Needy Families, Women, Infants and Children program, food stamps, general relief payments, and other welfare payments (not including Supplemental Security Income)). 2) Received informal financial assistance (Financial help from a youth's (a) caseworker, mentor, or Independent Living Program, (b) relative or friend, or (c) community group, like from a church, a community organization, or a family resource center). 3) received any financial assistance.

### **Study arms**

#### **Life Skills Training Programme (N = 196)**

The Life Skills Training program is similar in many respects to services provided in numerous locations throughout the United States (i.e., classroom- and practicum-based training), though there are special aspects as well. There is an extensive outreach component, and the community college locale enables youths to be served in their communities and also exposed to community college campuses. The program serves a large number of youth and was oversubscribed for service, having nearly twice as many youths referred as program participants. The five-week curriculum consists of ten three-hour classes held twice a week in 19 community colleges throughout Los Angeles County. The program is based on seven state-adopted competency skill areas: education, employment, daily living skills, survival skills, choices and consequences, interpersonal/social skills, and computer/Internet skills. Instructors have the flexibility to design their own classes and activities, invite guest speakers, and use experiential methods to impart information. Pre- and post-test assessments are provided to evaluate whether a youth has made progress in skill acquisition. In addition, an outreach component is staffed with 20 full- and part-time workers dedicated to recruiting youths into the classes. Outreach advisors are responsible for recruiting youths, providing short-term case management, and documenting services. Outreach advisors assess the youths with the Ansell-Casey assessment tool as well as other tools at the beginning and end of the class modules.

**services as usual (N = 215)**

Note though assigned to care as usual, as in other field experiments involving social services where the control over program receipt is not complete, some members of the control group received services (e.g., attended one or more LST class sessions). Specifically, according to administrative records, 26.6 percent of the 248 youths in the control group enrolled in the program, 25 percent attended at least one class, and 22.6 percent graduated from the program. The levels of reported receipt of most independent living services by the second follow-up did not differ significantly between assignment groups.

**Characteristics (arm-level)**

|  | <b>Life skills training programme (N = 196)</b> | <b>Control (N = 19)</b> |
|--|---|-------------------------|
| <b>Female (%)</b>                                      |   |                         |
| %  | 57.7  | 59.2                    |
| <b>Non-white ethnicity (%)</b>                         |   |                         |
| %  | 60.4  | 66.1                    |
| <b>Type of care</b>                                    |   |                         |
| Group/residential home%                                | 23.9  | 22.0                    |
| Non-kin foster care                                    | 32.0  | 33.9                    |
| Kinship care   | 41.4  | 43.3                    |
| <b>Participates in special education programme (%)</b> |   |                         |

|   | Life skills training programme (N = 196) | Control (N = 19) |
|---|--|------------------|
| %   | 37.4                                     | 33.9             |
| <b>Learning disability</b>  |  |                  |
| %   | 29.7                                     | 43.3             |
| <b>PTSD</b>   |  |                  |
| %   | 7.2                                      | 5.7              |
| <b>Has child or is currently pregnant</b>   |  |                  |
| %   | 11.7                                     | 9.8              |
| <b>Emotional and behavioural problems (internalising or externalising problems)</b> |  |                  |
| %   | 46.4                                     | 26.5             |

**Risk of bias**

| Section   | Question   | Answer   |
|---|--|--|
| Domain 1: Bias arising from the randomisation process       | Risk of bias judgement for the randomisation process   | Low  |
| Domain 2a: Risk of bias due to deviations from the intended | Risk of bias for deviations from the intended interventions (effect of assignment to intervention) | High<br><i>(12% of randomised participants were excluded immediately following randomisation; While intention to treat analysis was used, there was significant deviations from the intended treatment in both groups. 38.2% of those assigned to the E-STEP group did not</i> |

| Section  | Question   | Answer  |
|--|--|---|
| interventions (effect of assignment to intervention)   |  | <i>receive E-STEP services and 12.3% of those in the control group did receive ESTEP services)</i>  |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention) | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | Low   |
| Domain 3. Bias due to missing outcome data   | Risk-of-bias judgement for missing outcome data  | High<br><i>(in the intervention group: 76% randomised were interviewed at baseline; 70% at first follow up; 67% at second follow up. in the control group: 80% randomised were interviewed at baseline; 73% at first follow up; 70% at second follow up. It is likely that missing data would be related to likelihood of behaviour problems, placement change, educational outcomes, and other outcomes of interest)</i> |
| Domain 4. Bias in measurement of the outcome   | Risk-of-bias judgement for measurement of the outcome  | Some concerns<br><i>(Unlikely that blinding was performed for either the child in care or interviewer. Outcomes were self-reported. However, outcomes were generally non-subjective (other than job-preparedness for which the risk should be considered high)</i>  |
| Domain 5. Bias in selection of the reported result   | Risk-of-bias judgement for selection of the reported result  | Some concerns<br><i>(Results from first follow up not reported - only second follow up. However, this was reported to be because many of the outcomes referred to independence after care and 40% of the sample were still in care at first follow up.)</i>   |
| <b>Overall bias and Directness</b>   | <b>Risk of bias judgement</b>  | <b>High</b>   |
|  | <b>Overall Directness</b>  | <b>Partially applicable<br/>(non-UK study)</b>  |



**Courtney 2011a/Zinn 2017****Study details**

|                              |  |
|------------------------------|--|
| <b>Study type</b>            | Randomised controlled trial (RCT)  |
| <b>Study location</b>        | USA  |
| <b>Study setting</b>         | Youths in foster care placements under the guardianship of the Kern County Department of Human Services  |
| <b>Study dates</b>           | Enrollment took place between September 2003 and July 2006, with the second follow-up intended to be two years after baseline interview (actual interview times were a mean of 781 days, with maximum length of 1,470 days, after baseline)  |
| <b>Duration of follow-up</b> | Participants underwent a first interview, one year after baseline and a second follow-up interview two years after baseline (actual second interview times were a mean of 781 days, with maximum length of 1,470 days, after baseline).  |
| <b>Sources of funding</b>    | DHS' Children's Services Division, which offers child welfare services, and the Employment Services Division, which offers public assistance services. The two divisions jointly funded the program, with the Employment Services Division funding staff time through CalWORKs   |
| <b>Inclusion criteria</b>    | Age<br>"turned 16 years old between September 2003 and July 2006 or who entered care during that period and were already at least 16 years old."<br><br>In foster care<br>The youths were in foster care placements under the guardianship of the Kern County Department of Human Services. To be in scope for the study, the youths had to be in out-of-home care, eligible for Chafee services, and in a placement in Kern County. |
| <b>Exclusion criteria</b>    | Severe learning disabilities<br>or other issues (e.g., substance abuse) that would impede them from looking for and securing a job   |

|                          |   |
|--------------------------|---|
| <b>Sample size</b>       | 254   |
| <b>Loss to follow-up</b> | 25 participants were lost to follow-up at the point of second interview with no evidence of differences between groups.   |
| <b>Outcome measures</b>  | <p><b>Housing stability</b><br/>Assessed by self-report at interview: 1) number of residential moves 2) experienced homelessness since baseline</p> <p><b>Education</b><br/>Assessed by self-report at interview: Youths were asked about their school enrolment status, completion of a high school diploma or general equivalency diploma (GED), matriculation at a 2- or 4-year college, and employment status.</p> <p>Later employment outcomes spanning two to four years after youths' last interview are based on aggregate-level wage data obtained from the California Employment Development Department (EDD). There were issues associated with this data (only captures employment based in California) and was not extracted for the purposes of this review. No significant differences between groups were found in rates of employment at any quarter for the years 2007, 2008 and 2009.</p> <p><b>Employment and earnings</b><br/>Assessed by self-report at interview: 1) Employed at time of second interview 2) employed at any time in past 12 months. 3) earnings in prior 12 months.</p> <p><b>Economic well-being</b><br/>Assessed by self-report at interview: 1) 3-item scale of hardship, asked youths whether, in the prior 12 months, they experienced any activity in three different categories (a. begged, sold plasma, pawned or sold recyclables for money. b. borrowed money for food, went to food pantry/soup kitchen for money, went hungry, c. did not pay rent, was evicted or did not pay utility/phone bill) reported as a mean (SD), with a result of 3 relating to the youth reporting at least 1 hardship in each domain. 2) number of participants reporting one or more of the hardships outlined in (1)</p> <p><b>Preparedness and job preparedness</b><br/>Assessed by self-report at interview: Youths were asked how prepared they felt in 18 areas of adult living. The response categories were very prepared (4), somewhat prepared (3), not very well prepared (2), and not at all prepared (1).<br/>Overall preparedness was assessed using 18 questions, asking how prepared the youth feels:</p> <ol style="list-style-type: none"> <li>1) To live on your own?</li> <li>2) You are to get a job?</li> <li>3) You are to manage your money?</li> <li>4) You are to prepare a meal?</li> <li>5) To maintain your personal appearance?</li> <li>6) To obtain health information?</li> <li>7) To do housekeeping?</li> <li>8) To obtain housing?</li> <li>9) To get to places you have to go?</li> <li>10) In educational planning?</li> <li>11) To look for a job?</li> <li>12) To keep a job?</li> </ol> |

- 13) To handle an emergency?
- 14) To obtain community resources?
- 15) In interpersonal skills?
- 16) In dealing with legal problems?
- 17) In problem solving?
- 18) In parenting skills?

a job preparedness scale was calculated using just the responses to questions 2,11 and 12.

### Delinquency

Assessed by self-report at interview: Youths were asked:

- (a) Been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?
- (b) Been drunk in a public place?
- (c) Avoided paying for things such as movies, bus or subway rides, food, or clothing?
- (d) Been involved in a gang fight?
- (e) Carried a handgun?
- (f) Purposely damaged or destroyed property that did not belong to you?
- (g) Purposely set fire to a house, building, car, or other property or tried to do so?
- (h) Stolen something from a store or something that did not belong to you worth less than \$50?
- (i) Stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car?
- (j) Committed other property crimes such as fencing, receiving, possessing, or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?
- (k) Attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?
- (l) Sold or helped sell marijuana (pot, grass), hashish (hash), or other hard drugs such as heroin, cocaine, or LSD?
- (m) Been paid cash for having sexual relations with someone?
- (n) Did you receive anything in trade for having sexual relations, such as food or drugs?
- (o) Had or tried to have sexual relations with someone against their will?

this was reported as 1) number of youth reporting 1+ delinquent behaviours, 2) mean number of delinquent behaviours.

### Pregnancy

Assessed by self-report at interview: Female youths were asked if they had been pregnant at any point during between the baseline and second follow-up interviews.

### Documentation and accounts

Assessed by self-report at interview: 1) had a savings account 2) any account (savings or checking)

### Financial assistance

Assessed by self-report at interview: 1) received public assistance (Temporary Assistance to Needy Families, Women, Infants and Children program, food stamps, general relief payments, and other welfare payments (not including Supplemental Security Income)). 2) Received informal financial assistance (Financial help from a youth's (a) caseworker, mentor, or Independent Living Program, (b) relative or friend, or (c) community group, like from a church, a community organization, or a family resource center). 3) received any financial assistance.

**Study arms****Independent living - employment services (IL-ES) program (N = 136)**

Once a youth has been assigned, the IL-ES social service worker sends the youth an introduction letter that instructs him or her to contact the worker if interested in participating in the program. Youths are also added to the IL-ES weekly mailing list, which sends job leads and opportunities to youths. Within ten days of sending the introductory letter, the IL-ES social service worker calls the youth to follow-up. If the youth is interested in the program, the IL-ES social service worker holds an initial visit with the youth, either in the office or at the youth's home, to conduct an assessment of the youth's employment goals and needs. If they choose to participate, the IL-ES program provides the youth with one-on-one job search counselling and preparation through six types of services: 1) an initial visit and pre-assessment; 2) job search preparation; 3) job leads and resources; 4) job search assistance; 5) topical workshops; and 6) retention services. IL-ES program aims to help develop life skills, gain confidence in interview settings (which may include mock interviews and tips on how to practice on their own). Participants undergo job preparation focusing on job search skills, resume creation, networking and discussing appropriate dress (and providing financial aid of \$100, if needed, for purchase). Workshops (2-4 per year) include topics such as networking and completing master applications, and social events. Job leads and resources are mailed to youths weekly. Participants may also be referred to other services (as outlined in services as usual).

**Services as usual (N = 118)**

In Kern County, emancipation services are initiated when a youth in out-of-home care turns 15½ years old or a youth aged 15½ years or older comes into out-of-home care. At this point, a Transitional Independent Living Plan (TILP) is developed. In addition, youths are referred to the Independent Living Program (ILP). ILP Social Workers meet with the youths to assess their appropriateness for services. If youths accept ILP services (note that participation is optional except for those youths who come into care at age 16), workers implement the services outlined in the TILP. Services available through ILP include: education planning; career planning; transitional housing for emancipated youths; transportation assistance; ILP scholarships; introduction to the California Youth Connection (CYC); incentives for ILP participation; mentoring; and assistance obtaining birth certificates, Social Security cards, California identification cards, and savings accounts. ILP staff members assess youths every six months and have a goal of updating the TILP every six months. At age 17, all youths in foster care undergo an emancipation assessment with the ILP social worker. The emancipation assessment is used to determine what type of plan the youth has for his or her emancipation. If there is not a plan, the ILP unit calls an emancipation conference, or meeting, with the foster youth and his or her stakeholders. These individuals may include the youth's foster parent or guardian, the ILP Social Worker, the placement social worker, the Court Appointed Special Advocate, mental health

providers, family, and friends. All participants sign a plan acknowledging that they will help the youth to complete his or her emancipation plan. Follow-up conferences are held every three to six months. ILP can continue to provide services to youths until they turn 21. Services provided to emancipating youths include housing assistance, transportation assistance, a \$1000 stipend (over two years), and Medi-Cal (California's Medicaid Program). In addition, the ILP emancipation worker refers youths to food banks, educational institutions, and housing services. Services provided to emancipating youths include housing assistance, transportation assistance, a \$1000 stipend (over two years), and Medi-Cal (California's Medicaid Program). In addition, the ILP emancipation worker refers youths to food banks, educational institutions, and housing services. Other programs available to youths in Kern County include Project Success and Adolescent Career Transition (ACT), operated by the Kern High School District. ACT is designed to help emancipated youths achieve self-sufficiency. The program is designed for high school graduates or "near diploma" students. ACT participants get up to 500 hours of paid work experience and workshops focused on life skills. Project Success is program for in-school foster youths, ages 14 to 18. The program provides workshops three times a week in a local high school. Workshop topics include job seeking, resume writing, and job retention. After attending six weeks of workshops (i.e., 18 sessions), youths participate in 150 hours of paid work experience. Upon program completion, youths receive five credits toward high school graduation. At least some of the youths engaged in the IL-ES program received these services. There are three primary housing programs available for youths engaged in ILP services in Kern County. The first, Building Blocks, is operated in collaboration with the Housing Authority of 10 This project is similar to "family finding" efforts supported in new federal legislation, the Fostering Connections to Success and Increasing Adoptions Act (Public Law 110-351). 18 Kern County and is available for youths ages 18-21 that are homeless or at risk of becoming homeless. A maximum of 14 youths live in furnished apartments for up to 18 months and receive comprehensive services related to independent living, including development and monitoring of individualized case plans. In addition to participating in ILP services, residents are required to work or attend school. While participating in the Transitional Housing Placement Plus Program: H.O.S.T. Families, youths live with an approved HOST family for up to one year while receiving a monthly stipend. Similarly, youths residing in Scattered-Site Housing receive a monthly stipend for up to one year. There are ten slots for youths in both the HOST and Scattered Site housing. Two ILP social workers are assigned to develop and monitor case plans for Building Blocks residents and one is assigned to do the same for HOST homes/Scattered-Sites.<sup>11</sup> Youths may also receive mentoring services through Garden Pathways Inc.'s Family to Family Mentoring program.

### **Characteristics (arm-level)**

|  | Independent living - employment services (IL-ES) program (N = 136) | Services as usual (N = 118) |
|--|--|-----------------------------|
| <b>Female (%)</b>  |  |                             |
| %  | 61.8   | 51.7                        |
| <b>Non-white ethnicity (%)</b>                               |  |                             |
| %  | 25.7   | 24.6                        |
| <b>1+ delinquent acts in 12 months prior to baseline (%)</b> |  |                             |
| %  | 45.6   | 33.9                        |
| <b>Has children or is currently pregnant (%)</b>             |  |                             |
| %  | 6  | 9.8                         |
| <b>Ever employed (%)</b>                                     |  |                             |
| %  | 16.2   | 15.3                        |
| <b>Learning disability (%)</b>                               |  |                             |
| %  | 23.5   | 29.7                        |
| <b>Score on job preparedness at baseline</b>                 |  |                             |
| Mean/SD  | 3.52 (0.5)   | 3.54 (0.48)                 |

|   | Independent living - employment services (IL-ES) program (N = 136) | Services as usual (N = 118) |
|---|--|-----------------------------|
| <b>Age</b>  |  |                             |
| Mean/SD   | 15.99 (0.56)   | 16.02 (0.6)                 |
| <b>Current placement type (%)</b>                 |  |                             |
| Non-kin foster home (%)                           | 36.8   | 39                          |
| Home of kin (%)                                   | 34.6   | 41.5                        |
| group home/residential planning (%)               | 25   | 18.6                        |
| Other (%)   | 3.7  | 0.8                         |
| <b>Any service uptake by second interview (%)</b> |  |                             |
| Any (%)   | 97.8   | 9.3                         |
| Any more intensive service (%)                    | 66.2   | 5.1                         |
| any most intensive service (%)                    | 18.4   | 1.7                         |

**Risk of bias**

| Section   | Question   | Answer  |
|---|--|---|
| Domain 1: Bias arising from the randomisation process | Risk of bias judgement for the randomisation process | Some concerns<br>(Unclear whether allocation was concealed from investigators.) |

| Section  | Question   | Answer  |
|--|--|---|
| Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention)         | Some concerns<br><i>(analysis could not fully account for the crossovers (from the control to intervention) group. However, as this is only around 10% this is not expected to have a major concern and may reflect how the service would be applied in the real world. Of greater concern is the variable level of adherence to interventions (domain 2b).)</i>  |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)   | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | Some concerns<br><i>(There was variability in how the intervention was applied (with a 33.8% of participants receiving only the newsletter and less than 20% receiving the most intensive services). Additionally, it is difficult to account for the impact of access to other services, which participants in both arms had access to. The study noted that both groups reported a comparable level of involvement with various different types of services (including the employment services for which the study reported no significant differences in levels of involvement between groups). It is possible that this reflects what would happen in the real world but may also be a result of failure to properly implement the intervention within the context of this study [the authors note a particularly high level of staff turnover during the experimental period.]</i> |
| Domain 3. Bias due to missing outcome data   | Risk-of-bias judgement for missing outcome data  | Low   |
| Domain 4. Bias in measurement of the outcome   | Risk-of-bias judgement for measurement of the outcome  | High<br><i>(Most outcomes relied on self-report of personal information and several question would require admitting criminal activities. Therefore, there is a high potential for the participant to not answer truthfully. Additionally, as the study was not blinded there is the potential for demand characteristics. Use of California Employment Development Department data would only captures employment within California and may not cover all employers and does not include informal work, this would affect outcomes relating to employment and earnings)</i>  |



| Section  | Question  | Answer  |
|--|---|---|
| Domain 5. Bias in selection of the reported result | Risk-of-bias judgement for selection of the reported result | Low   |
| <b>Overall bias and Directness</b>                 | <b>Risk of bias judgement</b>                               | <b>High</b>                                     |
|  | <b>Overall Directness</b>                                   | <b>Partially applicable<br/>(Non-UK study.)</b> |

### Courtney 2011b/Greenson 2015b

#### Study details

|                              |   |
|------------------------------|---|
| <b>Study type</b>            | Randomised controlled trial (RCT)   |
| <b>Study location</b>        | USA   |
| <b>Study setting</b>         | Youths in intensive foster care in Massachusetts.   |
| <b>Duration of follow-up</b> | 2 years (actual average time between the baseline and second follow-up interviews was somewhat longer, a mean of 811 days, with a minimum of 680 days and a maximum of 1,473 days). |
| <b>Sources of funding</b>    | study notes that independent living services are federally and philanthropically funded but does not specifically note funding for the study.                                       |
| <b>Inclusion criteria</b>    | Age<br>aged 16 years or older (just over half of youths were aged 17 and >95% were aged 16-18 years old).   |

|                          |   |
|--------------------------|---|
|                          | <p><b>In foster care</b><br/>In intensive foster care (formerly known as therapeutic foster care)</p> <p><b>deemed appropriate for intervention</b><br/>by the DCF caseworker</p> <p>have a service plan goal of independent living or long term substitute care</p>  |
| <b>Sample size</b>       | 194   |
| <b>Loss to follow-up</b> | 98.5 percent of eligible cases were interviewed at baseline. Of those youths interviewed at baseline, 93 percent were interviewed at the first follow-up (one year after the baseline interview) and 92 percent were interviewed at the second follow-up (two years after the baseline interview).  |
| <b>Outcome measures</b>  | <p><b>Housing stability</b><br/>Assessed by self-report at the interview: Youths were asked to report where they are currently living (e.g. foster care, homeless, with relatives etc)</p> <p><b>Education</b><br/>Assessed by self-report at the interview: Youths were asked about current enrollment, grade completion, whether they have a high school certificate or a GED, and whether they are enrolled in college (this outcome was also assessed using student tracked and is also separated into whether the youth ever enrolled and whether they have persisted with their enrollment)</p> <p><b>Employment and earnings</b><br/>Assessed by self-report at the interview: 1) Employed at time of second interview 2) employed at any time in past 12 months. 3) earnings in prior 12 months.</p> <p><b>Economic well-being</b><br/>Assessed by self-report at the interview, using 1) 3-item scale of hardship (a. begged, sold plasma, pawned or sold recyclables for money. b. borrowed money for food, went to food pantry/soup kitchen for money, went hungry, c. did not pay rent, was evicted or did not pay utility/phone bill) reported as a mean (SD), with a result of 3 relating to the youth reporting at least 1 hardship in each domain. 2) number of participants reporting one or more of the hardships outlined in 1).</p> <p><b>Preparedness and job preparedness</b><br/>Assessed by self-report at the interview: Youths were asked how prepared they felt in 18 areas of adult living. The response categories were very prepared (4), somewhat prepared (3), not very well prepared (2), and not at all prepared (1).<sup>17</sup> Efforts to identify underlying dimensions of preparedness based on these items led to the development of two scales, an overall scale of the average of all 18 items and a job preparedness scale, the average of three employment-related items. These scales are not independent since the job preparedness items are included in the overall scale.</p> <p><b>Delinquency</b></p> |

Assessed by self-report at interview: Youths were asked:

- (a) Been loud, rowdy, or unruly in a public place so that people complained about it or you got in trouble?
- (b) Been drunk in a public place?
- (c) Avoided paying for things such as movies, bus or subway rides, food, or clothing?
- (d) Been involved in a gang fight?
- (e) Carried a handgun?
- (f) Purposely damaged or destroyed property that did not belong to you?
- (g) Purposely set fire to a house, building, car, or other property or tried to do so?
- (h) Stolen something from a store or something that did not belong to you worth less than \$50?
- (i) Stolen something from a store, person, or house, or something that did not belong to you worth \$50 or more, including stealing a car?
- (j) Committed other property crimes such as fencing, receiving, possessing, or selling stolen property, or cheated someone by selling them something that was worthless or worth much less than what you said it was?
- (k) Attacked someone with the idea of seriously hurting them or have a situation end up in a serious fight or assault of some kind?
- (l) Sold or helped sell marijuana (pot, grass), hashish (hash), or other hard drugs such as heroin, cocaine, or LSD?
- (m) Been paid cash for having sexual relations with someone?
- (n) Did you receive anything in trade for having sexual relations, such as food or drugs?
- (o) Had or tried to have sexual relations with someone against their will?

this was reported as 1) number of youth reporting 1+ delinquent behaviours, 2) mean number of delinquent behaviours.

### Pregnancy

Female youths were asked if they had been pregnant at any point during between the baseline and second follow-up interviews.

### Documentation and accounts

Assessed by self-report at the interview, whether the youth: 1) had a savings account 2) had any account (savings or checking)

### Financial assistance

Assessed by self-report at the interview: 1) received public assistance (Temporary Assistance to Needy Families, Women, Infants and Children program, food stamps, general relief payments, and other welfare payments (not including Supplemental Security Income)). 2) Received informal financial assistance (Financial help from a youth's (a) caseworker, mentor, or Independent Living Program, (b) relative or friend, or (c) community group, like from a church, a community organization, or a family resource center). 3) received any financial assistance.

### Remained in foster care at follow-up

Assessed by self-report at the interview: "To determine whether youths were still in the care of DCF at the time of the second follow-up interview, they were asked whether they had a DCF social worker, which we consider a proxy for having remained in foster care under DCF care and supervision."

## Study arms

**Outreach group intervention (N = 97)**

The Outreach program is a voluntary service that assists teenage foster youths in preparing to live independently and to achieve permanency after exiting DCF care. Youths are paired with an Outreach worker who will work closely with them to achieve their goals. Outreach workers have a minimum of a bachelor's degree and are licensed social workers, and carry a maximum caseload of 15 youth. The program's services are individualized and help youths with a variety of tasks including education, employment, health insurance, housing, obtaining a driver's license, physical and emotional health and referrals to other services. The worker provides mentoring, discussed the challenges faced by the youth and may go with the youth to the department of motor vehicles or to submit an application to an employer. Workers typically meet weekly with each youth, although the frequency is flexible to suit each youth's needs. Once the youth has reached their goals for the program, workers move the youth to a "tracking" status and maintain monthly contact with the youth before discharging him or her from the program.

**Services as usual (N = 97)**

Under the usual referral process, youths are put on a waiting list for the Outreach worker's services once they are referred. The Outreach worker will then prioritize the referrals they receive with assistance from their supervisor. Youths with the greatest need and those nearing the age of 18 are given the highest priority. Pregnant or parenting youths, as well as homeless youths, are also considered to be particularly in need of Outreach services. Workers also consider stability when determining which youths to accept into the program. For instance, youths who frequently run away may be inappropriate for Outreach services, since they will be unlikely to uphold a weekly commitment with their worker. Each youth's situation is considered individually.

**Characteristics (arm-level)**

|            | <b>Outreach group intervention (N = 97)</b> | <b>Services as usual (N = 97)</b> |
|------------|---|-----------------------------------|
| <b>Age</b> |   |                                   |
| Mean/SD    | 16.92 (0.8)                                 | 16.85 (0.73)                      |

|  | Outreach group intervention (N = 97) | Services as usual (N = 97) |
|--|--------------------------------------|----------------------------|
| <b>% Female (%)</b>  |                                      |                            |
| Nominal  | 68                                   | 66                         |
| <b>Non-white ethnicity (%)</b>   |                                      |                            |
| Nominal  | 24.7                                 | 29.9                       |
| <b>1+ delinquent acts in past year (%)</b>   |                                      |                            |
| Nominal  | 50.5                                 | 49.5                       |
| <b>has children or is currently pregnant (among female youths) (%)</b>   |                                      |                            |
| Nominal  | 9.4                                  | 6.1                        |
| <b>Substitute care history: prior runaway (%)</b><br>Of the various types of substitute care history options, this is the only one for which there were significant differences between groups at baseline |                                      |                            |
| Nominal  | 52.6                                 | 36.1                       |
| <b>Current placement type</b>  |                                      |                            |
| Non-kin foster home (%)  | 99                                   | 95.9                       |
| Home of kin (%)  | 0                                    | 1                          |
| Group home/residential placement (%)   | 0                                    | 0                          |

|           | Outreach group intervention (N = 97) | Services as usual (N = 97) |
|-----------|--------------------------------------|----------------------------|
| Other (%) | 1                                    | 3.1                        |

**Risk of bias**

| Section  | Question   | Answer   |
|--|--|--|
| Domain 1: Bias arising from the randomisation process  | Risk of bias judgement for the randomisation process   | Some concerns<br><i>("Evaluation staff would randomly assign one member in each pair to the Outreach group and the control group.". It is unclear how this randomization is conducted and it is likely that the evaluation staff had knowledge of this sequence before group assignment. Therefore, there is a risk of selective allocation.)</i>  |
| Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention)         | Low  |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)   | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | Some concerns<br><i>(The intervention allowed for tailoring to the needs of the individual and differences in how the intervention was applied was not recorded in the study. This is likely to reflect differences which would occur in real-world practice but may also reflect differences arising from the experimental context. The youth were asked at baseline and follow-up to report their level of involvement with various forms of assistance. The questions asked did not ask youths about services per se, but rather asked whether youths had received a variety of specific kinds of help in areas integral to living independently, and reflect those areas provided by independent living service providers. At follow-up, youth in the intervention arm were significantly more likely to report having received Assistance with college applications, resume writing, identifying potential employers, opening a checking and savings account, balancing a checkbook and with making a down payment or</i> |

| Section  | Question  | Answer   |
|--|---|--|
|  |   | <i>security deposit on an apartment. There was no significant difference between groups with regards to their reported involvement with other forms of assistance and it is unclear whether these increased areas of participation are a result of their contact with the outreach worker or due to involvement with other services. Furthermore, both groups report increased levels of assistance from services compared to baseline, and the effect of involvement with other services was not considered in the analysis (or accurately recorded).</i> |
| Domain 3. Bias due to missing outcome data         | Risk-of-bias judgement for missing outcome data             | Low<br><i>(92% were interviewed at the second follow-up)</i>   |
| Domain 4. Bias in measurement of the outcome       | Risk-of-bias judgement for measurement of the outcome       | High<br><i>(Almost all of the outcomes relied on self-report, this may have been bias by demand characteristics (wanting to give the answer the investigator is looking for, based on knowledge of their group assignment) and participants may be reluctant to disclose information in many aspects of the questionnaire (such as reporting delinquent behaviours))</i>   |
| Domain 5. Bias in selection of the reported result | Risk-of-bias judgement for selection of the reported result | Low  |
| <b>Overall bias and Directness</b>                 | <b>Risk of bias judgement</b>                               | <b>High</b>  |
|  | <b>Overall Directness</b>                                   | <b>Partially applicable<br/><i>(non-UK study)</i></b>  |

## Courtney 2019/Jacobs 2018

### Study details

|                              |  |
|------------------------------|--|
| <b>Study type</b>            | Randomised controlled trial (RCT)  |
| <b>Study location</b>        | USA  |
| <b>Study setting</b>         | Those who had been in the custody of the State of Tennessee children's services agency.  |
| <b>Study dates</b>           | Assigned between between October 2010 and October 2012, with outcomes assessed a year later.   |
| <b>Duration of follow-up</b> | 12 months  |
| <b>Sources of funding</b>    | Funded by the Edna McConnell Clark Foundation, the Annie E. Casey Foundation, and the Bill & Melinda Gates Foundation  |
| <b>Inclusion criteria</b>    | <p><b>Age</b><br/>"Program staff identified potential sample members primarily from a list provided each month by the public agency, which included all youth in state custody who were 17 or older and therefore soon to be at least 18 years of age." [...] "Eligible and interested young people met with a program staff member, usually on or shortly after their eighteenth birthday, to begin study enrollment."</p> <p><b>In foster care</b><br/>"had been in the custody of the State of Tennessee children's services agency for at least one year (not necessarily continuously) after age 14 or for at least one day after age 17" [...] "through the state child protection system and/or the juvenile justice system, both of which are served by a unified juvenile court in Tennessee."</p> <p><b>deemed appropriate for intervention</b><br/>The programme conducted assessments to determine whether those youth meeting all other eligibility criteria were interested in and appropriate (i.e., did not have histories of severe violence, mental health problems, drug use, and/or developmental delays) for the study.</p> <p><b>capacity to live independently with appropriate support</b></p> |
| <b>Sample size</b>           | 1322   |



|                          |  |
|--------------------------|--|
| <b>Loss to follow-up</b> | 15.7% of the intervention group and 16.4% of the control group did not complete the 12-month survey.   |
| <b>Outcome measures</b>  | <p><b>Housing stability</b><br/>Sum of four self-reported dichotomous indicators of housing instability that the youth had experienced in the year prior to the follow-up interview: experiencing homelessness; couch surfing; the inability to pay rent; and loss of housing because of the inability to pay rent. "Yes" answers were coded one and "no" answers coded zero.</p> <p><b>Education</b><br/>Assessed by self-report at the interview: 1) obtained a high-school diploma, GED certificate or participated in vocational training. 2) enrolled in post-secondary educational institution.</p> <p><b>Employment and earnings</b><br/>Assessed by self-report at the interview: 1) total earnings. 2) Employed at any time during follow-up</p> <p><b>Economic well-being</b><br/>Assessed by self-report at the interview: Sum of five self-reported indicators of economic hardship that the youth had experienced in the year prior to the follow-up interview: not having necessary clothing or shoes; inability to pay a utility bill; having utilities shut off because of an inability to pay the bill; having phone service shut off because of an inability to pay the bill; and delaying paying a bill in order to buy food. "Yes" answers were coded one and "no" answers coded zero. Levels of saving and debt also reported.</p> <p><b>Social support</b><br/>Assessed by self-report at the interview: mean number of people whom a youth could ask for various forms of help at the time of the follow-up survey, based on the youth's responses to a series of seven survey items that asked about specific types of help:</p> <ul style="list-style-type: none"> <li>a) invitations to go out and do things</li> <li>b) help with budgeting or money problems</li> <li>c) advice about important subjects</li> <li>d) help with transportation</li> <li>e) listening to problems</li> <li>f) granting small favors</li> <li>g) providing monetary loans in the event of an emergency.</li> </ul> <p>The scale ranged from 0 to 99.". Also self-reported on levels of closeness to various other adults (familial and non-familial).</p> <p>Familial closeness scale:</p> <p>This scale was based on responses to six survey items that asked how close a youth felt to particular family members:</p> <ul style="list-style-type: none"> <li>a) biological mother</li> <li>b) biological father</li> <li>c) stepmother</li> <li>d) stepfather</li> <li>e) closest grandparent</li> <li>f) closest adult sibling.</li> </ul> |

Responses are given on an ordinal scale (“not at all close,” “not very close,” “somewhat close,” and “very close”); “not applicable: no such person or person is deceased” was also a response option. Responses of “not at all close” and “not applicable” were coded as 0, “not very close” as 1, “somewhat close” as 2, and “very close” as 3. The scale score was a sum of the values of the responses for each of the six questions. The scale ranged from 0 to 18.

### Health and safety

Assessed by self-report at the interview.

Relating to health:

- a) score on the Depression, Anxiety, and Stress Scales (DASS), a 21 item survey where each item is scored from 0-3.
- b) Overall health.
- c) access to health care (assessed by asking about health insurance and whether the person had a regular place to visit for health care, and utilization measured by whether the youth had received a medical or dental exam in the past year).

Relating to safety:

- 1) binge drinking (questions about how frequently the youth drank 5+ drinks on the same occasion).
- 2) Illegal drug use (questions about marijuana and other illegal drugs).
- 3) Victimization (questions about whether the youth had been robbed, attacked, beaten up or forced into sexual relations against their will).
- 4) Experiencing partner violence (questions about experiencing or committing physical or sexual violence from/against a partner).

### Criminal behaviour and justice system involvement

Assessed by self-report at the interview:

1) criminal behavior scale that summed youths' responses to questions about their involvement in ten forms of criminal activity during the past twelve months:

- a) involvement in a gang fight
- b) carrying a handgun
- c) purposely damaging or destroying property
- d) stealing something worth less than \$50
- e) stealing something worth \$50 or more
- f) committing other property crimes
- g) attacking someone
- h) selling or helping to sell illegal drugs
- i) receiving cash for having sexual relations
- j) or receiving any service or material good in trade for having sexual relations.

2) contact with the criminal justice system, measured by the percentage of youth who answered affirmatively to a question that asked if they had spent at least one night in a “jail, prison, or other correctional facility” during the year before the survey interview took place.

## **Study arms**

**YVLifeSet programme (N = 788)**

Key elements of the manualized program include: comprehensive assessments; treatment planning that prioritizes the youth's expressed needs and goals; weekly one-on-one meetings between the youth and their worker (called a transitional living specialist); group social activities; educational and vocational coordination; and referrals to other services in the community. The worker typically serves eight youth at a time. Most services are provided during the weekly sessions, in which the worker addresses issues that have been identified by the youth and worker as of particular importance to the youth. Issues commonly addressed include securing stable housing, educational attainment, employment, management of supportive and intimate relationships, mental health and substance use problems, and life skills development. Transitional living specialists are trained to employ a number of evidence-informed and evidence-based clinical practices, such as motivational interviewing and Trauma-Focused Cognitive Behavioral Therapy. Workers have a minimum of a bachelor's degree in social or behavioral science and about half have a master's degree in similar disciplines or professions (e.g., social work, mental health counseling, rehabilitation counseling, marriage and family therapy, and criminal justice). The program is designed to last between nine and twelve months, on average, depending on the needs of the youth. In addition to having relatively small caseloads, workers employed by the YVLifeSet program also received weekly supervision in small groups (four or five workers) from a clinical supervisor who in turn is supervised by a clinical consultant.

**Services as usual (N = 534)**

provided with a list of other social services and resources that were available in the community.

**Characteristics (arm-level)**

|                  | YVLifeSet programme (N = 788) | Services as usual (N = 534) |
|------------------|-------------------------------|-----------------------------|
| <b>Age</b>       |                               |                             |
| 18 years old (%) | 71.8                          | 70.8                        |
| 19 years old (%) | 18.4                          | 20.8                        |

|   | YVLifeSet programme (N = 788) | Services as usual (N = 534) |
|---|-------------------------------|-----------------------------|
| 20-24 years old (%)   | 9.8                           | 8.4                         |
| <b>Female (%)</b>   |                               |                             |
| Nominal   | 47.6                          | 48.5                        |
| <b>Non-white ethnicity (%)</b>  |                               |                             |
| Nominal   | 48.4                          | 49.6                        |
| <b>Employed (%)</b>   |                               |                             |
| Nominal   | 18.8                          | 19.9                        |
| <b>Ever employed (%)</b>  |                               |                             |
| Nominal   | 52.5                          | 56.4                        |
| <b>Ever arrested (%)</b>  |                               |                             |
| Nominal   | 64.1                          | 65                          |
| <b>Had contact with any other relatives at least once per month (%)</b> |                               |                             |
| Nominal   | 90.2                          | 85.8                        |

**Risk of bias**

| <b>Section</b>   | <b>Question</b>  | <b>Answer</b>   |
|--|--|---|
| Domain 1: Bias arising from the randomisation process  | Risk of bias judgement for the randomisation process   | Low   |
| Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention)         | Low   |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)   | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | Low<br><i>(However, there is limited information on the level of contact with other services and on intervention adherence.)</i>  |
| Domain 3. Bias due to missing outcome data   | Risk-of-bias judgement for missing outcome data  | Some concerns<br><i>(Around 15% of participants were lost to follow-up in each group, with analyses suggesting the possibility of attrition bias. However, there are limited group differences between survey respondents and where these did exist, they also existed at the full-sample level.)</i> |
| Domain 4. Bias in measurement of the outcome   | Risk-of-bias judgement for measurement of the outcome  | Some concerns<br><i>(As the study design was unblinded and most outcomes relied on self-report, there is the potential for demand characteristics.)</i>   |
| Domain 5. Bias in selection of the reported result   | Risk-of-bias judgement for selection of the reported result  | Low   |
| <b>Overall bias and Directness</b>   | <b>Risk of bias judgement</b>  | <b>Some concerns</b>  |

| Section | Question           | Answer   |
|---------|--------------------|--|
|         | Overall Directness | Partially applicable<br><i>(Non-UK study and participant custody could have been through the state child protection system and/or the juvenile justice system)</i> |

### Gray 2018

#### Study details

|                       |   |
|-----------------------|---|
| Study type            | Randomised controlled trial (RCT)   |
| Study location        | USA   |
| Study setting         | a large, midwestern, public 4-year University   |
| Study dates           | Autumn 2016   |
| Duration of follow-up | 8 weeks   |
| Sources of funding    | Not reported  |
| Inclusion criteria    | Left foster care<br>aged out of foster care<br><br>University student<br>enrolled as a freshman at University |
| Sample size           | 36  |

|   |   |
|---|---|
| <b>Split between study groups</b>         | 16 students enrolled in section 1 = mindfulness-based intervention<br>20 students enrolled in section 2 = wait list control   |
| <b>Loss to follow-up</b>                  | none reported   |
| <b>% Female</b>                           | 71%   |
| <b>Mean age (SD)</b>                      | Not reported  |
| <b>Condition specific characteristics</b> | <b>Ethnicity</b><br>The racial composition of the sample was 44% White or Caucasian, 39% Black or African-American, 8% Hispanic or Latino, 6% Bi- or multi-racial, and 3% other   |
| <b>Outcome measures</b>                   | <p><b>Mindfulness</b><br/>The 39-item Five Facet Mindfulness Questionnaire (FFMQ) measured participants' level of mindfulness in the present moment. It is based on a factor analytic study of several independently developed mindfulness questionnaires. The five subscales include observing (8 items, e.g., BI pay attention to sounds, such as clocks ticking, birds chirping, or cars passing^), describing (8 items, e.g., BMy natural tendency is to put my experiences into words^), acting with awareness (8 items, e.g., BI find myself doing things without paying attention^), non-judging of inner experience (8 items, e.g., BI disapprove of myself when I have irrational ideas^), and nonreactivity to inner experience (7 items, e.g., BI perceive my feelings and emotions without having to react to them^). All items are rated on a 5-point scale to capture respondents' perceptions in the moment where 1 = not at all true in this moment to 5 = completely true in this moment. Subscale scores range from 8 to 40 for all subscales, except non-reactivity, which ranges from 7 to 35. For all five subscales, higher scores reflect greater levels of mindfulness.</p> <p><b>Stress</b><br/>The 14-item Perceived Stress Scale (PSS) measured the degree to which situations in a participant's life are perceived as stressful. The items utilize a 5-point scale to capture how often a respondent felt (or thought) a certain way where 0 = never to 4 = very often.</p> <p><b>Sleep</b><br/>Six questions from the Pittsburgh Sleep Quality Index (PSQI) measured sleep quality. Participants rated their overall sleep quality on a 5-point scale where 1 = very poor to 5 = very good. Four additional items measured frequency of trouble with sleeping or wakefulness on a 5-point scale where 1 = not during the past month to 5 = five or more times per week. The final question asked how long it usually took respondents to fall asleep (i.e., 15 min or less, 15–30 min, 30–45 min, 45–60 min, 1 hour or longer).</p> |

## Study arms

**Koru Mindfulness program (N = 16)**

Curriculum specifically designed for teaching mindfulness, meditation, and stress management to college students and other young adults (Rogers & Maytan, 2012). Koru is similar in content to other mindfulness training programs but is comparatively brief, consisting of a single session per week for 4 weeks. The first author is certified to teach Koru and provided the mindfulness instruction in both sections. Training classes were embedded into the required components of the course. Each training session lasted approximately 75 min, and student participants were encouraged to practice mindfulness techniques for at least 10 min each day and complete a daily practice log. Over the four 75-min sessions, students learned and practiced a total of eight specific mindfulness practices: belly breathing, dynamic breathing, counting breaths, the S.T.O.P. check-in practice (a teaching acronym that stands for Stop, Take a breath, Observe, and Proceed), guided imagery, Gatha practice, mindful walking, and mindful eating.

|                                    |                           |
|------------------------------------|---------------------------|
| % Female                           | not reported              |
| Mean age (SD)                      | Not reported              |
| Condition specific characteristics | Ethnicity<br>not reported |

**Wait list control (N = 20)**

Students received usual services, after 7-8 weeks they received the Koru mindfulness program

|                                    |                           |
|------------------------------------|---------------------------|
| % Female                           | not reported              |
| Mean age (SD)                      | Not reported              |
| Condition specific characteristics | Ethnicity<br>not reported |

**Risk of Bias**



| Section  | Question   | Answer   |
|--|--|--|
| Domain 1: Bias arising from the randomisation process  | Risk of bias judgement for the randomisation process   | High<br><i>(Study claimed to be "for the most part, random". In addition, "a few students were assigned to a particular section in an effort to meet the students' perceived learning needs." suggesting that allocation was not concealed. Baseline characteristics included were gender and ethnicity. This was not sufficient information to be sure if there important differences between comparison groups.)</i> |
| Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention) | High<br><i>(Some participants were moved into the experimental group based on their need, "need" could be related to the mental health outcomes of participants. Approach to missing data was unclear.)</i>  |
| Domain 3. Bias due to missing outcome data   | Risk-of-bias judgement for missing outcome data  | Low<br><i>(Although the quantity of missing data was not explicitly stated but appeared to be low)</i>   |
| Domain 4. Bias in measurement of the outcome   | Risk-of-bias judgement for measurement of the outcome  | Some concerns<br><i>(No indication that outcome assessors were blinded to study intervention)</i>  |
| Domain 5. Bias in selection of the reported result   | Risk-of-bias judgement for selection of the reported result  | Low  |
| <b>Overall bias and Directness</b>   | <b>Risk of bias judgement</b>  | <b>High</b>  |
|  | <b>Overall Directness</b>  | <b>Indirectly applicable</b><br><b>(Study was USA-based)</b>   |

**Greeson 2017**

|                                   |   |
|-----------------------------------|---|
| <b>Study type</b>                 | Randomised controlled trial (RCT)<br>Mixed methods  |
| <b>Study location</b>             | USA   |
| <b>Study setting</b>              | Foster youth leaving care   |
| <b>Study dates</b>                | September 2014 to September 2015  |
| <b>Duration of follow-up</b>      | Postintervention  |
| <b>Sources of funding</b>         | Administration on Children, Youth & Families, U.S. Department of Health and Human Services  |
| <b>Inclusion criteria</b>         | Age<br>aged 18 - 20.5 years old<br><br>Care situation<br>taking part in an Achieving Independence Center; presently in out-of-home care through the local DHS; goal for permanency) |
| <b>Sample size</b>                | 24  |
| <b>Split between study groups</b> | Intervention group = 12<br>Control group = 12   |
| <b>Loss to follow-up</b>          | Intervention group = 2  |

|   |   |
|---|---|
|   | Control group = 5   |
| <b>% Female</b>                           | 50%   |
| <b>Mean age (SD)</b>                      | 18 years old  |
| <b>Condition specific characteristics</b> | Non-white ethnicity<br>100% were african-americans  |
| <b>Outcome measures</b>                   | <p><b>Mental health outcome 1</b><br/>Mindfulness was measured using the 15- item Mindfulness Attention Awareness Scale (Brown, West, Loverich, &amp; Biegel, 2011), which asks youth to respond to the frequency, ranging from almost always to almost never, of experiencing events such as “doing things without paying attention” and “doing jobs or tasks automatically without being aware of what I’m doing.”</p> <p><b>Mental Health outcome 2</b><br/>Emotional regulation was measured using the Emotional Regulation Questionnaire (Gullone &amp; Taffe, 2012), which consists of 10 statements to which participants respond using a 5-point Likert scale ranging from strongly agree to strongly disagree. Examples include “I control my feelings by not showing them” and “I control my feelings about things by changing the way I think about them.”</p> <p><b>Mental health outcome 3</b><br/>the 20-item Mental Health Index (Heubeck &amp; Neill, 2000) was used to measure youth’s general well-being, and youth responded to a series of questions such as “During the past month, have you been anxious or worried?” using a 6-point Likert scale ranging from all of the time to none of the time.</p> <p><b>Relationship outcome</b><br/>Goodenow’s (1993) 18-item Psychological Sense of School Membership was used to measure the degree to which youth felt connected to people within their school. Using a 5-point Likert scale ranging from not at all true to completely true, youth responded to a series of statements such as “Most teachers at my school are interested in me” and “People at my school are friendly to me.”</p> <p><b>relationship outcome 2</b><br/>Youth/Natural Mentor Relationship Quality. The quality of the youth/mentor dyadic relationship was measured using the Youth Mentoring Survey (YMS) and the Relational Health Indices (RHI). The YMS consists of 25 items that measure how youth feel about their mentors and 25 items that measure what youth do with their mentors (Harris &amp; Nakkula, 2008). Using a series of varied Likert scales, youth respond to statements such as “My mentor and I are close (very good friends)” and “How often do you do activities that are really fun?” The six-item RHI (Liang et al., 2002) asks youth to respond to a series of statements such as “My mentor helps me even more than I ask or imagine” using a 5-point Likert scale ranging from never to always.</p> <p><b>Strengths outcome 1</b></p> |

|                          |   |
|--------------------------|---|
|                          | <p>Grit: Using the 12-item Grit Scale (Duckworth, Peterson, Matthews, &amp; Kelly, 2007), youth were asked to respond to statements such as “I have overcome setbacks to conquer an important challenge” by selecting responses from a 5-point Likert scale ranging from very much like me to not at all like me.</p> <p><b>Strengths outcome 2</b><br/>Resilience. Resilience was measured using Ungar and Liebenberg’s (2011) 12-item Children and Youth Resilience Measure, and youth were asked to respond to statements such as “I know where to turn in my community for help” using a 5- point Likert scale ranging from not at all to a lot.</p> <p><b>Independence outcome 1</b><br/>The Ansell- Casey Life Skills Assessment (Nollan et al., 1997) was used to measure a number of skills across five domains (i.e., daily living, communication, self-care, work and study skills, and social relationships). Using a 5-point Likert scale ranging from no to yes, youth responded to statements such as “I can fix meals for myself on my own” and “I ask for help when I need it.”</p> <p><b>Future hope outcome</b><br/>Perceived Future Opportunities scale. Youth were asked to respond to the likelihood that a series of 10 events would occur (i.e., low chance, medium chance, high chance), such as “graduating from high school,” “getting what you really want out of life,” and “having good friends you can count on.”</p> <p><b>Strengths outcome 3</b><br/>Prosocial behavior and the quality of youth’s peer relationships were measured using the Strengths and Difficulties Questionnaire (Goodman, Meltzer, &amp; Bailey, 1998), which consists of 25 statements that youth rate as not true, somewhat true, or certainly true. Examples include “I am helpful if someone is hurt, upset or feeling ill” and “I have one good friend or more.”</p> |
| <p><b>Study Arms</b></p> | <p><b>Natural mentoring intervention (N = 10)</b><br/>C.A.R.E. is designed to facilitate and support the development of growth-fostering relationships among older foster youth and their self-selected natural mentors. There are several important differences between natural and formal mentoring interventions. One of the primary differences concerns how the match between youth and natural mentor comes to be. With formal/programmatic mentors, an external entity, like Big Brothers Big Sisters, makes the match between the youth and an unfamiliar, volunteer adult mentor. However, with natural mentoring, the two individuals find each other and the relationship proceeds fluidly, often over an extended period, potentiating a strong bond between the youth and his or her natural mentor. C.A.R.E. is 12 weeks and is delivered by an interventionist with a Master of Social Work degree. Prior to enrollment in C.A.R.E., the interventionist meets individually with the youth in an effort to identify an appropriate natural mentor. Once the natural mentors have been screened and approved, they undergo a trauma-informed training to better understand adolescent development, the role of trauma and loss in the lives of youth in foster care, the importance of self-care, the need for clear boundary setting, and the expectations associated with being a natural mentor. During the 12-week intervention period, which follows the preintervention work and natural mentor</p>   |

training, youth and their natural mentors participate in a variety of structured group activities as well as supportive one-on-one sessions with the interventionist designed to strengthen bonds and clarify expectations surrounding the natural mentoring relationship. Natural mentors are expected to meet with youth on a weekly basis outside of the program's activities for at least 2 hours and, during this time, provide hands-on, coached life skills training (e.g., budgeting, cooking, apartment searching) as well as opportunities for engagement in activities in the community. At the end of the 12 weeks, there is a formal dinner/graduation for all of the youth and their natural mentors, during which each pair celebrates the development of their relationship. After-care sessions are available as needed for the youth and their natural mentors to further support and sustain the relationships over time. C.A.R.E. is manualized and progresses as follows: 1. Preintervention work a. Assessing youth's permanent connections b. Screening and background checking natural mentors 2. Training natural mentors (lasts approximately 6 to 8 hours) a. Icebreaker/introductions b. Adolescent development c. Understanding how the child welfare system works d. Trauma-informed natural mentoring e. Practices of effective natural mentors f. What should we do? g. Establishing and maintaining boundaries h. Wrap-up 3. Facilitating development of growth-fostering relationships between youth in care and their natural mentors a. Orientation to C.A.R.E. for youth & natural mentors b. Permanency pact (developed by FosterClub, n.d.) c. Weekly supervision of dyads d. Separate monthly informal support groups for youth and natural mentors e. Group field trip(s) f. Casey life skills g. Affect regulation training/mindfulness (using Koru, developed by Rogers & Maytan, 2012) h. Video portraits i. celebration 4. After care/booster sessions

|                |  |
|----------------|--|
| Study type     | Randomised controlled trial (RCT)<br>Mixed methods |
| Study location | USA  |
| Study setting  | Foster youth leaving care                          |
| Study dates    | September 2014 to September 2015                   |

|                                    |   |
|------------------------------------|---|
| Duration of follow-up              | Postintervention  |
| Sources of funding                 | Administration on Children, Youth & Families, U.S. Department of Health and Human Services  |
| Sample size                        | 24  |
| Split between study groups         | Intervention group = 12<br>Control group = 12   |
| Loss to follow-up                  | Intervention group = 2<br>Control group = 5   |
| % Female                           | 50%   |
| Mean age (SD)                      | 18.83 ± 8.3   |
| Condition specific characteristics | <p><b>Non-white ethnicity</b><br/>100% were african-americans</p> <p><b>Type of care</b><br/>Biological parents 0%; family members 25%; foster parents 50%; friends 8.3%; no one 16.7%.</p> <p><b>Mental health needs</b><br/>ever in therapy: 91.7%; now in therapy: 25.0%</p> |

|   |  |
|---|--|
| Outcome measures  | <b>Mental health outcome 1</b>   |
|   | Mindfulness score (Mindfulness Attention Awareness Scale) postintervention, mean: 3.9 ± 0.94   |
|   | <b>Mental Health outcome 2</b>   |
|   | Emotional regulation score (Emotional Regulation Questionnaire) postintervention, mean: 2.47 ± 0.69  |
|   | <b>Mental health outcome 3</b>   |
|   | Mental health score (Mental Health Index) postintervention, mean: 4.2 ± 1.5  |
|   | <b>Relationship outcome</b>  |
|   | Sense of school membership score (Psychological Sense of School Membership), postintervention, mean: 3.9 ± 0.97                                    |
|   | <b>relationship outcome 2</b>  |
|   | Youth mentor relationship score (Youth/Natural Mentor Relationship Quality/Relational Health Indices) mean postintervention: 2.9 ± 0.29/3.8 ± 0.41 |
| <b>Strengths outcome 1</b>  |  |
| Grit score (12-item Grit Scale) postintervention, mean: 4.0 0 ± 0.72  |  |
| <b>Strengths outcome 2</b>  |  |
| Resilience score (12-item Children and Youth Resilience Measure) postintervention, mean: 3.7 ± 0.87   |  |
| <b>Independence outcome 1</b>   |  |
| Life Skills score. (Ansell- Casey Life Skills Assessment) mean, postintervention: 4.5 ± 0.57  |  |
| <b>Future hope outcome</b>  |  |
| Perceived Future Opportunities scale, postintervention, mean: 2.6 ± 0.40  |  |
| <b>Strengths outcome 3</b>  |  |
| Strengths and Difficulties Questionnaire, postintervention, mean: 1.8 ± 0.23  |  |
| <b>Services as usual (N = 7)</b>  |  |
| Both groups continued to receive services as usual at the AIC, which consisted of both case management and classroom-based learning designed to promote life skills development. In addition to services as usual, the intervention group received the C.A.R.E. intervention. |  |

|                                    |  |
|------------------------------------|--|
| % Female                           | 50%  |
| Mean age (SD)                      | 18.58 ± 0.67   |
| Condition specific characteristics | <p><b>Non-white ethnicity</b><br/>100% were african-americans</p> <p><b>Type of care</b><br/>biological parents: 16.7%; family members: 0%; foster parents: 8.3%; friends: 0.0%; no one: 41.7%</p> <p><b>Mental health needs</b><br/>ever in therapy: 100%; now in therapy: 41.7%</p>  |
| Outcome measures                   | <p><b>Mental health outcome 1</b><br/>Mindfulness score (Mindfulness Attention Awareness Scale) postintervention, mean: 4.5 ± 1.3</p> <p><b>Mental Health outcome 2</b><br/>Emotional regulation score (Emotional Regulation Questionnaire) postintervention, mean: 1.89 ± 0.72</p> <p><b>Mental health outcome 3</b><br/>Mental health score (Mental Health Index) postintervention, mean: 4.5 ± 0.99</p> <p><b>Relationship outcome</b><br/>Sense of school membership score (Psychological Sense of School Membership), postintervention, mean: 3.7 ± 0.87</p> <p><b>relationship outcome 2</b><br/>Youth mentor relationship score (Youth/Natural Mentor Relationship Quality/Relational Health Indices) mean postintervention: 2.6 ± 0.41/3.5 ± 0.61</p> <p><b>Strengths outcome 1</b><br/>Grit score (12-item Grit Scale) postintervention, mean: 3.6 ± 0.53</p> <p><b>Strengths outcome 2</b><br/>Resilience score (12-item Children and Youth Resilience Measure) postintervention, mean: 3.8 ± 0.75</p> <p><b>Independence outcome 1</b><br/>Life Skills score. (Ansell- Casey Life Skills Assessment) mean, postintervention: 4.1 ± 0.66</p> |



|                     |  |
|---------------------|--|
|                     | <p>Future hope outcome<br/>Perceived Future Opportunities scale, postintervention, mean: <math>2.5 \pm 0.34</math></p> <p>Strengths outcome 3<br/>Strengths and Difficulties Questionnaire, postintervention, mean: <math>1.9 \pm 0.27</math></p>  |
| <b>Risk of Bias</b> | <p><b>Domain 1: Bias arising from the randomisation process</b></p> <p>Low</p> <p><b>Domain 2a: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention)</b></p> <p>Low</p> <p><b>Domain 3. Bias due to missing outcome data</b></p> <p>Low</p> <p><b>Domain 4. Bias in measurement of the outcome</b></p> <p>High</p> <p><b>Domain 5. Bias in selection of the reported result</b></p> <p>Low</p> <p><b>Overall bias and Directness</b></p> <p>Some concerns</p> <p>(No blinding and the outcomes are somewhat subjective.)</p> <p><b>Overall Directness</b></p> <p>Partially applicable</p> |

(USA study)

**Powers 2012**

|                              |   |
|------------------------------|---|
| <b>Study type</b>            | Randomised controlled trial (RCT)   |
| <b>Study location</b>        | USA   |
| <b>Study setting</b>         | Youth in foster care  |
| <b>Study dates</b>           | Not reported (published 2012)   |
| <b>Duration of follow-up</b> | Outcomes were measured post-intervention and at 1 year follow up.   |
| <b>Sources of funding</b>    | Funded, in part, by grants from the National Institute for Disability and Rehabilitation Research, US Department of Education, and grants from the Oregon Department of Education.  |
| <b>Inclusion criteria</b>    | <p>Educational status</p> <p>Receiving special education services. (DHS special problem code)</p> <p>Age</p> <p>16.5 to 17.5 years</p> <p>Care situation</p> <p>At least 90 days in foster care</p> <p>Other</p> <p>Attending a large school district in the study area</p> |

|                                   |   |
|-----------------------------------|---|
| <b>Exclusion criteria</b>         | <p>Diagnosed health problem</p> <p>Actively psychotic</p> <p>Language</p> <p>Non-english speaking</p> <p>Care situation</p> <p>scheduled to move out of state</p>   |
| <b>Sample size</b>                | 69  |
| <b>Split between study groups</b> | 33 were assigned to the intervention group and 36 to the comparison group   |
| <b>Loss to follow-up</b>          | At the end of the intervention period, 60 youth were assessed (29 intervention, 31 comparison); five youth could not be located and four youth had withdrawn from the study. At one year follow-up, 61 youth were assessed (29 intervention, 32 comparison) (follow-up assessment was completed for one of the comparison group youth who was missing at post-intervention). Thus, attrition rate was 13% at post-intervention and 11% at follow-up.  |
| <b>% Female</b>                   | 41%   |
| <b>Mean age (SD)</b>              | 16.8 ± 0.47   |
| <b>Outcome measures</b>           | <p>Agency outcome 1</p> <p>Self determination. The Arc Self-determination Scale is a 72-item self-report measure that provides data on four components of self-determination as well as providing a global overall score of self-determination.</p> <p>Quality of Life</p> <p>Quality of life. The Quality of Life Questionnaire (QoL Q, Schalock &amp; Keith, 1993), a widely used standardized measure of quality of life, was used to assess youth quality of life. It has been used with older children and adolescents with behavioral and educational impairments, and it has well established validity and reliability. The instrument provides information on a young person's connections with others, social inclusion, individual control, community integration, productivity and overall satisfaction and wellbeing.</p> |

**Education outcomes 1**

High school completion. School data was collected from school records (i.e., transcripts, IEP). Participants completed their secondary education (either through graduation or obtaining their GED)

**Employment outcome 1**

Employment. The Outcome Survey is a self-report measure completed by youth that captures perceptions about their readiness for independent life. It was used to assess employment, education and living status (e.g. stable housing). It also gathered information on usage of transition services (such as Vocational Rehabilitation, Chafee Housing, or WIA funded programs) and had a series of items that asked about indicators of independent living, such as whether youth paid their own rent, utilities and phone bill, shopped for their own groceries, earned enough to pay their own bills and whether they made their own medical appointments.

**Agency outcome 2**

Identification of accomplishments. Subscale of the Arc Self-determination Scale.

**Agency outcome 3**

Identification of transition goals. Subscale of the Arc Self-determination Scale.

**Agency outcome 4**

Transition planning. The Transition Planning Assessment was used to measure youth transition planning knowledge and engagement. It consists of 14 Likert-type questions such as "People ask about my opinions and ideas at meetings", "I help run my transition planning meetings" and "I understand everything decided at the meeting".

**Independent living outcome 1**

Independent living activities. The Outcome Survey is a self-report measure completed by youth that captures perceptions about their readiness for independent life. It was used to assess employment, education and living status (e.g. stable housing). It also gathered information on usage of transition services (such as Vocational Rehabilitation, Chafee Housing, or WIA funded programs) and had a series of items that asked about indicators of independent living, such as whether youth paid their own rent, utilities and phone bill, shopped for their own groceries, earned enough to pay their own bills and whether they made their own medical appointments.

**Education outcome 2**

Post-secondary education: attending either a 2 or 4-year college programme.

**Study arms****TAKE CHARGE (self-determination coaching and mentoring) (N = 29)**

The intervention group participated in TAKE CHARGE for approximately 12 months. The intervention included two elements: (a) individual, weekly coaching sessions for youth in the application of self-determination skills to achieve self-identified goals and to carry out a youth-led transition planning meeting; and (b) quarterly workshops for youth with young adult mentors who were formerly in foster care. The intervention

was designed as a universally accessible approach for supporting the transition to adulthood of all youth while being accessible to young people with disabilities. Weekly coaching was typically conducted during unscheduled school class periods, immediately before or after school, or in the evenings or on weekends, whichever was most feasible for the student. Each youth learned to apply skills in achievement (e.g. set goals, problem-solving), partnership development (e.g., schmoozing, negotiation), and self-regulation (focus on your accomplishments, ARM yourself against stress) to identify and work toward personally valued transition goals, and to develop an individualised transition plan that s/he shared with those adults considered by the youth to be important in his or her life (e.g., teachers, foster care case worker, attorney, foster parent, biological family, athletic coaches, etc.). These skills and the transition planning process were presented in a self-help guide that leads youth through the process of short-term goal identification and achievement, with each strategy presented as a small number of systematic steps. For example, the steps youth learn for SET GOALS are: 1) Look at what you are doing now; 2) Choose activities that: are important to you, a good place to start, and others will support; and 3) Decide exactly what you will do (break your goal down to bite-sized pieces). Coaches assist, encourage, and challenge youth to apply the skills to achieve their personal goals. They assist youth to review their self-help materials, to cheer their progress, to occasionally challenge them to take action, and to help them rehearse their use of strategies (i.e. role-play negotiating a goal with a foster parent) or to perform particular activities necessary for goal achievement (i.e. call an agency to obtain information). Over time, as the youth demonstrates increasing skill and motivation to accomplish chosen activity goals, the coach fades his/her direct involvement in activity completion and encourages the youth to select more complex goals and apply the meta-cognitive skills to achieve them. To accommodate instability in the lives of many youth in foster care, adaptations were made to TAKE CHARGE coaching. For example, rather than supporting youth to learn and apply skills sequentially as presented in the self-help guide, coaches introduce skills as “learning” and “practice” moments emerged for each youth. Thus, a youth who was in a foster care placement crisis at the beginning of the intervention could be exposed to the steps of problem-solving before setting any goals. Once his or her immediate problem is addressed, the coach would then steer the youth toward goal setting. The TAKE CHARGE guide also was revised to address issues specific to foster youth, such as recording historic and/or important information in a “Personal Profile”; establishing “support agreements” with adults who are willing to help the youth during the first year or two after exiting care; and learning how to work with professionals and agencies that are important for the youth's success (e.g., child welfare, judges, attorneys). Coaches provided an intervention orientation to each foster parent and monthly updates on the youth's activities to the foster parent and foster care case worker. Youth participated in updates as they desired, and they were always informed and approved of the information the coach planned to share. The intervention program also was designated as an unpaid Independent Living Programme so that youth randomized to the intervention could access housing and educational funding available to youth in foster care. Youth were invited to participate in up to 4 mentoring workshops with the peers in their cohort and mentors who were young adult alumni of foster care, usually 3–4 years older than the study participants. Mentors were attending college, working successfully in a particular career area, and/or had particular experience in overcoming barriers to transition success (e.g.

homelessness). Mentors completed an application, interview, and training to prepare them to participate in selected workshops related to their interests and expertise. Mentoring workshop topics were selected by each cohort of youth, with topics such as employment, postsecondary education, exiting foster care, and leading a transition meeting typically selected. For each topic, a specific agenda and structured didactic, experiential, and fun activities were included.

#### **Foster Care Independent Living Programme (N = 32)**

The study comparison condition was the Foster Care Independent Living Program (ILP), funded through the John H. Chafee Foster Care Independence Program which provides independent living services to youth ages 16 and older in foster care. ILP services included classes on transition topics such as budgeting, cooking, and preparing a resume, support from an ILP case manager, drop-in peer support, and assistance to apply for resources such as Chafee housing, subsidy, and Educational Training Vouchers. All youth consented to the study agreed to participate only in the ILP or TAKE CHARGE during the intervention year; case worker referral to the ILP was obtained for youth in the comparison group who had not been previously referred to the ILP, and study staff supported the youth to attend an ILP orientation. Post-intervention assessment indicated that 24 (77%) of comparison group youth reported they participated in the ILP post-orientation; 13 youth (42%) reported they attended ILP classes (average of 4.92 classes during the intervention year); and 17 youth (55%) said they had an ILP case manager, with an average of 5.88 contacts.

#### **Characteristics (arm-level)**

|                            | <b>TAKE CHARGE (self-determination coaching and mentoring) (N = 29)</b> | <b>Foster care independent living programme (N=32)</b> |
|----------------------------|---|--|
| <b>Non-white ethnicity</b> | 57.6  | 60.6   |
| <b>Type of care</b>        |   |  |
| <b>Non-relative (%)</b>    | 75.8  | 75.0   |

|  | <b>TAKE CHARGE (self-determination coaching and mentoring) (N = 29)</b> | <b>Foster care independent living programme (N=32)</b> |
|--|---|--|
| <b>Kinship care (including birth parent) (%)</b>       | 13.8  | 9.4  |
| <b>Group home/residential care (%)</b>                 | 10.3  | 15.6   |
| <b>Mean number of placement moves in the last year</b> | 2.0   | 2.8  |
| <b>Type of previous maltreatment</b>                   |   |  |
| Physical (%)   | 17.2  | 21.9   |
| Sexual (%)   | 37.9  | 18.7   |
| Neglect (%)  | 41.4  | 43.8   |
| Emotional maltreatment (%)                             | 0   | 3.1  |
| <b>Disabilities</b>                                    |   |  |
| Emotional/behavioural (%)                              | 27.6  | 53.0   |
| Intellectual disability (%)                            | 10.3  | 9.4  |
| Speech/language (%)                                    | 17.2  | 15.6   |
| Physical (%)   | 0   | 3.1  |

|  | <b>TAKE CHARGE (self-determination coaching and mentoring) (N = 29)</b> | <b>Foster care independent living programme (N=32)</b> |
|--|---|--|
| Learning (%)                                     | 31  | 21.8   |
| received developmental disabilities services (%) | 31  | 21.9   |

**Risk of bias**

| <b>Section</b>  | <b>Question</b>  | <b>Answer</b>   |
|---|--|---|
| Domain 1: Bias arising from the randomisation process   | Risk of bias judgement for the randomisation process   | Some concerns<br><i>(Unclear how randomisation was performed. Unclear if allocation concealment. Unclear if important (significant) differences between groups at baseline)</i> |
| Domain 2: Risk of bias due to deviations from the intended interventions (effect of assignment to intervention) | Risk of bias for deviations from the intended interventions (effect of assignment to intervention)         | High  |
| Domain 2b: Risk of bias due to deviations from the intended interventions (effect of adhering to intervention)  | Risk of bias judgement for deviations from the intended interventions (effect of adhering to intervention) | High  |
| Domain 3. Bias due to missing outcome data  | Risk-of-bias judgement for missing outcome data  | High<br><i>(Unclear if missing information, how much, or whether different amounts between groups)</i>  |



| Section  | Question  | Answer   |
|--|---|--|
| Domain 4. Bias in measurement of the outcome       | Risk-of-bias judgement for measurement of the outcome       | Some concerns<br><i>(Unclear how outcomes were assessed (by who) or if blinded for intervention group)</i>                               |
| Domain 5. Bias in selection of the reported result | Risk-of-bias judgement for selection of the reported result | Some concerns<br><i>(Insufficient information provided about conducting the study e.g. approach to missing data, no protocol cited).</i> |
| <b>Overall bias and Directness</b>                 | <b>Risk of bias judgement</b>                               | <b>High</b>  |
|  | <b>Overall Directness</b>                                   | <b>Partially applicable<br/>(Non-UK study)</b>   |

## Non-RCTs

### Barnow 2015

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Prospective cohort study                        |
| <b>Study location</b> | USA   |
| <b>Study setting</b>  | Children and alumni of the foster care services |
| <b>Study dates</b>    | 2004  |

|                                   |   |
|-----------------------------------|---|
| <b>Duration of follow-up</b>      | 2 years   |
| <b>Sources of funding</b>         | The US Department of Labor's (DOL) Employment and Training Administration (ETA)   |
| <b>Inclusion criteria</b>         | <p>Age<br/>between the ages of 16 and 21</p> <p>Care situation<br/>in out-of-home care currently or formerly</p> <p>Other<br/>Workforce Investment Act and foster care systems in the following locations: (i) Pasadena and South Central Los Angeles, California; (ii) Chicago, Illinois; (iii) Detroit, Michigan; (iv) New York City, New York; and (v) Houston, Texas.</p> |
| <b>Sample size</b>                | <p>1058 (for employment or any positive outcome), 971 (for achieving post-secondary education),** 687 (for achieving GED or diploma)*</p> <p>*Only youth who were in high school or were high school dropouts at enrolment were considered for this outcome.</p> <p>**Only youth who were not in post-secondary school at enrolment were considered for this outcome.</p>     |
| <b>Split between study groups</b> | Job preparation: 76.3%; College preparation: 31.3% ;life skills classes 41.1% ;parenting classes 6.8%; income support 33.0%; substance abuse counselling: 4.1%.   |
| <b>Loss to follow-up</b>          | Not reported  |
| <b>% Female</b>                   | 58.4%   |
| <b>Mean age (SD)</b>              | Under 17: 19.0%   |

|   |   |                  |   |
|---|---|------------------|---|
|   | 17 and older: 81.0%   |                  |   |
| <b>Condition specific characteristics</b> | <p>Non-white ethnicity<br/>90.5%</p> <p>Type of care<br/>56.3% in foster care at baseline; 21.9% adjudicated or incarcerated;</p> <p>Special educational needs<br/>In high school: 42.3%; in post-secondary education: 8.6%; Dropped out of highschool: 22.9%; high school graduate but not enrolled in post-secondary education.</p>   |                  |   |
| <b>Outcome measures</b>                   | <p>Education outcomes 1<br/>Completion of GED or diploma</p> <p>Employment outcome 1<br/>employment in a paid job including apprenticeship and the military</p> <p>Education outcome 2<br/>post-secondary enrolment full-time (or part-time if also employed part-time)</p> <p>Education outcome 3<br/>any positive outcome (employment or education) defined as having one or more of the other three outcomes</p>   |                  |   |
| <b>Study arms</b>                         | <p><b>College preparation (N = 331)</b><br/>Youth participated in activities intended to prepare youth for post-secondary education</p> <table border="1"> <tr> <td>Outcome measures</td> <td> <p>Education outcomes 1<br/>Completion of GED or diploma, beta coefficient (95%CI): -0.317 (-1.00 to 0.37)</p> <p>Employment outcome 1<br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.561 (0.08 to 1.04)</p> <p>Education outcome 2<br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.49 (-0.16 to 1.14)</p> </td> </tr> </table> | Outcome measures | <p>Education outcomes 1<br/>Completion of GED or diploma, beta coefficient (95%CI): -0.317 (-1.00 to 0.37)</p> <p>Employment outcome 1<br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.561 (0.08 to 1.04)</p> <p>Education outcome 2<br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.49 (-0.16 to 1.14)</p> |
| Outcome measures                          | <p>Education outcomes 1<br/>Completion of GED or diploma, beta coefficient (95%CI): -0.317 (-1.00 to 0.37)</p> <p>Employment outcome 1<br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.561 (0.08 to 1.04)</p> <p>Education outcome 2<br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.49 (-0.16 to 1.14)</p>   |                  |   |

|  |  |   |
|--|--|---|
|  |  | <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 0.42 (-0.04 to 0.89)</p>  |
|  | <p><b>Job preparation (N = 807)</b><br/>Participant received one or more of the following: subsidized work experience/internship, unsubsidized work experience or other job preparation class/activity, such as leadership development classes or SCANS training</p> |   |
|  | Outcome measures   | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): 0.546 (-0.23 to 1.32)</p> <p><b>Employment outcome 1</b><br/>Employment in a paid job, beta coefficient (95%CI): 0.99 (0.41 to 1.58)</p> <p><b>Education outcome 2</b><br/>Post-secondary enrolment full-time, beta coefficient (95%CI): 1.25 (0.11 to 2.39)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 1.03 (0.53 to 1.53)</p>   |
|  | <p><b>Life skills courses (N = 435)</b><br/>Participants were enrolled in life skills courses</p>  |   |
|  | Outcome measures   | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): 0.34 (-0.31 to 0.99)</p> <p><b>Employment outcome 1</b><br/>employment in a paid job, beta coefficient (95%CI): 0.26 (-0.21 to 0.73)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.45 (-0.23 to 1.12)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 0.33 (-0.10 to 0.78)</p> |

|  |  |
|--|--|
| <p><b>Substance abuse counselling (N = 43)</b><br/>Participants received substance abuse counselling at any time</p>               |  |
| Outcome measures   | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): -0.66 (-1.57 to 0.25)</p> <p><b>Employment outcome 1</b><br/>employment in a paid job, beta coefficient (95%CI): -0.86 (-1.66 to -0.06)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time (or part-time if also employed part-time), beta coefficient (95%CI): 0.017 (-0.83 to 0.86)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): -1.015 (-1.84 to -0.19)</p> |
| <p><b>Income support services (N = 349)</b><br/>Participants received income support such as "TANF", "SSI", "Chafee" or "Pell"</p> |  |
| Outcome measures   | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): 1.37 (0.82 to 1.91)</p> <p><b>Employment outcome 1</b><br/>employment in a paid job, beta coefficient (95%CI): 0.421 (-0.01 to 0.85)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time (or part-time if also employed part-time), beta coefficient (95%CI): 0.92 (0.40 to 1.43)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 0.71 (0.28 to 1.15)</p>          |
| <p><b>Parenting support classes (N = 72)</b><br/>Participants were enrolled in parenting classes</p>                               |  |

|                  |   |
|------------------|---|
| Outcome measures | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): 0.82 (0.06 to 1.58)</p> <p><b>Employment outcome 1</b><br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.23 (-0.43 to 0.90)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.01 (-0.71 to 0.74)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 0.40 (-0.28 to 1.09)</p>                          |
|                  | <p><b>GED preparation/remedial education (N = 585)</b><br/>Participants were enrolled in GED preparation or remedial education</p>  |
|                  | <p>Outcome measures</p> <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): 0.18 (-0.37 to 0.72)</p> <p><b>Employment outcome 1</b><br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.35 (-0.11 to 0.81)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time, beta coefficient (95%CI): 0.05 (-0.53 to 0.62)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): 0.30 (-0.15 to 0.75)</p> |
|                  | <p><b>Health support (N = 72)</b><br/>Health support (including medical, mental health or prescription drug services at any time);</p>  |
| Outcome measures | <p><b>Education outcomes 1</b><br/>Completion of GED or diploma, beta coefficient (95%CI): -0.486 (-1.11 to 0.14)</p>   |

|                     |   |
|---------------------|---|
|                     | <p><b>Employment outcome 1</b><br/>employment in a paid job including apprenticeship and the military, beta coefficient (95%CI): 0.17 (-0.31 to 0.65)</p> <p><b>Education outcome 2</b><br/>post-secondary enrolment full-time, beta coefficient (95%CI): -0.59 (-1.17 to -0.01)</p> <p><b>Education outcome 3</b><br/>any positive outcome, beta coefficient (95%CI): -0.165 (-0.65 to 0.32)</p>   |
| <b>Risk of bias</b> | <p><b>1. Bias due to confounding</b></p> <p>Critical</p> <p>(Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. )</p> <p><b>2. Bias in selection of participants into the study</b></p> <p>Serious</p> <p>(Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically.)</p> <p><b>3. Bias in classification of interventions</b></p> <p>Serious</p> <p>(Interventions were not clearly defined and could have differed significantly between sites and participants.)</p> <p><b>4. Bias due to deviations from intended interventions</b></p> <p>Serious</p> |

|  |  |
|--|--|
|  | <p>(Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received.)</p> <p><b>5. Bias due to missing data</b></p> <p>Serious</p> <p>(Amount of missing data, and approach to missing data for analysis is not described)</p> <p><b>6. Bias in measurement of outcomes</b></p> <p>Serious</p> <p>(Workers at each programme collected participant data via interviews at time of entry into the programme and quarterly. Unclear if outcomes were valid or had been validated.)</p> <p><b>7. Bias in selection of the reported result</b></p> <p>Moderate</p> <p>(Unclear how variables were selected for entry into multivariable analysis.)</p> <p><b>Overall bias</b></p> <p><b>Risk of bias judgement</b></p> <p>Critical</p> <p><b>Directness</b></p> <p><b>This question has not yet been answered.</b></p> |
|--|--|



**Chittleburgh 2010****Study details**

|                           |  |
|---------------------------|--|
| <b>Study type</b>         | Interrupted time series<br>Quantitative data were obtained using documentary analysis, looking at cohorts leaving care before and after implementation of the intervention programme.  |
| <b>Study location</b>     | UK   |
| <b>Study setting</b>      | Undefined care service.  |
| <b>Study dates</b>        | 2002-2005  |
| <b>Sources of funding</b> | none reported  |
| <b>Inclusion criteria</b> | In foster care<br>Set to leave care in the near future.  |
| <b>Sample size</b>        | 43   |
| <b>Loss to follow-up</b>  | Unclear  |
| <b>Outcome measures</b>   | Number of participants losing tenancies within 6-12 months of leaving care<br>Number of participants receiving a criminal conviction after leaving care.<br>Number of participants losing contact with support agencies<br>Unable to find a job within two years |

**Study arms**

**Control (N = 24)**

Pre-2004 (2002 and 2003), before the aftercare service was set up.

**Aftercare service (N = 19)**

Youth transitioning into the community in 2004 and 2005. While still in care, the aftercare worker helps youth identify and secure appropriate 'move-on' accommodation, as well as helping to decorate flats before moving in. The aftercare staff provided services that were highlighted by youth as being important when transitioning and include: • Having a relationship with aftercare staff from the time young people are first admitted to the residential units • A flexible service which is available in the evenings, weekends and public holidays. • Opportunities for group work with other young people in the same situation. • Opportunity to continue support on a voluntary basis. • Freedom to decide how long they wish to receive support (up to age 21, or 25 if they are parents). • Individualized, creative and client-led support plans. Several groups are available to assist in aftercare, such as the 'Feeling Good' group which aims to improve self-esteem and confidence and the 'Mother and toddler group' which meets fortnightly and offers professional and peer support to 7 young parents and their 14 children. Several other general activity groups are available.

**Characteristics (arm-level)**

|   | <b>Control (N = 24)</b> | <b>Aftercare service (N = 19)</b> |
|---|-------------------------|-----------------------------------|
| <b>Female (%)</b>                         |                         |                                   |
| Nominal                                   | 65                      | 65                                |
| <b>Mean age when leaving care (years)</b> |                         |                                   |
| Mean/SD                                   | 16.9 (empty data)       | 16.9 (empty data)                 |

**Risk of bias**

| Section  | Question   | Answer  |
|--|--|---|
| Domain 1: Intervention independent of other changes                                      | Risk of bias judgement for intervention process coinciding with other service changes. | High<br><i>(Very little information given regarding other service changes that occurred between the two time periods (apart from the introduction of the experimental service). Limited reporting of baseline characteristics.)</i> |
| Domain 2: Shape of the intervention effect pre-specified?                                | Risk of bias for Shape of the intervention effect not being pre-specified?             | Low<br><i>(Analysis corresponds to the time the intervention was introduced).</i>   |
| Domain 3. Intervention unlikely to affect data collection                                | Risk-of-bias due to intervention affecting data collection.                            | High<br><i>(Inadequate reporting on how quantitative outcomes were determined.)</i>   |
| Domain 4. Knowledge of the allocated interventions adequately prevented during the study | Risk-of-bias judgement for knowledge of allocated intervention                         | Low<br><i>(Study was unblinded however the [quantitative] outcomes are not likely to be affected by this.)</i>  |
| Domain 5. Incomplete outcome data  | Risk-of-bias judgement for incomplete outcome data.                                    | Low<br><i>(No evidence of incomplete outcome data however, there is very limited reporting on how outcomes were measured and it is unclear whether there was likely to have been difficulties obtaining data.)</i>                  |
| Domain 6. Selective outcome reporting  | Risk-of-bias judgement for selective outcome reporting                                 | Low   |
| Domain 7. Other risk of bias   | Risk-of-bias judgement for incomplete outcome data.                                    | High<br><i>(Limited reporting of baseline characteristics and on how the intervention was applied in practice.)</i>   |
| <b>Overall bias and Directness</b>   | <b>Risk of bias judgement</b>  | <b>High</b>   |

| Section | Question                  | Answer                     |
|---------|---------------------------|----------------------------|
|         | <b>Overall Directness</b> | <b>Directly applicable</b> |

## Jones 2011

### Study details

|                              |  |
|------------------------------|--|
| <b>Study type</b>            | Prospective non-randomised controlled trial  |
| <b>Study location</b>        | USA  |
| <b>Study setting</b>         | The transitional housing program described in this article was a program component of a residential placement option. This placement was to serve as an innovative long-term placement option for adolescent foster youth who were not likely to return to their biological families. The program was meant to serve a subset of foster youth who did not have a permanency plan, who were expected to remain in care until emancipation age, and who had a history of frequent placement change. The residence was expected to provide a stable home and a comprehensive educational program in preparation for discharge from foster care. The alumni of this program could choose to live in transitional housing for up to one year after discharge. |
| <b>Study dates</b>           | October 2001 through June 2005   |
| <b>Duration of follow-up</b> | Youth were interviewed in successive cohorts at intervals of six months, one year, two years, and three years after discharge.   |
| <b>Sources of funding</b>    | Not reported   |
| <b>Inclusion criteria</b>    | Criteria 1<br>Youth being discharged from foster care  |

|   |  |
|---|--|
|   | <p>Criteria 2<br/>in residential care</p> <p>Age<br/>at least 17 years old at time of discharge</p>                              |
| <b>Exclusion criteria</b>                 | <p>Criteria 1<br/>Youth who said they were staying temporarily with friends</p>  |
| <b>Sample size</b>                        | 106  |
| <b>Split between study groups</b>         | <p>Transitional house = 54</p> <p>Other living arrangements = 52</p>   |
| <b>Loss to follow-up</b>                  | Of the 129 eligible six-month interviews, 106 were completed (82.2%). Unclear difference in attrition between comparison groups. |
| <b>% Female</b>                           | 61.5%  |
| <b>Mean age (SD)</b>                      | <p>age 17 = 1.1%;</p> <p>age 18 = 64.2%;</p> <p>age 19 = 30.2%;</p> <p>age 20 = 3.8%</p>   |
| <b>Condition specific characteristics</b> | <p>non-white ethnicity<br/>76.2%</p> <p>Graduated from residential school</p>  |

|  |   |
|--|---|
|  | 82.7%   |
| <b>Outcome measures</b>  | <b>Abstinence</b><br>% With a clinical/borderline substance abuse problem; % With a clinical/borderline alcohol problem; % With clinical/borderline drug problem  |
|  | <b>Social support</b><br>Receipt of public financial support  |
|  | <b>Housing stability</b><br>mean number of housing moves at 6 months, 12 months, and 24 months: Number of different places they had lived since the last interview  |
|  | <b>Education</b><br>% attending school at 6 months, 12 months, 24 months  |
|  | <b>Employment and earnings</b><br>% employed at 6 months, 12 months and 24 months; % unemployed at 6 months, 12 months, and 24 months; Mean monthly income  |
|  | <b>Economic well-being</b><br>Mean financial stress: Financial stress was assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress |
|  | <b>Social support</b>   |
|  | <b>Health</b><br>Mean report of health status: Youth asked to compare their health status to other youth their age. 1 = excellent ... 5 = very poor   |
|  | <b>Criminal behaviour and justice system involvement</b><br>% arrested; % jailed; % victimized by crime.  |
|  | <b>Homelessness</b><br>% without a place to sleep for one night at 6, 12 and 24 months: Subjects asked if they ever had been without a place to sleep for at least one night, and how many nights were they without a residence.  |
| <b>Readiness for independent living score</b><br>The Ansel-Casey Life Skills Assessment–Short Version (ACLSA) was developed by the Casey Family Program as a means of assessing foster youth’s readiness for independent living. Assessed at 6, 12 and 24 months |   |
| <b>Living independently</b><br>% living independently Living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent.                        |   |

**Relationships**

Connectedness to the adult world: A series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. Courtney and Dworsky (2005) utilized a concept called "Connectedness" in assessing post-foster care adaptations. This concept assumes a healthy engagement with the adult world would include some combination of work, continued schooling, marriage, and child rearing. "Connectedness" was constructed by summing the number of connections a youth had in each domain.

**Mental health outcomes**

Youth completed the Young Adult Self-Report (YASR) as a measure of their mental health status. This instrument provides data on the behavioral adjustment of young adults and assesses youth's social competencies, emotional, and behavioral problems (internalizing, externalizing and total problems as well as use of alcohol and drugs; Achenbach, 1997). The borderline cut point ( $t > 60$ ) was used to separate clinically/borderline significant scores from non-clinically significant scores. Internalizing behaviors include the anxious/depressed syndrome and withdrawn syndrome (Achenbach, 1997). The borderline and clinical categories were combined into a single category.

**Study arms****Transitional housing (N = 54)**

The transitional housing program was a program component of a residential placement option. This placement was to serve as an innovative long-term placement option for adolescent foster youth who were not likely to return to their biological families. The program was meant to serve a subset of foster youth who did not have a permanency plan, who were expected to remain in care until emancipation age, and who had a history of frequent placement change. The residence was expected to provide a stable home and a comprehensive educational program in preparation for discharge from foster care. The alumni of this program could choose to live in transitional housing for up to one year after discharge. The transitional program provided program leavers with housing and resources in a supervised supportive environment. Staff of the program consisted of a program coordinator, a case manager, and residential counselors. Residents would continue learning independent living skills while in residence with the security of knowing staff was present to provide supervision, support, and services in preparation for life after the transition house. Residents participants received case management and help in accessing community resources. The program also allowed college attending alumni who did not have a family to reside at the transitional house during breaks. At least one former resident who was homeless during the period of investigation returned to live in the transitional house and received services. The resident, who had not completed high school, was allowed attend the on-site school to complete his education. It was also possible to live off campus and receive services through the program. Twenty alumni were participating in the program in July 2007. Five of those alumni lived in supervised off-campus housing near the community colleges they attended. Entrance into the program required that the youth be eligible for emancipation from foster care, be working or seeking employment, or attend school and be willing take part in the independent living skills program. Former foster youth lived dormitory style in a

renovated building that had previously been a residence hall for a private boarding high-school. Employed youth paid a portion of their salary for rent as they would do if they had an apartment in the community. However, rent was largely nominal because the desire of program designers was for the youth to prepare for independent living by acquiring some savings.

#### **Other living arrangements (N = 52)**

For those not in transitional housing, other living arrangements included staying with family friend; College dorm; residential care; former foster parent; rented apartment; staying with a non-relative; or renting a room in a house.

#### **Risk of Bias**

| <b>Section</b>                | <b>Question</b>                                    | <b>Answer</b>   |
|-------------------------------|--|---|
| Random sequence generation    | Was the allocation sequence adequately generated?  | No  |
| Allocation concealment        | Was the allocation adequately concealed?           | No  |
| Baseline outcome measurements | Were baseline outcome measurements similar?        | Yes   |
| Baseline characteristics      | Were baseline characteristics similar?             | No<br><i>(there were some important differences between comparison groups, for example, more care leavers in the transitional house group had graduated from residential school )</i> |
| Incomplete outcome data       | Were incomplete outcome data adequately addressed? | NA<br><i>(missing data was similar between comparison groups)</i>   |



| Section   | Question  | Answer   |
|---|---|--|
| Knowledge of the allocated interventions          | Was knowledge of the allocated interventions adequately prevented during the study? | No   |
| Protection against contamination                  | Was the study adequately protected against contamination?                           | Partly<br><i>(unclear to what extent those in other living arrangements may have received transitional support )</i> |
| Selective outcome reporting                       | Was the study free from selective outcome reporting?                                | Yes  |
| Other risks of bias                               | Was the study free from other risks of bias?  | Yes  |
| Overall judgements of risk of bias and directness | Overall risk of bias  | High risk of bias  |
|   | Overall directness  | Partially applicable<br><i>(Non-UK study )</i>   |

## Lee 2012/2014

### Study details

|            |                          |
|------------|--------------------------|
| Study type | Prospective cohort study |
|------------|--------------------------|

|                              |  |
|------------------------------|--|
|                              | <b>Study name</b><br>the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study)  |
| <b>Study location</b>        | USA  |
| <b>Study setting</b>         | 17-year-old youth leaving the foster care system in three states, Illinois, Wisconsin, and Iowa.   |
| <b>Study dates</b>           | 2002 to 2009   |
| <b>Duration of follow-up</b> | 6 years  |
| <b>Sources of funding</b>    | Not reported   |
| <b>Inclusion criteria</b>    | <b>Age</b><br>17 years old<br><br><b>Left foster care</b><br>leaving the foster care system<br><br><b>Care characteristics</b><br>in out of home care for at least 1 year    |
| <b>Exclusion criteria</b>    | Severe learning disabilities<br><br>Severe mental health problems<br>or incarcerated in psychiatric hospital for first interview<br><br>On the run or missing from placement |
| <b>Sample size</b>           | 732  |

|   |  |
|---|--|
| <b>Split between study groups</b>         | The number of participants still in care varied by age: Ninety percent of the respondents were still in care at age 17, and 47% were still in care at age 19. By age 21 almost all of the respondents were out of care, and at age 23 all respondents were out of care.  |
| <b>Loss to follow-up</b>                  | loss to follow up was 132 at age 19, 143 at age 21, and 131 at age 23/24   |
| <b>% Female</b>                           | 51.5%  |
| <b>Mean age (SD)</b>                      | all participants were either 17 or 18 years old at the beginning of the study  |
| <b>Condition specific characteristics</b> | <p>non-white ethnicity<br/>71.2%</p> <p>Care characteristics<br/>foster (37%), Kinship (31%), Group care (18%), individual living care (8%), other care (6%)</p> <p>Total number of care placements (mean)<br/>6.3 ± 8.08</p> <p>Mental health history<br/>49%</p> <p>Substance abuse history<br/>35%</p> <p>with children<br/>13.9%</p>   |
| <b>Interventions</b>                      | <p><b>Intervention 1</b><br/>The intervention of interest was remaining in care beyond age 18: extended care status. This variable was an exogenous, time varying dummy variable (1 = out of care; 0 = in care), and was based on the date the youth's case was closed, according to the administrative database. As long as the youth's case was open, the individual was living under the care and supervision of the public childwelfare agency, which was therefore obligated to provide for the young person's basic needs (e.g., housing, food, health care, and case management by an agency social worker). The youths' care by the agency was also subject to periodic court review. Remaining in care has also been shown to be associated with an increased</p> |

|                         |   |
|-------------------------|---|
|                         | likelihood of receiving independent living services including: financial and other support for educational and vocational programs, financial literacy training and employment services, housing assistance programs, employment support, life skills classes, medical insurance, support for teen parenting, and legal advice.   |
| <b>Outcome measures</b> | <p><b>Criminal behaviour and justice system involvement</b><br/>Criminal arrests over follow up; Incarcerations over follow up; Convictions over follow up; violent crimes over follow up; property crimes over follow up; drug crimes over follow up; any crimes over follow up;. Self-reported legal involvement was coded as a dichotomous variable based on whether or not the individual had been arrested, convicted, or spent one night in jail, prison, juvenile hall, or another correctional facility. At Wave 1, participants were asked if they had ever experienced arrest, conviction, or incarceration. At Waves 2, 3 and 4, they were asked if they had been arrested, convicted, or incarcerated since their last interview. At all four waves, study participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviors. Six were classified as violent offenses (use or threaten to use a weapon against someone, take part in a gang fight, injured in a physical fight, hurt someone badly enough to require care, pulled a knife or gun on someone, and shot or stabbed someone), four were classified as property offenses (deliberately damaged property that didn't belong to you, steal something worth more than \$50, go into a house or building to steal something, and steal something less than \$50), and one was classified as a drug offense (sell marijuana or other drug). Four dichotomous variables were constructed from these eleven items, indicating whether or not the individual engaged in a violent, property, drug, or any offense in the past 12 months.</p> <p><b>Delinquency</b><br/>First adult arrest (obtained using official arrest data): The first adult arrest, or the first arrest that occurred following the individual's 18th birthday, is the observed event of interest. Following the Cusick et al. (2012) study, procedural arrests, such as speeding, littering, public intoxication, and issuance of a warrant, were dropped from the dataset since inconsistencies in reporting across the three states were likely. First arrest for a violent offense (using official arrest data): A second set of analyses was also conducted using the first adult arrest for a violent offense. Violent arrests were identified based on offense category; offenses classified as against persons were included while offenses classified as contempt, drug, miscellaneous, traffic, and property were dropped. Examples of offenses against persons included assault and battery, aggravated assault, armed robbery, and sexual assault of a child.</p> |

### Risk of Bias

| Section                       | Question  | Answer  |
|-------------------------------|---|---|
| Random sequence generation    | Was the allocation sequence adequately generated? | No<br><i>(there was no random assignment to the variable of interest (whether the participant remained in care beyond age 18) )</i> |
| Allocation concealment        | Was the allocation adequately concealed?          | NA<br><i>(there was no allocation to the variable of interest )</i>   |
| Baseline outcome measurements | Were baseline outcome measurements similar?       | Yes   |

| Section                                  | Question  | Answer  |
|--|---|---|
| Baseline characteristics                 | Were baseline characteristics similar?  | Unclear<br><i>(Study did not report differences between those who remained in care and those who did not for important characteristics. However, analysis was adjusted for prior arrest, employment, enrolment in school, educational attainment, whether there were children, previous placement type, total number of previous placements, abuse, neglect, alcohol or drug abuse symptoms, mental health symptoms, ethnicity, age, and state)</i> |
| Incomplete outcome data                  | Were incomplete outcome data adequately addressed?                                  | Unclear<br><i>(unclear how comparison groups differed for missing values: "At least one of 24 variables in 639 (35.6%) cases was imputed.")</i>   |
| Knowledge of the allocated interventions | Was knowledge of the allocated interventions adequately prevented during the study? | Partly<br><i>("a portion of the survey was administered using Audio Computer Aided Self-Interviewing")</i>  |
| Protection against contamination         | Was the study adequately protected against contamination?                           | Unclear<br><i>(Though participants might have been officially "out of care" it is unclear to what extent support from previous foster care was remaining)</i>   |
| Selective outcome reporting              | Was the study free from selective outcome reporting?                                | Yes   |
| Other risks of bias                      | Was the study free from other risks of bias?  | Partly  |

| Section   | Question             | Answer  |
|---|----------------------|---|
| Overall judgements of risk of bias and directness | Overall risk of bias | High risk of bias                               |
|   | Overall directness   | Partially applicable<br>( <i>non-UK study</i> ) |

## Vorhies 2009

### Study details

|                              |   |
|------------------------------|---|
| <b>Study type</b>            | Before-and-after studies<br>A retrospective analysis of standardized assessments relating to personal, parenting, and child outcomes, as well as behavioural variables, was performed.  |
| <b>Study location</b>        | USA   |
| <b>Study setting</b>         | Foster care youth with severe mental illness who are pregnant and parenting in Chicago, IL.   |
| <b>Study dates</b>           | Between April 2004 and January 2009   |
| <b>Duration of follow-up</b> | Assessment data were collected by a clinically-trained evaluator embedded at the program at Time 1 (within a few weeks of program intake), at Time 2 (approximately 10 months of program participation), and at discharge (limited data meant that this time point was not reported). |

|                           |   |
|---------------------------|---|
| <b>Sources of funding</b> | The Thresholds Mothers' Project (TMP) is primarily funded through Department of Children and Family Services (DCFS)   |
| <b>Inclusion criteria</b> | <p>In foster care<br/>All women in the programme are "wards of the state". Approximately two-thirds of the children reside with their mothers, while one-third are in the custody of the state or residing in relative placements.</p> <p>Female<br/>All participants were female mothers</p> <p>economic and/or educational disadvantages</p> <p>Unsuccessful in previous programmes</p> <p>DSM-IV axis 1 primary diagnosis</p> <p>Victim of child maltreatment<br/>additionally, approximately 41% (based on a sample of 60% of residents) meet criteria for post-traumatic stress disorder (PTSD)</p>  |
| <b>Sample size</b>        | 25  |
| <b>Loss to follow-up</b>  | 7 participants did not complete the second follow-up.   |
| <b>Outcome measures</b>   | <p><b>Brief symptom inventory</b><br/>53-item self-report measure that assesses current symptoms and symptom intensity. The BSI exhibits high internal consistency (e.g. Cronbach's alpha of 0.71- 0.85), high test-retest reliability, and convergent, discriminant, and construct validity. It requires approximately 10 minutes for completion. These metric properties are based on a norm group of 719 psychiatric outpatients.</p> <p><b>Child abuse potential inventory</b><br/>The CAP is a 150-item self-report measure designed to detect the potential for child abuse in high risk populations through six subscales: distress, rigidity, unhappiness, and problems with self and child, family, and others. The scale exhibits high internal consistency (Cronbach's alphas of .92- .97)</p> |

for control subjects and .95 to .98 for subjects who were abusers). It requires approximately 20 minutes for completion. These metric properties are based on a norm group of 836 parents.

#### Parent opinion questionnaire

The POQ is an 80- item self-report measure assessing parental expectations of child behavior at varying developmental stages (from infancy to 16 years) using six subscales: self-care, family responsibility and care of siblings, help and affection to parents, leaving children alone, proper behavior and feelings, and punishment. The POQ demonstrates satisfactory validity and test-retest reliability. It requires less than 30 minutes for completion. Metric properties are based on a norm group of 30 mothers who were abusers or whose partners were abusers.

#### Parenting stress index

The PSI is a 120-item self-report measure screening for stress in the parent-child relationship through personal and situational factors. There are seven subscales regarding parents: competence, isolation, attachment, health, role restriction, depression, and spouse. There are six subscales regarding children: distractibility/ hyperactivity, adaptability, reinforces parent, demandingness, mood, and acceptability. The PSI has been validated in a variety of populations, including a sample of 2,633 mothers. It requires less than 30 minutes for completion.

#### Behavioural outcomes

Behavioural information tracked included: changes in pregnancy status, termination in birth, Suspected child abuse (DCFS hotline call), Health emergency report [Screening, Assessment and Support Services (SASS call)], Child custody change/discharge, hospitalization (Emergency room visit, medical or psychiatric admission), legal (arrest, indictment (felony or misdemeanor)), education (School starts, stops, attendance, graduation), AWOL ( Program absence without notification), Employment (Job start, job stop, and employment status)

### Study arms

#### **Thresholds Mothers' Project (TMP) (N = 25)**

TMP is composed of a drop-in center and three residences where mothers live with their children. Mothers receive 24-hour staff support, employment and education services, and mental health services such as dialectical behavior therapy. The drop-in center operates a licensed therapeutic nursery and offers medical care, case management, child development classes, parent coaching, and Theraplay® (a dyadic therapy for enhancing bonding and attachment). Services are individualized in frequency and intensity based on need and willingness of the mother to participate. Residences vary in supervision intensity from high levels of monitoring (e.g. group home) to less intensive monitoring (e.g. individual apartment). Mothers typically stay in services until emancipation (i.e., 21 years of age). The average length of stay is approximately 22.7 months (maximum = 3 years).



**Characteristics (arm-level)**

|  | <b>Thresholds Mothers' Project (TMP) (N = 25)</b> |
|--|---|
| <b>Age</b> (years) (Mean/SD)                       | 18.59 (0.88)                                      |
| <b>Non-white ethnicity</b> (%)                     | 96  |
| <b>Comorbid mood and anxiety disorder</b> (%)      | 8   |
| <b>Comorbid behaviour and anxiety disorder</b> (%) | 8   |
| <b>Comorbid mood and behaviour disorder</b> (%)    | 16  |
| <b>Pregnant</b> (%)                                | 50  |
| <b>Child age</b> (years) (Mean/SD)                 | 1.35 (1.04)                                       |
| <b>Attending high school</b> (%)                   | 24  |
| <b>High school graduate</b> (%)                    | 16  |
| <b>Attending college</b> (%)                       | 4   |

**Risk of bias**

| Section  | Question   | Answer  |
|--|--|---|
| Domain 1: Intervention independent of other changes                                      | Risk of bias judgement for intervention process coinciding with other service changes. | High<br><i>(Very little information given regarding other service changes that occurred between the two time periods (apart from the introduction of the experimental service). Limited reporting of baseline characteristics.)</i>   |
| Domain 2: Shape of the intervention effect pre-specified?                                | Risk of bias for Shape of the intervention effect not being pre-specified?             | Low<br><i>(Analysis corresponds to the time the intervention was introduced).</i>   |
| Domain 3. Intervention unlikely to affect data collection                                | Risk-of-bias due to intervention affecting data collection.                            | Low   |
| Domain 4. Knowledge of the allocated interventions adequately prevented during the study | Risk-of-bias judgement for knowledge of allocated intervention                         | High<br><i>(Study was unblinded and relied heavily on self-report, and is therefore at risk of demand characteristics).</i>   |
| Domain 5. Incomplete outcome data  | Risk-of-bias judgement for incomplete outcome data.                                    | High<br><i>(high rate of attrition at time 2 and the planned analysis at discharge was not possible due to too few participants being present. Those participants who did complete time 2 interviews differed considerably in their baseline characteristics to those participants who did not. Although only those mothers who completed both interviews were included in the analysis, it is likely that these were these participants were more likely to have benefited from the intervention.)</i> |
| Domain 6. Selective outcome reporting  | Risk-of-bias judgement for selective outcome reporting                                 | Low   |

| Section                            | Question  | Answer                     |
|------------------------------------|---|----------------------------|
| Domain 7. Other risk of bias       | Risk-of-bias judgement for incomplete outcome data. | Low                        |
| <b>Overall bias and Directness</b> | <b>Risk of bias judgement</b>                       | <b>Moderate</b>            |
|                                    | <b>Overall Directness</b>                           | <b>Directly applicable</b> |

## Qualitative studies

### Curry 2015

#### Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Semi structured interviews<br>RQ6.1  |
| <b>Aim of study</b>   | The study aimed to answer the following two questions - 1. How do young adults who are exiting foster care (i.e., transition-age youth) describe their journeys through transitional housing?<br>2. How do transitional housing programs shape perceptions of transition-age youth and their movement toward independence? |
| <b>Study location</b> | USA  |
| <b>Study setting</b>  | Care leavers from two residential transitional housing programmes in LA, California  |

|                               |  |
|-------------------------------|--|
| <b>Study methods</b>          | Recruitment of individual participants took place through group presentations at the transitional housing office sites. Participants completed two semi-structured interviews conducted by 1 of 4 interviewers. All interviewers were women, and included one master's-level graduate student, two doctoral-level graduate students, and one professor of social welfare. All interviews took place in a private room at the housing program office site or at the participant's home, based on participant preference. The initial interviews lasted approximately 30 to 45 minutes. All interviews were audio recorded and transcribed for analysis. Participants were also invited to take photographs that reflected their time transitioning out of care. During the follow-up interview, we asked the participants to describe each photo, including why they chose to take the photo, what was important about the photo, and what they thought the photo said about their experience with housing since emancipation. A member of the research team imported the transcripts and photographs into Atlas.ti to assist in data management. The authors of this article then analyzed the interviews and photos concurrently. The initial process involved open coding of transcripts and photographs. Methods to increase the rigor of the analysis included investigator triangulation, multiple interviews, and two modes of data collection (i.e., photographs and interviews). |
| <b>Population</b>             | Care leavers going through one of two transitional housing programmes  |
| <b>Study dates</b>            | between July and December 2012   |
| <b>Sources of funding</b>     | This study was funded by an anonymous private donor. The first author also received support from the UCLA Graduate Summer Research Mentorship program for the analysis and writing process.  |
| <b>Inclusion Criteria</b>     | Age<br>over 18<br><br>Care Situation<br>Resident or alumni of the housing programme  |
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | Type of care<br>Ten were from foster care, four were from dual-systems   |

|                        |  |
|------------------------|--|
|                        | <p><b>Gender</b><br/>Eight participants were women and six were men.</p> <p><b>Age</b><br/>Age range 18 - 22</p> <p><b>Ethnicity</b><br/>11 participants were African American, two were hispanic, and one was white.</p>  |
| <b>Relevant themes</b> | <p><b>Theme 1</b><br/>Changing perspectives - letting go and moving forward - the young adult experiencing major growth since leaving care, efforts by the young adult to rebuild her or his life, and overcoming challenges in a new context.</p> <p><b>Theme 2</b><br/>Changing perspectives - changing attitudes and priorities - the young adult intentionally surrounding himself or herself with peers who had positive attitudes and showed self-motivation to achieve change, and sacrificing short-term happiness for long-term goals.</p> <p><b>Theme 3</b><br/>photos - Many of the participants took pictures of objects or scenes meant to represent these concepts but which, on initial viewing by the researchers, seemed ordinary. However, in discussing these photographs, participants described how these seemingly ordinary images symbolized the growth or changes they had made in their journey from foster care to transitional housing. For example, Shaydon photographed a room he was renovating at his internship site, which he explained represented the new carpentry and building skills he had developed during his time in the transitional housing program. Moreover, Shaydon explained the photo also represented the fresh start the transitional housing program had given him, akin to rebuilding a room. Shaydon explained that the image represented, "Starting from scratch. Starting over. We could always, like build over, you know. You can always build. You just need your tools, you know?" In his explanation, Shaydon discussed a core set of concepts related to the overall theme of changing perspectives. He described his attempts to "build over" his difficult past and to change his direction using the tools he has and the new life skills he was developing. Kyle, who had been in foster care since he was 3 years old, also chose to photograph an everyday scene of storm clouds that he believed illustrated his process of letting go and moving forward. As part of his transitional housing program, Kyle has received therapy, participated in an internship, and established relationships with staff and peers in the transitional housing program, all of which helped Kyle achieve a new level of understanding of his past and present. Kyle described his photo, focusing on the light breaking through the dark storm clouds as a symbol that the storm was beginning to clear: "I can't be stressed out about certain things that I can't control. You know, it's . . . I don't know, it's a lot of things that's changed in the transition that I'm in. I can think of so many things in this picture. Yeah, I just feel like even the worst things are gonna kinda drift away. Get blown away." The transitional housing program has provided Kyle the space to develop a new outlook on life, and to him the dark storm clouds representing his past are starting to drift away. In his interpretation of the photo, he said he felt that the worst things in his life were behind him and he could look to the future with hope and optimism. Similar to Shaydon, other participants expressed that they had begun to change their attitudes towards their future during their time in the housing program. Part of this change in attitude involved sacrificing short-term happiness for long-term goals. For example, Jesuina, who had a history dual-system involvement, took a picture of a park with picnic tables and colorful mosaic pillars (see Figure 4). She explained the park was the location where she started associating with people who were using drugs and represented the point in her life when she did not focus on her own future goals. She reflected on this photo as a representation of her past, noting the progress she has made since that period of her life: "I even feel like..I feel cooler for saying no [to drugs], like, back in the day if I would say no, I guess I would feel like, I'm gonna say yeah, because I'm gonna be cooler or something." Jesuina reported that she felt that she had changed her perspective and priorities, and was more focused on her future. She said, "Sometimes you gotta give up some things in order to get other things." She also stated that she believed she had been able to move beyond what she considered a difficult time in her life and had changed her priorities accordingly.</p> <p><b>Theme 4</b></p> |

Supportive peer groups - the participants explained that in order to let go and move forward, they recognized they needed to change their attitudes and priorities. For many of these young adults, part of this process of change involved surrounding themselves with peers who were positive and self-motivated to make change in their lives. Although both transitional housing programs from which we recruited participants used a scattered-site housing model that placed young people in apartments or houses with roommates, the programs included different frequency of peer-support gatherings. Program A included weekly gatherings of program participants to provide ongoing peer connections, ideas, and support, whereas Program B included monthly gatherings of this type. For some participants, the peer gatherings served as a source of connections to prosocial peers that they believed were moving in a positive direction. For example, Shaydon met people through his housing program who invited him to spoken word events. One of his photos showed three of his peers setting up one of these events in a coffee shop. In explaining this photo, Shaydon described the positive environment of the event, "I encourage [my peers], they encourage me. I like to think we all got some dreams — we don't wanna be like average, you know, typical foster youth that didn't make anything of theirself." By purposely surrounding himself with former foster youth and young men of color who were engaging in positive activities, Shaydon was able to reinforce his new priorities and "stop being childish, stop looking for like a fun time, actually try to, you know, work on a career that I've picked." In this context, Shaydon was able to reorient his perspective and focus on his future goals.

### Theme 5

Experiencing newfound independence and control - The second major theme that emerged from the discussion of the photos was the experience of independence and the young adult's efforts to establish control her or his own life. Dimensions of this theme included learning independent living skills and valuing self-reliance. Some participants described moments in their childhood or earlier stages of their transition into adulthood when they felt out of control and hopeless. In contrast, many of the participants indicated the felt empowered by this new sense of control, and many depicted independence in their photos. For example, Brayden's photos included a literal illustration of his dinner of Sloppy Joes on a colorful plate; he explained the significance of this photo as follows: "I'm independent. I don't got people telling me what to do all the time. When to go to bed, when not to, when to go eat, when not to go eat, you know? It feels good for me, 'cuz, you know, being in that [ foster care] placement, it was like almost like jail." Transitional housing allowed Brayden to take control over his life and exercise autonomy. His comments revealed that this sense of control was significant even in the smallest details of his life such as what he eats, which was so meaningful to him that he chose to document his dinner as part of his journey toward independence.

### Theme 6

Pictures - The transitional housing program was also the first time that some participants had ever had the opportunity to make their own decisions. Anne, an alumna of one of the transitional housing programs, took a picture of the first place she lived after her acceptance in the program. She explained the photo represented her new sense of responsibility and independence she felt upon moving into the apartment. "It's basically that house that helped me get started, to where I am now, living on my own because I never lived on my own before. . . [I spent time] learning how to be an adult because in foster care like everything's done for you, all the decisions are made for you so it's kind of hard to make your own decisions 'cuz you're kind of like standing there waiting for somebody to make your decision." Anne found meaning in her first apartment because the sense of place signified the beginning of the process of learning to be an adult and with it, a sense of autonomy and responsibility. Similar to Shaydon, Anne's experience in the transitional housing program was the first time she felt that she held the power over her own decisions, both large and small. Sherice also described the sense of control she felt in the housing program, despite the many other pressures in her life. She took a photograph of the front of her apartment complex and explained the significance of this housing for her: "I can do my own thing, . . . I pay my own rent, I do my own bills, I do my own thing like I don't always have somebody always checking in on me. I mean they check in on you every week but it's a lot less than my other transitional housing [ for minor youth in foster care] used to do so it just symbolizes like I'm at a place where I feel independent but I still need help, so I like that." Sherice took great pride in learning self-reliance. She explained the importance of the balance of support and independence provided by her current program by saying, "They lay down the foundation and then they leave room for us to build the house." In other words, Sherice's comment meant the housing program provided her the room to pursue her own goals and interests while maintaining the social and emotional support that she needs to move forward. For Sherice, this foundation was a critical part of her journey toward independence.

### Theme 7

Performing a Juggling Act - The third major theme—performing a juggling act—involved balancing the multiple expectations and requirements of the housing program. Dimensions of this theme included the young adults' experiences with difficulty balancing work and school demands, and frustration with having to rely on public transportation. Both housing programs required the participants to seek part or full-time employment, internships, and/or to pursue educational goals. Although participants were grateful for these opportunities, many explained that balancing these expectations was made more challenging by the amount of time they had to spend on public transportation because of long commutes between work and school or the residence and employment. Most of the participants had high career aspirations but were struggling to find a path to achieving their goals when they were stuck in a cycle of low-wage work, long commutes, and difficulty scheduling college courses around work. In practicality, the location of their housing meant that many of these young adults had to spend a significant amount of time merely travelling to and from school or work. LaTierra, a 20-year old young woman described her experience: "I usually work about

35 hours a week. I don't usually go over 37 because I usually take a night class. I was taking a night class on Thursday and then I was taking two classes on Wednesdays and Mondays and Tuesdays and Thursdays, so I was at school back and forth and I don't have a car so it was like, I was on the go. Train, bus, train, bus, train, bus, home." Similar to many other low-income young adults, it was difficult for LaTierra to find time to make enough money to support herself while trying to further her education, especially when she had to travel so much to get to each location. Jesuina also commented on the difficulty she faced balancing work, school, and long commutes. She took a photo of the subway at night (Figure 6), explaining that it was "just a picture of, like, you know the nighttime, it was probably like 10 or 11[o'clock p.m.] and catching the train and just how much I hate it, so that's why I took a picture of it." When she first moved into the transitional housing program, Jesuina spent about 3.5 hours every day travelling to and from her job, which started at 9 o'clock in the evening and ended at 4 o'clock in the morning. Although Jesuina was also trying to complete her GED, she had little energy for studying because of her difficult work schedule and few or no options for reducing her commute time. Young adults in transitional housing programs often have less choice in their housing location than other young adults, making it even more challenging to pursue school and work at the same time. Rebecca, a program alumna, reflected on her struggles associated with balancing multiple requirements and her goals as well as the important role that transportation plays in meeting the expectations of the program and personal goals. Although earlier in the interview, Rebecca characterized public transportation as "the bus struggle," she also explained the importance of being provided monthly bus passes in sprawling Los Angeles: "In LA, everyone's like, what? You don't have a car? . . . And you know transitional housing and um, and DCFS [the Los Angeles County Department of Children and Family Services] and ILP, they really helped me with transportation, you know as far as public transportation, issued us monthly passes and that literally was a lifesaver because, I mean when you don't have a job and you're trying to get from place to place, you're not in school or you don't have a job and you're trying to get those things, you know, established, how would you [get around without a bus pass], if you don't have parents or you don't have family?" Rebecca's comment linked the ability to accomplish her goals to the availability of public transportation, illustrating how transportation was a critical part of the juggling act. Rebecca also noted that even though she faced difficulties balancing demands while in the program, now that she was living independently, she felt better able to pursue her educational goals. Referring to the need to put her educational goals on hold while in the program she said, "I always did really well in school and to not be going in [to school], and following that because I [was] working so much, like that really, really made me sad." Her transition independent living and greater flexibility in her work schedule have enabled Rebecca to resume taking classes, and she reported that she now feels more confident in her ability to pursue her long-term goals, including furthering her education.

### Theme 8

Wanting to move forward, yet feeling underprepared - In the midst of finding and maintaining work, pursuing educational goals, and fulfilling the requirements of their transitional housing programs, the participants were also in the midst of contemplating their futures. The final theme that emerged in the discussion of their photographs revealed the young adults' desires to move forward — to launch from the program and explore the world. Yet at the same time, the participants revealed they were worried about their own readiness to move forward.

### Theme 9

Photos - In regards to future housing, several participants described specific goals for living in their own apartment or eventually buying a home. For example, when we first met James, he was nearing the 2-year limit for his transitional housing program and thinking about his next steps. He had looked into other programs for older former foster youth, saying, "I would like to go out on my own but I can't do that right now." He indicated that he did not feel ready to find his own apartment, especially because he was not financially secure. James contemplated his transition through a photo showing the offices of his transitional housing program, as seen through a chain-linked fence. Although authors could not include the photograph because of confidentiality, this image illustrated James's experience of feeling in-between two worlds: he will no longer be a part of the housing program but he does not feel prepared to live on his own. His interpretation of the photo described the feeling of being "in-between" transitional housing and full independence. Although James would like to one day live on his own, he will most likely apply for additional supportive housing programs for his age group. Janine and Tina also described their desire to stay in transitional housing for a longer period. When we first met Janine, she was 6 months away from her exit date, but did not feel entirely ready for independent living. She explained, "I hardly doubt it's gonna happen because I don't have a job, 'cuz they want us to at least have a job to be able to pay the rent when we move out of here." Similarly, when we asked Tina what her plans were for after leaving her current transitional housing program she said: "After this, um, transitional housing, there's actually other transitionals housings for 21 to 24 or 23. Yeah, so I was thinking about going to [another] THP-Plus, which is for older youth and still getting the resources I need and the resources I want. Many nearing their program's age or time limit had to face the reality that their financial situations were too precarious to support independent living options. The perspectives of three program alumni were also important in understanding the transition out of supportive housing. Rebecca took a photo of her current apartment to illustrate what might typically be viewed as "real" independence. She explained that she "built a home there and I was comfortable and I really love the fact that [the program] does allow the youth to take over the lease if you can afford it." However, Rebecca warned that no matter how "successful" someone in the program is in living on their own, they still needed ongoing support. She explained that even with excellent ongoing advice and support from the staff she met through her transitional housing program, she not only knows that there are limitations to what she can receive from them but she also knows she is more vulnerable without a "real family" to rely on if something bad were to happen: "Any day, any moment in time, if I lost my job, I could be on the streets, you know, at

any moment in time if something were to happen to me, you know, I couldn't call my mom or my dad and say, "Yo, can you help me with this or can you help me with that," you know. I literally have myself [to rely on] and when you have just yourself [you are vulnerable], you know?" Although Rebecca expressed confidence in her ability to live independently, she was also tentative about being solely self-reliant, and indicated feeling that she needs to continue to have supports in place beyond her participation in a formal housing program. Rebecca's comment above revealed that her sense of stability was fragile due to the absence of family supports.

## Study arms

### Transitional Housing Programmes (N = 14)

Both programs provide supportive housing for former foster youth between the ages of 18 to 24 years, and help youth with rent, food, mental health support, and employment and/or educational assistance. Similar to the majority of THP-Plus programs in California, both participating programs were multi-site programs that have apartments scattered across the county rather than located in one building.

## Risk of Bias

| Section                        | Question   | Answer   |
|--------------------------------|--|--|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | Yes  |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | Yes  |
| Research Design                | Was the research design appropriate to address the aims of the research? | Yes  |
| Recruitment Strategy           | Was the recruitment strategy appropriate to the aims of the research?    | Yes<br><i>(However, no description regarding why some chose not to take part in the study)</i> |



| Section                                 | Question   | Answer  |
|---|--|---|
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Can't tell<br><i>(The interview method for the semi-structured interview was not clear, i.e. what topics were covered. No discussion of data saturation.)</i>   |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell<br><i>(Unclear that the researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location? How did the researcher respond to events during the study)</i> |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |
| Findings                                | Is there a clear statement of findings?  | Yes   |
| Research value                          | How valuable is the research?  | The research is valuable  |
| Overall risk of bias and directness     | Overall risk of bias   | Moderate  |
|   | Directness   | Partially applicable<br><i>(USA-based study)</i>  |

**Dworsky 2010**

## Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Mixed Methods<br>web survey extracted views were also used<br><br>RQ6.1  |
| <b>Aim of study</b>   | To examine the implementation of campus support programs designed to provide financial, academic, and other types of supports to students who had aged out of foster care  |
| <b>Study location</b> | USA  |
| <b>Study setting</b>  | Campus support programmes in California and Washington State   |
| <b>Study methods</b>  | telephone interviews with administrators from each of the 10 campus support programs in California and Washington State that were fully implemented as of the 2006–2007 academic year. Each interview took approximately 45 to 60 minutes to complete and covered several domains including: program goals and target population, characteristics of program participants, referral sources and recruitment, eligibility and the application process, the provision of services and supports, funding, staff qualifications, stakeholder partnerships and program monitoring. The interviews were recorded (with the interviewee's permission) and transcribed. The transcripts were read by the principal investigator and her research assistant with two goals in mind. The first was to develop a typology of programs that could be used to categorize the programs into a small number of groups. The second was to identify common themes that emerged as administrators described their programs and the challenges they faced. Results were triangulated with a web-based survey. |
| <b>Population</b>     | Campus support programme administrators  |
| <b>Study dates</b>    | Not reported   |

|                               |   |
|-------------------------------|---|
| <b>Sources of funding</b>     | W.S. Johnson or Stuart Foundation   |
| <b>Inclusion Criteria</b>     | Delivering an intervention<br>Campus support programme administrator  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>10 campus support administrators   |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Problematic relationship with donors - at least one program director expressed concern about donors who become involved for the “wrong reasons” such as wanting to probe deeply into a student’s family background or placement history.</p> <p><b>Theme 2</b><br/>Continuity of relationships Most of these administrators were supported by a very small staff—generally one or two people. However, staff turnover tends to be low, so students have an opportunity to develop lasting relationships with adults who are genuinely concerned about them and their success in school. This may be a new experience for students whose case workers changed frequently while they were in foster care.</p> <p><b>Theme 3</b><br/>Lack of information about post-secondary educational options - One of the most striking things to emerge from our interviews was the wide array of challenges programs faced in their efforts to help former foster youth stay in school and graduate. To begin with, program directors expressed concern about foster youth not having access to information about post-secondary educational options, college admissions requirements, financial aid availability, or campus support programs. They also lamented that foster youth are often not encouraged to pursue postsecondary education despite its importance to labor market success.</p> <p><b>Theme 4</b><br/>Lack of preparation lead to remedial courses - This lack of encouragement might explain, at least in part, why far too many foster youth are not academically prepared for college-level work. One director went so far as to say that even community college may be beyond the reach of some. Most of the directors estimated that 50 to nearly 100% of the young people in their programs are required to take remedial level courses (which don’t count toward college credit). Remedial course-taking was especially high at the one community college-based program, probably because California’s community colleges have an open admissions policy (i.e., students are not required to have a high school diploma or GED). The only exceptions were the two University of California based programs. Their schools do not offer remedial courses because the admissions process is supposed to screen out students who are not academically prepared.</p> <p><b>Theme 5</b><br/>Problems identifying eligible students - Not only are relatively few foster youth academically prepared for college, but identifying eligible students can be difficult. For years, the only systematic way for campus support programs to identify eligible students was through a question on the FAFSA (Free Application for Federal Student Aid) which asks “Are you (or were you until age 18) a ward/dependent of the court?” Unfortunately, the FAFSA data sometimes arrived after all of the program slots were filled. The question can also be confusing, particularly for young people who had been in foster care for years but left before their 18th birthday or who are placed with kin and may not think of themselves as wards</p> |

of the court. An item that asks students to “indicate if you have been in foster care (e.g., foster home, group home or placed with a relative by the court)” was recently added to the admissions application for California’s public colleges and universities. Although this item addresses some of the FAFSA question’s shortcomings, the new item does not distinguish between students who had ever been in foster care—including those who returned home to their families or were adopted—and those who “aged out.” Moreover, some young people who would be eligible for these program do not identify themselves (and do not want to be identified) as former foster youth.

#### Theme 6

Increasing awareness of campus support - Because it can be difficult to identify eligible students, campus support programs devote a considerable amount of time and other resources towards recruitment and outreach activities. They send representatives to college fairs or other events attended by high school students, organize campus visits, tours and information sessions, meet with individual students and give potential applicants a chance to talk with current program participants. Some of these efforts have paid off and a number of programs are on target to meet their recruitment goals or have more applicants than slots to fill. Efforts to increase awareness of campus support programs have included conference presentations to professionals who work with foster youth, outreach to school counselors and designated foster youth liaisons at community colleges, mass mailings to foster youth and their caregivers, and working closely with independent living services providers, public child welfare agencies and community organizations. Other efforts, such as providing information to residential advisors or talking with faculty and staff, have been more internally focused.

#### Theme 7

Meeting non-academic needs (housing) - Meeting some of the program participants’ non-academic needs can also be challenging. Most campus support programs provide year-round housing. This is critical for former foster youth because many have nowhere to go when school is not in session. Addressing students’ housing needs was especially challenging for the community college-based program because, like most community colleges, it does not provide on-campus housing. Finding affordable housing near the campus can be difficult, and transportation becomes an issue if students have to commute from far away.

#### Theme 8

Meeting non-academic needs (mental health problems) - Another common need is for mental health services. Because mental health problems or personal crises can adversely affect academic progress, campus support programs often make referrals to student counseling services. Recognizing that former foster youth may have a greater need for these services than the typical undergraduate, several campus support programs have arranged for annual caps on the number of sessions for which students are eligible to be doubled or lifted altogether. In some cases, students must be referred to community-based clinics because the mental health services they need are not available on campus, and at least one program uses some of its foundation funding to pay for these services. Students may also fail to “follow through” when a referral is made due to their distrust of mental health professionals.

#### Theme 9

Financial sustainability for college support programmes - - Finally, programs must also deal with the issue of long-term financial sustainability. Thus far, much of the funding for campus support programs has come from private foundations or individual and corporate donors. The colleges and universities with which they are affiliated have generally provided in-kind support, such as office space, or have covered some or all personnel costs. Directors expressed concern about ongoing funding once their start-up grants expire. In some cases, funding from other college or university departments is replacing foundation support, which is why it is important for programs to have the backing of the college or university administration.

#### Theme 10

Collaboration - One way programs are dealing with some of these challenges is by working collaboratively through both formal organizations and informal partnerships. Collaboration among campus support programs, particularly within the same region, is common. Many of the California programs belong to formal organizations (e.g., Southern California Higher Education Foster Youth Consortium; Northern California University Foster Youth Consortium; Southern California Council of programs assist in the development of new programs or programs share information about potential recruits. In addition to these external collaborations, program directors work closely with other departments and divisions at their own schools. Colleges), which some program directors described as “support groups” for sharing ideas about best practice. Program directors in California also work with the Foster Youth Success Initiative to facilitate the transfer of foster youth from community colleges to four-year schools. However, collaboration can also involve informal partnerships, as when established

**Theme 11**

Tracking progress - programs track student progress in a number of different ways. Some maintain a customized database that includes information about GPA, course grades, courses taken, academic major, and/or credits earned, although they were frequently described as “in development.” Most of the other programs are able to pull individual-level student data directly from a campus-wide system, but a couple must submit requests for the specific data that they need. By contrast, only two programs have a system for tracking the provision of services and supports. Both collect those data in narrative form, which might explain why they have rarely been used. Programs use the data they collect for a variety of purposes. Not surprisingly, the most common is to measure student progress. Of particular concern is whether students are meeting academic requirements and are on track to graduate within 5 years. Data are also used for end-of-year reporting, which often means that programs only track what their funders want to know. Interestingly, only two of the program directors we interviewed specifically mentioned research or evaluation as a reason for data collection.

**Study arms****Campus Support Programmes (N = 10)**

Administrators from ten college support programmes in California and Washington State that were fully implemented as of the 2006 - 2007 academic year. Although all of the programs aim to increase opportunities for foster youth to pursue higher education and provide foster youth with the supports they need to succeed in school and graduate, they are quite diverse. Nine of the ten programs were campus-based and affiliated with a single school. Most of these programs are “competitive” in that students must submit an application and be selected to participate. Because students have already been admitted to the college or university, academic ability is less of a consideration than personal characteristics. This is why applicants are usually interviewed by selection committee members and why some programs require applicants to write about their background and the barriers they have had to overcome, to talk about why they want the scholarship and what they plan to study, or to list the five accomplishments of which they are the most proud as part of their personal statement. By contrast, the three “non-competitive” programs are open to all students who are former foster youth. Campus support programs typically provide a “last dollar” scholarship which covers any remaining expenses after all other sources of financial aid (i.e., federal, state, private, and college/university) have been exhausted, thereby obviating the need for student loans. One exception, SJSU's CME Society, does not provide a scholarship, but helps members identify other sources of financial aid for which they can apply. Some programs require students to maintain a GPA above some minimum (typically a 2.0) and/or take a full course load (generally 12 credits). More broadly, students must be making academic progress toward their degree. Students who are no longer eligible for a scholarship may still receive services. Some programs require students to sign an agreement that outlines what they are expected to do. Although most of these campus support programs engage in at least some direct service provision, a few, including the Orange Coast Community College Guardian Scholars program and SJSU's CME Society, are more akin to referral agencies that direct students to on-campus, or in some cases

community-based, resources. Campus support programs generally function as independent entities. programs vary with respect to the amount of interaction that participants have with one another. Programs also vary with respect to the role that private donors play. Some programs limit donor involvement to making financial contributions. Others match students with donors who serve as mentors. Several of the administrators we interviewed had worked with foster youth in other settings, with other at-risk youth (e.g., homeless youth), or for similar programs (e.g., EOP, campus support programs at other schools). A few are foster care alumni who can relate to the challenges that their students face. Most of these administrators were supported by a very small staff—generally one or two people. However, staff turnover tends to be low, so students have an opportunity to develop lasting relationships with adults who are genuinely concerned about them and their success in school. The amount of contact students have with program staff depends on several factors. Students who are doing well academically may touch base a couple of times each month whereas those who are experiencing academic or other problems tend to interact with program staff much more frequently. A number of programs have official policies regarding how often students must meet with staff, and several directors told us that staff will initiate contact with students who fail to “check in.” Although increasing retention is a major goal of campus support programs, students do drop out for a variety of academic, financial or personal/family reasons. In some cases, program directors continue to work with these students because they can be re-admitted if they were in good academic standing when they left.

### Risk of Bias

| Section                        | Question   | Answer   |
|--------------------------------|--|--|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | No<br><i>(No clear aims were reported)</i>                                 |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | Can't tell<br><i>(Research goals were disparate and unclear)</i>           |
| Research Design                | Was the research design appropriate to address the aims of the research? | Can't tell<br><i>(Researchers do not clearly justify the methods used)</i> |

| Section                                 | Question   | Answer  |
|---|--|---|
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Can't tell<br><i>(Researchers do not explain how the participants were selected, no explanation why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study or why some chose not to take part)</i> |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(No justification of data collection setting, or saturation of data)</i>  |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell<br><i>(Unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>                          |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Can't tell<br><i>(No explicit description of thematic analysis methods)</i>   |
| Findings                                | Is there a clear statement of findings?  | Can't tell<br><i>(Findings were mixed in with broadly descriptive findings and no supportive quotes (for the portion of the research related to college support administrators))</i>  |
| Research value                          | How valuable is the research?  | The research has some value<br><i>(The study does not examine the impact of any one intervention, and many aspects of the college support programmes described were heterogeneous)</i>  |

| Section                             | Question             | Answer  |
|-------------------------------------|----------------------|---|
| Overall risk of bias and directness | Overall risk of bias | High  |
|                                     | Directness           | Indirectly applicable<br><i>(Study data was likely collected prior to 2010, in addition study was from the USA)</i> |

## Gray 2018

### Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Focus Groups  |
| <b>Aim of study</b>   | To determine what were the students' subjective perceptions of participating in a mindfulness intervention?   |
| <b>Study location</b> | USA   |
| <b>Study setting</b>  | a large, midwestern, public 4-year University   |
| <b>Study methods</b>  | Focus groups were used with 6 - 10 participants in each group. The focus groups took place during class time, and students had the option not to participate. Each focus group was led by a pair of trained graduate students, who used a semi-structured interview protocol consisting of 10 open-ended questions designed to gather information about students' familiarity with the intervention and their likes, dislikes, and general perceptions about it. Each focus group discussion lasted about 30–45 min and was audio taped and subsequently transcribed. Focus group discussions were transcribed. Because it was not possible to discern individual speakers, the unit of analysis was individual comments (vs. individual students). A systematic step process to analyzing qualitative data was used as a guide (Taylor-Power & Renner, 2003; Grinnell Jr., Williams, & Unrau, 2018). Two of the co-authors analyzed the transcripts in parallel to produce independent firstlevel codes as the initial step. The two raters subsequently met together to compare similarities and differences across both sets of first-level codes, and they used consensus decision making to identify common themes. Consensus was achieved when specific text data believed to support a particular code or theme was produced, and both reached agreement about the meaning derived from the data. Authors interpreted the frequency of comments pertaining to a specific theme as an indication of the strength or volume of that theme in the discussion. When different codes were produced on the same text data or individual coders drew different meaning from the data, the unique text data were compared. If the text data were judged weak or agreement could not be reached, then we eliminated |



|                               |  |
|-------------------------------|--|
|                               | the code (or theme in question) from further analysis. Authors employed this process of vetting the codes and themes in order to maximize external validity in deference to our potential biases.  |
| <b>Population</b>             | Care leavers from foster care who enrolled as freshman at University   |
| <b>Study dates</b>            | 2016   |
| <b>Sources of funding</b>     | Not reported   |
| <b>Inclusion Criteria</b>     | Care Situation<br>aged out of foster care<br>Education<br>enrolled as a freshman at University   |
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | Sample size<br>32 care leavers at university<br>Gender<br>71% female<br>Ethnicity<br>The racial composition of the sample was 44% White or Caucasian, 39% Black or African-American, 8% Hispanic or Latino, 6% Bi- or multi-racial, and 3% other   |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Four major themes emerged from the focus group data in reference to how the study participants experienced the mindfulness intervention. First, there was consensus that students found at least one mindfulness technique beneficial. The three practices most frequently mentioned as being helpful were (1) belly breathing, (2) guided imagery, and (3) the STOP acronym.</p> <p><b>Theme 2</b><br/>Second, students reported that mindfulness had the greatest impact on their stress levels, sleep quality, and focus, which was consistent with the quantitative findings. Almost half of all positive comments on the benefits of mindfulness practices pertained to stress reduction. For example, one student stated, B...when I start to feel it [anxiety] getting too much, I will do some of the breathings...it will start calming me down and slightly relaxing me, so I don't go into a full panic mode.^ Sleep quality was the aspect of life where students perceived the greatest impact of mindfulness. Students reported that mindfulness practices, especially belly breathing and the STOP acronym, helped them fall asleep, return to sleep once they awoke in the night, or improved their overall sleep quality. Heightened focus was the next most popular benefit cited, with students recounting situations where this enhanced focus helped them study or take a test. Other ways that students said mindfulness positively impacted them included improved mood and confidence, less self-judgment and criticism, enhanced clarity in their thinking, and greater self-awareness. One student expressed it this way: "I can have a mental conversation between my outer and inner selves..., and I can make more thoughtful decisions. It makes things really clear between the real world and myself."</p> <p><b>Theme 3</b><br/>Third, students also experienced various challenges in using different mindfulness practices and incorporating mindfulness into their daily routine. Students reported struggling when a practice required them to sit still and/or stay focused on the practice for 10 minutes or more. Students also reported difficulty finding the time or motivation to practice the mindfulness techniques or remembering to use the techniques in times of relative ease.</p> <p><b>Theme 4</b><br/>Lastly, a small proportion of comments indicated that some students were displeased with the setting and framework in which mindfulness was taught. Focus group facilitators observed that about three students made comments reflecting displeasure. The displeased students reported difficulty concentrating on the mindfulness instruction when other students were not paying attention or were entering and leaving the classroom during the instruction time. They also expressed disliking the requirement of the Koru mindfulness</p> |

program as part of the course, and one student commented, "The more we are told to do it, the more we are not going to want to do it." These dissenting views remind us that, despite average gains in stress reduction and sleep improvement, it is important to attend to students who react negatively to a particular mindfulness instructional practice so that adverse experiences can be minimized or eliminated by providing alternative stress-reduction or relaxation activities.

## Study arms

### Koru Mindfulness program (N = 32)

Curriculum specifically designed for teaching mindfulness, meditation, and stress management to college students and other young adults (Rogers & Maytan, 2012). Koru is similar in content to other mindfulness training programs but is comparatively brief, consisting of a single session per week for 4 weeks. The first author is certified to teach Koru and provided the mindfulness instruction in both sections. Training classes were embedded into the required components of the course. Each training session lasted approximately 75 min, and student participants were encouraged to practice mindfulness techniques for at least 10 min each day and complete a daily practice log. Over the four 75-min sessions, students learned and practiced a total of eight specific mindfulness practices: belly breathing, dynamic breathing, counting breaths, the S.T.O.P. check-in practice (a teaching acronym that stands for Stop, Take a breath, Observe, and Proceed), guided imagery, Gatha practice, mindful walking, and mindful eating.

## Risk of bias

| Section                                 | Question   | Answer                   |
|---|--|--------------------------|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes                      |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes                      |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes                      |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes                      |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes                      |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes                      |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell               |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes                      |
| Findings                                | Is there a clear statement of findings?  | Yes                      |
| Research value                          | How valuable is the research?  | The research is valuable |
| Overall risk of bias and directness     | Overall risk of bias   | Low                      |

| Section | Question   | Answer                                    |
|---------|------------|---|
|         | Directness | Partially applicable<br>(USA-based study) |

## Klodnick 2014

### Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Semi structured interviews<br>RQ6.1<br>RQ3.2   |
| <b>Aim of study</b>   | Specifically, the study aims to answer these questions: <ul style="list-style-type: none"> <li>• How do young people in the child welfare system experience therapeutically-oriented transitional living programmes services?</li> <li>• How are mental health conditions and future goals described before and after emancipating from care?</li> <li>• What housing and adult mental health system experiences occurred after emancipating from care?</li> </ul>   |
| <b>Study location</b> | USA  |
| <b>Study setting</b>  | Illinoise therapeutic independent living programme   |
| <b>Study methods</b>  | A purposive sample of 16 young people who planned to exit the therapeutically-oriented TLP within 1 year was sought. Data were collected at 12 and 6 months prior to emancipation. Approximately 2 years post-emancipation, the 16 who participated in pre-exit interviews were recruited for follow-up interviews. Snowball sampling was utilized in order to locate former program recipients. In order to achieve a comparable sample size to the pre-exit data, young people who aged out of care during the same period of pre-exit data collection were also recruited for post-exit interviews. Interviews took place where |

|                               |  |
|-------------------------------|--|
|                               | <p>participants requested, typically lasted 1 h, and were conducted, audio-recorded, and transcribed verbatim by a team of clinically trained researchers. Semi-structured interviews in both studies included openended questions exploring experiences with services, living situation, education, employment, and supportive relationships in addition to perspectives on goals and the future. Data collection and analysis was informed by grounded theory. After all the interviews were transcribed, the research team identified themes, generated codes, and located patterns in an initial subset of interviews and then compared these to those found in the remaining interview transcripts.</p>   |
| <b>Population</b>             | Young people who planned to exit the therapeutically-oriented TLP within 1 year  |
| <b>Study dates</b>            | Not reported   |
| <b>Sources of funding</b>     | Not reported   |
| <b>Inclusion Criteria</b>     | <p>Care Situation<br/>young people who planned to exit the therapeutically-oriented TLP within 1 year</p>  |
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>16 young people</p> <p><b>Time in care</b><br/>The average length of time in the TLP was 1.7 years (SD = 1.0) for pre-exit participants and 2.3 years (SD = 0.5) for post-exit participants.</p> <p><b>Type of care</b><br/>While in care, nine of 16 pre-exit and nine of 13 post-exit participants lived in group homes while the rest lived in supported apartments.</p> <p><b>Mental health problems</b><br/>All pre and post-exit participants met criteria for bipolar I disorder, schizophrenia or schizoaffective disorder, or major depression</p> <p><b>Health problems</b><br/>Ten of the 16 pre-exit participants and 11 of the 13 post-exit participants possessed comorbid conditions such as, oppositional defiant disorder, substance use, or posttraumatic stress disorder.</p> |

|                        |   |
|------------------------|---|
|                        | <p><b>Gender</b><br/>Ten of 16 pre-exit and eight of 13 post-exit participants were male.</p> <p><b>Age</b><br/>The average age at pre-exit was 20.1 years (SD = 0.5) and at post-exit was 23.1 (SD = 0.7).</p>   |
| <b>Relevant themes</b> | <p><b>Theme 1</b><br/>Pre-exit - Perception of Services - enjoying freedom and autonomy to learn "doing it yourself" - When discussing perceptions of services, most participants referred explicitly to having "freedom" and often cited learning to do things on their own as something they liked about services. Many participants used the phrase "doing instead of talking about it." As one participant put it after moving into his own apartment, "I'm actually learning more because we do it instead of just talking about it." Another participant stated a preference for "doing it myself" and positively cited staff who worked with instead of doing for. For example, "I wish that we had groups that—when we would make it out in the real world—we wouldn't be as stunned, you know, dealing with you know the day to day things of paying your rent, paying your cable bill, paying your phone bill. See [the program] does all that for you. You end up getting co-dependent on the staff doing things for you."</p> <p><b>Theme 2</b><br/>Pre-exit - Importance of individual staff relationships - When asked about what the best part of services were, most participants responded with the name of a staff person, typically a therapist or a residential staff. Participants described these individuals as those who (1) "care," "understand" or "agree" with them, (2) they trust; and (3) "want to help" and are consistent in "being there." A participant reflected on his appreciation of services through stating, "I get to talk to somebody [therapist] who would actually listen and try to help me through my issues."</p> <p><b>Theme 3</b><br/>Pre-exit - Safety net, not being told what to do - Participants described the program as a place of protection or as providing a safety net. One participant described how if he fails, he has "walls" around him to support him, while another felt protected from failure because of the program. He states, "I feel like the services from [the program] help me to not be put in that position where I feel like I can't do things on my own." Not surprisingly, participants living in their own supported apartments at pre-exit felt they had more freedom and were living in the "real world" than those living in a group home. Participants were critical of group homes, describing them as places where you "couldn't do anything you wanted to;" had to seek "permission to do things that most people wouldn't think of having to ask for" (i.e., to see family, to walk down the street, to eat something different); and felt isolated and depressed. Those who were not yet in their own apartments were eager to move to their own apartment.</p> <p><b>Theme 4</b><br/>Pre-exit - Perceptions of Impending Transition - concerns and optimism - Each participant articulated both concerns about and optimism regarding emancipation. The vast majority of preexit participants believed that change and positive experiences would occur, but at the same time, expressed anxiety about being on their own. Excitement about the near future was expressed in conjunction with living in their own apartment after exiting the program. Fifteen of the 16 participants interviewed believed that they would be living in their own apartment post-program exit. Turning 21 was described as "the start of a great life" or "a whole new change... a whole new story."</p> <p><b>Theme 5</b><br/>Pre - exit - Concerns about emancipating - lack of money or social support - Most participants also expressed concerns about emancipating. Worries were primarily about financial management and maintaining one's own apartment. Worries about the future included "looking at it [the future] alone... like facing it alone" and often were linked to awareness of one's limited support network, for example, one states "what sucks is because I don't have anybody to fall back on... From my background and everything like that." Other worries discussed that are related to change include: (1) the need to be successful now in order to ever be successful; (2) the potential to end up like family who are doing poorly; and (3) the vision of a particularly challenging future—despite positive beliefs that turning 21 is a new start. The following statement, made by a young man who had dropped out of high school and was living in a group home at pre-exit, illustrates these worries: "if I don't do what I need to do now, it's going to be horrible. I'm going to end up just like my mom... not a lot of</p> |

money, Sect. 8 building... I'm not going to have enough money to get a car; I'm going to end up getting a job and a car, but no gas money, it's just going to be a downhill thing." Similarly, definitions of future success often included the avoidance of negative life experiences (e.g., incarceration, unemployment, pregnancy).

### Theme 6

Pre-exit - Lack of clarity regarding plans for the future - The clarity with which the participants articulated plans and envisioned their post-emancipation lives varied. A few reported a plan for what they would be doing in the future in regards to housing, employment, education, and relationships, while most possessed vague plans despite their nearing 21st birthdays. The following is an example of a plan with moderate clarity: "I would just be living with my mom for maybe a year or so until I get stable; nothing really different, I'm mean, I'm going to be in college hopefully. I take my GED test on the 23rd of November and I'll be on my way... I'll be working at [the airport]. I'll be waiting or bartending."

### Theme 7

Pre-exit - Unrealistic future goals? and ability to change - The majority of participants, however, did not articulate realistic future goals. For example, in describing what his life would be like after he turns 21, a participant states: "I don't know, I hope not bad. I want so many things in life. I want to go to school, be an architect, be a millionaire, just have fun, have kids." Another participant says that postemancipation "will be real good. I will be out on my own, I'm getting a lot of money from social security. By then, I'll have a job, I'll have money and DCFS will pay for college." And finally, a few could not envision the future. One participant states, "I usually don't think about the future... I know I should be thinking about it but I can't, it's too hard. I've been doing nothing but thinking about suicide since I was a little kid, I'm not used to thinking about the future." This same participant goes on to express worry about the kind of changes expected post-exit: "I haven't changed for 3 years. People who knew me 5 years ago know exactly who I am today, I haven't changed. I don't think I ever will." This realization about eminent change remained unarticulated by all the others as they tended to focus on what would happen in the future (e.g., living independently, working, struggling with finances) rather than how those experiences would come to be and what changes would likely occur in the upcoming year.

### Theme 8

Pre-exit - Helping others and giving back - In both pre and post-exit interviews, participants discussed offering support as fulfilling and expressed desires to support loved ones both financially and emotionally post-emancipation. Helping others was typically expressed as something that felt good. For example, the following is how a participant describes why she likes her job as a home health aide: "It makes me happy that I make her happy because she doesn't have anybody there. So it makes me feel [good] that I can come there and hang out with her for awhile and help her." Pre and post-exit participants expressed a desire to embark on careers in a helping profession, such as law, nursing, or mental health. The opportunity to give back and to share one's story were often cited as the motivating factors for these goals.

### Theme 9

Importance of relationships with individual staff - The importance of relationships with staff was emphasized again when participants were asked what advice they have for young people who have not yet exited the TLP. Emphasis was placed on trusting program staff and being open to asking for and receiving help. For example, one young woman advised: "take heed of what they are trying to tell you. They aren't here to hurt you... take anything from you... make you paranoid...they are just here to help you." Another participant puts it this way: "[program staff] is good company to be with... [the program] is good company to be with. People who care about you if you care about yourself. People will help you if you want to be helped."

### Theme 10

Not having given their post-exit life enough thought - Participants expressed difficulty in daily living post-exit, while lamenting not having given their post-exit life enough consideration. One young woman reflects, "You don't think about it [the future] while you are there [in the TLP]." Simply leaving the TLP was also described as a "wake-up call." Here is how one young woman described her re-engagement with GED classes, "I waited until I left [the TLP] and then realized that, you know, oh my goodness, I'm out here, so now I have to really do something." Planning for the future was often mentioned as advice for current TLP residents, but specifically describing what to or how to plan was missing from the advice.

### Theme 11

Views of Adult Mental Health Services - Study participants did not mention mental health symptoms as being barriers to reaching goals at post-exit, although eight of 13 described accessing mental health services at some point post-exit and three experienced a psychiatric hospitalization post TLP-exit. In general, descriptions of adult services were vague and seemingly superficial in comparison to the lengthy descriptions provided at pre-exit that included goal formulation, housing, job searches, and the relationship with the service

provider. For example, at post-exit some struggled to recall the name of their current case managers but reported receiving support. One male participant described being connected, but not meeting with any agency staff regularly because he had “too much going on” and “wanted time to myself to get myself together,” while another reported never telling a service provider that he was homeless in order to avoid embarrassment. The majority described services in terms of medication management and financial assistance. However, one female participant described how she benefited immensely from weekly therapy, while another female described her “need” for medications to manage her “anger.”

### Theme 12

**Negotiating the transition - living instability after transition** - In contrast to pre-exit optimism, the post-exit experiences were dismal for most. Participants who lived in the independent supported apartments, attended college, and secured employment before exiting were struggling just as much with housing and finances as those who had lived in group homes before exiting. Living situation instability at post-exit was the norm, not the exception, as half had lived in five or more living situations since program exit. Although half moved to independent apartments at program exit, only two maintained their apartments in the 2 years post-exit, both of whom were male and receiving supplemental security income (SSI). Male participants typically moved between living with friends, significant others, acquaintances, shelters, and the streets while female participants typically moved from living with one family member to the next. Relocating was often described as precipitated by engagement in destructive behaviors, not contributing to the household, and an inability to resolve conflict without heated arguments or physical fights. Three of 13 participants were employed, all of whom worked part-time. Of the five who were enrolled in college at preexit, only two were still enrolled. No participant had completed an associates or certificate program.

### Theme 13

**Stigma, depending on others, and homelessness** - Negotiating ad-hoc housing and employment, as well as depending on significant others, or on the government, was expressed by many participants as stigmatizing and exploitative. For some participants, these experiences were linked to a sense of helplessness and being judged. For example, a post-exit participant, who pays 400 dollars a month to sleep on her cousin's couch states: “I'm always just calling relatives to ask uh—if in a way—if they have any more room for me, if they wish to have me around. Not because I have to force them to—not just because I want everybody to feel sorry for me. I don't.” Those who experienced chronic homelessness described this experience as affecting them both emotionally and financially. Here one participant describes his frustration with housing, “anytime you live somewhere and you messed up out there, it's just an amount of time, before you gotta leave now, “you've been here too long, and I can't stay, don't know where you have been.” And it's excuses. But sometimes it's not, because it is true.” Shame was also present in discussions about homelessness. Here one participant states, “I don't like telling people I am homeless cause I know that's not right for me to be homeless.”

### Theme 14

**Insufficiency of benefits but fear of losing benefits** - Supplemental security income was mentioned in postexit interviews in conjunction with mental health and employment. SSI was described as insufficient to live on and presented as both an employment barrier and motivator. For example, the following illustrates how SSI was a barrier to employment: “I need a job. I want a job, but see the thing is, I want a job that pays the under the table. That way I don't have to worry about losing my SSI and I can get the maximum amount of money.” While, on the other hand, echoing the desire to be self reliant and not dependent on others as frequently mentioned in pre-exit interviews, some post-exit participants gained a new view of SSI after exiting the program: “I realized, come on, for all my life, I do not want to be on SSI. So I planned on getting a job and getting off of it and supporting my own self because I don't want that. Really, I don't.” Also, discussion of who received and managed the young person's SSI check (e.g., family member, social service agency) was voiced with disgruntled feelings of not being trusted or allowed to manage one's own money.

### Theme 15

**Struggles as motivators for work and education** - Overall, post-exit struggles were framed as motivators to locate stable housing, get employed, and go back to school. In one case, housing instability was clearly linked to attitude change: “I'm actually different because me jumpin' to house to house, it made me change my attitudes from when I left...from this arrogant young guy and this bully...I can't try toumm...get mad at you or try to...mug you, or you will dangle [that] you gonna kick me out. So I have to try, “Oh, yes ma'am, yes 'sir”, ya knowwhat I'm sayin?” This young man described that when he first came to the TLP, he was a bully and felt he had to maintain this role while in the program. However, after aging out, he refused to sell drugs with his family post-program exit, which resulted in homelessness. Although he felt he had changed tremendously, similar to others who recognized their own maturation and identity development, the changes did not equate with jobs or stable housing.

## Risk of Bias

| Section                                 | Question   | Answer   |
|---|--|--|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes  |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes  |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes  |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes<br><i>(Purposeful selection was used, reasons for why participants did not continue in the study were described)</i>   |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(However no discussion of saturation of data)</i>  |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell<br><i>(Unclear if researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i> |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell   |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes  |



| Section                             | Question                                | Answer   |
|-------------------------------------|---|--|
| Findings                            | Is there a clear statement of findings? | Yes<br><i>(More than one analyst was utilised in analysis of themes)</i> |
| Research value                      | How valuable is the research?           | The research is valuable   |
| Overall risk of bias and directness | Overall risk of bias                    | Low  |
|                                     | Directness                              | Partially applicable<br><i>(USA-based study)</i>                         |

## Lougheed 2019

### Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Semi structured interviews  |
| <b>Aim of study</b>   | to explore how a Mindfulness Based Intervention was experienced by participating care leavers   |
| <b>Study location</b> | Canada  |
| <b>Study setting</b>  | a community hall in Gibsons, British Columbia   |
| <b>Study methods</b>  | Semi-structured interviews. The participants were a convenience sample within a larger criterion sample scheme. Interviews occurred at three separate points in time over an 8-month period: pre- and postgroup, and at a follow up period, 4 months after the group ended. All interviews were audio recorded and transcribed verbatim. Printed transcripts were provided to each participant prior to the next scheduled interview as a way to verify their interpretations and ensure they felt their views were correctly understood. In addition, a follow-up group discussion was held 8 months after the last interview to listen to the participants share about their experience and refine the analysis in step with any new insights and understanding that they offered. Inductive thematic analysis was performed. |
| <b>Population</b>     | Care leavers  |
| <b>Study dates</b>    | Not reported  |

|                               |   |
|-------------------------------|---|
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | Care Situation<br>youth aging out of the child welfare system.  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>8 care leavers<br>Gender<br>six girls, two boys  |
| <b>Relevant themes</b>        | <p><b>Theme 1</b></p> <p>participants discussed that the group was experienced as a source of social support that felt inclusive, safe, and fun. One participant described that “I didn’t feel like I was being judged” and another talked about a sense of relief in feeling included and understood: “It was nice to have other people to talk to about that kind of stuff because you know at school you don’t just like talk about it with anyone. So, it was nice there. It was nice to have other people to talk about it who get it [the experience of being in foster care].”</p> <p><b>Theme 2</b></p> <p>participants relayed that they experienced greater self-awareness and non-judgmental acceptance. For example, one participant expressed a willingness to reconcile with the role of challenging relationships in her life: “I don’t know. Even with the bad people in my life, I find a good thing. ‘Cause everyone says like my mom’s had, like, living with my mom and my stepdad was so bad. Okay, but they also taught me things from that “so bad” of a situation.”</p> <p><b>Theme 3</b></p> <p>the participants’ experience of mindfulness included other benefits such as increased feelings of optimism, improved emotion regulation, and sleep hygiene. One participant reported, “understanding what’s going on, not just what’s going on around you but what’s going on inside you so, you know, knowing how you’re feeling and what you’re thinking.”</p> |

### Study arms

**Strengths-based creative mindfulness-based group work (N = 8)**

The design of the group included 10 group sessions with each session lasting 3 hours. Sessions followed a similar structure that would include a welcoming activity called a “primer activity,” activities presented during the first half, a defined break, the second half of activities, and a closing activity. The same format was followed throughout the group in an effort to create comfort and familiarity with the pattern. The repetition helped to underline the importance of practice while learning mindfulness. Examples of the kind of activities within the group included listening to short psychoeducation-based explanations about mindfulness and its benefits, drawing and painting to music, listening/practicing short mindfulness meditations, participating in short movement-based activities (e.g., mindful walking) and then drawing and painting while reflecting on those activities, and purposeful collaborative and fun games and exercises.

### Risk of Bias

| Section                                 | Question   | Answer  |
|---|--|---|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | No  |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes   |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Can't tell  |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Can't tell<br><i>(This appeared to be a convenience sample, the criteria for inclusion was unclear)</i>         |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(no discussion of data saturation or interview setting)</i>   |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell  |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Yes   |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |
| Findings                                | Is there a clear statement of findings?  | Yes<br><i>(respondent validation, however thematic analysis appeared to be the work of only one researcher)</i> |

| Section                             | Question                      | Answer   |
|-------------------------------------|-------------------------------|--|
| Research value                      | How valuable is the research? | The research has some value                              |
| Overall risk of bias and directness | Overall risk of bias          | Moderate   |
|                                     | Directness                    | Partially applicable<br>( <i>Study was from Canada</i> ) |

## Martikk 2019

### Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Semi structured interviews  |
| <b>Aim of study</b>   | to explore how social capital, in its various forms, is implicated in the successful engagement of young care leavers in a volunteering project   |
| <b>Study location</b> | UK  |
| <b>Study setting</b>  | youth volunteering project in Greater Manchester  |
| <b>Study methods</b>  | A bespoke qualitative data collection tool derived from United Kingdom Office for National Statistics (ONS) descriptors for social capital (Foxton and Jones, 2011) was used to guide data collection. Purposive sampling was used to select participants who typified the gender, age and geographical location(s) of those who engaged with The Project. Community stakeholders (for instance, youth workers, foster carers and project staff) were recruited in order to gain a situated understanding. Semi-structured interviews were guided by a themed interview schedule designed to allow young people to reflect about their participation in the project, as well as contextualise their experience on the project in their everyday life. Interviews were |

|                               |   |
|-------------------------------|---|
|                               | audio-recorded with participants providing explicit consent. Selective verbatim transcription was undertaken of recorded interviews, and these data were transferred to a qualitative data analysis software package, QSR Nvivo. Qualitative data were thematically analysed using a priori themes derived from Office of National Statistics, as well as based on additional themes that emerged during the analysis.  |
| <b>Population</b>             | Youth workers, care leavers, foster carers, social workers, and sheltered housing project workers   |
| <b>Study dates</b>            | not reported  |
| <b>Sources of funding</b>     | Cabinet Office Vulnerable and Disengaged Young People Fund  |
| <b>Inclusion Criteria</b>     | Involvement in an intervention<br>Care leavers involved in "the project" purposive sampling was used to select participants who typified the gender, age and geographical location(s) of those who engaged with The Project.  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>6 care leavers, 1 youth worker, 3 social workers, 1 foster carer, 1 sheltered housing project worker   |
| <b>Relevant themes</b>        | Theme 1<br>Relationship with project workers - Access to the project was significantly influenced by gatekeepers. The Project workers had to build trust with staff members in the relevant statutory services as well as with the young people. This appeared effective as in some cases The Project workers could embed themselves in statutory agencies. However, statutory staff members remained reluctant to advertise the project widely. As Bridget states, Communication . . . giving young people the information so they can make their own choice whether to go on the programme or not, that's what's lacking. (Bridget, youth worker) Rather than advertising the project to all young people in their charge and then letting project staff assess |

young people's suitability for participation in The Project, statutory colleagues handpicked young people whom they thought were most likely to benefit from The Project. In the words of Sylvia, project worker at a sheltered housing facility: 'people have to be ready to do something. They have to want it for it to work'. Statutory staff are hence relying on their own individual judgement of young people in order to decide whether to refer them to The Project or not. However, referral alone was no guarantee that a young person would enrol in The Project as project staff found a need for an intense engagement process to build trust. This often started with individual meetings with each young person, during which staff members developed an understanding of the young person, the challenges they face and their level of confidence. The Project found they needed to move at the pace the young person was comfortable with and develop volunteering opportunities responsive to their needs and interests. Overall, this engagement process was characterised by persistence and patience. Project staff found that young people frequently missed meetings. Staff built this into their process by phoning young people prior to meetings to remind them. When a young person lacked confidence to join a Project group, staff worked individually with them until they were ready to engage. Establishing a face-to-face relationship appeared to become crucial, as the following statement from Kate shows, If she'd just sent me a flyer . . . , I would have looked at it and [thought that it is] not really interesting. But I think because she rang me and was, like, 'do you want to meet up?' . . . we did it on one-to-one it was more like 'oh yeah', because you can tell by their facial expressions on a one-to-one rather than on a piece of paper, you just think oh [yes]. (Kate, care leaver). Interviews with social and youth workers suggest that the engagement approach used by this project stands in contrast to other provision targeted at young people, which often presupposes service users who are ready to make a commitment and punishes failure to follow through. As Teresa explained; Sometimes the young people will engage, sometimes they won't, but I feel that the project workers . . . have got a very good understanding of that, which really helps us because . . . a lot of agencies are saying, 'they're not engaging, end of – that's it!' For us that can be detrimental, because that might be a period of two weeks where the young person is having a bit of a wobble and we might be able to get them back on board. If that's closed to us we're back to square one. But The Project know our young people; they know what we're dealing with. (Teresa, social worker). This knowledge appears to flow from staff members' approach of building a genuine relationship with young people, an understanding of their needs and being tolerant of challenging behaviours. As such, the relationship between project workers and young people entering the programme has overtones of bonding social capital, with an emphasis on trust. The project worker also appears to form a key bridge between the young person entering The Project and other participants. For many young people, the transition from one-to-one meetings to group activities is challenging — something that illustrates how strong bonding social capital can work well for those who are included, but

might work to exclude others. In the case of The Project, the good relationship with the worker seemed to be essential for easing this transition. Although the importance of that relationship is gradually complemented by stronger bonds with fellow group members, it remains important throughout participation in the project. Kate and Gary refer to the influential position of the project worker; I was always learning and picking up other skills. I had different influences with [The Project worker] . . . When I was with [The Project worker] I was mature. (Kate, care leaver). Gary uses the vernacular English phrase ‘egg on’ to describe the persuasive encouragement he received from the project worker; I hated school but I want to sort out my reading and writing. . . . You need someone there to egg you on and [the Project worker] is like that, egging me on to sort out my reading and writing. (Gary, care leaver). This resembles the type of relationship Coleman (1988) refers to as social capital when he describes family members spending time with a child to support their educational progress. Social capital is thus demonstrated to be an emergent property of, but also a precondition for, young people’s initial engagement with The Project. Once young people have been referred, the project worker concentrates on establishing a bonding social capital relationship with them, in order to inspire the trust that is necessary to connect them to The Project. In this sense, the project worker–young person relationship has a dual role: bonding on the one hand and bridging on the other.

#### Theme 2

Relationship with other participants - Underpinned by the strong rapport with the project worker, the social capital that is formed within the group of young people is then comprised of peer-to-peer relationships and the norms of reciprocity that arise from them. The Project meets the conditions Putnam (2001) proposed for social capital formation: young people come together on a regular basis to engage in joint activities. Further, within The Project, the ‘group style’ was one that allowed young people to become actively engaged in shaping the activities, as the following quote suggests; Before the activity we always meet and plan for the activities . . . It’s good because we are doing something that we have chosen by ourselves, it’s not someone who planned for it we planned for it by ourselves and then do it by ourselves. (Jacques, care leaver). This contrasts with a more passive group style that is characterised by simply showing up and plugging into activities that are exclusively being organised and managed by someone else, also referred to as ‘plug-in volunteering’. The benefits of self-determined joint activity become clear in David’s reflections on a gardening activity, in which he speaks of himself as part of the wider group; I thought we wouldn’t get it done, but we pushed hard on the first day getting all the dried rubbish grass away and then turning all the soil . . . it knackered me quite a lot, but we still got it done. (David, care leaver). The data suggest that the experience of doing things as a group helped young people to discover their strengths and overcome difficulties. Joint activity has also led to the formation and enforcement of norms of behaviour, for example around trying

not to swear. The following quote shows that at the beginning project workers reminded young people not to swear, but over time older participants began to take on this role towards younger participants; It has been nice to see some of the older ones . . . to start taking more of an older peer role towards the younger ones. At the beginning it was always us challenging, ‘please don’t say that’. But now the older ones are taking on that role. (Bridget, youth worker). The social, youth and Project workers and one foster parent interviewed for this study, predominantly emphasise the bonding nature of The Project. Because it is exclusive to people in or leaving care it brings together people with similar experiences, so The Project appears to constitute bonding social capital. For example, Wilma observes; If they didn’t have groups like [this], they wouldn’t have the chance to . . . get an insight into why they’re looked after and realise that they’re not on their own. Becoming part of The Project and thus a bonded group of similar individuals means that participants can take things for granted in ways that are not possible when being with other friends. As Wilma explains; One person would say ‘Oh, I’ve got contact [with a parent]. Do you have contact?’ Some of their mates [outside of The Project] wouldn’t even understand what contact is, whereas in The Project they can do that. . . . It gives them an opportunity to be themselves. (Wilma, social worker). Being in a group that constitutes bonding social capital in this way, young people on The Project are able to exchange information relevant to the problems that being in the care system entails, for example on their entitlements while in foster care. Self-confidence and skills related to social capital are also referred to as one of the outcomes of being part of a group of similar people. The young people develop essential skills for making links outside of the group and connecting to others at a less superficial level. This is often framed in contrast to prior experiences, where they have felt excluded or bullied by other bonded friendship or interest-based groups. Responses that are similar to the following quote can be found in nearly all of the young people interviews; I can actually listen to people because [before The Project] I used to be, oh right, I’m not listening to you and walk off, but I’ve started listening to people more and I’ve learnt how to have a conversation more with people as well, because before The Project when I met someone I knew I would just say ‘hi, how are you’ and that would be the end of the conversation. (Gary, care leaver). Developing close ties to peers in programmes like The Project may thus also allow young people to improve their bonding social capital outside of these programmes. For example, a foster carer (Monica) reported that her foster daughter (Claire) gained confidence since attending The Project and was able to be more assertive in her relationship with Monica. Monica reported that this growth in confidence enabled her to get to know Claire better and helped them to bond. This may be illustrative of how bonding social capital may lead to further bonding capital, through a virtuous circle of impact. By providing an arena for bonding social capital to develop, The Project provided an important source of stability, as the example given by Wilma implies; One of the young people has had eight placement moves. But through a lot



of that [she and a friend of hers who is also in The Project] have been able to liaise and when she's been sad she's facebooked her or texted her and she's been there to help her. And that's because of the continuation of the groups that they've gone to. (Wilma, social worker) The young people themselves also comment on the fact that they have made friendships as a result of the project. However, they appear to value these friendships not for their exclusivity, but for their ability to open up opportunities to socialise more widely. David talks about this; Since I've joined The Project . . . I can just go out and meet new mates . . . But without this project I don't think that hardly any of the young kids have got that opportunity, they would probably all just stay in their rooms or something. But since this has been going everyone's got to meet new mates, they all hang about with each other or keep in contact, go and meet them, go and say hello to them, swimming, anything. (David, care leaver). This appears to suggest bonding capital on one level, because David talks about friends. However, one of the characteristics of bonding capital, the inward-looking nature or exclusivity of a friendship group does not seem to be present in his quote. In fact, none of the young people talk about close friendships on The Project. Indeed, some young people are eager to assert that the friendships they make on The Project are different from those that they have elsewhere, with Project friends being equivalent to weak, not strong ties, because of lesser frequency of contact; I have [people from The Project] on Facebook. . . , but I don't get really involved in them . . . I just like to stick to my own friends because you know them, I just think I know you from The Project but I don't really know them, it's not one of my next-door neighbours who I see every day. (Kate, care leaver). This evidence suggests that participation in The Project group activities generates bonding social capital in the form of trust, norms, reciprocity and access to relevant information. However, bonding social capital on The Project carries within it the notion of bridging social capital and weak ties, rather than exclusively being focused on strong ties. The group-based trust also inspires some young people to become more comfortable in developing social relations outside of the group.

### Theme 3

External relationships - Participation in the project facilitates new external relationships and reinforces preexisting external relationships. There is evidence that by looking beyond the group, young people may begin to redirect attention from their own problems to those faced by others. In this way, volunteering provides a window into the lives of other people — which, according to Putnam (2001), inspires a sense of generalised reciprocity, as well as building skills for further civic activity. In the following quote, Steve describes his feelings while volunteering in an old people's home; I can't really describe how it felt, but it was very upsetting. You don't know what they're going to say, you might tell them one thing and they might forget that and might ask you again, you can't really say 'I've just told you that', so you have to explain something to them

in a different way, but try not to make them upset or something. (Steve, care leaver). Jacques specifically referred to his ability to make a contribution and to perform a bridging role; I'm doing this here in this area and when I come to The Project I bring the skills I've learnt here to The Project and the things I've learnt from the Project I take it to another community. (Jacques, care leaver). Giving young people opportunities to forge relationships with stakeholders and organisations external to the programme links them to information and resources that are not contained within their bonded group. In the observation of Monica; She wouldn't have met half these people if it hadn't been for The Project. . . . Chances are she wouldn't have done half the things she's done. Like getting involved in voluntary work. And when one door opens another one opens. (Monica, foster carer). Kate, who became involved in peer mentoring through The Project, described her plans to utilise this relationship for her job search; I will do this as volunteer work and . . . get to know [my supervisor] a bit better and go back to her and say 'I want to make a job out of this. How do I go about it? (Kate, care leaver). This points to social capital in Bourdieu's (1983) sense, where a conscious and self-interested investment is made in social relations for future benefit. Involvement in The Project may also lead to strengthening existing relationships by working closely with other workers involved with the young people. Here, network structure similar to that credited by Coleman (1988) in the formation of human capital seems to be at work: because there is a link between two adults who are both connected to a given young person, it is possible for these two adults to exchange information, affecting their relationship with the young person. For example, Teresa reports that the project worker's information-sharing about a young person's progress helped the social worker find a basis for building a better relationship with a young person in her charge; That young person saw [us as social workers] quite negatively, it was a little bit difficult to get her engaged, but. . . [knowing what she was doing on The Project] gave me a way in, because I could be like 'oh, what were you doing, that's brilliant' and kind of building the relationship with that support. (Teresa, social worker). While this study did not aim to explore social workers' professional development the findings begin to show how these workers' engagement and involvement beyond statutory social services could be developmental for them as a result of their acquisition of bridging social capital. Interestingly, however, this bridging social capital could only materialise because The Project workers had built trust and hence bonding social capital, among their statutory colleagues. This did not work in all places, but where it worked, partnership working with The Project and thus with staff who was external to their agency enabled statutory workers to gain a deeper understanding of the young people they support. Bridget talks about her learning as a result of joining The Project staff in the delivery of some project activities; With other projects I worked on, because they were so sporadic, you don't really get a good taste of [the young people]. You know, they won't open up to you as much. But with this project, we're seeing the same young people on a regular basis. We

are building up that trusting relationship with them. They do open up; they do talk; they tell you what's going on in their lives. And that's been an eye opener. I've always known that children in care have a rough time . . . What I found with working with this group is the severity of what these young people are dealing with. (Bridget, youth worker). Teresa comments on how her original assessment of young people's suitability for the project turned out to be flawed; All my young people who I've referred, who I've thought aren't capable or ready for group work have all managed it, so there's something that's working there that we think is just brilliant, because something they're doing is getting our young people on board. (Teresa, social worker). On a more mundane level, engagement with The Project simply provides access to new information; 'The project worker being around, attending our team meetings and telling us when things are going on. That's helped us know what resources are available' (Nathalie, social worker). Through volunteering on the project young people appear enabled to move from forging friendship-like ties towards working on their bridging ties and developing a wider sense of reciprocity and connection with others in society. Statutory workers who are engaged with or involved in the project expand their bridging social capital, with implications for their professional development.

## Study Arms

### **The Project (N = 12)**

The Project provides volunteering opportunities to people in care and care leavers aged 13–21. Project activities include taster days and group volunteering opportunities, for example visiting the elderly, conservation work, helping at a refugee drop-in and making cards for sick children. Young people are also offered informal learning sessions on life skills and issues such as anger management. Young people are usually referred to the project by their social worker. A key element to The Project is that staff use an intensive engagement process which involves one-to-one relationship-building, during which they assess young persons' interests and gradually ease them into group activities. Another key aspect relevant to this study is that The Project encourages self-determination and co-production as the young people take an active role in designing the volunteering opportunities and promoting the project to peers.

## Risk of Bias

| Section                                 | Question   | Answer  |
|---|--|---|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes   |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes   |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes   |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes   |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(however no discussion of saturation of data)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell  |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Yes   |
| Findings                                | Is there a clear statement of findings?  | Can't tell<br><i>(no apparent validation of findings)</i>   |
| Research value                          | How valuable is the research?  | The research is valuable                                    |
| Overall risk of bias and directness     | Overall risk of bias   | Moderate  |
|   | Directness   | Directly applicable   |

**Mendes 2011**

## Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Semi structured interviews<br>RQ6.1   |
| <b>Aim of study</b>   | To examine ‘what works’ in leaving care programs, but also to ascertain whether rural care leavers experience a specific locational disadvantage in accessing social and economic services and opportunities  |
| <b>Study location</b> | Australia   |
| <b>Study setting</b>  | A rural city (Bendigo)  |
| <b>Study methods</b>  | In-depth, semi-structured interviews using both closed and open questions were used to uncover information about their pre-care, in-care, leaving care and post-care experiences. Interviewees were also asked to comment specifically on their participation in the employment and/or mentoring programs. In addition, a qualitative questionnaire presented to a focus group of LCACSS workers, a focus group of government and non-government workers represented in the Leaving Care Alliance which oversees the LCACSS, individual interviews with the St Luke’s leaving care support workers and employment and mentoring program workers, and a focus group of some of the young people. NVIVO software was used to code the data and identify and analyse key themes. |
| <b>Population</b>     | Care leavers  |

|                               |   |
|-------------------------------|---|
| <b>Study dates</b>            | 2008 - 2010   |
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | Care Situation<br>Care Leavers<br><br>Intervention received<br>Leaving Care and After Care Support Service  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>19 young people leaving care. Also, a focus group of LCACSS workers, a focus group of government and non-government workers represented in the Leaving Care Alliance which oversees the LCACSS, individual interviews with the St Luke's leaving care support workers and employment and mentoring program workers, and a focus group of some of the young people (unclear number of these participants).  |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Housing - Most of the young people reported that they had been successful in attaining secure and stable accommodation. Some of the current housing arrangements include a student share house, boarding with ex-foster carers, renting a room in a private house, sharing with friends, own accommodation with shared facilities, living with partners in private rental, living alone in a unit or apartment which can be associated with social isolation, and living with a parent or grandparent. At least seven of the young people had received formal housing assistance from St Luke's either via the direct provision of transitional accommodation, or alternatively helping them to access other forms of housing. At least one of these young people had previously been homeless for a considerable period of time. A few had also received financial support from DHS. Others were assisted by family members, or had located housing via their own initiative. These positive outcomes were confirmed by one of the Leaving Care Alliance workers who noted that far fewer young people were presenting to the youth housing service. However, a minority had experienced some housing problems. A few of the young people are currently residing in temporary accommodation, and appear quite transient. For example, Interviewee three had lived in eight separate places since he left care, and Interviewee five had lived in four separate places since she left care. Others found shared housing problematic. For example, Interviewee 13 had to move on two occasions because his neighbours or flat mates were either violent or heavy drinkers, and Interviewee 10 was seeking a transfer due to being assaulted by her neighbour. Interviewee nine was living along with her 22-month-old daughter with an ex-carer, but was frustrated by her lack of independence and wanted to move. She expressed disappointment at the alleged lack of support from St Luke's to attain alternative housing. She argued that the government should provide public housing for single mothers, rather than trying to assist homeless people who were 'using drugs and didn't really want to be helped'. In general, the availability of accommodation in a shared facility such as student accommodation seemed to provide a successful option for care leavers. Others were pleased to attain security and independence in private units or flats, but also expressed concerns about social isolation. Others criticised the substandard nature of much of the accommodation that was affordable in the rental market. Another particular concern was raised by two young parents who had struggled to locate suitable accommodation to live with their children.</p> <p><b>Theme 2</b><br/>Employment - Most of the young people were currently involved in either part-time paid employment or work experience. One young person was working full-time. Some of the areas of work included car repair, kitchen hand, waitressing, cooking, data entry, brick laying, and crushing boxes. Fifteen of the 18 young people were currently participating in, or had</p> |

recently participated in, the St Luke's employment support program. The program prepares young people for employment via helping them develop interview techniques, resumes and presentation skills, and then organising work experience opportunities. Currently over 20 employers are offering work experience, and the program coordinator expects 10 more to commit over the coming months. A number of the young people stated that the St Luke's program had contributed significantly to positive educational and/or employment outcomes. For example, Interviewee one commented in relation to successfully securing part-time work: 'The employment worker mentioned that she had seen an advertisement up in the window of Spotlight saying hand in resumes. So she took me up there so that I could hand in my resume. She also spoke to the manager of the store to ask her if there was a possibility of me being there, and got us introduced'. Interviewee five commented that St Luke's had been very helpful in helping her attain part-time work in a restaurant: 'You can ring them any time and they're actually doing something'. Interviewee 15 stated that St Luke's had been very supportive with her hairdressing training including providing over \$500 to purchase her equipment. Another young person in the focus group stated: 'He helps you find a job. He'll sit you down, help you do a resume, and then he'll go out with you, take you where you want to work, interview you, and then you'll have an interview by yourself with the employers. I'm starting a new job at Cafe Ole, and that helped me out a lot'. However, Interviewee 12 was critical of the St Luke's program because they had found him an 'absolutely crap job that I didn't like'. One of the Leaving Care Alliance workers emphasised the value of the program in educating care leavers about the labour market. This was because many care leavers 'didn't know what employment was' because they had grown up with families who had never worked. The employment program coordinator similarly noted that the care leavers had lacked the same opportunities as mainstream young people to participate in career counselling, and to be mentored by their parents into part-time employment opportunities. The employment program helped them to develop personal responsibility in terms of 'not going out late the night before, and being on time each morning because the employer was relying on them'. In addition, the LCACSS and Leaving Care Alliance workers emphasised the value of the positive social relationship with the employer and the other employees as well as the vocational gains. For example, one of the Alliance workers noted: 'One young person had gone out drinking with her work placement co-workers and it was a very different circumstance of drinking to how it would normally have been with her friendship groups, because it was much more controlled and contained, and we'll go out and we'll have a few and then we'll all go home. And that young person actually recognised the social significance of work'. Similarly, the support workers argued that the employment program helped to build self-confidence, independence skills, and broader social connections for the young people. The employment program coordinator also noted some barriers to program success including the lack of reliability of some young people, and the problem with transport. Some of the young people have to catch two or three buses to get to work by 8.30 am in the morning which is a challenge. The coordinator mentioned that in one case he has to pick up a young boy at 7 am each day to get him to his apprenticeship on time. In general, young people were positive about the benefits of the program. They valued its capacity to develop relationships with local employers that lead to work experience and employment. They also recognised that the transition from school to the workforce might be straightforward for some, but requires considerable perseverance, education and training and support for others. Nevertheless, the work experience offered was useful in providing a guide and motivation for areas of future employment.

### Theme 3

Personal and social support networks and mentoring - Most of the young people receive support from social networks consisting of friends, partners, family and former carers. For example, Interviewee six stated that she had four best friends: her mother, her close girlfriend, her partner and her grandmother. However, a number of the young people felt let down by friends and partners who had proved untrustworthy, and consequently experienced some loneliness and social isolation. Others commented that their existing friends were bad influences (e.g. involved in drug use and crime), and they needed to develop alternative social networks. The support workers noted that many of the young people lacked the usual family, friends and community supports to help develop their washing, cooking, and other basic living skills. A number of the young people suggested that St Luke's provide more assistance with relationship education, bring together care leavers who were of similar age and background in a support group focused on sport or other common interests, and involve former care leavers in peer mentoring. Eleven of the 18 young people were currently in, or had recently participated in, the mentoring program. Some of the positive outcomes cited included assisting with self-confidence and maturation, social and communication skills, providing good advice, and just having fun. Interviewee two commented: 'Its helped me understand life, its helped me understand people. If I've got a problem with anything personally or physically I can talk to my mentor about it and they help me out with it'. Interviewee five described her mentor as 'like a mother. She is older than you, has a different life to you, but actually wants to get to know you, is giving you the time of day and is saying let's go out and do something. Its something I've never had before. It's not a worker, it's a friend'. The positives of developing these significant relationships with adults beyond the care system were also emphasised by one of the Leaving Care Alliance workers: 'There are young people in the system that are doing okay, maybe not brilliantly but not in crisis. With their mentors they have someone who is specifically there for them in the good times and bad. They crave that social contact no matter what their circumstance is'. Similarly, the mentoring program coordinator cited the importance of having sustainable relationships with 'caring people who provide positive role models and connect them to networks in society'. She argued that the mentors had created a 'sense of community' for the young people in that they were a 'fun group of people who were open to new ideas, new challenges, new things'. However, a couple of the mentoring relationships had not worked as well. Interviewee seven complained that his contacts with his mentor were too infrequent, and Interviewee 11 had lost his mentor who had withdrawn from the program due to a family illness. The Mentoring program coordinator also mentioned that some young people are not suitable for mentoring relationships due to mental health problems. In general, the program seemed useful in facilitating new avenues for social contact and friendship, and improving self-confidence. Nevertheless, the program was not effective for all the young people. For those who lack social skills it appears that the program may work better if focused on

addressing particular needs or interests such as the development of independent living skills (e.g. cooking, driving, budgeting, literacy, etc.) or engaging in recreational activities, rather than targeting social relationships more broadly.

#### Theme 4

Social inclusion or exclusion in regional, rural, or remote settings - The young people expressed varied views about the particular advantages and disadvantages of leaving care in regional or rural settings. Some suggested that it was easier to leave care in the country because the support networks in Bendigo were easily accessible and caring, whereas care leavers in Melbourne might find it harder to locate supports. Most named transport as a major deficit, arguing that the buses were irregular and inadequate. This was seen as creating a barrier to attaining employment, particularly for those who were interested in travelling to isolated areas to do farm work or fruit picking. But others argued that the bus services had expanded sufficiently, and that bike riding or walking were also good alternatives to bus travel. They also identified lots of job opportunities in the new market place. Social isolation and loneliness was also identified as a problem particularly for those living in remote settings. Another difficulty was the stigma associated with being a care leaver in a small community. Interviewee five commented that many caravan parks and real estate agents would often not accept care leavers because some had attained a bad reputation for trashing houses, caravans or properties. Interviewee 13 mentioned that he was well known to the police. Others suggested that personal conflicts tended to be accentuated in a smaller community. This concern was confirmed by one of the LCACSS workers who commented that some young people had stolen cars or got involved with criminal groups or drug dealers, and consequently had made enemies: 'A lot of the time they're like I can't catch the bus or public transport because this person is after me, that person is after me. So living in Bendigo although it is a big country town, it's actually quite small for these young people, because they have sabotaged and set themselves up to have so many enemies that it creates a big problem for them'. This fear of others can worsen their social isolation. But the worker also noted the potential in a small cohesive community for others to 'help repair some of the bridges these kids burn'.

#### Study arms

##### **Leaving Care and After Care Support Service (N = 19)**

St Luke's introduced a Leaving Care and After Care Support Service (LCACSS) in 2003 with the initial assistance of the Colonial Foundation for a two-year period. The service provided holistic and comprehensive assistance including case management; links to designated housing; transition units for independent living; living skills education; links to education and training including supporting the establishment of a youth consultancy business; family support to rebuild connections with immediate and extended family; and practical and material support to store personal items and acquire suitable clothing and furniture. The service model utilised a number of local community supports including particularly the willingness of local businesses to provide work experience programs and associated mentoring for care leavers. The employment support program was introduced because employment outcomes for care leavers tend to be particularly poor. The employment coordinator uses the established Whitelion model which involves engaging with the young people and preparing them for jobs through interview techniques, developing resumes, and presentation skills. The coordinator then matches the young person with an appropriate employer, and continues to support the young person whilst they are working. The mentoring program was introduced due to research evidence that care leavers are often socially excluded from mainstream social and economic systems. The mentoring coordinator recruits and screens mentors for the program, identifies young people who



are interested in the program, trains the mentors, and then organises community days for the young people and the mentors to meet each other. She then facilitates matches between young people and the mentors, and continues to support the mentor once the match is made.

#### Risk of Bias

| Section                                 | Question   | Answer   |
|---|--|--|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | No   |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Can't tell<br><i>(The study seeks to learn "what works" which may be better answered by quantitative data)</i> |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | No   |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Can't tell<br><i>(recruitment strategy was unclear)</i>  |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Can't tell<br><i>(interview methods were unclear)</i>  |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell   |

| Section                             | Question   | Answer  |
|-------------------------------------|--|---|
| Ethical Issues                      | Have ethical issues been taken into consideration? | Yes   |
| Data analysis                       | Was the data analysis sufficiently rigorous?       | Can't tell<br><i>(Method of thematic analysis was unclear)</i>  |
| Findings                            | Is there a clear statement of findings?            | Can't tell<br><i>(Often unclear where data was derived from. Clear themes were not produced. Unclear if credibility of findings was improved by triangulation, more than one analyst, or respondent validity)</i> |
| Research value                      | How valuable is the research?                      | The research has some value   |
| Overall risk of bias and directness | Overall risk of bias                               | High  |
|                                     | Directness   | Indirectly applicable<br><i>(much of the data was likely collected pre-2010 and study was from Australia)</i>   |

## Mendes 2017

### Study Characteristics

|                   |                            |
|-------------------|----------------------------|
| <b>Study type</b> | Semi structured interviews |
|-------------------|----------------------------|

|                       |   |
|-----------------------|---|
|                       | RQ6.1   |
| <b>Aim of study</b>   | <p>The evaluation aimed to:</p> <ul style="list-style-type: none"> <li>• Understand to what extent the UK Personal Adviser model could be translated to the Australian and Victorian child, youth and family welfare service system context;</li> <li>• Identify the most effective aspects of the SBM model;</li> <li>• Understand clients' experience of SBM support;</li> <li>• Understand how time and financial resources were utilized by the SBM program;</li> <li>• Assess whether the program delivered the short, medium and longer term benefits and outcomes intended;</li> <li>• Identify the areas in which the program was most successful in improving young people's outcomes; and</li> <li>• Identify any necessary modifications to improve program efficacy.</li> </ul>   |
| <b>Study location</b> | Australia   |
| <b>Study setting</b>  | A programme run in the largest child and family welfare organisation in Victoria  |
| <b>Study methods</b>  | <p>Qualitative semi-structured interviews with a range of Victorian leaving care stakeholders both within and external to the SBM pilot. The semi-structured interview schedule for the SBM supported group (nine young people, three of the 12 were not available for interview) was based around what support young people reported receiving through the program, and how they evaluated that support. The evaluation also conducted interviews with non SBM supported young people (eight) focusing on their leaving care experiences including leaving care planning, post care housing, relationships with family and social networks, physical and mental health, education, employment and training, and community connections. The evaluation team conducted interviews and focus groups with a range of professionals and carers — including the four Stand by Me workers and management and eight non-SBM staff from the various residential care, home-based care, lead tenant and post care support programs — who had worked either with clients in the SBM program or other young people exited from care without SBM support. These stakeholders provided a system-centric perspective on differences they noticed between the two groups of young people. Thematic content analysis was performed with all data generated from interviews with staff and young people. Specifically categories of housing pathways, family relationships, independent living skills,</p> |

|                               |   |
|-------------------------------|---|
|                               | education, employment and training, income/brokerage, mental health, alcohol and other drugs, social supports and networks, disability, and pregnancy and parenting were coded. Thematic analysis of coded data identified commonalities and differences in respondents' perspectives on issues for care leavers, and the impact of the SBM program.  |
| <b>Population</b>             | Care leavers, Stand By Me workers and management and various residential care, home-based care, lead tenant and post-care support programs  |
| <b>Study dates</b>            | 2013 - 2015   |
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | Care Situation<br>Care Leavers<br><br>Intervention received<br>Stand by me, and non-stand by me supported youth as well as SBM and non-SBM care staff   |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>9 young people leaving care supported by Stand By Me. Some non-SBM supported youth (number unclear). 4 Stand By Me workers and 8 non-SBM staff from the various residential care, home-based care, lead tenant and post care support programs  |
| <b>Relevant themes</b>        | Theme 1<br>The Stand By Me worker-client relationship - Most of the young people were able to develop close working relationships with their workers whilst still in care. The SBM-supported young people who participated in the evaluation experienced the worker-client relationship as a central and reliable adult support, which appeared to constitute a therapeutic relationship in itself. These relationships delivered both emotional and practical assistance to young people, as well as a vehicle for accessing wider services and supports.<br><br>Theme 2<br>Reduction of leaving care and post-care anxiety - The period of pre-discharge engagement appeared to alleviate an identified period of 'leaving care anxiety', during which many care leavers typically disengage from supports and exhibit escalating challenging behaviours. The availability of a key support person throughout the transition from care appeared to enhance engagement with services in both the leaving and post care periods.<br><br>Theme 3 |

Enhanced leaving care planning and implementation - Although Australian studies typically report low rates of leaving care plan completion, leaving care planning was able to be completed and implemented for all SBM supported young people, and SBM workers facilitated access to available brokerage and supports.

#### Theme 4

Holistic support, flexible brokerage and funding advocacy - The intensive case management provided by SBM workers enabled the delivery of wraparound support, including practical assistance. SBM workers provided transport to and support with essential appointments, informal counselling, and emotional support for young people's aspirations, concerns, ongoing stress and anxiety and achievements. SBM workers assisted young people in purchasing household, employment and education-related goods, as well as personal necessities such as medication and clothing. There were also opportunities for supporting competence in independent living skills. Additional financial support assisted SBM supported clients to develop social networks and community connectedness, for example by supporting access to recreational activities. SBM workers were also available to respond to crises, which were occasional for some young people and more ongoing for others. SBM clients were also referred to other support services, and staff advocated for their access to welfare services and programs in the broader community, with a view to promoting greater social inclusion.

#### Theme 5

Strengthened housing assistance 1 - key role of SBM - The twelve SBM clients were provided with housing support including advocacy and access to brokerage funds from the time of exiting care. This included renegotiating continued arrangements with existing foster or kinship carers; providing emotional support to those who moved in with family or partners and assistance in maintaining these housing arrangements; supporting young people whilst they moved into independent living including in one case funding private rental or hotel accommodation; and/or identifying alternative options where the situation became untenable. As one of the SBM workers commented: "Investigating housing means contacting a whole bunch of agencies, visiting family, and exploring whatever option the young person thinks is available to them which might not be realistic but you still have to explore it...we look at the practical things that they need to set up as far as furniture, white goods, even rent and bond (SBM program worker)." Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three year SBM support period in December 2015. This outcome was notable given that the program targeted care leavers at high risk of homelessness. The housing assistance provided by SBM seems to have played a key role in enabling care leavers to move from OOHC to other secure accommodation without experiencing the trauma of not knowing where they would stay.

#### Theme 6

Reasons for becoming homeless - Nevertheless, housing continues to be a challenge given the general limited stock of accommodation, specific age restrictions on access to some transitional programs such as lead tenant, and the often prohibitive cost of private rental. A number of workers from the Berry Street post care support information and referral program explained why many care leavers become homeless: "Their initial plans often go awry due to circumstances that they haven't factored in. So they make plans to move in with a relative or friend or whatever and within a few months it goes pear shaped". Once that happens, the young people may find it very difficult to access funds they are entitled to, or navigate the homelessness system in order to get their needs prioritised. Additionally, many care leavers don't want to share with other people and prefer to live on their own, but either can't afford to do so because of the low rate of the Youth Allowance or the shortage of one bedroom options (Non-SBM staff focus group).

#### Theme 7

SBM can prevent homelessness - Conversely, the workers noted why SBM had been influential in preventing homelessness. One of them commented: "We've had some young people who have accessed post care brokerage who are SBM clients. So what I noticed is that most of those young people, who are quite complex, that have SBM workers are able to survive those really difficult crisis-driven events. For example, if they become homeless and they've got someone who is actually able to do that advocacy with them, they go with them to access points." SBM workers supported young people with different housing options depending on their preferences. Where young people's preferences were not considered to be in their interest by workers, they were helped to consider other possibilities, for example: "there was all these people living in there and it was just chaotic all the time. Like, you didn't have any privacy or anything like that. It was just always drama, drama, drama. So I guess [the SBM worker] was trying to lead me in the right direction and I chose not to go in that direction (Celeste, SBM supported young person)." Other SBM supported young people found themselves with similarly inappropriate housing options, which may have led to homelessness without Stand By Me support: "Without [my SBM worker], I wouldn't have known about all my funding. I wouldn't be in a proper house at the moment. I'd probably be staying in my Nan's little spare room, which is dust-filled, and falling apart and stacked with mass amounts of stuff that she's storing. Or going from house to house, crashing at people's places or something. Whereas now, I actually have a place to be, I have my own room, I have my own bathroom, there's a kitchen and everything. It makes so much difference because without having one set place, I would have been too stressed to get into school (Caine, SBM supported young person)." I went from lead tenant into private rental because I was working at the time. I was running a call centre ... But then ...the call centre shut down, so I lost my job there. So I wasn't able to pay my rent anymore, so that

placement fell apart... if it wasn't for [the Stand By Me worker] paying my rent and stuff, I probably would have had to go to court 'cause- like, I couldn't pay the rent to the lady that I was leasing it off (Stacey, SBM supported young person)." Indeed, the professional opinion of other program staff was that Stand By Me support had led to more positive housing outcomes for four ex-clients: "last year we had four young people leave us at 18. One of them was connected with Stand By Me and she is the one who has maintained her housing. So one out of that four after the original planning. And the year previous to that, 2013, we had six young people exit care, three of them were connected to Stand By Me, and one of them was connected with the [other intensive support program] which also did that bridging. And those four — despite two of them having quite difficult journeys — were still able to have been housed and supported to get housing with family and friends, and looking at their longer term options, whereas the last two really did struggle (Lead Tenant program staff)."

### Theme 8

Continuation of support to wait for the right housing options, suddenness of being on your own - An advantage of the SBM program was its ability to place young people in a stand-by position for appropriate housing options to avoid the acceptance of inappropriate housing because of support ending: "there aren't a lot of options and sometimes leaving care feels a little bit like dumb luck and timing, you know? So, the planning can happen, but if there isn't a vacancy within kind of the foyer model or the service that you sort of would prefer, then that's off the table. That kind of has to happen in that window. So, some of the planning doesn't feel like it eventuates to the way we'd like it to. But whether you extend the age of statutory orders, or have a worker that can kind of cross it and pick up the mantle so it doesn't have to all be executed by that 18th birthday, then you can wait for the better option and I think that's really important (Home based care staff)." Two SBM supported young people commented that without access to SBM their post-care trajectories could have been terrible: "We talked about this the other day. I reckon I could have probably been dead... Then if I was homeless all the time, and I didn't have any food or shelter or anything, I would be sleeping on the street. I probably would have got pneumonia. I couldn't afford any food or something, I was starved. So yeah, I probably would be dead (Jarrod, SBM supported young person). Like, pretty much, if I didn't have SBM, I'd probably still be on drugs out in the gutter with nothing, because that's what happens. They (the government Department of Human Services) kick you out a couple of months before you're 18 with nowhere to go, no money, no job, no schooling. And how are you meant to get schooling? How are you meant to get a job? How is someone meant to give you a go when you're on drugs and you have no idea? You have no previous work experience, so you don't have a reference. You know what I mean? Like, how are you meant to go out, and how are you going to get a job when you're on the street? That was half my problem. I've only just been able to get into a course and start looking for work now because I have a stable address (Stacey, SBM supported young person, 20 years old)."

### Theme 9

Turning to alternative systems for those not supported by SBM - In contrast, the eight young care leavers not supported by SBM each described pathways from care which included accessing homelessness support systems. The non SBM supported group tended to exhibit slightly lower levels of complexity, experiencing stability and support in their housing at the time of interview, and engagement with education, employment, and/or training. However prior to this period of stability, most of the non SBM supported young people had either returned to family post care or exited to unsustainable or inappropriate private rental properties. Consequently, seven of the eight young people experienced housing instability within six to 18 months of leaving care. This breakdown saw these young people requiring assistance from specialist homelessness services to access emergency accommodation such as refuges, or subsidised and supported accommodation as in transitional and public housing (Purtell, Mendes, Baidawi and Inder, 2016). For example, two young people needed to access specialist housing support services due to initial arrangements breaking down: "I moved back to my mum's once or twice, and I moved back to my nan's once, but I was in care until I was 16. And then I moved into Lead Tenant just before my 17th birthday, and then I moved out pretty much just before my 18th birthday... I had to go and sleep on my nan's floor on a pull-out bed because there was no other housing opportunity. And then the [agency] where my worker worked, got me a house through their program, because they have a couple of units in a specific area (Christine, non SBM supported young person). I was with my mum, but that kind of fell out and fell through again. And then I went from my mother's to my friend's house. It's my best friend, but I've always been a little bit weird and I don't want to intrude on personal family ... They said I could stay as long as I wanted, but I said, "A month is good." ... Since I left care, I stayed with my mum for about a year ... Oh [then] friend and then caravan park and then here [supported accommodation] (George, non SBM supported young person).

## Study arms

### Stand by Me (similar to the UK Personal Advisors Model) (N = 21)

The Stand By Me worker roles included the following: - Working with the case managers and care teams to identify young people who are likely to need ongoing support with the leaving care transition and post care; - Working alongside the case manager, whilst the young person is still in care, to promote assessment, planning and skill development; - Post care, assuming a more assertive role up to the age of 21, providing a continuity of relationship with a view to establishing and maintaining the young person with an ongoing community based support network; - Providing a key regional contact point for vulnerable care leavers; - Not duplicating any existing leaving care or post care service, but acting as a strong advocate and key conduit between the young person and appropriate support services; - Coordinating referral to key services such as mental health, disability and substance abuse services and advocating for ongoing support from these services; - Actively coordinating housing options information and eligibility criteria for the relevant geographic region/area; attempting to find matches with the young people leaving care so that they can live together in shared accommodation which reduces loneliness and increases skills transfer and sharing of resources. - Regularly visiting young care leavers in their accommodation ensuring continuity of relationship and the assistance of an adult in negotiating any barriers to the young person/people maintaining their accommodation; - Modelling problem-solving for young people; - Facilitating community connections; - Mediating in family and relationship difficulties; - Adapting to the needs of the young person as they develop over time (Berry Street, 2012b). - Notably, one of the principal aims of SBM was to assist a group of young people at high risk of homelessness to identify, secure and maintain affordable and stable housing options.

#### Risk of Bias

| Section                        | Question   | Answer  |
|--------------------------------|--|---|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | Yes   |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | No<br><i>(For some aims, evaluation questions may be better answered by quantitative methods)</i> |
| Research Design                | Was the research design appropriate to address the aims of the research? | Can't tell  |

| Section                                 | Question   | Answer  |
|---|--|---|
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Can't tell<br><i>(It was unclear how participants were selected for this evaluation and participants were not well described)</i>   |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(However, no discussion of study setting or saturation of data)</i>   |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell  |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Yes   |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Can't tell<br><i>(No explicit description of the thematic analysis process)</i>   |
| Findings                                | Is there a clear statement of findings?  | Can't tell<br><i>(Unclear that credibility of findings has been considered (e.g. in terms of triangulation, respondent validation, and use of more than one analyst). Themes often included quantitative descriptive data and it was unclear which aspects had come from the qualitative interviews.)</i> |
| Research value                          | How valuable is the research?  | The research has some value   |
| Overall risk of bias and directness     | Overall risk of bias   | High  |



| Section | Question   | Answer  |
|---------|------------|---|
|         | Directness | Partially applicable<br>( <i>Australian study</i> ) |

### Rosenwald 2013

#### Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Focus Groups<br>RQ6.1   |
| <b>Aim of study</b>   | to contribute to the literature on youth transitioning out of foster care by providing further insight into improving ILS services based on the experiences of those who are using the program, young adults who have aged out of the system.   |
| <b>Study location</b> | USA   |
| <b>Study setting</b>  | Independent living services in Florida  |
| <b>Study methods</b>  | Individualized interviews and focus groups were used to collect data for this study. A 14 question interview guide was used for prompts. The two guiding research questions for the study included (1) How is the experience of transition to adulthood? and (2) How has ILS been a component in this transition? Purposive, nonrandom sampling was employed. All interviews and focus groups were audio recorded and transcribed. The three authors analyzed the transcripts using the qualitative data analysis method of “analytic induction”; this method identifies and revises theme constructs until theme saturation occurs |

|                               |   |
|-------------------------------|---|
| <b>Population</b>             | Youth who are primarily aging out of foster care and utilizing Independent Living Services  |
| <b>Study dates</b>            | Not reported  |
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | <b>Care Situation</b><br>Participants for the study were recruited from a community agency in Florida that coordinates ILS for youth transitioning from foster care to adulthood and who are otherwise eligible to receive these services.  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>six youth</p> <p><b>Type of care</b><br/>aged out of foster care</p> <p><b>Gender</b><br/>three female, three male</p> <p><b>Age</b><br/>age range between 18 and 23</p> <p><b>Ethnicity</b><br/>all African American/Black</p>   |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Emotional support needed - family support - The majority of participants referenced different types of emotional support among the people involved. In aggregate, the participants discussed that emotional support from both family and case managers were important constructs in their transition. Participants referenced how family-based emotional support was useful in providing high expectations of the youth, assisting with financial assistance, and being dependent on the youth themselves (in the case of the youth's own child). In general, the youth discussed how they relied on their families during the transition to adulthood. "[Referencing he sometimes did not have enough money to eat] Yeah, my parents would help—to eat, most of the times, they would help me if they had the money; if they don't have the money, then I'll probably call agency ... . And sometimes, uh, well, I'm the type of person that don't like to ask ... I'm not a person to ask for money. I hate asking for money. ... It's just not, it's just against my rule—to ask for money. I don't like to beg too much. ... And the reason why I haven't given up is because I think of my son and my father. They're the reason why I haven't given up yet. ... Because, I feel like, I want my father to, to realize</p> |

that I'm his only son, and I want to make it because he believes in me. I also want my son to make it because ... I don't want to see him like, with all the other kids out here, selling dope and drinking and all the other kinds of stuff they're doing out here. [In referencing needing emergency funds for rent], I just asked my mom for it, thank God, and she came through with it. I walked across the stage, you know, ... got my own place, I got my own car, um I started [name of local college], and, um, yeah, it was just all in like a couple of months before I had my son, and he was my, um, biggest encouragement ... you know, [to] make sure he was alright and he had, um, food in his stomach and, you know, just taking care of him and giving him a life that I didn't have."

## Theme 2

Emotional support - case manager support - Participants also discussed their thoughts on the provision of emotional support from ILS case managers. Presented below are examples of case manager support by two of the participants. The first transcript segment showcases the positive emotional support the case managers provide, serving as providers of tangible resources such as distributing monthly checks and mentors who can guide youth on the day-to-day routine of life as well as assist in providing long-term vision. "Yeah, ... they've played a major part in my success. Uh, financially wise, they have been [helpful] ... and like [the other youth in the focus group] was saying ... they're not living in the house with you to totally guide you, but they give you a little guide ... like résumés, and if you call, actually my worker I call her sometimes, like, well, "How do you cook this," and she'll tell me, "Well, you need that or you need this or, you know, make a budget, or this is what you're gonna use for washing, you need that for your light bill." Um, well, some workers, they do, you know, speak a good word in your ear, you know, teach you about life. And, it's just, it's not all about financial stuff, but it's just, it's a good company [referencing the ILS provider] ... I think it's beneficial. They should never take it away." Although some provision of emotional support was identified above, the same two participants recommended increased emotional support displayed on the part of the ILS case manager. For example, they wanted the ILS case manager to adapt to a pseudo-parent role and provide even further life coaching. "[If] I had like a independent coach that's more, say like a mother or father to say, "Come on, you've gotta go to school," or, "I'm gonna take, drop you to school, pick you up," you know, and stuff like that. I'm not saying that ... I need that because I'm too old for that, but that would help out, you know, cause I have friends that have [that type of support]. He (this participant is commenting on the other youth in the focus group whose comments are immediately above) just means he needs them to be more supportive, like ... "Ok, the only time we see them is when it's time for checks. Any other time I don't speak to them, I don't call, they don't call to check on me and see, 'Are you doing alright? How's school going?'" You know, some people need that extra, you know, leap. You feeling me? [I want the person to] show me that you care, not just you're giving me, you're just here to give me my check and just to discipline me. You don't, you don't do nothing else but discipline me, and if I don't go to school, that's all you're basically here for is to give out the checks and discipline me. And I don't see how you're considered a life coach if you're not teaching me about life itself."

## Theme 3

Tangible independent living services requested - financial resources - Financial resources are at the heart of concrete services that youth transitioning from care receive. The participants referenced that having additional financial resources that could be available would assist them with rent, food and moving expenses. Rental assistance. One participant stated that she gets money for rent but not enough to cover all expenses. "Well, with the monthly check that they give you is what you have to use to pay for like whatever the sum that they give you, you have to make it last for the month which is paying your rent, um, you know, doing what you have to do, but they feel like whatever they give us is enough for you to do what you gotta do, but (brief pause) no, it's not (laughs) ... I feel like there's a lot of bills that probably they don't think about; there's rent, and rent is not cheap." Food assistance. Financial resources were also discussed for its use for food. One participant stated: "[Agency] gives me a \$50.00 card and ... the food will probably only last like half a month ... and then I have to starve the rest of the month because I have no money." Moving expenses assistance. Another participant indicated that the only time a request for additional funds was made involved moving expenses for an apartment. "I need a ... deposit, and at the time I did not have it. And ... I was told that I already received my check, but because ... I was moving, I had to use my check money. I couldn't get assistance, meaning more money to put that deposit down. They didn't cover it."

## Theme 4

Tangible Independent Living Services Requested - Life skills - The provision of life skills was perceived as an important component of tangible services for a majority of the participants, including financial management and school registration/financial aid assistance. Financial management. When discussing transitioning to adulthood, one participant stated having support in the area of finance would be helpful. "I would say that ... it was hard, just not knowing everything, ... how to shop, and different little budgeting skills, about electricity and paying rent, and, yeah, it was, it was definitely hard, but ... I think with ... support ... as long as you have support, it's ... doable, it's definitely able to be done." Another participant stated learning how to build credit would be useful: "[I would like to be] learning how to build credit and ... stuff like that, cause I still don't know to this day." This was amplified when another participant said, "[Things] like that, credit building, credit ways to help you build credit. Like, I remember at first I didn't know about the bank system. And, I think I was like 17 turning 18 and I really didn't know how to go set up a bank account and what was that account, and, like you have a savings and you have a checking ... I didn't really know the difference between it, why you needed to have two." One participant indicated an appreciation for how ILS taught youth how to manage their money: "It's pretty good. Sometimes ... it gets ... interesting, like they have ... groups for kids ... they teach kids how to ... manage they money ... [further] ... like if you [are] older, like over 18, they teach

you how to ... manage your money and ... get a job, stuff like that." School registration and financial aid assistance. A participant indicated that assistance with school would help her to be in a win-win situation: "[Just] learning about ... how did I sign up for school when I was signing up for [local college]— didn't know exactly what to do—you know, luckily I had my Godmom, who, ... she helped me out as far as going there and signing up for financial aid and stuff like that. Um, because I did ask my ... IL specialist and, you know, she was, you know, giving me a runaround and telling me basically to do it myself when I wanted, you know, I didn't know how to do it." Another participant stated assistance would be useful in "signing up for school, and financial aid."

### Theme 5

Tangible Independent Living Services Requested - Daycare - When asked by the researcher "what do you like least about it?" (referring to ILS), one participant indicated: "I feel like they should be able to help with daycare ... which they don't. They're telling me that my child has to be in the system in order for me to get daycare for him, but, whatever." This participant would like assistance with a tangible request of day care for her child. "[They] should have a program for kids that are going to school full time and that doesn't have a babysitter because obviously if you don't have a babysitter you can't go to school, you know? And if they had that, then most of the kids would be in school."

### Theme 6

Communication of program services - They indicated that communication with program services was important to know about program benefits. Some participants were not well informed about all of the resources available to them: "Some kids don't even know that—don't even know all the benefits of the program," "No, I'm not told about the benefits. I'm told about some of the benefits but like I said, I think that it's a real good program," and "[Like], all the job fairs that be going on ... [they]tell us about some of this stuff, like some stuff I had to just like run up on it and they just tell us, "Oh, okay, you guys do this? I never knew that." At times communication was successful. When specifically asked, "did anyone ever tell you what the program was about?" another participant stated, "Yeah, they gave me the run-down, yeah, I know what the program is, the Independent Living Program." The same participant referenced a difference in being told prior to age 18 and by the time they aged out of the system. "Before I aged out, I remember they were telling me—all they said was, "Okay, when you're on your own and if you get your check, you've gotta be in school" and, you know, this and that, but it wasn't really nothing that could be helpful to me."

### Theme 7

The role of resiliency - Resiliency was demonstrated through their words, as participants discussed successful goal accomplishment that requires endurance against the odds. They reported that how they define their success is measured by achieving a variety of milestones, whether these milestones reference achieving self-sufficiency, beating the odds of their peers, attaining educational goals, and/ or becoming a parent. In this light, successful completion of a wide array of goals, in the face of obstacles, serves as a protective factor in promoting this role of resiliency. One participant defined self-sufficiency as an important goal: "(To) me, being successful is being self-sufficient, graduating, becoming something, like, every foster child, like, basically, we're statistics. Like, they might say maybe 90%'s gonna fail, you know, due to the fact that they didn't have no discipline growing up in foster care or whatever. But, being successful to me is graduating and proving everybody wrong, the people who say I'll never make it." For another, focusing on parenthood, as well as graduation, provided an important gauge of resiliency. "I think my biggest success was having a baby and being able to finish school because most foster home kids don't accomplish that ... I've never had anyone. I've always felt lonely and I've always been to myself. I've always had higher standards and goals in knowing that I don't want to be like this. I want better for myself and my child, so me having a baby is like—really increases me and encourage(s) me to keep pushing and keep going with certain things. ... It's never successful. It's never, it's very hard. Like I said, you're always alone in this. No matter how much help they say they're going to give you or how much help you think you have, at the end of the day, it's really up to you, you know? So, it's hard. You have to, you have to have a positive attitude, you have to have a lot of ambition, you have to be hungry for success in order for you to make it, but it's hard every day, it's hard." For a third of the participants, multiple goals of car and home ownership and creating a family were important despite still needing to complete a high school education at age 21. "Success as an adult to me is, um, when I wanna accomplish in life as a success I wanna be able to own my own house in like four or five years, I wanna have my own car, and I wanna build a family. That's success as an adult to me. Building a family, having your own house, having kids, having your own car." For a fourth, the goals attendant to resiliency included school and work. "Well, being successful, number one, you have to stay on top of your priorities at all times. Meaning, you know, you don't have somebody to sit there, like your parents, "Go to school; go to work; make sure you get up on time. You know you have to go to class so make sure you go to bed." That's something you have to do independently. So if you want to be successful at doing things throughout life, you have to set time frames and schedules, and, you know, I mean, you're an adult—you're gonna want to have fun— you're gonna wanna hang out with your friends. But then you have to sit there and tell yourself, "No, I have to do this. I have to maintain my grades so I continue to get my checks, or continue to make process, progress out, out of my life, period. So, I mean, I think number one is your priorities and staying on top of them and it will ... make you be successful."

## Study arms

**Independent living services in Florida (N = 6)**

ILS references a model of service delivery that promotes independence and stability by providing a range of concrete services (e.g., financial assistance for rent and other living expenses, educational vouchers to complete college/ vocational programs) and support services (e.g., case management, support groups) to young adults who are transitioning to adulthood from foster care and other circumstances (e.g., homelessness) with the aforementioned stated goals (Office of Planning, Research and Evaluation, n.d., n.p.).

## Risk of Bias

| Section                        | Question   | Answer   |
|--------------------------------|--|--|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | Yes  |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | Yes  |
| Research Design                | Was the research design appropriate to address the aims of the research? | Yes  |
| Recruitment Strategy           | Was the recruitment strategy appropriate to the aims of the research?    | Can't tell<br><i>("purposeful selection" was used, however it was unclear what approach was used for this)</i> |
| Data collection                | Was the data collected in a way that addressed the research issue?       | Yes  |

| Section                                 | Question   | Answer  |
|---|--|---|
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes<br><i>(One of the authors developed the interview guide in consultation with community partners, including the director of an ILS center, a representative from the county child welfare agency, and a representative from the state guardian ad litem (i.e., court-appointed special advocate) program.)</i> |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |
| Findings                                | Is there a clear statement of findings?  | Yes<br><i>(triangulation and cross-checking of themes was used between three analysts)</i>  |
| Research value                          | How valuable is the research?  | The research is valuable  |
| Overall risk of bias and directness     | Overall risk of bias   | Low   |
|   | Directness   | Partially applicable<br><i>(USA-based study)</i>  |

## Schelbe 2018

### Study Characteristics

|                           |   |
|---------------------------|---|
| <b>Study type</b>         | Semi structured interviews<br>RQ6.1<br>RQ4.3  |
| <b>Aim of study</b>       | to describe the application of systems theory as a framework for examining a college campus based support program for former foster youth   |
| <b>Study location</b>     | USA   |
| <b>Study setting</b>      | College support programme   |
| <b>Study methods</b>      | Semi-structured interviews were used. The research team collected data through individual, semi-structured interviews with four key STEP stakeholder groups: 1) the current and former STEP Students; 2) Mentors; 3) Collaborative Members; and 4) Independent Living Program Staff. In consultation with the Program Coordinator, the research team developed four sets of interview questions, one for each stakeholder group. All interviews were digitally recorded and transcribed. Data analysis was an iterative process consisting of several steps, all of which revolved around identifying themes within the data. Using this coding list, each transcript was independently reviewed and broadly coded by two different team members using NVivo10, qualitative data analysis software. |
| <b>Population</b>         | 1) the current and former STEP Students; 2) Mentors; 3) Collaborative Members; and 4) Independent Living Program Staff.   |
| <b>Study dates</b>        | Between April and June 2013   |
| <b>Sources of funding</b> | Not reported  |
| <b>Inclusion Criteria</b> | Involvement in an intervention<br>receiving or delivering the STEP intervention   |

|                               |  |
|-------------------------------|--|
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>32 individuals, including eight current Students, one former Student, five Mentors, eight Collaborative Members, eight Dual Members, and two Independent Living Program Staff.</p>   |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Subsystems - Subsystems are smaller systems within a larger system. The main subsystems comprising the larger STEP system include the 1) collaborative, 2) Mentors, 3) Students, and 4) program leadership. The collaborative subsystem was formed as a part of STEP's initial conceptualization and development. The membership included representatives of agencies and organizations throughout the community who provided services to the former foster youth. The collaborative met monthly for program planning, fund raising, and program monitoring. The Mentor subsystem of the STEP was created by the collaborative to address unmet needs of the Students, particularly in navigating outside systems (e.g., legal services). Mentors, adult volunteers from the community, were linked with individual Students to provide support and guidance as the Students pursue their education. The third subsystem was made up of the Students— program participants who have been in foster care and who are enrolled in the local community college pursuing post-secondary education. Although not part of the intended design of the STEP, the Students commented that they connected with one another as a group within the community college. The cohesion came from the shared background, as one Student explained, ". . .it's the best opportunity that one can find you know to be able to have a program where there's other people who is from your same background going through the same things as you." This sentiment was echoed by another Student who stated, ". . .[STEP]. . .connects you because it is for the former and current foster children so when you're in college and you have that thing that's different about you it's always good to find common people. . .[STEP] helped me not feel, I guess, alone." Finally, program leadership can also be considered a subsystem of the STEP. STEP services were managed by one full-time staff person, referred to in this report as the Program Coordinator. Many stakeholders viewed the Program Coordinator role as the most important in the structure of the STEP. The Program Coordinator received support and guidance from an individual referred to as the Program Leader who was employed in an administrative position at the community college and originally convened the group that became the Collaborative, was central in the development and management of the STEP prior to the Program Coordinator, who worked closely with Students and further developed and managed the STEP.</p> <p><b>Theme 2</b><br/>Roles - Each stakeholder group had a specific set of roles, or normative expectations of a person or group, which governs their behaviors within the STEP. Role clarity, specifically ambiguity or lack of role clarity, emerged as a common theme—particularly among the Mentors and Collaborative Members. One Mentor explained: "We went to the meetings that describe what the goals were and the dos and don'ts of the program and we were basically told that we were not to give the kid any advice, that wasn't our job. It sounded like our job was just more to be his buddy and to let him sound ideas off of us and you know not really interfere a lot with his life but to be there for him when he needed us." Another Mentor suggested that Mentors were to "provide support and guidance in any way that we could." While Mentors consistently explained their role was about supporting Students, there was a lack of consensus about how to support Students. Support around Students' educational processes was an area where disagreement existed. One Mentor envisioned becoming a Mentor with the STEP in order to help "youth to be successful in their higher education. . . [and] assisting him more with the school process;" however, this was not the role he played, as the Program Coordinator and academic advisor at the community college filled those roles. The extent to which mentors were to provide tutoring and educational assistance was a source of role confusion. Mentors discussed needing clearer roles and expectations. As one Collaborative Member explained, the Program Coordinator was "trying to give some guidelines for the mentoring to try to formalize it a little bit more." The clarity of roles was not just an issue for Mentors; Collaborative Members also expressed confusion regarding their expected roles within the STEP. A Collaborative Member noted "I don't think people were really prepared for what their role was [within the Collaborative]. I never saw [the Collaborative] as a structural foundation that would enable the collaborative to continue on with any great focus or direction." A Collaborative Member suggested the following to improve role clarity: ". . . if you bring on new Collaborative Members to be sure that there is some kind of orientation, a good overview of exactly what the program is and maybe what they will be asked to or required to do as a Collaborative Member." While there had been discussion of creating a job description for Collaborative Members, one had not been created. The expansion of the Program Coordinator role further shifted the roles and responsibilities of the Collaborative. The Program Coordinator helped facilitate support and resources for the Students in times of need and the relationships in the collaborative made this possible. As one Collaborative Member explained, due to the Program Coordinator's skills "we kind of defer to [the Program Coordinator] a lot more than maybe we would previous before we had [the full-time Program Coordinator] but I mean because [Program Coordinator]'s so great we've kinda given [the Program Coordinator] a lot more, you know, than maybe what was the original intent. . ." One explanation for role confusion,</p> |



particularly among Collaborative members was the Program Coordinator's expanding role. Over time, the Program Coordinator assumed responsibilities related to program growth and expansion, beyond just managing the day-to-day activities. This may have contributed to the lack of clarity about roles among other stakeholder groups.

### Theme 3

Boundaries - In the systems theory, boundaries are properties that delineate subsystems within a system and the system relative to its outside systems. While the term boundaries was mentioned frequently across all stakeholder groups, it was in a different context as it was related to interpersonal relationships and understanding roles rather than distinguishing boundaries between subgroups. For instance, Mentors referenced boundaries between them and their Students. Mentors commented on the importance of establishing clear and concise boundaries with the Students they mentored. One Mentor stated, "I think it's very easy to cross those boundaries and cross those lines. . . [Student] ended up living with the family [of a different Mentor]. . . it was a disaster according to [Student]." Several Students and Mentors mentioned challenges in their relationships with one another when there had been a previous relationship. Similarly, one Student explained it felt like there were blurred boundaries between her Mentor who previously was her supervisor: "I felt like it was not just a job relationship anymore, it was personal and job like and I didn't really like that situation." Some stakeholders reflected on the boundaries between the Students and the Program Coordinator as it related to the Program Coordinator's role as leader versus peer. Some shared observations about occasional lack of role clarity in this regard. The frequent contact between Program Coordinator and Students, as well as a closeness in age, may explain these observations.

### Theme 4

Hierarchy - When considering hierarchy—which refers to the possession and flow of power among subsystems and individuals within systems—it is important to first identify what constitutes power within a system or organization. In the STEP, the most evident sources of power included making programmatic decisions and accessing information and resources. Stakeholders reported that the STEP was initially structured in such a way as to centralize power within the Collaborative, allowing power to flow from the Collaborative through the Program Coordinator, then radiate outward to other stakeholders (e.g., Mentors, Independent Living Staff), and ultimately end with Students. Beginning with the initial planning of the STEP where a number of community stakeholders "came to the table," the Collaborative wielded great power over the program and acted as an informal board of directors, in a sense, serving as the decisional entity. Power stratification existed within the Collaborative as well; individuals were perceived to have more power if they had been involved since STEP's conception or were in leadership positions in entities serving foster youth. The Program Leader, who originally brought the Collaborative together, held substantial power—especially early in STEP's formation. As the STEP matured, the hierarchy seemed to shift from the collaborative which originally formed the STEP to the Program Coordinator who was hired to be responsible for the daily operations. As time passed, the Program Coordinator assumed more power in making decisions. After the shift in power, the Collaborative appeared to serve as a safety net for Students, where the Program Coordinator could access emergency supports for the Students on an as-needed basis. This new function of the collaborative continued to hold a place of power within the program, as the safety net was accessed only by the Program Coordinator on Students' behalf. Thus, the hierarchy where Collaborative Members held power over Students was preserved. Although some of the Mentors expressed having limited power, the Mentors' power was evident in their access to the Program Coordinator, the reports they completed on Students, and their attendance at collaborative meetings. Collaborative Members developed the mentoring component based on the belief that Mentors possessed wisdom, life experience, and problem-solving skills that could help the Students. There was a difference in perceptions of power between Mentors, whose sole relationship to the STEP was mentoring, and those were both Mentors and Collaborative Members (Dual Members). Some Mentors expressed frustration about a lack of power, whereas Dual Members did not express similar concerns. Of course, Dual Members had more access to information and more decision-making responsibilities. The Students remained on the perimeter of the power structure and lacked decisional capacity about the ways in which the program operated. With the many discussions about STEP's development, none of the Collaborative Members mentioned seeking input from the former foster youth about their needs for this type of program. Periodically, students were invited to collaborative meetings to share experiences, including any challenges and needs. Acknowledging the importance of Students having the ability of self-determination, several Collaborative Members noted the value of Students speaking about their experiences and needs.

### Theme 5

Organization - The organization, defined as the way a system is structured and strives to meet its purposes, of the STEP was evident in the monthly collaborative meetings, and the evolving leadership of the Program Coordinator. The collaborative meetings, which brought together the Program Coordinator and Collaborative Members and occasionally Mentors, served multiple purposes in STEP's history. During the creation of the STEP, the collaborative meetings functioned to develop the program. As the program became established the meetings became less about program development and more about reporting progress, solving problems, ensuring that the STEP met Students' needs, and focusing on daily operations. Another example of organization was related to functions completed by the Program Coordinator. The Program Coordinator linked STEP to the other community systems and brought in resources for Students and STEP. Some of the resources were part of the other student support services offered on campus. In times of Student crisis, the Program Coordinator helped access resources, and for ongoing programming, the Program Coordinator brought community members to STEP to provide trainings for Students. Likewise, the Program Coordinator was central to the organization and serves as the connector between subsystems: the Collaborative, Mentors, and Students. The Collaborative Members

envisioned the program; the Program Coordinator was responsible for implementing the program. All stakeholder groups identified the Program Coordinator as a strength of the STEP, including one Collaborative Member who referred to the Program Coordinator as the person who “keeps all the folks together” and another who described the Program Coordinator as a “professional anchor.”

### Theme 6

Open and closed systems - Open systems allow resources and information to enter the system whereas closed systems do not. Systems have characteristics or function in ways that suggest openness or closeness along a continuum; thus, within a system, some of the functions suggest openness whereas other functions suggest closeness. This openness or closeness depends on the ease of flow of information and resources in and out of the system. The STEP functioned largely as an open system. The Collaborative was created and operated as an open system. From the time STEP was an idea, the Collaborative was envisioned as an open system where community stakeholders joined to development the program and assist Students. Many Collaborative Members involved in this early process of program development, including the Program Leader, mentioned bringing certain members of the community “to the table.” This table was a place for openly exchanging information and expanding the program’s scope. One Dual Member stated, “. . . the sharing of information is, to me, is a powerful tool and. . . the meetings that we had, we were really discussing how can we grow this program, affect these kids’ lives, and really get them, you know, in that forward direction of their education. . .” By engaging community members to support and develop the STEP, the program became a collaborative community program. As a result of the STEP being an open system—a community program rather than belonging to a specific agency—the Program Coordinator was better positioned to draw upon the diverse talents and connections of those around the table to address Students’ needs. One Collaborative Member explained how the Program Coordinator could “can pick up the phone and say ‘I need x, y, and z from [the child welfare agency]’ or ‘I need this from DOE [Department of Education]’ or ‘I need this from the local school district’ you know, and those barriers get eliminated quickly.” Some of the most notable examples of the benefits of an open system were when a Student experienced a crisis and a Mentor and/or Program Coordinator pulled in community resources to assist. This happened for a student facing eviction where through the advocacy and resources the Program Coordinator provided, the student remained housed. In addition to benefiting Students in crisis, the open boundaries of the program benefited Students in other practical and important ways. Ancillary services, such as internships, were made available to Students as a result of connections within the community as well as the support services available through the community college. One mentor recounted the Program Leader connecting the Student he mentored with an internship opportunity outside the program, due to community connections. A Student described her similar experience, saying “[I] made a lot of resources, resources and I made a lot of connections and networks that obviously benefit me very well. . . I tell [the Program Coordinator] all the time that I probably wouldn’t have made it this far without [the Program Coordinator] and the program.”

### Theme 7

Closed system functioning - While the STEP functioned, by in large, as an open system, some stakeholders discussed limitations of the program’s ability to reach its full potential and, at times, characterized the STEP as functioning as a closed system, particularly in terms of its financial stability. Several stakeholders voiced concerns that, without more financial resources, its future would be threatened. The STEP engaged partners who served foster youth and were an obvious fit with STEP’s mission. Yet, in terms of future program growth, some stakeholders expressed the idea of developing ties within the business sector to further the development and funding of the program and continue to connect with community and grow as an organization. One Dual Member stressed the importance of engaging the business community with the intent to diversify and increase financial support for the program as well as offer a wider array of practical supports (e.g., internships and mentors) to Students. Many Collaborative Members and Dual Members noted the need to engage a greater variety of people with the Collaborative.

### Theme 8

Input - A system’s input can be understood as information, communication, or resources from other systems entering a system. The salient examples of input are the way the Collaborative developed the STEP as well as STEP services provided to Students. Additionally, stakeholders’ concerns about sustainability due to the lack of finances and leadership are related to input. Collaborative Members brought knowledge, wisdom, and resources from outside communities into the STEP. The collaborative meetings provided a venue for the exchange of ideas and discussions for planning and addressing unmet needs. Some of the resources were financial such as the agencies that provided the funds to hire a full-time Program Coordinator. Other resources included bringing in volunteers to serve as Mentors and providing workshops for Students. The Mentors, while part of the STEP, were also connected to the larger community and thus served as a vehicle for connecting the STEP to other systems and bringing in input. The way the STEP provided services to Students demonstrates input. As the STEP functioned as an open system, the array of programs and services available to Students extended beyond what the STEP offered. The STEP facilitated Students access to resources available through the community college’s infrastructure such as financial aid, advising, internships, and job opportunities. Outside systems including community agencies and institutions such as Department of Juvenile Justice, Department of Education, and Child Welfare System provided additional opportunities and services outside the STEP. Workshops and guest speakers at events and trainings for Students were provided by those from outside systems. The Collaborative Members and Mentors identified the importance of input for the sustainability of the STEP. Specifically, stakeholders raised concerns about needing input in the form of grants and

donations. An additional concern mentioned was the need to increase input through expanding the collaborative to include small business owners and leaders in the banking community, thus increasing involvement beyond local leadership in nonprofits and local government. Some stakeholders questioned STEP's sustainability if there were not additional inputs in terms of financial support and new community involvement including business leaders.

### Theme 9

Feedback - Feedback in the systems theory is defined as a form of input that informs a system's performance. Within the STEP, feedback was evident in stakeholders' discussion of the program through feedback from outside the system (external feedback) and from within the system among subsystems (internal feedback). External feedback about the STEP seemed to be generally positive. Perhaps, this was most apparent in the creation of the STEP when stakeholders from various agencies and organizations came together to form the Collaborative. Another source of positive feedback about the STEP occurred at the state level, when the STEP was recognized as a model program and funding was allocated to replicate the STEP at other colleges and universities across the state. Throughout the STEP, there were instances of internal feedback between individuals in the various subsystems and the Program Coordinator. For example, Students reported that they received money as part of the "pay for grades" program as positive feedback on their academic performance. The higher the Students' grades, the more money they receive. Similarly, feedback about Students' progress was noted through monthly reports completed by Mentors and to the Project Coordinator. One Mentor explained, "I see as a mentor role within STEP is making sure that STEP is aware of what [Student] is doing. I try to be that bridge back to the program itself." Mentors also discussed providing and receiving feedback about Students beyond these reports through informal conversations with the Program Coordinator. Collaborative Members also reported providing and receiving feedback to and from other subsystems. One Dual Member mentioned a strength of the collaborative is the guidance they provided to the Program Coordinator. In another example, a Dual Member spoke to the importance of having Mentors participate in the collaborative for purposes of feedback: "that's why mentors were so important to be at the table, because [Students] were sharing this stuff their mentors. . .and the mentors bringing this [information] back to the table. . . These are the areas we need to look out and make sure they're covered in the development of this program." Some stakeholders expressed a desire for more feedback in the STEP. One Student expressed that he thought the collaborative needs to interact more with the Students "because they need to know who they're serving." Along the same lines, a Collaborative Member stated that completing exit interviews with Students would be a great way to receive feedback from Students about the STEP. Moreover, the exit interviews would offer an opportunity to collect systematic information about Students' exit and experiences. Another theme that emerged was in relation to the current evaluation, in which some stakeholders expressed their appreciation for being interviewed and being able to express their views of the STEP. In fact, a few stakeholders stated an evaluation of the program should have been conducted sooner.

## Study arms

### **STEP college support system (N = 32)**

The following brief description of the STEP is provided to better understand the study context. With the goal of improving post-secondary educational outcomes for the former foster youth at a local community college, the STEP provides financial, academic, and social/emotional support to students who were involved in the child welfare system, referred to as Students. Representatives from different entities developed the STEP as a community program that was not operated within any one specific agency, but rather functioned as a collaborative community program housed at the local community college. The Program Coordinator position provides case management services to Students, facilitates access to support services available through the community college, coordinates daily operations, manages the mentoring component, leads collaborative meetings, and provides updates to Collaborative Members regarding Students. The STEP hosts events for Students and Mentors to share a meal

and socialize. Additionally, the Program Coordinator or community members occasionally facilitate workshops for Students on topics such as financial management, job skills development, and healthy relationships.

#### Risk of Bias

| Section                                 | Question   | Answer  |
|---|--|---|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes   |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes   |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes   |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes   |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Can't tell<br><i>(Contents of the interview schedule were unclear, no discussion regarding saturation of data or interview setting)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell  |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |

| Section                             | Question                                | Answer  |
|-------------------------------------|---|---|
| Findings                            | Is there a clear statement of findings? | Yes<br><i>(and multiple analysts were used)</i> |
| Research value                      | How valuable is the research?           | The research is valuable                        |
| Overall risk of bias and directness | Overall risk of bias                    | Low   |
|                                     | Directness                              | Partially applicable                            |

### Schwartz-Tayri 2017

#### Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Semi structured interviews<br>RQ6.1  |
| <b>Aim of study</b>   | To establish how those who participated in the Bridge to Independence program are faring a few years after leaving the program   |
| <b>Study location</b> | Israel   |
| <b>Study setting</b>  | Independence support programme for those aging out of residential or foster care   |
| <b>Study methods</b>  | A semi-structured questionnaire was used, It consisted mostly of multiple choice items, followed by requests for examples and elaboration, as well as a few openended questions. The interviews addressed two main topics: a retrospective evaluation of their experiences as participants in the program, and their current situation in areas such as housing, employment, health, social support, service utilization, life satisfaction and outlook for the future. Responses to open questions were subjected to thematic content analysis. |
| <b>Population</b>     | looked after youth from residential care and foster care aging out of care   |
| <b>Study dates</b>    | 2013   |

|                               |   |
|-------------------------------|---|
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | Involvement in an intervention<br>A convenience sample of looked after children aging out of care in Israel through the Bridges to Independence program   |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | Sample size<br>25 care leavers<br>Type of care<br>Before joining the Bridge to Independence program, 22 had aged out from residential group homes, two from foster families, and one from a hostel for girls at risk<br>Gender<br>10 men and 15 women   |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Aspects where the programme was beneficial - By and large, the respondents expressed a positive opinion of the program. Many of them saw the program as having a major positive impact on their lives. "If it wasn't for the program I don't know how I would have managed," said one; "The program gave me the strength to keep going. Thanks to the program I have more confidence in the world," said another. Their evaluation of the program as a whole was more positive than that of some specific aspects. Most reported that the program, and especially their counselor, had provided them with emotional and material support during their military or civilian service, and helped them gain independence. However, only a minority felt that they had been helped in areas such as post-secondary education or employment.</p> <p><b>Theme 2</b><br/>The staff - The respondents were most positive in their responses about the staff— namely, the person who acted as counselor to the residents of their apartment. Most described their counselor as responsive to their needs, accessible, and treating them with respect. They saw him or her as someone they could confide in with their problems and worries, and on whom they could depend. Thirteen of the respondents reported that their counselor continued to be available to them after they left the program. Staff members were described as significant sources of support and as fostering real change. The atmosphere in the program was likened to that of a family ("Suddenly it felt like I had a family"; "I felt that they were proud of us"; "They didn't let go until I got settled"). Relations with the staff were described in terms of emotional closeness, and continuous support: "[. . .] like a mother" "She was with me when I gave birth" "She didn't try to educate me—just to be with me" "She is still in touch with me, although she is not required to be" "When he is with me, he is totally attentive to me, not focusing on anything else." Only a small minority described their counselor as distant, providing instrumental assistance without emotional involvement.</p> <p><b>Theme 3</b><br/>Life at the Apartment - The interviewees' portrayal of life at the apartments was mixed. Most described the experience of living at the apartment and the interaction with staff and peers in positive terms, and peers and staff were cited as sources of support during and after their stay at the apartment. However, a few of the respondents complained about roommates who disregarded the rules, did not take part in cleanup or other chores, and were generally inconsiderate of their peers. These respondents felt that the staff did not always know what was going on at their apartment, and thus were unable to control the situation. They thought that the staff should intervene more actively to enforce rules such as the ban on alcohol, drugs, and overnight guests. Conversely, a few complained that the rules were too strict, and did not give them sufficient independence. As one participant noted: "You can't tell someone that they are now adults—and also tell them what to do. What's wrong with a couple of beers after a day's work?"</p> <p><b>Theme 4</b><br/>Crisis - Most respondents described their departure from the apartment as a crisis; eight of them noted it as severe and ongoing. They talked about insecurity, loneliness and social isolation. They felt that the transition was too abrupt: "[. . .] all alone in deep water" "[. . .] nobody to help"; "[. . .] didn't know what happens next" "I got used to being with friends, and all of a sudden I was all alone." Turning to the staff of the program was seen as an admission of failure. Those who were able to cope with the transition proudly claimed that they did it all alone. When, following a routine follow-up phone call, a staff member identified a crisis and offered help, this was often described as life saver, which prevented the next fall ("when I needed her most she was there for me"). They appreciated the fact that the staff took the initiative, since they themselves were not sure that they were entitled to further help after graduating from the program ("Eran always said that when anybody needed him they should call, but I felt uncomfortable calling him. That was really hard.").</p> |

**Theme 5**

Military or Civilian Service - Fifteen of the respondents did military service, and all but three completed it successfully. Nine others did civilian service. Most described their service as a positive, and even a life-changing experience: "The service built up my personality." "It changed me: I'm a much more responsible adult now." "It gave me a new perspective of life. . ." Some acquired new skills, which served them in their civilian careers ("After doing so well in the military police, I'm ready to pursue a career in the police"; "My service opened the door for work"), and some acquired new friends, who provided them with support when needed. Most of the respondents appreciated the program staff's support during the service, which often helped them to overcome crises.

**Theme 6**

Housing - For most of the respondents, finding housing after leaving the program was described as difficult. Forty percent had moved 3–6 times since graduating from the program. Only a few had been able to secure adequate housing for themselves—either in another program that offered subsidized apartments to army veterans, or in apartments shared with friends. Fourteen of the respondents reported bouts of homelessness, or not knowing where they would spend the night. Rejoining family was seen as a temporary and very undesirable last resort. When they needed to find a place, some turned for help to the staff of the program. A few were helped by friends or community services. When describing their current living arrangements, none used terms that expressed a sense of ownership, such as "my home" or "my place." They tended to refer to themselves as "a migrant fowl," reflecting a sense of disconnectedness and insecurity in their transition to independent living ("My boyfriend helped me once, and then I crashed with friends, and twice at my workplace, and again with friends"; "I'll have to leave this place soon and have no idea what will happen").

**Theme 7**

Post-secondary education - Eighteen of the respondents expressed the wish for further studies. While in the program, some had learned a trade or prepared for college placement exams. Those who were unable to continue with their studies attributed this to financial difficulties. Their income was barely sufficient to cover their basic needs, and they were unable to support themselves, while studying. Some had to drop out of college or vocational training because of a lack of resources.

**Theme 8**

Employment - Almost all the respondents were employed at the time of the interview—albeit mostly in low-paid temporary employment. Quite a few were dissatisfied with their job, but stayed on because they feared that they might not find other employment and would suffer economic hardship. Others found it difficult to hold on to a job because of their frequent moves. Some found employment independently, while others were helped by program staff or by friends. Some reported long periods of unemployment, while looking for a job without success. This was accompanied by a sense of low self-efficacy, which they attributed to their lack of experience, qualifications or connections ("It's very hard to keep a job if you don't know someone there.")

**Theme 9**

Continuous economic hardship - At the time of the interviews, 13 of the respondents reported that they were suffering economic hardship, and 23 of the 25 reported that at one time or another they were unable to cover basic needs such as adequate nutrition, dental care, medicines, or rent. Example testimonies: "They were shocked to see that I had nothing to eat. I was unable to buy food, and lost weight [ . . . ]" "Dental care is important, but I had to set priorities." Some borrowed money from the bank, or from friends ("I'm always in debt"). Those who were married and had a child described life in poverty in spite of efforts of relatives or the program to help. Many expressed a feeling that nobody could help them, or that it was shameful to ask for help. Since most had severed ties from their families, they could not turn to relatives for help. Besides, in most cases the relatives also suffered economic hardship ("my mother and grandmother depend on welfare, and my mother is harassed by creditors").

**Theme 10**

Health - The majority defined their health as good, but eight reported serious problems, which were exacerbated by their lack of money for major expenses such as dental care, diet, or psychiatric help ("I suffer from serious and very risky over-weight. . . but I don't have enough for a proper diet").

**Theme 11**

Social support - Economic hardship brought with it social isolation ("You're stuck at home for months at a time, and go out of your mind"). Respondents told us that they were unable to spend time with their peers, because "most of my friends are from normal families. They have a life—but I don't." Only a few took part in leisure activities such as going out with friends, or sports. The respondents explained that their detachment from support networks was due to the lack of time and money needed to spend time with peers. They also felt that they couldn't share many experiences with peers, because people from "normal families" cannot understand them. Twenty of the respondents had had a boyfriend or girlfriend at some time since they left the program, but only 12 were currently in a relationship, and of these, only seven reported feeling really close to their partner.

**Theme 12**

Life satisfaction - When asked about their general life satisfaction, most of the respondents found it difficult to respond to this question. After some hesitation, six declared themselves satisfied with their lives, seven were dissatisfied, and 12 were "in between." All those who were satisfied were men; six of the seven dissatisfied were women. Those

who expressed some satisfaction with their lives attributed it to social support or to a belief that their situation will improve, and that they will achieve economic stability, enter a meaningful relationship and establish a family. The three respondents who already had a child said that their child gave them strength to carry on, and those who had not yet established a family expected this to be a way of healing wounds from their past. Those who said that they were not at all satisfied with their lives attributed this to helplessness, barely surviving, and the difficulty of dealing with memories of their past without an adequate support network.

### Theme 13

Recommended changes - We asked the respondents to tell us how the program might be changed to provide a better response to the needs of persons age out from care. Most suggested that the staff continue to support participants after they leave the program. Some felt a need for continued material support; others suggested better preparation for life after leaving the program; and some suggested specific help with education, employment or housing.

## Study arms

### Bridges to Independence Programme (N = 25)

The aim of this program is to provide youths who leave residential group homes or family foster care at the age of eighteen, and have no family to accommodate or support them, with a roof over their heads, social, emotional and instrumental support during their military or civilian service, educational and vocational counseling, life skills development, medical, psychiatric or legal advice and other kinds of support that they may need during their transition to adulthood. Participants are housed in apartments throughout Israel. Each apartment houses six young men or women, and is assigned a part-time staff member, who does not live on the premises, but is available to the residents at all times. Each participant, with the help of the staff, develops his or her own tailored plan for the near future. A special effort is made to maintain and cultivate the resident's independence and self-determination, while respecting the interests of all other residents. The program targets youths who grew up with no family or kin support, many in more than one residential setting. Many of them were not visited by their families and were unable to visit home or relatives during the weekends and holidays. Participants were referred to the program by their social workers, and were interviewed by the staff of the program to determine eligibility.

## Risk of Bias

| Section                        | Question   | Answer   |
|--------------------------------|--|--|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | Yes  |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | Can't tell<br><i>(outcomes of interest would have been better assessed using quantitative methods)</i> |
| Research Design                | Was the research design appropriate to address the aims of the research? | No   |



| Section                                 | Question   | Answer  |
|---|--|---|
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | No<br><i>(convenience sample used)</i>  |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes   |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell  |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Can't tell<br><i>(thematic analysis was not explicitly described)</i>   |
| Findings                                | Is there a clear statement of findings?  | Can't tell<br><i>(difficult to tell whether findings were from the semi-structured portion of the interview or not (unclear if use of multiple analysts, triangulation, or respondent validation used))</i> |
| Research value                          | How valuable is the research?  | The research has some value   |
| Overall risk of bias and directness     | Overall risk of bias   | High  |
|   | Directness   | Partially applicable<br><i>(Study from Israel)</i>  |

## Sims-Schouten 2017

### Study arms

Life Skills Project (N = 22)

The current research is based on data collected as part of an evaluation of a life-skills project for young care leavers (aged 16–25 years old) developed by a child-focused charity in southern England. The project is designed to improve the life chances and outcomes for those who are moving towards, or have recently left care, with a specific focus on improving life-skills, employability, training, housing, and mental health and wellbeing. The project is part of a national network of nine local authorities committed to positive change. One of the key aspects of the network has been to involve young people in driving forward improvements in the support provided for care leavers. The life-skills project is based around individual sessions, with support from a care worker, psychotherapist, and family services manager, and practical activities with the use of a “workbook” (e.g., based around relationships). The project is underpinned by the Family Star framework and the Bromford Assessment tool. Both are management and measurement tools for family support, with a specific focus on measuring immediate outputs and showing progress made towards targets focused on specific life-skills, employment and training, physical health, and mental health and wellbeing.

### Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Semi structured interviews<br>Evaluation<br>for 6.1?   |
| <b>Aim of study</b>   | to explore how services for care leavers can be fully integrated and easily accessed among care leavers taking part in an evaluation of a life-skills project for young care leavers.  |
| <b>Study location</b> | UK   |
| <b>Study setting</b>  | Care leavers were involved in a life-skills project "New Belongings". The project was designed to improve the life chances and outcomes for those who are moving towards, or have recently left care, with a specific focus on improving life-skills, employability, training, housing, and mental health and wellbeing. The project was part of a national network of nine local authorities committed to positive change (Lindsay, 2014). One of the key aspects of the network has been to involve young people in driving forward improvements in the support provided for care leavers. |
| <b>Study methods</b>  | Semi-structured in-depth interviewing. Interviews were undertaken by University researchers and took place within the centre that ran the life-skills programme. Interviews covered the specific areas   |

|                               |   |
|-------------------------------|---|
|                               | of the programme: living skills, mental health and wellbeing, and relationships. Thematic analysis was analysed using a two-level “synthesized” discourse analysis.   |
| <b>Population</b>             | Care leavers aged 16 to 25 years old, involved in a life-skills project   |
| <b>Study dates</b>            | Not reported  |
| <b>Sources of funding</b>     | Not reported  |
| <b>Inclusion Criteria</b>     | <p>None reported</p> <p>Criteria 1<br/>mental health and wellbeing issues were part of the referral criteria to the project. The majority of participants were assessed as having “complex needs”; some were homeless prior to their involvement with the life - skills project.</p>  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>22 care leavers</p> <p><b>Mean age (SD)</b><br/>18.5 years old (range 16 to 25 years)</p> <p><b>Mental health</b><br/>mental health and wellbeing issues were part of the referral criteria to the project, however, a specific diagnosis in relation to mental health was not included in the criteria for the support provided by the project</p> <p><b>Female gender</b><br/>11 females, 11 males</p> <p><b>Ethnicity</b><br/>six of the participants were from a black and minority ethnic (BME) background</p> |

|                        |   |
|------------------------|---|
|                        | <p><b>Current living situation</b><br/>all were living in supported accommodation at the time of the interviews</p> <p><b>Parenting</b><br/>five of the participants were parents (three of the females and two of the males).</p>  |
| <b>Relevant themes</b> | <p><b>Theme 1</b><br/>Pre-positioning: getting really stressed, breaking down and crying. Repositioning: Becoming a more resilient person and picking self-up again.</p> <p><b>Theme 2</b><br/>Pre-positioning: fear of new people and new situations; Repositioning: learning to communicate and feel confident</p> <p><b>Theme 3</b><br/>Pre-positioning: loneliness and isolation. Repositioning: being able to speak to people and socialise</p> <p><b>Theme 4</b><br/>Pre-positioning: low self-esteem. Repositioning: learning independent skills and confidence e.g. money management, living, and cooking skills.</p> <p><b>Theme 5</b><br/>Prepositioning: being nervous and anxious. Repositioning: stress-relief and coping</p> <p><b>Theme 6</b><br/>Prepositioning: Behavioural issues (being difficult/aggressive). Repositioning: being able to trust and talk to people.; assertiveness.</p> <p><b>Theme 7</b><br/>Prepositioning: panic attacks. Repositioning: being able to express myself and fears</p> <p><b>Theme 8</b><br/>prepositioning narratives (i.e., relating to their character, competence, traits, and skills prior to their involvement with the life-skills project) and repositioning narratives (realignment of positions, as a result of participating in the project). Mediating role of the care worker between these two states.</p> <p><b>Theme 9</b><br/>through engagement with her care worker that care leavers are able to reposition themselves: "it makes me feel better"</p> <p><b>Theme 10</b><br/>care worker as a "challenge" to correct challenging behaviour, manners of how to speak to people, be less aggressive</p> <p><b>Theme 11</b><br/>Communication with care workers as a means to calm down during panic attacks and stress, repositioning of self and anxieties through support.</p> |

|                     |   |  |  |
|---------------------|---|--|--|
|                     | <p><b>Theme 12</b><br/>engagement with the programme allowed them to reposition themselves and their abilities to cope and engage with their mental health problems (constructed in terms of "difficult behaviour")</p> <p><b>Theme 13</b><br/>Role programme has played in building confidence in communication (and "pushing") with business, banks, doctors and "people like that". Care worker supportive, taking to the bank and "getting" the care leaver to gradually increase the amount of talking they did to new people; gradual, staged and step-by-step nature of this approach;</p> |  |  |
| <b>Risk of Bias</b> | <b>Section</b>  | <b>Question</b>  | <b>Answer</b>  |
|                     | Aims of the research  | Was there a clear statement of the aims of the research?                 | Can't tell<br><i>(the aims of this research were not clearly stated but can be derived from the discussion sections)</i>   |
|                     | Appropriateness of methodology  | Is a qualitative methodology appropriate?                                | Yes  |
|                     | Research Design   | Was the research design appropriate to address the aims of the research? | Can't tell<br><i>(there is no clear justification of the research methods used)</i>  |
|                     | Recruitment Strategy  | Was the recruitment strategy appropriate to the aims of the research?    | Can't tell<br><i>(There was no clear discussion of recruitment strategies or why specific participants were selected or why some chose not to take part)</i>                           |
|                     | Data collection   | Was the data collected in a way that addressed the research issue?       | Can't tell<br><i>(Unclear that researchers justified their manner of data collection in relation to the aims of the study or the method used; no discussion of saturation of data)</i> |

|  |   |  |  |
|--|---|--|--|
|  | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell<br><i>(Unclear that the researcher critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i>  |
|  | Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Yes  |
|  | Data analysis                           | Was the data analysis sufficiently rigorous?   | No<br><i>(Not entirely clear how much data (from how many participants) supported the themes and detail presented, it is unclear how the thematic analysis was carried out or by how many researchers. It was not clear how categories/themes were derived from the data. It is not clear if contradictory data was taken into account or if researchers critically examine their own role, potential bias and influence during analysis and selection of data for presentation)</i>             |
|  | Findings                                | Is there a clear statement of findings?  | No<br><i>(Themes were presented in brief but most of the presentation of results was taken up considering intricacies of the transcript conversations. There was no discussion of evidence both for and against the researcher's arguments. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). Aims of the research were not clear so it was difficult to see how the data supported the research objectives.)</i> |
|  | Research value                          | How valuable is the research?  | The research has some value  |

|  |                                     |                      |                     |
|--|-------------------------------------|----------------------|---------------------|
|  | Overall risk of bias and directness | Overall risk of bias | High                |
|  |                                     | Directness           | Directly applicable |

**Greeson 2015a**

## Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Focus Groups<br>RQ6.1   |
| <b>Aim of study</b>   | This study had two primary aims: The first was to better understand the conceptions of permanent relationships and natural mentoring among older youth in foster care, including their cognitive definitions, their ideas based on personal experiences, and their beliefs about the characteristics and qualities associated with helpful natural mentors. The second aim was to obtain youth feedback directly related to the contents of the C.A.R.E. intervention, focusing on the identification of natural mentors, relationship support, and the development of independent living skills in a relational context. |
| <b>Study location</b> | USA   |
| <b>Study setting</b>  | urban charter high school in the Northeast United States  |
| <b>Study methods</b>  | Youth participants were recruited through open and repeated school announcements. six focus groups with seventeen youth participants. Focus groups lasted approximately one and a half hours and took place in a private conference room with a closed door. A semi-structured protocol was used. This covered (1) their conceptualization and definition of natural mentoring; (2) their personal experiences with regard to the presence of a natural mentoring relationship; (3) their thoughts and feelings toward C.A.R.E., a novel childwelfare-based intervention that purposefully supports natural mentoring     |

|                               |   |
|-------------------------------|---|
|                               | relationships among older youth in foster care; (4) their reactions toward the specific components of C.A.R.E.; and (5) their feelings toward potentially receiving this natural mentoring intervention. each of the audio recordings were transcribed by a professional transcriptionist and then reviewed by a member of the research team who was present at the focus group to ensure accuracy. Three of the authors then used an iterative, descriptive coding process whereby concepts and themes were inductively discovered and then deductively applied using a heuristic method of discovery. Dedoose (2013), a web-based qualitative data management program, was used to facilitate this process. |
| <b>Population</b>             | Looked after children at risk of aging out of care without a legally binding and permanent family connection.   |
| <b>Study dates</b>            | Not reported  |
| <b>Sources of funding</b>     | University of Pennsylvania's University Research Foundation   |
| <b>Inclusion Criteria</b>     | <p><b>Age</b><br/>age 15 - 21 years</p> <p><b>Care Situation</b><br/>Residing in out of home child welfare placement settings and considered to be at risk of aging out of foster care without a legally binding, permanent family connection</p> <p><b>Intervention received</b><br/>participants resembled youth who would be eligible to participate in the natural mentoring intervention (CARE)</p>  |
| <b>Exclusion criteria</b>     | None reported   |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>17 looked after young people</p> <p><b>Time in care</b><br/>The average number of years in foster care was 7.2 (SD=5.2)</p> <p><b>Type of care</b><br/>nearly half (47%) of the participants reported living with either a kinship or non-relative foster parent. Other participants reported living independently, in a congregate care setting, or did not know how to categorize their living situation</p>  |



|                               |  |
|-------------------------------|--|
|                               | <p><b>Gender</b><br/>Male: 53%</p> <p><b>Age</b><br/>The average age was 18.1 years (SD = 1.4 years)</p> <p><b>Education</b><br/>On average, participants had been attending their current charter school for 2.4 years (SD=1.3), and the average number of high schools attended by participants in addition to their present charter school was 2.1 (SD = 1.6). Roughly three-quarters of the participants planned to graduate in the upcoming year.</p> <p><b>Ethnicity</b><br/>Black/African American (94%), and not Hispanic/Latino (88%)</p>   |
| <p><b>Relevant themes</b></p> | <p><b>Theme 1</b><br/>Need for permanent relationships with caring adults - Throughout the focus groups, there was wide consensus among the youth that permanent relationships with caring adults were valuable and desirable. Because the youth participants resided in out-of-home care, they had experienced relationship disruptions in the form of familial loss, particularly with regard to their families of origin. Many youth discussed the ubiquitous desire for permanent relationships with adults characterized by love, affection, and safety, themes which are corroborated in the scientific literature. One youth discussed her experience of impermanence within the context of a finalized adoption, suggesting that the presence of legal permanence does not necessarily guarantee relational permanence. "...you've got to just basically stay humble and it's so crazy because at the end of the day, us kids, like, you're in foster care, then like especially if you ain't got your parent, all you, all you want and all you, all you really desire is just love and affection. That's it at the end of the day....before I moved in with my aunt, this lady, this lady that me and my little sister was with, right, you know, she was all good, like she was cool, all that. She like called us her kids, all that stuff, like yeah we, we good, we happy and all that. But like right after we got adopted by the lady, she, like the whole, she did a 360. She started acting like real crazy to us. Her son was like trying to fight my sister and he was like three years older than her. I had to fight this man probably almost every day, like every single day I had to fight this boy. But there was not really nothing that we could do because of the simple fact that we was already adopted by the lady. But, I mean, later on, it turned out good because we got away from them, moved in with our aunt." Similar to the participant above, many youth talked about the benefit of having an enduring relationship with their natural mentor, intimating the importance of relational permanence. Participants voiced that the long-term nature was an important characteristic of their natural mentoring relationship. One participant discussed that her natural mentor is always there: "I mean, when I need it, they're there. Like if I need help with homework or I don't understand something or even if I'm having problems on the street, she always going to be there. Another participant chimed in as well: It's good to know that you got somebody that's not going anywhere, no matter what you do. They could be disappointed in you, but— They'll never go anywhere, so it makes you appreciate them."</p> <p><b>Theme 2</b><br/>Youth conceptions of natural mentoring - like a family member - A number of youth discussed the importance of a natural mentor being "like a family member." This is interesting given the fact that most youth had limited exposure to their birth families (or any family for that matter among those with extended stays in congregate care settings), yet these youth still felt that a natural mentor should be like a family member. Their comments indicate the presence of family-like relationships outside of the context of traditional, legal permanencies. For instance, one youth noted: "Me and my person we joke, we play, we go out. I mean, not all the time 'cause she does have to work, but we go out. We do things as a family 'cause that's what we are, a family." Revealing a story about meeting her natural mentor, a caseworker, in a congregate care setting at the age of 14, one youth describes the moment in which she started to call her "mom." "I didn't really trust people when I was in placement. Like I was 14 at the time so I was just like everybody out to get me. But people, like people would try to talk to me and I'd just be like I could just get a vibe like no, they're not going to be here long-term. I get attached easily. So I didn't want to get attached knowing I was leaving. But when I met her, I was actually in a crisis at the time. I was getting restrained I remember and she came over and she was talking to me. I don't know why, I just calmed down, just like yeah, she's going to be the one I talk to all the time. And from then I started calling her my mom. So from that day forward once I started calling her my mom, she started acting like as if I was her daughter." For some youth, their conceptualization of a natural mentor's qualities was based on their exposure to extended family members, many of whom served as natural mentors among the youth in our sample. For example, in response to being asked if she had a natural mentor, one youth replied:</p> |

"Yeah, my aunt because, you know, like my mom, she had passed when I was like, like 12–13 so, she served as a real strong, I mean, she been doing it for the longest, but she just really picked it up after my mom passed, so my aunt."

### Theme 3

Youth conceptions of natural mentoring - trustworthiness - Trustworthiness was another quality of a natural mentor that was repeatedly discussed throughout the focus groups. Many youth noted that loved ones, such as parents or role models, had broken their trust. As such, honesty was a quality that youth valued in a natural mentor, and the restoration of trust within adult relationships was considered to be crucial. Reflecting back on a natural mentoring relationship, one youth discussed the development of trust with a neighbor over time. "He was my neighbor. His name was Mr. B. He was a pastor at a church and like he was kind of like my mentor too.... Like I remember one summer I couldn't have a summer job because I was dealing with the court and all that, so like he just brought me to his church, you know. He gave me like little jobs to do around his church. You know, like he'll pay me and then, or like if he'll go away, he'll leave me, like he'll leave me with his dog, you know, to help feed his dog and feed his plants. And like, then like he used to take me out to games, to Sixers' games and all that. Then like we'd talk about my situations. Like we wouldn't really talk, like talk around people like, like that was around us like, like people, like members of his church because like he was the only one who knew about my situation. He didn't want everybody to be, their business." The activities identified by this youth potentially facilitated the development of the trust that many of the youth desired. Interestingly, the activities occurred in the youth's community, a shared space that was familiar to him. Trust, in this relationship, was earned over time. He confided in the pastor because he did not disclose to others about his "business" so the youth developed trust and eventually discussed sensitive topics with him.

### Theme 4

The challenge of bringing trustworthiness into new relationships - Conversely, some youth talked about the challenge of bringing trust into new relationships with unfamiliar adults, where trust had not yet been established. For example, one youth shared: "Like how would I feel if a grown man that I never met, a new worker, any of that, like 'Yeah, you can trust me. Just tell me this, tell me that.' I'm going to look at you like you're crazy. I can't trust you. Don't even act like you my friend because I don't know you."

### Theme 5

Role models through providing guidance and support - Many of the youth in foster care lack role models or someone who provides them guidance. As such, many felt that natural mentors could serve as role models, potentially providing them with guidance. Specifically, one youth noted: "That's someone they should look up to [a natural mentor], they could look up to, a role model or something, especially people, especially I guess like boys, you know, their father and they're like, you know, mentors." Some youth felt that this support and guidance could be achieved through a natural mentor leading the youth "down the right path" and telling them right from wrong. Specifically one youth noted: "I think for youth in care especially [natural mentoring] is needed. I think it's a good idea because it's like you, like we honestly need somebody there for us, like they say like leading us down the right path and actually being there for us." Interestingly, another youth discussed that while it was important for a natural mentor to help youth answer questions and provide them with guidance, it was also important to let youth answer their own questions. Thus, while the natural mentor is providing support, they are simultaneously instilling autonomy and trust so that the youth can make their own decisions. "Natural mentor with me is a person who is there to help you answer your own questions. But at the same time he is not answering, he is making sure that you answer your question but at the same time he is not answering, he may be sure that you answer your own question."

### Theme 6

Mutually meaningful - Reflecting on her relationship with a caseworker, one participant noted that it was important to develop a connection with a natural mentor that was based on trust, but also a relationship that was mutually meaningful. "Miss J, she works here. I feel like she a mentor with me because like I go through a lot of stuff and a lot of people that I came across I feel like they don't really open up like Miss J. And she told me stuff like about her life that she didn't have to tell me but I felt like it's hard for me to trust a lot of people so for her to open up with me, that means she cares because if she can tell me the stuff that she told me, then I know that she really cares about me and wants me to know and be comfortable with her because she was comfortable enough to tell me that. ... I feel like Miss J's like the mom I never had because she's there for me like a mom should be." Another participant reflected on his currentmentor-like relationship as well. He told us that his aunt took it upon herself to care for him after her own son had died. In discussing their relationship, he notes that while the Aunt does everything for him, she also considers him to be a son, holding him to high standards. As such, the relationship is mutually meaningful, and not just one-sided. "My aunt, because like whenever I don't got something, I know she always got it for me. Whenever I need somebody to talk to, she there, because that was what my mom did, like I could tell my mom anything. And my aunt, she's just basically now looking at me like not just as a nephew but as her son too because she just lost hers. She just lost her son so she also looks at me as her son and she'll tell me all the time like 'You know, you're the man of the house now.' So she hold me to a high standard."

### Theme 7

Unique challenges related to natural mentoring for youth in foster care - preference for non-connected carers in some cases - Although the majority of youth in the focus groups discussed the benefit of natural mentoring relationships in their lives, some youth discussed its challenges as well. The concept of natural mentoring relies on the existence of supportive relationships within a youth's social network, but for some youth in foster care, these sorts of relationships are sparse. Given their history in foster care and a socially constructed depiction of being "deviant," some youth felt insecure about others' perceptions of them. As such, one youth noted that she preferred a mentor that she did not know, because she felt this person would not pre-judge her as others from her social network might. In response to probing regarding the benefit of a mentoring relationship with an unfamiliar adult, she responded: "Because they get to start from scratch. They have not already heard stuff about you from other people so they can't pre-judge you, just some, you could tell them how you really feel and, you know, it's always two sides to a story so they could get your side and you want them to be on your side anyway so they can kind of give you feedback on you."

### Theme 8

lack of a helpful relationship with a caring adult - Other youth had not yet found a helpful relationship with a caring adult, though they spoke of the desire and longing for the presence of such a relationship. Discussing the absence of fathers while growing up in foster care, one youth noted the challenges and the significance of such voids. "A lot of us, we grew up without our fathers, you know, so it's like we're searching for, we're searching for manhood almost our whole lives but nobody gonna ever fill that void that your father burnt. So it was always like we're trying to get it on our own, that's why I feel as though like we're losing the identity, likewhat it really is to be a man ... I mean, I lost my dad when I was young so I'm still searching for somebody that could be there for me, you know, so, I mean, I, it's not really too much to say because I'm still searching and ain't nobody there and I'm just lost a little bit. I'm still looking."

### Theme 9

Role of a natural mentoring intervention - identifying natural mentors - Youth discussed multiple methods to identify natural mentors for youth in care, including case file reviews, a traditional method often used to identify youth's important connections. Almost all participants indicated that engaging in conversation with youth about the identification of a natural mentor was preferable as opposed to reviewing a case file for potential connections. Involving the youth in the discovery process places the youth as the leader and expert of his/her life. Conversely, solitary reviewing the details of the youth's case file could be perceived as an invasion of privacy and a threat to the building of trust. In discussing the option of talking to youth versus reviewing the case file for potential adult connections, one youth responded: "Going through my personal life- I mean, me personally, I got nothing to hide, but I got nothing to hide, but next person might. He might not want to see you going through his life. And then, time like time change because like, alright, that teacher was probably cool back then, but now you might not know, so I think the first one [talking to the youth]. Yeah. I think the first one because, I mean, they, if they was really important to us, we would remember. Yeah. When somebody's important to you, you gonna remember them no matter what." Other youth were concerned about case file reviews, feeling that they might be judged according to misinformation in the case file. Some youth reported that casemanagers sometimes inaccurately represent them in their case notes. In response to an inquiry about using case file reviews to identify potential natural mentors, one youth stated: "Anybody could say anything, anybody could write anything down. Until I speak of it or say something, then you could probably believe it. It could be on file that everything's pretty good, but in the person's head, you don't know how they feel. You might say that this person, him and her were good to work together for this amount of time, but she might be thinking oh he like, I really don't want to, no." Interestingly, one youth felt that it was important for the case manager to initially refrain from discussion and to just observe the youth before broaching the subject of relationships with caring adults, again emphasizing the sensitive nature of this process and the need for first establishing trust with the youth. This participant shared: "You got to really get to know that person, you got to really like put everything aside, not worry about no paperwork or nothing like that and just try to get to know them even if you just sit and observe them for a couple days and then slowly, slowly find something that they might have in common with you and start a conversation from that and then move on slowly from that."

### Theme 10

Relationship support and development - The primary goal of C.A.R.E., the natural mentoring intervention, is to support and promote the growth of natural mentoring relationships for youth in foster care. Each youth/natural mentor dyad has weekly sessions with the C.A.R.E. interventionist, engages in a variety of large group activities, and has regular, informal "match time" each week in the community. Authors asked the youth to provide feedback about these activities. Some youth discussed the benefits of having one-on-one weekly check-in times with a third-party interventionist, who would be available to more objectively navigate any conflicts that the youth and their natural mentor may be experiencing. This participant related such meetings to past therapy sessions: "But thinking back, therapy helped me a lot, like having somebody, like she's not around all the time but having, like just talking to her and telling her what was wrong. I see her once a week. What I tell her that week, she'll like talk some about it and I'm like you weren't there so maybe what you're saying

is right. Like yeah, maybe I was wrong for yelling and maybe I was wrong for breaking something like that. In conceptualizing separate support groups for the youth and their natural mentors, one youth suggested the following opportunities for peer support: "They could offer each other different ways on how to be better mentors or, you know, the kids can, they could open up doors, like make a kid want to open up to their mentor more because maybe they're seeing that the other kid is changing or becoming a better person from actually taking heed to what their mentor said." Youth also discussed ideas for community-based bonding activities between the youth and their natural mentors, emphasizing the value of quality time over the money spent, using these activities to further the relationship. "P1: It don't have to be expensive. It don't have to— P2: That's right. P1: It don't even have to involve money. Take them out. Take them around a park. Walk with them. Talk with them. You could even stay in the house and joke around and play. P2: I think board games like bring people closer together, like games where you've got to like be like in each other's like, not space but like — P1: Yeah."

### Theme 11

Independent living skill building - Unlike traditional classroom-based independent living courses for older youth in foster care, C.A.R.E. seeks to help youth develop these skills within the context of the natural mentoring relationship, more closely mirroring how youth from the general population learn such skills. Authors were particularly interested in speaking with youth who had been taught independent living skills via the traditional instructional model, and wanted to gauge their opinions about the feasibility of learning these skills within a relational context. By and large, the youth were very supportive of relationship-based independent living skill building. For example, the following interaction between the facilitator and two youth participants exemplifies similar conversations across focus groups. Youth in this particular focus group emphasized the normative and trust-building nature of learning independent living skills in relationship: "P1: 'Cause it's like, it's like not saying normal kids 'cause we are normal, but just like the kids with their families. They got to teach them. P2: They're supposed to teach you though. I mean, yes, it's cool to go to a class and you learn with other kids, but it's, it's— P1: It's a bonding like. P2: Yeah, it's like a bonding experience for you to learn with you— L1: For the kids. P2: Yeah, for the kids when you learn with your mentor. P1: It's a bonding." Similarly, another youth discussed the advantages of learning hands-on independent living skills in the community: "The hands-on is way better, I think better because you could sit in a classroom and somebody could tell you something repeatedly over and over again and you never could hear it. But that way it's going to be easier because you're going to actually be able to go out into the community and do it. You're not going to be stuck, like I had to read about it. You know how to do it like the back of your hand, the hands-on part is, is better." It was difficult for some youth to conceive of community-based independent living skills building outside of the traditional model, suggesting that such an approach may be counter-cultural to some youth in care. This is particularly salient for those who have not lived in family-type settings. One youth had grown up in a number of residential treatment facilities and group home settings, and he felt that it was more important to discuss and talk about independent living skills rather than engage in activities in the community. "Y'all need to sit down and talk about it. It's not always going out places and doing activities, because—after the kid's graduated, the youth graduated the [natural mentoring] program, they might be coming back into the same situation because they didn't really talk about it, just went to do stuff.... I think y'all need to do more talking and more sitting down and what's that, problem solving."

### Theme 12

Challenges for implementing a natural mentor intervention - Although many youth provided positive feedback about the child welfare-based natural mentoring intervention, some mentioned challenges as well, namely the issue of securing youth buy-in, particularly among youth for who trust may be difficult to gain. Youth reflected that it may be difficult to encourage participants to open up, both with the interventionist running the program and with the natural mentors. Specifically, one participant suggested that some youth in foster care either do not know how to express their feelings or do not feel comfortable talking about feelings, which could be a barrier to cultivating a relationship with a natural mentor. So it's hard for a lot of people to talk and it's hard to talk sometimes because you don't know how to express it and that's why it might be scary. Some people don't know how they feel. They might ask somebody how do you feel? You know, you might feel happy but, okay, what you mean, like they don't know what or how. Similarly, one participant voiced concern over youth being distant in relationships, suggesting that for some youth, relationship development just takes time. "You have your kids that do want to get close, I think that's a good idea, like do the mentor, like things with your mentor, but for the kid that don't like being close, it's going to take time, so they're going to be distant. They're going to not want to be close. Like they're, you may have like a one-on-one with your mentor but they may not talk." Another participant voiced her concern about youth genuinely opening up to natural mentors, rather than just voicing the words that adults want to hear. "I think everything else will be fine like trying to get them to participate and listen shouldn't be difficult, but trying to get them to really open up about how they really feel about foster care, 'cause I know when my foster parent asked me 'So how do you feel about me,' I'm not going to say anything that's going to hurt your feelings 'cause you're not going to send me back. I'm going to say everything you want to hear."

## Study arms

**Caring Adults R Everywhere (CARE) intervention (N = 17)**

Natural mentoring intervention. C.A.R.E. is designed to facilitate and support the development of growth-fostering relationships among older foster youth and their self-selected natural mentors. There are several important differences between natural and formal mentoring interventions. One of the primary differences concerns how the match between youth and natural mentor comes to be. With formal/programmatic mentors, an external entity, like Big Brothers Big Sisters, makes the match between the youth and an unfamiliar, volunteer adult mentor. However, with natural mentoring, the two individuals find each other and the relationship proceeds fluidly, often over an extended period, potentiating a strong bond between the youth and his or her natural mentor. C.A.R.E. is 12 weeks and is delivered by an interventionist with a Master of Social Work degree. Prior to enrollment in C.A.R.E., the interventionist meets individually with the youth in an effort to identify an appropriate natural mentor. Once the natural mentors have been screened and approved, they undergo a trauma-informed training to better understand adolescent development, the role of trauma and loss in the lives of youth in foster care, the importance of self-care, the need for clear boundary setting, and the expectations associated with being a natural mentor. During the 12-week intervention period, which follows the preintervention work and natural mentor training, youth and their natural mentors participate in a variety of structured group activities as well as supportive one-on-one sessions with the interventionist designed to strengthen bonds and clarify expectations surrounding the natural mentoring relationship. Natural mentors are expected to meet with youth on a weekly basis outside of the program's activities for at least 2 hours and, during this time, provide hands-on, coached life skills training (e.g., budgeting, cooking, apartment searching) as well as opportunities for engagement in activities in the community. At the end of the 12 weeks, there is a formal dinner/graduation for all of the youth and their natural mentors, during which each pair celebrates the development of their relationship. After-care sessions are available as needed for the youth and their natural mentors to further support and sustain the relationships over time. C.A.R.E. is manualized and progresses as follows: 1. Preintervention work a. Assessing youth's permanent connections b. Screening and background checking natural mentors 2. Training natural mentors (lasts approximately 6 to 8 hours) a. Icebreaker/introductions b. Adolescent development c. Understanding how the child welfare system works d. Trauma-informed natural mentoring e. Practices of effective natural mentors f. What should we do? g. Establishing and maintaining boundaries h. Wrap-up 3. Facilitating development of growth-fostering relationships between youth in care and their natural mentors a. Orientation to C.A.R.E. for youth & natural mentors b. Permanency pact (developed by FosterClub, n.d.) c. Weekly supervision of dyads d. Separate monthly informal support groups for youth and natural mentors e. Group field trip(s) f. Casey life skills g. Affect regulation training/mindfulness (using Koru, developed by Rogers & Maytan, 2012) h. Video portraits i. celebration 4. After care/booster sessions

## Risk of bias

| Section                                 | Question   | Answer  |
|---|--|---|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes   |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes   |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes   |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes<br><i>(However, no discussions regarding why some chose not to take part)</i> |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(However, no discussion of data saturation)</i>                         |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes   |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |
| Findings                                | Is there a clear statement of findings?  | Yes<br><i>(Multiple analysts were used)</i>                                       |
| Research value                          | How valuable is the research?  | The research is valuable  |

| Section                             | Question             | Answer                                    |
|-------------------------------------|----------------------|---|
| Overall risk of bias and directness | Overall risk of bias | Low                                       |
|                                     | Directness           | Partially applicable<br>(USA-based study) |

### Greeson 2015b

#### Study Characteristics

|                       |   |
|-----------------------|---|
| <b>Study type</b>     | Focus Groups<br>RQ6.1   |
| <b>Aim of study</b>   | This study used the exploration, preparation, implementation, and sustainment (EPIS) framework to explicate the organizational challenges and opportunities related to the implementation of a child welfare-based natural mentoring intervention.  |
| <b>Study location</b> | USA   |
| <b>Study setting</b>  | a large urban city in the Northeast United States   |
| <b>Study methods</b>  | A focus group guide, consisting of a series of open-ended questions, was designed to elucidate attitudes and opinions about using natural mentoring in a child welfare agency setting to improve outcomes for youth who emancipate from foster care. Prior to each focus group, participants were asked to review a natural mentoring intervention manual, developed by the |

|                               |  |
|-------------------------------|--|
|                               | <p>study's principal investigator. Based upon their review of the manual, their casework experiences, and their practice knowledge, participants were then asked to comment on the following areas: a) the process older foster youth experience as they prepare for emancipation, b) the notion of natural mentoring specifically for older youth in foster care, c) the specific components of the natural mentoring intervention contained within the manual, and d) the challenges, barriers, and opportunities that may be associated with the implementation of a natural mentoring intervention in a child welfare setting. All focus groups were digitally recorded and transcribed by a professional transcriber. constant comparative analysis was utilized whereby concepts and themes were inductively discovered and then compared across the data.</p> |
| <b>Population</b>             | Child welfare professionals from a Department of Human Services  |
| <b>Study dates</b>            | July 2013 to October 2013  |
| <b>Sources of funding</b>     | University of Pennsylvania's University Research Foundation  |
| <b>Inclusion Criteria</b>     | <p><b>Carer situation</b><br/>Workers and supervisors were eligible to participate in this study if they had served at least 1 youth aged 15 years or older in the past 3 years who was likely to emancipate or had emancipated from the care of DHS.</p>  |
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>20 child welfare professionals</p> <p><b>Gender</b><br/>female (75%)</p> <p><b>Age</b><br/>The average age was 48.5 years (SD 9.8 years).</p> <p><b>Ethnicity</b><br/>Black/African American (53%), and not Hispanic/Latino (94%).</p>   |



|                        |   |
|------------------------|---|
| <b>Relevant themes</b> | <p><b>Theme 1</b><br/>Themes: The most common factor addressed across focus groups was the exploration of natural mentoring for foster youth within the context of what the existing child welfare system can offer youth aging out and the firsthand experience of participants with the youth themselves. Themes related to this included challenges in developing relationships with youth in foster care; foster youths' need for unconditional, secure relationships with adults; the importance of taking the perspective of foster youth in considering a natural mentoring program; the importance and challenges of parent and/or family involvement; the importance of building internal assets in and developing external resources for foster youth; and the role that a child welfare agency can and cannot play in addressing the needs that may be addressed by a natural mentoring program.</p>   |
|                        | <p><b>Theme 2</b><br/>The gap left by child welfare agencies (paid professional feeling relationships) - The most common issue discussed surrounded the current role that the child welfare system plays in the lives of foster youth and how it can/cannot or does/does not fill the need for youth to have adult connections and support going into young adulthood. Many participants discussed the challenges inherent in the relationship between child welfare workers and foster youth on a micro level. For example, they noted the limitations of a relationship within the context of a paid job: "I actually liked working with older youth best and sometimes when some of them would get frustrated, even the ones that I did have a good relationship with, they would express that, 'You don't really care, I'm just a paycheck or I'm just another case.' And as much as you're trying to say, 'no you're not,' but nonetheless the reality is this is my job. I got the opportunity to get a promotion and by my getting that promotion, I'm no longer going to be their caseworker."</p>              |
|                        | <p><b>Theme 3</b><br/>Role model and guidance - Participants also suggested that some of the challenges associated with emancipating from foster care could be attenuated by a natural mentoring relationship. For example, one participant stated: "And sometimes when our kids get to be 18, they just want to get out of the system, so maybe if they'd have a mentor—you know, somebody that can give them structure and guidance—they might go on towards education, because a lot of them, they're just like I want to be done with DHS and when you ask them what do they want to do with their life, they don't know."</p>  |
|                        | <p><b>Theme 4</b><br/>Continuity of relationships from the child's own world - Participants also conceptualized that a natural mentoring relationship may provide a connection to the youth's "world" in the midst of the trauma and instability associated with the removal from one's home setting. They described how a natural mentoring program would be complementary with and a supplement to existing child welfare programming: ". . . but then they're traumatized by us because we take them; no matter how bad the house is, that's home. And we rip them out of that. And if they can, you know, we think if it's a little child, oh you take the teddy bear with you or whatever something—well, when you are older, you are not looking at a teddy bear, but the person you have the connection with, that is something to hang on to in what is, you know, a maelstrom of emotions and confusion. So yeah, I mean, being able to pull someone into that, from a child's experience into their world and continue with them, I think is just very important."</p>  |
|                        | <p><b>Theme 5</b><br/>Dire consequences to lack of support - Likewise, another participant stated: "I just hope that you get this program up and running; I think it could be beneficial to these kids that age out. 'Cause I've seen one too many times—I think my coworker was just telling me a story about this kid... and the kid was in placement and just continued to be in placement and he turned 18, and he didn't want to go back to the placement where he was at. They pretty much just discharged him. He is an adult, 18 years though he didn't want the extensions, so she said she was just walking through [a park] and she sees him sitting on a bench and she's like, "Hi, what's going on?" he is like, "Yeah, I'm homeless," and she was like—it's just sad because at the end of his placement like, it's like, what is the plan?"</p>  |
|                        | <p><b>Theme 6</b><br/>Empowering to make own choices, shared decision making, not telling them what to do - The second most common issue discussed was the importance of including youth in decision making and in considering program characteristics from their perspective. Focus-group participants discussed the importance of partnering with youth, providing them with real choices and supporting them in their decisions, and considering them as the primary source of information to ensure that the mentoring relationship works. From one participant's perspective, youth resistance to the case workers' attempts to steer them in the right direction may be connected to the authoritarian practice of child welfare professionals "telling them what to do." I think a lot of teens, they want help and they want advice, but they don't want to admit it. So I think that's a difficult thing, wanting the independence, so you have to try to find a connection somehow to get to that, to have them let you help them, let you assist them or frame it in them having the choice, giving them</p> |

the choice and not telling them what to do, giving them options of what to do or how to do something because when you tell a teen to do something, the most immediate reaction is "no." They just say "no." So that's been my experience in trying to encourage them, but give it, put the ball in their court, try to help them, have them think and make the decisions, and then if they fall, be there to try to support them." Conversely, participants relayed the importance of empowering youth to lead the process in setting goals and making plans for their own lives. "To listen to this child's voice and find out really what, what are their goals, what are they interested in because I tell my kids, 'I can honestly sit back and plan for you all day but my plans may not be your plans. So that's why it's important that you bring your voice to the table, we'll listen, OK? Because you're my guide, OK? I'm not your guide. I'm here to provide resources; I'm here to listen to find out what are your needs. What can we do for you? But you have to tell me, you need to be able to guide us in the direction that you choose to go, as long as it's a positive direction.'"

### Theme 7

Fear or risk of introducing further loss - Focus-group participants also discussed the importance of considering the unique context of foster youth in the delivery of a natural mentoring program. For example, many foster youth have encountered previous loss and rejection, and participants were concerned that foster youth may experience further rejection in the natural mentoring relationship: "My concern is that if the teenagers identify maybe one or two people that they might want to be a mentor then when the—whoever the person is going to be the mentor and that person—the possible mentor says, 'No, I'm not available, I can't do it, no.' And then the child who's had so much rejection already, I would hate for that child to hear another rejection, you know?"

### Theme 8

Enduring adult connections - Participants, however, noted that youth in foster care have a critical need for supportive, enduring adult connections. One participant said: "So to think that kids that are our youth, who are in our care don't want the same thing? Meaning they don't want somebody that's going to turn their back on them, what makes you think that they don't feel that way? That they are not going to go through their own developmental stages being an adolescent. So they have that as well as histories of trauma, abuse, neglect, depression, but in between all of that what do you find that they want? They want to be connected to somebody, they want to be loved. They want to know that even if I miss my curfew you're not going to put on a 30-day notice."

### Theme 9

Trust built over time - Participants also discussed the context in which foster youth develop relationships with adults as compared with their peers from the general population. Foster youth may be unique in that they need time to build trust and may not be able to form relationships on a set timeline. ". . . you don't hear in the first 4, 5, 10 conversations you have with a child everything, they are very, especially in a system like this, they are guarded because as everyone knows that's power and if they hang onto that knowledge, they are holding onto something that gives them some power, if you wanted nothing else. And only when they're ready to share, then you are going to find what's really important. So it is not a process that can be done on a specific timeline."

### Theme 10

The characteristics that natural mentors should ideally have - Another primary factor addressed across focus groups was the exploration of the characteristics that natural mentors would ideally have. Themes related to this included the need for the natural mentor to be a positive influence and good role model for the youth; the need for an authentic connection between the youth and the adult; the need for the natural mentor to fully commit to the relationship, thereby raising issues of the possibility that youth could experience abandonment; and the need for natural mentors to have clear and healthy personal boundaries. Issues related to how such characteristics could be identified as well as issues regarding personal histories and the need for a screening process to protect youth from questionable choices were also primary themes connected to the preparation phase of program implementation.

### Theme 11

Vetting - The theme addressing how to vet or gather background information on adults identified by youth as possible mentors was by far the most commonly addressed theme in exploring the identification of natural mentors for older foster youth. Discussion surrounded the likely problems with personal histories of identified adults; the need and importance of a screening process and how that may be different from the one used by child welfare agencies; the possibility of youth picking questionable adults; and the importance of making sure that the natural mentors chosen would have a positive influence on the youth. Participants reported that DHS policy prohibits the use of paid kinship caregivers with certain criminal histories, and this policy precludes some caring adults from being considered as placement resources for youth. However, participants also acknowledged that because the natural mentors would not be paid caregivers, such a rigid screening process may not be necessary. In fact, participants stated that a caring adult with a questionable history who has turned his life around may be just the natural mentor that a struggling youth needs, especially if that is who the youth has identified. Of particular importance was the need to

consider adults within the context of their current as well as former lifestyles: "So in life people make mistakes, people change, people get better . . . you beat somebody up or even, and I'm going to say it, you sold drugs; that is a horrible thing but you sold them when you were 19, you went to jail for 5 years and you've come out, paid your dues, and you've got a job and that is no longer part of your life or who you are. Some of that experience might be very valuable to this 17-year old who is questioning whether that's a way to make a living. Similarly, another participant asked: "So I think it would have to be some sort of case-by-case basis . . . Because I agree with you that that person that had sold drugs and was incarcerated and turned his life around, I don't think that this background should automatically rule him out."

### Theme 12

Filling gaps and better than formal mentoring due to its lifelong nature - Another primary factor identified across focus groups was the conceptualization of natural mentoring as an innovative approach to supporting foster youth and one that is both needed and acceptable to child welfare professionals. Common themes revealed an understanding of natural mentoring as an approach to supporting youth that would fill gaps in child welfare services better than classic mentoring due to its more enduring and lifelong quality; as a relationship that already exists and has developed naturally so time is not spent building a relationship that may not be successful in the long run; and as involving adults who are more personally invested and committed to the child and as a result can provide a longer-term role model, guide, and anchor for youth as they move into young adulthood.

### Theme 13

Authentic committed support - In particular, discussion focused on themes of intrinsically motivated commitment by the natural mentor that would be longer-lasting and more genuine in its care, even across generations or when the relationship may go momentarily awry. For example, one participant shared how such intrinsic commitment is at the heart of being able to work through problems and not giving up on a youth: "She may have a girlfriend that goes with her to meet this new grandbaby and somehow stays a part of this baby's life as this baby grows. Now at 11, 12, or 13 there's a need that this child has that the family can't meet but because I've been investing for so long, I can help [with] that need. Or when you do break your curfew rather than say, 'come get this kid; he's not listening to my rules,' it's, 'I need to go find Jonah.' Or I need to go find out—we need to find out why you need to take money out of my pocketbook. We need to work through it because my connection to you is a natural one."

### Theme 14

Better than a paid professional - Participants also described the enduring quality of a natural mentoring relationship over a relationship with a paid professional. One participant commented: "There's a bond that, 'I'm not your mother, I've never been your mother, but I've cared about you for so long that the fact that you're doing things that are displeasing to me doesn't change the love that I have for you.' And to me that's the difference with a natural mentor and someone who's paid to provide the service; even if it's kin who provides a temporary home, they're being paid to provide a service, and if the bond isn't there, it could get to the point where it's not worth the money." Similarly, another child welfare professional described the difference between unpaid natural mentors and paid professionals as: "Automatically going to do whatever the circumstances require, you're there, with or without the compensation, the monetary compensation, I should say. Natural is more to me like a holistic approach, there is nothing in it for you to receive. It's just what you're supposed to do." One participant summed up the impact that having only paid professionals "care" for you can have. He stated, "It corrodes the soul," meaning that it makes us less human. Our brains are social organs. We live and die literally based on our relationships. We are hardwired to belong. If the only people who care for us are paid professionals, we are deprived of belonging.

### Theme 15

Implementation - The fourth primary factor identified across focus groups addressed the role that child welfare agencies may or may not be able to play in implementing a natural mentoring program for older foster youth. The most salient themes addressed challenges to the involvement of child welfare agencies; issues of liability in being involved in vetting adults identified for natural mentors, providing contacts of potential mentors, or approaching families for contacts of potential mentors; resistance to program involvement due to current organizational and system climate and culture; and challenges of potentially divisive relationships among involved parties.

### Theme 16

Resource constraints and workload for implementation - One primary theme that arose across focus groups addressed the challenges to child welfare involvement due to existing time constraints faced by existing workloads: "But the phone call with the social worker or the worker and the mentee and the mentor, that would be beneficial because under my time, I wouldn't be able to do anything like this even though I would want to. I couldn't do that. I'm going to take out time to be with the child, I'm going to do the monthly support group, and then I'm going to meet with you weekly? That's not going to happen, it's just not." Likewise, when asked what the greatest challenge would be in implementing a natural mentoring intervention, one participant stated: "The volume of work that we have and then the numerous changes that our agency is experiencing. In my mind this would be very

difficult to do, you know, if it was assigned for us as social workers." Two other child welfare professionals also expressed concern regarding the additional work associated with implementing a natural mentoring program: ". . . it would have to be an identified group of people whose time and energy was spent on the natural mentoring process because we do so much. We have so much responsibility and so many time constraints and so many regulations and so many deadlines, with so many resource limitations that you would need the people who were working on it to bring the same level of commitment that you would expect from the natural mentor and from the child. It couldn't kind of be something that was thrown on top of what you are already doing, because there wouldn't be the time to give it what it deserves. Because what you're asking people to do is to find a person and make a lifetime connection with them. . . . it has to be a designated team who would kind of focus on natural mentoring because again everybody is inundated, not just the supervisors but the workers and just the whole staff, and then there are so many changes. I think for it not to be like something that feels like it's mandated. It can't feel like it's bureaucratic; it can't be consumed with red tape."

### Theme 17

Educating direct case workers, champions, specialist units and collaboration - Taking into account these inherent challenges, however, focus-group participants also discussed potential solutions that could increase the likelihood of successful implementation. One participant suggested educating direct case workers on the benefits of natural mentoring to champion the intervention among relevant parties: ". . . getting the word out and getting everyone educated about how it works and what you're trying to do. You know, the reason that . . . [the intervention] is being put into place, because some teens or even parents or even anyone might question, 'Why are you—?' And if a worker doesn't have the knowledge to explain, 'Well this is why we're doing this and this is what we're trying to aim for.' Then, you know . . . if I'm asking a worker, 'Why are you doing this?' And they don't give me an answer that's like convincing, why [am] I going to— In addition to educating all direct case workers regarding the "paradigm shift" of a natural mentoring program, another participant proposed the establishment of a specialized unit or staff responsible for the implementation: "Now, whether it grows into a whole other, which I think is worthwhile to look at, a whole designated unit or whatever, centralized, yeah, it probably would—it definitely would be worth it, but how do you roll that out, you know? But I definitely think that it would have to be continuously mentioned. So just looking at it from a management position, it definitely is a paradigm, part of the paradigm shift that would need a lot of prompting or coaching, insisting. That whole thing I think." Likewise, another participant suggested subcontracting the implementation of a natural mentoring program to a private provider agency: "Well I think it would be great if like an agency would be like we are going to implement this program like Pathways or something. And then they would have a staff person that was paid to run the program, that would be the point person, that would do the recruitment, the screening, that would hold the trainings for the natural mentors in groups or cycles or whatever." In discussing the partnership with other entities in implementing a natural mentoring program, one participant noted that a collaborative effort would be essential: ". . . it needs to be a collaborative effort only because we share information, sometimes we don't share all of the information, like you say, when you're reviewing a file, information may be in my file and may have not have been shared with the provider and the provider may not have the same thing. So, I think that it needs to be a collaborative effort in terms of identifying like they do now with the meetings where you know, the team who goes and collects the information; they go both to the agency and to DHS to get that information."

## Study arms

### **A child welfare-based natural mentoring intervention (N = 20)**

The term "natural mentor" refers to a nonparental, caring adult whom a youth identifies in his/her existing social network, such as teachers, coaches, pastors, social workers, or adult relatives. There are several differences between natural mentors and formal/programmatic mentors. One of the primary differences concerns how the "match" between the youth and a natural mentor comes to be. With formal/programmatic mentors, an external entity, like Big Brothers Big Sisters, makes the match between the youth and adult mentor; they are assigned to each other. However, with natural mentoring, because the two individuals find each other and the relationship proceeds fluidly during often a long period of time, the bonds between youth and natural mentors are frequently stronger. The definition of natural mentoring rightly suggests that such relationships

evolve in an organic way. Even so, their growth and development can potentially be facilitated and nurtured by the child welfare system, which is charged with protecting foster youth, ensuring their safety, and promoting their well-being.

#### Risk of bias

| Section                                 | Question   | Answer  |
|---|--|---|
| Aims of the research                    | Was there a clear statement of the aims of the research?                             | Yes   |
| Appropriateness of methodology          | Is a qualitative methodology appropriate?  | Yes   |
| Research Design                         | Was the research design appropriate to address the aims of the research?             | Yes   |
| Recruitment Strategy                    | Was the recruitment strategy appropriate to the aims of the research?                | Yes<br><i>(However, no discussions regarding why some chose not to take part)</i> |
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(However, no discussion of data saturation)</i>                         |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes   |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell  |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes   |

---

| Section                             | Question                                | Answer   |
|-------------------------------------|---|--|
| Findings                            | Is there a clear statement of findings? | Yes<br><i>(Multiple analysts were used)</i>      |
| Research value                      | How valuable is the research?           | The research is valuable                         |
| Overall risk of bias and directness | Overall risk of bias                    | Low  |
|                                     | Directness                              | Partially applicable<br><i>(USA-based study)</i> |

**Spencer 2018**

## Study Characteristics

|                       |  |
|-----------------------|--|
| <b>Study type</b>     | Semi structured interviews<br>RQ6.1  |
| <b>Aim of study</b>   | specific research questions were as follows: What were the youth and mentors' perceptions of the strength and quality of the mentoring relationship? What supports were provided by the mentors and how were these supports received by the youth? What impact, if any, did these supports have on the youth, from the perspective of both youth and mentor?   |
| <b>Study location</b> | USA  |
| <b>Study setting</b>  | Youth aging out of care in a mid-western city  |
| <b>Study methods</b>  | Interviewers used a semi-structured interview protocol with open-ended questions addressing participants' experiences of the mentoring relationship. Participants were asked to reflect on the overall strength of the relationship, types of support the mentor provided for the youth. A multi-step thematic analysis and the way the relationship had impacted the youth (e.g., "how would you describe your relationship mentor/mentee?"). Interviewers informed the youth and mentor that their individual responses would not be shared with the other person or with their mentoring program. Interviews were audio-recorded and transcribed verbatim. A multi-step thematic analysis of the interviews was conducted to examine mentor and youth perceptions of the strength and quality of the YIM relationships as well as the types of support offered by the mentor and perceived impact of those on the youth. All interviews were coded using NVivo. One team member served as the master coder, reviewing all coding and narrative summaries to ensure consistency across cases. Coders met weekly to discuss questions and clarify use of the codes. |
| <b>Population</b>     | Youth aging out of care and their mentors  |

|                               |  |
|-------------------------------|--|
| <b>Study dates</b>            | Not reported   |
| <b>Sources of funding</b>     | Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice  |
| <b>Inclusion Criteria</b>     | Involvement in an intervention<br>All mentors and youth that were in active YIM matches at the end of the one-year pilot initiative were invited to participate in an interview.   |
| <b>Exclusion criteria</b>     | None reported  |
| <b>Sample characteristics</b> | <p><b>Sample size</b><br/>12 youth and 9 mentors</p> <p><b>Gender</b><br/>8 youth were female, 6 mentors were female</p> <p><b>Age</b><br/>Youth age: 16–25 years old (M=19.17, SD=2.59); mentors: 21–56 years old (M=34.78, SD=10.15)</p> <p><b>Ethnicity</b><br/>Youth: 41.6% White, 16.6% Black and 41.6% Multiracial. Mentors: Most mentors were White (88.9%) with 1 identifying as Black.</p> <p><b>Carer characteristics</b><br/>Youth selected mentors from a variety of areas of their lives. The majority of youth identified mentors with whom they had a professional relationship, such as a teacher or social worker, while others picked adults they knew from church activities. In addition, two youth identified mentors from their extended family, and one chose the foster mother she lived with for 7 weeks before aging out of the system and transitioning to independent living.</p>  |
| <b>Relevant themes</b>        | <p><b>Theme 1</b><br/>Strength and nature of the YIM relationships - Although all pairs had been formally matched for less than 1 year (Range: 0.5–8 months, Median=2.5 months), youth overwhelmingly described their relationships with their mentors in ways that indicated they felt a strong connection with them. In only one case did a youth indicate not feeling that way. However, this youth, whose mentor was an extended family member she had known less than 1 year, perceived the relationship to be growing stronger since the pair had begun spending one-on-one time together through their formal match in the 6 weeks prior to the interview. Likewise, most mentors described their relationship with the youth as strong. As Catherine explained, “we still have that connection you know, we have that bond. She still relies on me, ‘cause she depends on me, and I love that feeling. And I love doing it, because I know that she really does need me.” Some mentors noted that they sensed that that the youth felt a stronger connection to them than they felt to the youth. However, they viewed this difference in experience as part of the natural dynamic of being an adult in a mentoring role with a young person. All mentors and youth described feeling dedicated to maintaining the mentoring relationship and expected the relationship to last beyond the 1-year commitment made to the formal mentoring program. A few, including mentees Ashley and Penny who were both matched with former social service workers, even expected a life-long relationship. In their effort to characterize the nature of their mentoring relationships, the youth evoked other important relationships as a comparison. For example, Carmen described her mentor, who is an extended family member, as a “friend” who was a consistent,</p> |



supportive part of her life: "She's like my best friend. Like, she's just there, she's always there, she's understanding, and, she's like... my best friend, like, that's how I feel." Other youth described their mentors more traditionally as a role model, someone they could look up to and who they wanted to be like in some way when they are older. A number of youth reported their mentor fulfilled a parental role in their lives. One mentee, Louise, whose mentor was a former teacher, even went so far as to indicate that she feels the kind of safety and security with her mentor that an infant feels with its mother: "You know when a baby cries, and they hear their mother's voice, they tend to calm down? That's how it is with me. It's like... if I can't see her, but I can hear her, I tend to calm down. I really look to her as my mother, because I never really had a mother... We kind of have that type of bond. And so, when I hear her voice, or... she [will] be like 'Louise calm down' or whatever...I tend to calm down."

### Theme 2

Supports provided by YIM relationships - The narratives of both the mentors and youth indicated these relationships offered a number of forms of social support to the youth (i.e., appraisal, companionship, emotional, informational, and instrumental;). In all cases, the mentors had provided informational support, such as how to find a place to live, creating a budget or tips on parenting a young child. In all but one case, participants described the emotional and companionship support these relationships provided, and almost half also described times when the mentor offered appraisal or instrumental support. In all cases, mentors had provided multiple forms of support over the course of the relationship. Of great importance to these youth was that their mentors offered support unconditionally and without judgment. As Jessica explained: "I was expecting her to be like, 'I told you so,' and all this, and she didn't. So I'm like, 'Oh, I know I can come to you whenever, 'cause you're not gonna judge me. You're gonna come to me... as a... mother.'"

### Theme 3

persistence and candidness - Many youth spoke about how much they appreciated not only the persistence their mentors demonstrated in the provision of support but also their candidness and efforts to hold them accountable. For example, Ashley, who admitted one of her biggest challenges was procrastination, felt that her mentor Meredith was helping her transition into independent living by "staying on my ass" to make sure she had somewhere to live with a sufficient income, and was a good mother and friend. At the same time, Meredith provided spiritual and emotional support coupled with practical parenting advice that helped Ashley feel confident in her abilities and optimistic about her future.

### Theme 4

Tailored support - Mentors provided supports that were tailored to meet the youth's particular needs and developmental stage and that capitalized on the mentor's skillset. Will, who had previously been his mentee's social worker, stated that his main goal in the mentoring relationship was for his mentee, Tremayne "to get to a place that's stable." Will used his professional skills and connections to support Tremayne's needs. Will connected Tremayne with a fathers' support group where he could learn skills to co-parent his young son. He helped Tremayne fill out an application for emergency funds available to youth who have aged out of foster care. In addition, he coached Tremayne on how to successfully work with his case manager to access other supports he may have needed. Another mentor, Callie, provided her mentee Laura, who was a senior in high school, advice about getting her first job and about her relationships with her parents and boyfriend. Callie, Will and the other mentors interviewed were aware of the issues and concerns that were important in their mentee's lives and used the skills, experiences and connections they had to provide appropriate, effective support.

### Theme 5

a sense of stability and continuity of relationships - In addition to specific supports, many mentors discussed their intentional efforts to provide a sense of stability, which they viewed to be lacking in many of these youth's lives and thus constituted a critical need. Lucy, a former caseworker, saw offering stability as an essential way to support her mentee Bailey, who was about to age out of foster care, and therefore, lose her formal support system shortly after beginning college. "She hasn't been stable for that long. I mean she [is] still on that kind of, you know, dividing line where she could go back into her old ways... or she could keep going on a positive track, and I really wanna help her stay on that positive track once she doesn't have all of the people involved in her case." Lucy was aware of how Bailey's school success had been compromised in the past by disruptions in adult support and wanted "to make sure that she knows that there's someone there, other than her friends that are her age, that's excited for her and... supporting her stuff that's going on."

### Theme 6

Role models - Mentors also expressed the desire to serve as role models to help these youth identify and explore options for their own future. Callie described how she was attempting to show her mentee, Laura, what she can achieve in the future by talking about her own college and work experiences, and by exposing Laura to her healthy relationship with her boyfriend. Callie explained to Laura how they budget for household needs, such as groceries, and shared her experience booking plane tickets for a trip so that hopefully Laura could picture herself doing the same someday. Given that neither Laura nor Callie had parents who went to college, Callie expressed her strong desire to "be a role model for

her and help her... know that... it's not as hard as you think it is... You can do it if you really want to." Laura was responding to Callie's efforts, as was evident in her description of Callie: "She is like my idol. When people ask me what I want to grow up to be, and I'm like, 'Callie.'"

### Theme 7

Barriers to asking for help, embarrassment - Despite the clear evidence that these mentors were committed to the youth, that the youth felt comfortable with their mentors, and that all mentors had provided some supports to the youth, some youth still talked about feeling like there were times when they would not ask their mentor for help or support, even if they thought their mentor would be willing and able to do so. Youth expressed concern about burdening the mentor, being embarrassed or ashamed to reveal a choice they regretted, and feeling like there were some things they should be able to handle on their own. Laura noted that she was sometimes reluctant to call her mentor if she had a bad day: "Because she's got some stress going on in her life... she's going through college and ... trying to get, you know, the job... She's just got a lot going on too. And I feel like I don't need to put my problems on her shoulders because she already got enough problems stacked up on her shoulders." Penny recounted a time when she was too embarrassed to reach out, "At the moment I didn't... really want to reach out to [my mentor] and let them know what I was going through because I was, I was messing up." Jessica described the strong desire for self-sufficiency that was evident in many of the mentees' narratives and how this contributed to her hesitancy to reach out when she wanted to try to handle something on her own, given her age and life circumstances: "I wanted to see if I could do it on my own. Like that's just one thing. Even though I know she's always there, I try my hardest to, even though I'm failing, to try to get up and do it on my own because I know a lot of people, not her, but I know a lot of people think as a system kid, you'll never make it. So in my head, I always think in my head, she knows I'm gonna make it so I kinda want to make her proud, and even though I'm struggling and going from place to place, I want to make her proud to do it on my own."

### Theme 8

Perceived impact of YIM relationships - In each mentoring relationship examined, the mentor was perceived by the mentor and youth to have positively impacted the youth during the course of the relationship in multiple ways, including the youth's psychological well-being, their relationships with others, and their beliefs and orientation toward the future. Interestingly, while all mentors could identify some ways in which they had positively impacted their mentee, the youth tended to identify a broader array of ways that their mentor had influenced them, suggesting that these relationships were more impactful to the youth than the mentors may have realized. More than three quarters of mentors (10/13) were perceived as contributing in some way to their mentee's psychological well-being. Many of the youth reported that spending time with their mentor helped them feel happier, less angry or calmer. They also spoke about how their mentors helped them feel more confident in their abilities and self-worth, which helped them feel optimistic about their future. As Ashley explained: "She helped me realize that I deserve happiness no matter what. [I deserve] to be happy because I was just involved in a whole bunch of turmoil. I was never treated right by a man...It's definitely helped me realize that life is too short to continue in turmoil. You deserve to, everybody deserves to be happy, no matter what. So, it's just that ... she taught me to be cautiously optimistic." Jessica also described the ways her relationship with her mentor contributed to her feeling more positively about herself: "It changed about how my self-esteem is and how I feel so good about myself. Like when I didn't have her or nothing, I felt horrible. I felt like I could never make it in life. I could never age out the right way. But then knowing her... that encouraged me, made me feel so good, like no matter what, even though I have her, I can do it. I can do it for myself, so it actually boosted my positivity about myself."

### Theme 9

improved relationships - In most cases (9/13), it was reported that forming and deepening the relationship with a mentor helped youth to improve their relationships with other people in their lives, such as family members and friends. Some mentees talked about how their mentors provided them with an adult perspective on their relationship with their parents or foster parents in an effort to help the youth understand where the parent was coming from. Other mentors provided their mentees with advice about managing romantic relationships or on how to approach co-parenting. In several cases, the mentor helped the youth think critically about which people they chose to spend time with and whether their friends were positively contributing to their lives or holding them back. Mentors also modeled positive, healthy friendships. As Davide explained: "I think she's kind of, you know, made me a better person through influence and example... [She] really improved the way I treat people, family, friends, stuff like that. I don't know how, honestly. It's just been like through example and influence... I've just been like, 'I want to be like that,' and been a lot more positive towards people all the time. And it's a slow, gradual change, but it has been made, it is being made." In some cases, mentors provided mentees with the kind of trusting and accepting relationship with an adult that they did not otherwise have. Especially for youth who had lived in foster care most of their lives and had often moved between placements, having an adult who was consistently available and who would talk to them as a friend was viewed as especially important. As Louise explained, "it just goes all the way back to her just accepting me for who I am. Telling me that it's not bad that I have had the issues that I have had, and that I can overcome that." She added that since formalizing her relationship with her mentor: "I don't feel as if I am not wanted. It's as if I belong here. I feel like I have a purpose here because of what she has done and the way she makes me feel like a human. It wasn't like [that] when I was a kid, I feel that – it just takes one person, it just takes one person to change the way you feel on life, and the way you feel about yourself."

### Theme 10

Feeling about the future - The vast majority of mentoring relationships (11/13) were perceived by the mentor and/or youth to have influenced how the youth felt about their future including their education and career planning, and their ability to plan and make decisions for the future, carefully considering the consequences of their behavior. Paramount for many mentors was helping the youth to pursue educational opportunities that would improve their future career options. For some youth who were still in high school, this meant encouraging them to do well, engage in extracurricular activities and begin to plan for post-secondary education. For youth who had graduated from high school, mentors offered encouragement to take college courses and helped with the paperwork. Often, youth reported that the mentor had impacted their education by making them feel confident and motivated to be successful. Laura, who had some memory loss after an accident, explained how her mentor Callie encouraged her: "I was like, 'Callie, I'm never going to go anywhere in school, because I don't read as fast anymore. I have to have glasses now. I have to have all these things and slow down...I'm never going to, you know, succeed early like I had planned.' She's like, 'So, what? So, what if you don't succeed early? You're going to succeed and that's all that matters... Doesn't matter if it's early or late or whatever. You're going to succeed. And you need to stand behind that.' 'Cause my dad graduated from high school, but never went to college. My mom never graduated high school... so I will be the first in this family to actually graduate high school and have a plan for college... And she was like, 'Good. Good. Good. Good. It means you're going to go somewhere in life.'" Many mentors were described as having influenced their mentees' planning for the future and development of skills needed to transition to independent living. Jessica's mentor helped her understand the importance of getting and keeping a job in order to support herself and have the kind of lifestyle she wants in the future. Jessica described how her mentor helped her think through the consequences of her behavior in the workplace and also how her mentor's investment and involvement in her life shifted as a result of becoming a formal mentor: "I have anger issues so she makes me think about it, like 'What are your consequences if you do this or you do that?...What if you [are at] work and a customer comes at you wrong?' I'm just like, 'Yeah, I won't have a job no more.' So she's like, 'So you're back to square one again. You gotta learn...not to do that.' So as being a mentor, all the little things of me... changed. She's more on me... I get so mad. I don't want to work. She's more on me like, 'Stop. .... you're grown now. You need to let all that go and focus on you and work.' So it's more everything in the world that she's seen as me being a system kid, she's more on me now. She's like, 'I'm your mentor now.'"

### Study arms

#### Youth Initiated Mentoring (N = 21)

Youth initiated mentoring is a new approach wherein mentoring programs work with youth to identify adults within their existing social networks to become their mentors in the formal program. Mentoring program staff interviewed all youth who were referred to the program. Staff coached the youth on choosing an appropriate mentor, namely someone who could positively impact their life and with whom they were interested in spending more time. Youth were encouraged to think of potential mentors from a variety of aspects of their lives including school, social services, religious groups, neighbors and extended family members. Mentors were required to be at least 21 years of age, but also older than the mentee. Some youth and guardians expressed a preference for a mentor of the same race/ethnicity; however, most youth prioritized picking someone they felt they could trust and who would not judge them. The program allowed for cross-gender matches if it was preferred by the youth. Ultimately, this sample includes one cross-gender match with a male youth and a female mentor. Once a youth had selected potential mentors, program staff reached out to nominated mentors. Mentors who were interested were screened and trained by mentoring program staff. Once mentors were approved, mentoring program staff met with the youth, mentor and sometimes the youth's parent/guardian to go over program policies and officially start the mentoring relationship. All YIM matches were one-on-one, community-based relationships, meaning that once relationships

were formalized through the YIM program, mentors and youth were expected to meet in the community at least once per month, scheduling and choosing activities on their own. All match parties were asked to make a 1-year initial commitment to the relationship during which mentoring agency staff were supposed to check in regularly to provide monitoring and support.

### Risk of Bias

| Section                        | Question   | Answer  |
|--------------------------------|--|---|
| Aims of the research           | Was there a clear statement of the aims of the research?                 | Yes   |
| Appropriateness of methodology | Is a qualitative methodology appropriate?                                | Yes   |
| Research Design                | Was the research design appropriate to address the aims of the research? | Yes   |
| Recruitment Strategy           | Was the recruitment strategy appropriate to the aims of the research?    | Yes<br><i>(However - Program staff reported that a number of eligible youth declined participation in the program and the assessment of the reason for this reported by staff was that many youth felt they could or should handle things on their own. This suggests that there could be important differences between the participants who opt into the YIM program and those who do not that cannot be captured in this type of study. In addition, staff reported that there were a small number of youth who did not feel that they could identify an appropriate mentor or who nominated mentors that the agency was not able to contact or who declined, typically due to time constraints.)</i> |

| Section                                 | Question   | Answer   |
|---|--|--|
| Data collection                         | Was the data collected in a way that addressed the research issue?                   | Yes<br><i>(However, unclear if setting and data saturation were taken into account)</i>  |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell<br><i>(Unclear that researchers critically examined their own role, potential bias and influence during (a) formulation of the research questions (b) data collection, including sample recruitment and choice of location)</i> |
| Ethical Issues                          | Have ethical issues been taken into consideration?                                   | Can't tell   |
| Data analysis                           | Was the data analysis sufficiently rigorous?   | Yes  |
| Findings                                | Is there a clear statement of findings?  | Yes<br><i>(Multiple analysts were used to improve credibility of findings)</i>   |
| Research value                          | How valuable is the research?  | The research is valuable   |
| Overall risk of bias and directness     | Overall risk of bias   | Low  |
|   | Directness   | Partially applicable<br><i>(USA-based study)</i>   |

## **Appendix E – Forest plots**

No forest plots were produced for this review question as meta-analysis was not possible.

## Appendix F – GRADE and CERQual Tables

### GRADE tables

#### RCTs

##### *iHelp vs No after care service*

| No. of studies   | Study design            | Sample size | Effect size (95% CI)                      | Risk of bias              | Inconsistency | Indirectness | Imprecision     | Quality  |
|--|-------------------------|-------------|---|---------------------------|---------------|--------------|-----------------|----------|
| <b>Percent days abstinence during past 30 days: Self-report at 3 months</b>  |                         |             |   |                           |               |              |                 |          |
| 1<br>(Braciszewski 2018)   | Interrupted time series | 31          | $\beta$ 18.15 (16.55, 45.45) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Not serious  | NE <sup>3</sup> | Very low |
| <b>Percent days abstinence during past 30 days: Self-report at 12 months</b>   |                         |             |   |                           |               |              |                 |          |
| 1<br>(Braciszewski 2018)   | Interrupted time series | 30          | $\beta$ 29.27 (3.64, 56.36) <sup>1</sup>  | Very serious <sup>2</sup> | N/A           | Not serious  | NE <sup>3</sup> | Very low |
| 1. Adjusted for percent days abstinent<br>2. Study was at high risk of bias<br>3. Downgrade twice as imprecision was not estimable as only a $\beta$ coefficient (with standard error) was reported. |                         |             |   |                           |               |              |                 |          |

**Life Skills Training Programme (classroom and practicum-based training) vs Usual Care**

| No. of studies   | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Completion of high school diploma or general equivalency diploma (GED) at 2 year follow up: Self-report (OR&gt;1 favours intervention)</b>  |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | OR 1.05 (0.71 to 1.55) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Attended college at 2-year follow up: Self-report (OR&gt;1 favours intervention)</b>  |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | OR 0.77 (0.51 to 1.14) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Overall preparedness at 2 years: Youths were asked how prepared they felt in 18 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b> |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD 0.00 (-0.07, 0.07)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b>      |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD 0.00 (-0.10, 0.10)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Currently employed at 2-year follow up: Self-report (OR&gt;1 favours intervention)</b>  |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | OR 0.84 (0.57 to 1.24) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |



| No. of studies   | Study design | Sample size | Effect size (95% CI)                  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|---------------------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Earnings reported over 2-year follow up period: Self-report (MD&gt;0 favours intervention)</b>  |              |             |                                       |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD -\$600<br>(-\$2065.57 to \$865.57) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Number of residential moves over 2-year follow up period: Self-report (MD&lt;0 favours intervention)</b>  |              |             |                                       |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD -0.10 (-0.50, 0.30)                | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Homeless at any point in 2-year follow-up period: Self-report (OR&lt;1 favours intervention)</b>  |              |             |                                       |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | OR 0.73 (0.42 to 1.26)                | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported at least one hardship by the time of the 2-year follow-up: self-report based on 3-item hardship scale (see below) (OR &lt;1 favours intervention)</b>                                |              |             |                                       |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 314         | OR 0.74 (0.47 to 1.15)                | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours (see appendix D for more information) (OR &lt;1 favours intervention)</b> |              |             |                                       |                           |               |                      |                           |          |

| No. of studies   | Study design | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|-------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Courtney 2008b)   | Parallel RCT | 411         | OR 1.20 (0.79 to 1.81)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours (see appendix D for more information) (MD&lt;0 favours intervention)</b>   |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD 0.02 (-0.29, 0.33)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>1+ assistance with finance reported at any point in 2-year follow-up period (OR&lt;1 favours intervention)</b>  |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 314         | OR 0.60 (0.38 to 0.96)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Score on 3-item hardship scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not pay rent, was evicted or did not pay utility/phone bill (a score of 3 meaning that the youth reported at least one element in each of the 3 categories) (MD &lt;0 favours intervention)</b> |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 411         | MD 0.00 (-0.09 to 0.09) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Became pregnant at any point in 2-year follow-up period (OR&lt;1 favours intervention)</b>  |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2008b)   | Parallel RCT | 249         | OR 1.07 (0.60, 1.93)    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|--|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| 1. Study was at high risk of bias.<br>2. Study only partially applicable to the review question.<br>3. 95% CIs cross two lines of the MID (0.8 and 1.25)<br>4. 95% CIs cross one line of the MID (0.8 or 1.25) |              |             |                      |              |               |              |             |         |

#### ***Independent learning - employment service intervention vs usual care***

| No. of studies   | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Overall preparedness at 2 years: Youths were asked how prepared they felt in 18 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b> |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | MD -0.01 (-0.09, 0.07) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b>      |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | MD -0.03 (-0.13, 0.07) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Has high school diploma or GED certificate at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | OR 0.97 (0.56, 1.70)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Currently enrolled in school at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b>                |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.20 (0.70, 2.04)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Highest grade achieved in school by 2-year follow-up: Self-report (MD&gt;0 favours intervention)</b>             |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | MD 0.01 (-0.14, 0.16) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Attended college at any point by 2-year follow-up: Self-report (OR&gt;1 favours intervention)</b>                |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.42 (0.67, 3.01)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Employed at any point in the 12 months prior to 2-year follow-up: Self-report (OR&gt;1 favours intervention)</b> |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 0.87 (0.52, 1.48)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Currently employed at 2-year follow-up: Self-report (OR&gt;1 favours intervention)</b>                           |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.07 (0.63, 1.83)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI)                | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|-------------------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Formal earnings in the 12 months prior to 2-year follow-up: Self-report (MD&gt;0 favours intervention)</b>  |              |             |                                     |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | MD -\$460.00 (-\$1385.65, \$465.65) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Reported at least one hardship during the past 12-months, at the time of the 2-year follow-up: Self-report based on 3-item hardship scale (see below) OR &lt;1 favours intervention)</b>  |              |             |                                     |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | OR 1.59 (0.90, 2.81)                | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Score on 3-item hardship scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not pay rent, was evicted or did not pay utility/phone bill (a score of 3 meaning that the youth reported at least one element in each of the 3 categories) (MD &lt;0 favours intervention)</b> |              |             |                                     |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | MD 0.18 (-0.04, 0.40)               | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Received public (formal) financial assistance by 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>  |              |             |                                     |                           |               |                      |                           |          |
| 1 (Courtney 2011a)   | RCT          | 229         | OR 1.65 (0.77, 3.53)                | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Received informal financial assistance by 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>  |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.16 (0.68, 1.98)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Received any financial assistance by 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.21 (0.72, 2.04)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Number of residential moves by 2-year follow-up: Self-report (MD &lt;0 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | MD -0.23 (-0.69, 0.23) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Having been homeless at any point during 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 0.59 (0.22, 1.61)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours see appendix D for more information) (OR &lt;1 favours intervention)</b> |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.08 (0.64, 1.82)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours (see appendix D for more information) (MD &lt;0 favours intervention)</b> |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | MD -0.47 (-1.30, 0.36) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Reported being pregnant at 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 133         | OR 1.60 (0.70, 3.65)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported having made someone pregnant at 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 96          | OR 0.69 (0.26, 1.82)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Had a savings account at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.06 (0.60, 1.86)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Had any account (savings or checking) at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011a)  | RCT          | 229         | OR 1.12 (0.66, 1.90)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| 1. Downgrade 2 levels for very serious risk of bias.<br>2. Downgrade 1 level for serious indirectness since study was based in USA.<br>3. 95% CIs cross two lines of the MID (0.8 and 1.25)<br>4. 95% CIs cross one line of the MID (0.8 or 1.25) |              |             |                      |              |               |              |             |         |

### ***Independent learning outreach programme vs usual care***

| No. of studies   | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
|--|--------------|-------------|------------------------|---------------------------|---------------|----------------------|----------------------|----------|
| <b>Remained in foster care at 2 year follow-up: self-report, based on whether the youth had a DCF social worker, which was used as a proxy for remaining in foster care (OR &gt;1 favours intervention)</b>  |              |             |                        |                           |               |                      |                      |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 2.05 (1.13, 3.74)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup> | Very low |
| <b>Overall preparedness at 2 years: Youths were asked how prepared they felt in 18 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b> |              |             |                        |                           |               |                      |                      |          |
| 1 (Courtney 2011b)   | RCT          | 179         | MD -0.05 (-0.14, 0.04) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious          | Very low |
| <b>Job-preparedness at 2 years: Youths were asked how prepared they felt in 3 areas of adult living. The response ranged from very prepared (4) to not at all prepared (1). (see appendix D for full list of questions) (MD &gt;0 favours intervention)</b>      |              |             |                        |                           |               |                      |                      |          |
| 1 (Courtney 2011b)   | RCT          | 179         | MD -0.02 (-0.12, 0.16) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious          | Very low |
| <b>Has high school diploma or GED certificate at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b>   |              |             |                        |                           |               |                      |                      |          |



| No. of studies   | Study design | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.15 (0.63, 2.10)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Currently enrolled in school at 2-year follow-up: self-report (OR &gt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.46 (0.81, 2.64)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Highest grade achieved in school by 2-year follow-up: self-report (MD&gt;0 favours intervention)</b>  |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | MD 0.39 (-0.02, 0.80) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>Attended college at any point by 2-year follow-up: self-report (OR&gt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 2.11 (1.16, 3.83)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Attended college at any point by 2-year follow-up: according to StudentTracker service of the National Student Clearinghouse (OR&gt;1 favours intervention)</b> |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.60 (0.93, 3.06)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Attended college and persisted in their attendance at 2-year follow-up: self-report (OR&gt;1 favours intervention)</b>  |              |             |                       |                           |               |                      |                           |          |

| No. of studies   | Study design | Sample size | Effect size (95% CI)       | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|----------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Courtney 2011b)   | RCT          | 179         | OR 2.15 (1.17, 3.96)       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>Employed at any point in the 12 months prior to 2-year follow-up: self-report (OR&gt;1 favours intervention)</b>  |              |             |                            |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 0.96 (0.46, 1.99)       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Currently employed at 2-year follow-up: self-report (OR&gt;1 favours intervention)</b>  |              |             |                            |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 0.85 (0.47, 1.53)       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Formal earnings in the 12 months prior to 2-year follow-up: self-report (MD&gt;0 favours intervention)</b>  |              |             |                            |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | MD 200 (-1381.83, 1781.83) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Reported at least one hardship by the time of the 2-year follow-up: self-report based on 3-item hardship scale (see below) (OR &lt;1 favours intervention)</b>  |              |             |                            |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 5.42 (0.62, 47.37)      | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Score on 3-item hardship scale at 2-year follow-up: Youths were asked whether, in the prior 12 months, they 1) begged, sold plasma, pawned or sold recyclables for money, 2) borrowed money for food, went to food pantry/soup kitchen for money, went hungry, 3) did not</b> |              |             |                            |                           |               |                      |                           |          |

| No. of studies   | Study design | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>pay rent, was evicted or did not pay utility/phone bill (a score of 3 meaning that the youth reported at least one element in each of the 3 categories) (MD &lt;0 favours intervention)</b> |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | MD 0.11 (-0.02, 0.24) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>5</sup>      | Very low |
| <b>Received public (formal) financial assistance by 2-year follow-up: self-report (OR &lt;1 favours intervention)</b>  |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.57 (0.26, 9.63)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Received informal financial assistance by 2-year follow-up: self-report (OR &lt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 2.12 (0.38, 11.87) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Received any financial assistance by 2-year follow-up: self-report (OR &lt;1 favours intervention)</b>  |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 2.68 (0.51, 14.20) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported living in a foster home at the point of the 2-year follow-up: self-report (OR &lt;1 favours intervention)</b>  |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 0.73 (0.35, 1.54)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Reported living in a group home at the point of the 2-year follow-up: Self-report (OR&lt;1 favours intervention)</b>                   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 1.57 (0.26, 9.63)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported living in (non-foster) home of relative at the point of the 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b> |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 1.04 (0.44, 2.46)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported living in the home of their parents at the point of the 2-year follow-up: self-report (OR &lt;1 favours intervention)</b>     |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 0.87 (0.38, 2.00)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported living in 'other' home at the point of the 2-year follow-up, or missing (OR &lt;1 favours intervention)</b>                   |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 0.57 (0.16, 2.02)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Number of residential moves by 2-year follow-up: self-report (MD &lt;0 favours intervention)</b>                                       |              |             |                        |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | MD -0.08 (-0.56, 0.40) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Having been homeless at any point during 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 0.68 (0.11, 4.18)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Reported 1 or more delinquent behaviour at 2-year follow-up: Self-report based on 15 possible delinquent behaviours (see appendix D for more information) (OR &lt;1 favours intervention)</b>            |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | OR 0.79 (0.44, 1.42)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Total number of delinquent behaviours reported at 2-year follow-up: Self-report based on the 15 possible delinquent behaviours (see appendix D for more information) (MD &lt;0 favours intervention)</b> |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 179         | MD 0.08 (-0.78, 0.94) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not serious               | Very low |
| <b>Reported being pregnant at 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 122         | OR 0.75 (0.37, 1.55)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Received having made someone pregnant at 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                       |                           |               |                      |                           |          |
| 1 (Courtney 2011b)  | RCT          | 57          | OR 0.75 (0.37, 1.55)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|-------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Received any financial assistance by 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>  |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.13 (0.62, 2.03)    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <b>Received any financial assistance by 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>  |              |             |                         |                           |               |                      |                           |          |
| 1 (Courtney 2011b)   | RCT          | 179         | OR 1.35 (0.69, 2.62)    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>3</sup> | Very low |
| <ol style="list-style-type: none"> <li>1. Downgrade 2 levels for very serious risk of bias.</li> <li>2. Downgrade 1 level for serious indirectness since study was based in USA.</li> <li>3. 95% CIs cross two lines of the MID (0.8 and 1.25)</li> <li>4. 95% CIs cross one line of the MID (0.8 or 1.25)</li> <li>5. 95% CIs cross one line of the MID for mean differences (half the standard deviation [+/-] of the control arm=0.16)</li> </ol> |              |             |                         |                           |               |                      |                           |          |
| <b>Natural mentoring intervention vs CAU</b>   |              |             |                         |                           |               |                      |                           |          |
| No. of studies   | Study design | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
| <b>Self-reported connection to people in school, mean score, postintervention: assessed using Goodenow's Psychological Sense of School Membership</b>  |              |             |                         |                           |               |                      |                           |          |
| 1 (Greeson 2017)   | Parallel RCT | 17          | MD 0.20 (-0.68 to 1.08) | Serious <sup>1</sup>      | N/A           | Serious <sup>2</sup> | Very Serious <sup>3</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)     | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
|---|--------------|-------------|--------------------------|---------------------------|---------------|----------------------|----------------------|----------|
| <b>Self-reported youth/natural mentor relationship quality, mean score, postintervention: assessed using the Youth Mentoring Survey</b>   |              |             |                          |                           |               |                      |                      |          |
| 1 (Greeson 2017)  | Parallel RCT | 17          | MD 0.30 (-0.05 to 0.65)  | Serious <sup>1</sup>      | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup> | Very low |
| <b>Self-reported youth/natural mentor relationship quality, mean score, postintervention: assessed using the Relational Health Indices</b>  |              |             |                          |                           |               |                      |                      |          |
| 1 (Greeson 2017)  | Parallel RCT | 17          | MD 0.30 (-0.22 to 0.82)  | Serious <sup>1</sup>      | N/A           | Serious <sup>2</sup> | Serious <sup>5</sup> | Very low |
| <ol style="list-style-type: none"> <li>1. Downgrade 1 levels for serious risk of bias: No blinding and the outcomes are somewhat subjective</li> <li>2. Downgrade 1 level for serious indirectness since study was based in USA</li> <li>3. Downgrade 2 levels for serious imprecision since confidence intervals crossed 2 lines of MID (defined as 0.5*SD in the control group=0.45)</li> <li>4. Downgrade 1 level for serious imprecision since confidence intervals crossed 1 line of MID (defined as 0.5*SD in the control group=0.21)</li> <li>5. Downgrade 1 level for serious imprecision since confidence intervals crossed 1 line of MID (defined as 0.5*SD in the control group=0.31)</li> </ol> |              |             |                          |                           |               |                      |                      |          |
| <b>Take Charge (individualised coaching and group mentoring) vs Foster Care Independent Living Programme</b>  |              |             |                          |                           |               |                      |                      |          |
| No. of studies  | Study design | Sample size | Effect size (95% CI)     | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
| <b>Self-determination post intervention: assessed using the Arc Self-determination Scale</b>  |              |             |                          |                           |               |                      |                      |          |
| 1 (Powers 2012)   | Parallel RCT | 69          | MD 14.22 (4.06 to 24.38) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI)     | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|--------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Self-determination at 1-year follow up: assessed using the Arc Self-determination Scale</b>   |              |             |                          |                           |               |                      |                           |          |
| 1 (Powers 2012)  | Parallel RCT | 69          | MD 14.20 (4.00 to 24.40) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup>      | Very low |
| <b>High school completion post-intervention: School data was collected from school records (i.e., transcripts, IEP). Participants completed their secondary education (either through graduation or obtaining their GED)</b>   |              |             |                          |                           |               |                      |                           |          |
| 1 (Powers 2012)  | Parallel RCT | 69          | OR 1.83 (0.61 to 5.49)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>5</sup> | Very low |
| <b>High school completion at 1-year follow up: School data was collected from school records (i.e., transcripts, IEP). Participants completed their secondary education (either through graduation or obtaining their GED)</b> |              |             |                          |                           |               |                      |                           |          |
| 1 (Powers 2012)  | Parallel RCT | 69          | OR 2.63 (0.90 to 7.65)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>Employment post-intervention: assessed by self-report (“the outcome survey”)</b>  |              |             |                          |                           |               |                      |                           |          |
| 1 (Powers 2012)  | Parallel RCT | 69          | OR 2.84 (0.84 to 9.66)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>5</sup> | Very low |
| <b>Employment at 1-year follow up: assessed by self-report (“the outcome survey”)</b>  |              |             |                          |                           |               |                      |                           |          |
| 1 (Powers 2012)  | Parallel RCT | 69          | OR 2.08 (0.72 to 6.01)   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>5</sup> | Very low |



| No. of studies  | Study design | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|-------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Post-secondary education post-intervention: defined as attending either a 2 or 4-year college programme.</b>   |              |             |                         |                           |               |                      |                           |          |
| 1 (Powers 2012)   | Parallel RCT | 69          | OR 2.30 (0.20 to 26.75) | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>5</sup> | Very low |
| <b>Post-secondary education at 1-year follow up: defined as attending either a 2 or 4-year college programme.</b>   |              |             |                         |                           |               |                      |                           |          |
| 1 (Powers 2012)   | Parallel RCT | 69          | OR 2.28 (0.71 to 7.37)  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>5</sup> | Very low |
| <ol style="list-style-type: none"> <li>1. Downgrade 2 levels for very serious risk of bias: Unclear how randomisation was performed. Unclear if allocation concealment. Unclear if important (significant) differences between groups at baseline; Unclear if missing information, how much, or whether different amounts between groups; Unclear how outcomes were assessed (by who) or if blinded for intervention group; Insufficient information provided about conducting the study e.g. approach to missing data, no protocol cited.</li> <li>2. Downgrade 1 level for serious indirectness since study was based in USA</li> <li>3. Downgrade 1 level for serious imprecision since estimate of effect crossed 1 line of MID (defined as <math>0.5 \times \text{SD}</math> in the control group=12.32).</li> <li>4. Downgrade 1 level for serious imprecision since estimate of effect crossed 1 line of MID (defined as <math>0.5 \times \text{SD}</math> in the control group=11.71).</li> <li>5. Downgrade 2 levels for serious imprecision since estimate of effect crossed 2 lines of MID (defined as 0.80 and 1.25 for Odds Ratios).</li> <li>6. Downgrade 1 level for serious imprecision since estimate of effect crossed 1 line of MID (defined as 0.80 and 1.25 for Odds Ratios).</li> </ol> |              |             |                         |                           |               |                      |                           |          |

**YVLifeset programme vs usual care**

| No. of studies   | Study design | Sample size | Effect size (95% CI)                           | Risk of bias         | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|--|----------------------|---------------|----------------------|---------------------------|----------|
| <b>Has high school diploma at 1-year follow-up: Self-report (OR &gt;1 favours intervention)</b>                    |              |             |  |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 1.14 (0.89 to 1.44)                         | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Has GED certificate at 1- year follow-up: Self-report (OR &gt;1 favours intervention)</b>                       |              |             |  |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 0.92 (0.66 to 1.26)                         | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>4</sup> | Very low |
| <b>Has participated in vocational training at 1-year follow-up: Self-report (OR &gt;1 favours intervention)</b>    |              |             |  |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 1.39 (0.93 to 2.08)                         | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Has enrolled in post-secondary institution at 2-year follow-up: Self-report (OR &gt;1 favours intervention)</b> |              |             |  |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 0.82 (0.62 to 1.09)                         | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Formal earnings at year 1: Self-report (MD&gt;0 favours intervention)</b>                                       |              |             |  |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | <b>MD: \$611</b><br><b>P=0.043<sup>3</sup></b> | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>           | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)              | Risk of bias         | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------|-------------|-----------------------------------|----------------------|---------------|----------------------|---------------------------|----------|
| <b>Total earnings at year 2: Self-report (positive values favour intervention)</b>  |              |             |                                   |                      |               |                      |                           |          |
| 1 (Courtney 2019)   | RCT          | 1114        | MD: \$244<br>P=0.555 <sup>3</sup> | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>           | Very low |
| <b>Employed at any time up until the 1 year follow-up: Self-report (OR &gt;1 favours intervention)</b>  |              |             |                                   |                      |               |                      |                           |          |
| 1 (Courtney 2019)   | RCT          | 1114        | OR 1.25 (0.97 to 1.61)            | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Score on social support scale at year 1: Self-report based on a 7-item survey assessing the number of people the youth could ask for various types of help (scores ranging from 0-99, see appendix D for more information) (MD &gt;0 favours intervention)</b> |              |             |                                   |                      |               |                      |                           |          |
| 1 (Courtney 2019)   | RCT          | 1114        | MD 0.17<br>P=0.084 <sup>3</sup>   | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>           | Very low |
| <b>Very close to an adult at 1 year: Self-report (OR &gt;1 favours intervention)</b>  |              |             |                                   |                      |               |                      |                           |          |
| 1 (Courtney 2019)   | RCT          | 1114        | OR 1.10 (0.72 to 1.69)            | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>4</sup> | Very low |
| <b>Score on familial closeness scale at 1 year: Self-report based on a 6-item scale rating the level of closeness to 6 particular family member (scores ranged from 0-18, see appendix D for more information) (MD &gt;0 favours intervention)</b>                |              |             |                                   |                      |               |                      |                           |          |
| 1 (Courtney 2019)   | RCT          | 1114        | MD 0.1                            | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>           | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI)                   | Risk of bias         | Inconsistency | Indirectness         | Imprecision          | Quality  |
|--|--------------|-------------|--|----------------------|---------------|----------------------|----------------------|----------|
|  |              |             | P=0.801 <sup>3</sup>                   |                      |               |                      |                      |          |
| <b>Score on housing instability scale at 1 year: Self-report based on the sum of 4 dichotomous indicators (whether the youth experiences: homelessness, couch surging, inability to pay rent, loss of housing due to inability to pay rent) (MD &lt;0 favours intervention)</b>  |              |             |  |                      |               |                      |                      |          |
| 1 (Courtney 2019)  | RCT          | 1114        | <b>MD -0.2</b><br>P=0.005              | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>      | Very low |
| <b>Score on economic hardship scale at 1 year: Self-report based on the sum of 5 dichotomous indicators (whether in the last year the youth experienced: not having necessary clothes/shoes, inability to pay utility bill, having utilities shut off because of inability to pay bill, having phone service shut off due to inability to pay bill and delaying paying a bill to pay for food) (MD &lt;0 favours intervention)</b> |              |             |  |                      |               |                      |                      |          |
| 1 (Courtney 2019)  | RCT          | 1114        | <b>MD -0.2</b><br>P=0.022 <sup>3</sup> | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>      | Very low |
| <b>Homelessness during 1-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |  |                      |               |                      |                      |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 0.71 (0.54 to 0.94)                 | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
| <b>Score on mental health problems scale at 1 year: Self report based on responses to the 21-item Depression, Anxiety, and Stress Scales (DASS, with each items scored between 0 [did not apply at all to me over the past week] and 3 [applied to me very much or most of the time over the past week])(MD &lt;0 favours intervention)</b>  |              |             |  |                      |               |                      |                      |          |
| 1 (Courtney 2019)  | RCT          | 1114        | <b>MD -1.4</b>                         | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>      | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI)            | Risk of bias         | Inconsistency | Indirectness         | Imprecision          | Quality  |
|---|--------------|-------------|---------------------------------|----------------------|---------------|----------------------|----------------------|----------|
|   |              |             | P=0.025 <sup>3</sup>            |                      |               |                      |                      |          |
| <b>General health self-reported as being “good”, “very good” or “excellent” at 1-year follow-up (OR &gt;1 favours intervention)</b>                     |              |             |                                 |                      |               |                      |                      |          |
| 1 (Courtney 2019)   | RCT          | 1114        | OR 1.52 (1.05 to 2.20)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
| <b>Did not receive medical care when needed during 1 year follow-up: Self-report (OR &lt;1 favours intervention)</b>                                    |              |             |                                 |                      |               |                      |                      |          |
| 1 (Courtney 2019)   | RCT          | 1114        | OR 0.73 (0.57 to 0.95)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
| <b>Days binge drinking in past month, reported at 1 year follow-up: Self-report (MD &lt;0 favours intervention)</b>                                     |              |             |                                 |                      |               |                      |                      |          |
| 1 (Courtney 2019)   | RCT          | 1114        | MD -0.2<br>P=0.197 <sup>3</sup> | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>      | Very low |
| <b>Used illegal drugs during the 1 year follow up: Self-report (OR &lt;1 favours intervention)</b>  |              |             |                                 |                      |               |                      |                      |          |
| 1 (Courtney 2019)   | RCT          | 1114        | OR 0.94 (0.73 to 1.21)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
| <b>Condom use during last sexual encounter (or reported as not being sexually active during follow up): Self-report (OR &gt;1 favours intervention)</b> |              |             |                                 |                      |               |                      |                      |          |

| No. of studies   | Study design | Sample size | Effect size (95% CI)            | Risk of bias         | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------|-------------|---------------------------------|----------------------|---------------|----------------------|---------------------------|----------|
| 1 (Courtney 2019)  | RCT          | 1114        | OR 1.17 (0.91 to 1.49)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Spent 1+ nights in jail or prison during the 1 year follow up: Self report (OR &lt;1 favours intervention)</b>  |              |             |                                 |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 0.89 (0.67 to 1.17)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <b>Score on criminal behaviour scale: Self-report based on a 10-item scale (see appendix D for more information) (MD &lt;0 favours intervention)</b>             |              |             |                                 |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | MD 0.00<br>P=0.664 <sup>3</sup> | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>5</sup>           | Very low |
| <b>Arrested during 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                                 |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 1.00 (0.79 to 1.27)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very serious <sup>4</sup> | Very low |
| <b>Convicted of a crime during 2-year follow-up: Self-report (OR &lt;1 favours intervention)</b>   |              |             |                                 |                      |               |                      |                           |          |
| 1 (Courtney 2019)  | RCT          | 1114        | OR 1.13 (0.83 to 1.54)          | Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup>      | Very low |
| <ol style="list-style-type: none"> <li>1. Study was at moderate risk of bias.</li> <li>2. Study was only partially applicable to the review question.</li> </ol> |              |             |                                 |                      |               |                      |                           |          |

| No. of studies | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|----------------|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
|----------------|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|

3. 95% CIs cross two lines of the MID (0.8 and 1.25).

4. 95% CIs cross one line of the MID (0.8 or 1.25).

5. 95% CIs were not estimable as only a P value was presented. Imprecision was marked down twice.

#### **University-based mindfulness program (Koru Mindfulness program) vs usual care**

| No. of studies | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|----------------|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
|----------------|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|

#### **Mindfulness score at post intervention: assessed using the self-reported Five Facet Mindfulness Questionnaire**

|               |     |    |                        |                           |     |                      |                      |          |
|---------------|-----|----|------------------------|---------------------------|-----|----------------------|----------------------|----------|
| 1 (Gray 2018) | RCT | 36 | MD 7.20 [-6.05, 20.45] | Very Serious <sup>1</sup> | N/A | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
|---------------|-----|----|------------------------|---------------------------|-----|----------------------|----------------------|----------|

#### **Mindfulness score at post intervention (difference in difference in score from baseline): assessed using the self-reported Five Facet Mindfulness Questionnaire**

|               |     |    |                 |                           |     |                      |                 |          |
|---------------|-----|----|-----------------|---------------------------|-----|----------------------|-----------------|----------|
| 1 (Gray 2018) | RCT | 36 | MD 6.9 (P>0.05) | Very Serious <sup>1</sup> | N/A | Serious <sup>2</sup> | NE <sup>4</sup> | Very low |
|---------------|-----|----|-----------------|---------------------------|-----|----------------------|-----------------|----------|

#### **Sleep Quality score at post intervention: assessed using the self-reported Pittsburgh Sleep Quality Index**

|               |     |    |                         |                           |     |                      |                      |          |
|---------------|-----|----|-------------------------|---------------------------|-----|----------------------|----------------------|----------|
| 1 (Gray 2018) | RCT | 36 | MD -5.90 [-9.15, -2.65] | Very Serious <sup>1</sup> | N/A | Serious <sup>2</sup> | Serious <sup>5</sup> | Very low |
|---------------|-----|----|-------------------------|---------------------------|-----|----------------------|----------------------|----------|

#### **Sleep Quality score at post intervention (difference in difference in score from baseline): assessed using the self-reported Pittsburgh Sleep Quality Index**

| No. of studies   | Study design | Sample size | Effect size (95% CI)           | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
|--|--------------|-------------|--------------------------------|---------------------------|---------------|----------------------|----------------------|----------|
| 1 (Gray 2018)  | RCT          | 36          | MD -3.1 (P>0.05)               | Very Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>4</sup>      | Very low |
| <b>Stress score at post intervention: assessed using the self-reported Perceived Stress Scale</b>  |              |             |                                |                           |               |                      |                      |          |
| 1 (Gray 2018)  | RCT          | 36          | <b>MD -4.70 [-8.12, -1.28]</b> | Very Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup> | Very low |
| <b>Stress score at post intervention (difference in difference in score from baseline): assessed using the self-reported Perceived Stress Scale</b>  |              |             |                                |                           |               |                      |                      |          |
| 1 (Gray 2018)  | RCT          | 36          | MD -3.3 (P>0.05)               | Very Serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | NE <sup>4</sup>      | Very low |
| <ol style="list-style-type: none"> <li>1. Study was at high risk of bias: Study claimed to be "for the most part, random". In addition, "a few students were assigned to a particular section in an effort to meet the students' perceived learning needs." suggesting that allocation was not concealed. Baseline characteristics included were gender and ethnicity. This was not sufficient information to be sure if there important differences between comparison groups. Some participants were moved into the experimental group based on their need, "need" could be related to the mental health outcomes of participants. Approach to missing data was unclear. No indication that outcome assessors were blinded to study intervention.</li> <li>2. Study was from the USA</li> <li>3. Downgrade 1 level for serious imprecision since confidence intervals crossed 1 line of MID (defined as 0.5*SD in the control group=9.25)</li> <li>4. Downgraded twice as imprecision was not estimable</li> <li>5. Downgrade 1 level for serious imprecision since confidence intervals crossed 1 line of MID (defined as 0.5*SD in the control group=2.75)</li> <li>6. Downgrade 1 level for serious imprecision since confidence intervals crossed 1 line of MID (defined as 0.5*SD in the control group=3.15)</li> </ol> |              |             |                                |                           |               |                      |                      |          |



## Non-RCTs

**College preparation services vs no college preparation services**

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                    | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|---|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient -0.317 (-1.00 to 0.37) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.561 (0.08 to 1.04)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.49 (-0.16 to 1.14)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b> |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.42 (-0.04 to 0.89)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; Male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> <li>Downgrade twice as imprecision was not estimable</li> </ol> |              |             |                      |              |               |              |             |         |

### ***Job preparation services vs no job preparation services***

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                   | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>                                   |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.546 (-0.23 to 1.32) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b> |                          |             |  |                           |               |                      |                 |          |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                 | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|--------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.99 (0.41 to 1.58) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>  |                          |             |                                      |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 1.25 (0.11 to 2.39) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>  |                          |             |                                      |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 1.03 (0.53 to 1.53) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; Male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> </ol> |                          |             |                                      |                           |               |                      |                 |          |

| No. of studies                                      | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| 4. Downgrade twice as imprecision was not estimable |              |             |                      |              |               |              |             |         |

### *Life skills courses vs no life skills courses*

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                  | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|---------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>   |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.34 (-0.31 to 0.99) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b>                         |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.26 (-0.21 to 0.73) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b> |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.45 (-0.23 to 1.12) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                  | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|---------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>  |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.33 (-0.10 to 0.78) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; Male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> <li>Downgrade twice as imprecision was not estimable</li> </ol> |                          |             |                                       |                           |               |                      |                 |          |

### ***Substance abuse counselling vs no substance abuse counselling***

| No. of studies   | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|--|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b> |              |             |                      |              |               |              |             |         |

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                        | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|---|---------------------------|---------------|----------------------|-----------------|----------|
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>-0.66 (-1.57 to 0.25)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>-0.86 (-1.66 to -0.06)  | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>0.017 (-0.83 to 0.86)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>   |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>-1.015 (-1.84 to -0.19) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; Male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study</li> </ol> |                          |             |   |                           |               |                      |                 |          |

| No. of studies  | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <p>part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</p> <p>3. Downgrade 1 level for serious indirectness since study was based in USA</p> <p>4. Downgrade twice as imprecision was not estimable</p> |              |             |                      |              |               |              |             |         |

#### ***Income support services vs no income support services***

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                   | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>                                   |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 1.37 (0.82 to 1.91)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b> |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.421 (-0.01 to 0.85) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                 | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|--------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>  |                          |             |                                      |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.92 (0.40 to 1.43) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>  |                          |             |                                      |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.71 (0.28 to 1.15) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> <li>Downgrade twice as imprecision was not estimable</li> </ol> |                          |             |                                      |                           |               |                      |                 |          |



**Parenting support services vs no parenting support services**

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                  | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|---------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>   |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.82 (0.06 to 1.58)  | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b>   |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.23 (-0.43 to 0.90) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>   |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.01 (-0.71 to 0.74) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b> |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient 0.40 (-0.28 to 1.09) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies  | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> <li>Downgrade twice as imprecision was not estimable</li> </ol> |              |             |                      |              |               |              |             |         |

### ***GED preparation/remedial education support vs no GED preparation/remedial education support***

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                     | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>                                   |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>0.18 (-0.37 to 0.72) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b> |                          |             |  |                           |               |                      |                 |          |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                  | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|---------------------------------------|---------------------------|---------------|----------------------|-----------------|----------|
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.35 (-0.11 to 0.81) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b>  |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.05 (-0.53 to 0.62) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>  |                          |             |                                       |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient 0.30 (-0.15 to 0.75) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> </ol> |                          |             |                                       |                           |               |                      |                 |          |

| No. of studies                                      | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|---|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| 4. Downgrade twice as imprecision was not estimable |              |             |                      |              |               |              |             |         |

### ***Health support services vs no health support services***

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                       | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Completion of GED or diploma: assessed by self-report<sup>1</sup></b>   |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>-0.49 (-1.11 to 0.14)  | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Employment in a paid job including apprenticeship and military: assessed by self-report<sup>1</sup></b>                         |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>0.17 (-0.31 to 0.65)   | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Post-secondary education enrolment full-time (or part-time if also employed part-time): assessed by self-report<sup>1</sup></b> |                          |             |  |                           |               |                      |                 |          |
| 1 (Barnow 2015)  | Prospective cohort study | 1058        | Beta coefficient<br>-0.59 (-1.17 to -0.01) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                      | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|---|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Any positive outcome (employment or education) defined as having one or more of the other three outcomes: assessed by composite of self-report outcomes<sup>1</sup></b>  |                          |             |   |                           |               |                      |                 |          |
| 1 (Barnow 2015)   | Prospective cohort study | 1058        | Beta coefficient<br>-0.17 (-0.65 to 0.32) | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for: being 17 or older; male; ethnicity; highschool success; housing situation; formerly in foster care; being a parent; adjudication; time in services; other services received.</li> <li>Downgrade 2 levels for very serious risk of bias: Unclear validity of the measures/data sources used. Many variables were corrected for, but none related to substance use, mental health problems, behavioural or emotional disorders. Participants may have entered into the study part way through an intervention or service. Unlikely that interventions were started at point of entry into the study. Study adjusted for length of time in programme, but not for each service specifically. Interventions were not clearly defined and could have differed significantly between sites and participants. Study is observational and does not provide information about the adherence of participants to their interventions, or whether there was cross-over between services received. Amount of missing data, and approach to missing data for analysis is not described. Unclear if outcomes were valid or had been validated. Unclear how variables were selected for entry into multivariable analysis.</li> <li>Downgrade 1 level for serious indirectness since study was based in USA</li> <li>Downgrade twice as imprecision was not estimable</li> </ol> |                          |             |   |                           |               |                      |                 |          |

### ***Transitional housing program vs other living arrangements***

| No. of studies   | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|--|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <b>Mean number of housing moves at 6 months: self-report</b> |              |             |                      |              |               |              |             |         |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
|---|------------------|-------------|-------------------------|---------------------------|---------------|----------------------|----------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 106         | MD -1.14 [-1.57, -0.71] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>3</sup> | Very low |
| <b>Mean number of housing moves at 12 months: self-report</b>                           |                  |             |                         |                           |               |                      |                      |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | MD -1.58 [-2.65, -0.51] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>4</sup> | Very low |
| <b>Mean number of housing moves at 24 months: self-report</b>                           |                  |             |                         |                           |               |                      |                      |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | MD -1.34 [-4.60, 1.92]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>5</sup> | Very low |
| <b>Number who were without a place to sleep for one night at 6 months: self-report</b>  |                  |             |                         |                           |               |                      |                      |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 0.07 [0.00, 1.20]    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup> | Very low |
| <b>Number who were without a place to sleep for one night at 12 months: self-report</b> |                  |             |                         |                           |               |                      |                      |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.04 [0.00, 0.77]    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious          | Very low |
| <b>Number who were without a place to sleep for one night at 24 months: self-report</b> |                  |             |                         |                           |               |                      |                      |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)           | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|------------------|-------------|--------------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.57 [0.02, 14.66]          | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Readiness for independent living score at 6 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)</b>  |                  |             |                                |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | MD -0.07 [-0.17, 0.03]         | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>8</sup>      | Very low |
| <b>Readiness for independent living score at 12 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)</b>   |                  |             |                                |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | <b>MD -0.18 [-0.30, -0.06]</b> | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>9</sup>      | Very low |
| <b>Readiness for independent living score at 24 months: self-report, the Ansel-Casey Life Skills Assessment–Short Version (ACLSA)</b>   |                  |             |                                |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | MD 0.11 [-0.76, 0.98]          | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>Number living independently by 6 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent.</b>  |                  |             |                                |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 94          | <b>OR 0.16 [0.06, 0.43]</b>    | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>Number living independently by 12 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent.</b> |                  |             |                                |                           |               |                      |                           |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI) | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|------------------|-------------|----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.35 [0.13, 0.91] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>Number living independently by 24 months: self-report, living independently meant that the youth were not residing with parents, relatives, or were in some form of institutional care and had a permanent residence where they paid rent.</b> |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.34 [0.09, 1.25] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number attending school/education at 6 months: self-report</b>   |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 1.09 [0.51, 2.34] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number attending school/education at 12 months: self-report</b>  |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.73 [0.30, 1.77] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number attending school/education at 24 months: self-report</b>  |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.72 [0.22, 2.33] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number employed at 6 months: self-report</b>   |                  |             |                      |                           |               |                      |                           |          |



| No. of studies   | Study design     | Sample size | Effect size (95% CI)        | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|------------------|-------------|-----------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)   | Prospective NRCT | 106         | OR 1.00 [0.47, 2.15]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number employed at 12 months: self-report</b>                   |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 70          | OR 1.59 [0.62, 4.09]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number employed at 24 months: self-report</b>                   |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 50          | OR 0.43 [0.12, 1.59]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number unemployed “at some point” at 6 months: self-report</b>  |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 106         | <b>OR 0.36 [0.15, 0.85]</b> | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>Number unemployed “at some point” at 12 months: self-report</b> |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 80          | OR 0.65 [0.24, 1.71]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number unemployed “at some point” at 24 months: self-report</b> |                  |             |                             |                           |               |                      |                           |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)        | Risk of bias              | Inconsistency | Indirectness         | Imprecision           | Quality  |
|---|------------------|-------------|-----------------------------|---------------------------|---------------|----------------------|-----------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.23 [0.06, 0.88]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>  | Very low |
| <b>“Connectedness to the adult world” at 6 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain.</b>  |                  |             |                             |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | MD 0.06 [-0.24, 0.37]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious           | Very low |
| <b>“Connectedness to the adult world” at 12 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain.</b> |                  |             |                             |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | MD -0.09 [-0.47, 0.29]      | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>10</sup> | Very low |
| <b>“Connectedness to the adult world” at 24 months: Self-report: a series of questions about employment, schooling, marriage, and child rearing was asked as measures of positive engagement with the adult world. “Connectedness” was constructed by summing the number of connections a youth had in each domain.</b> |                  |             |                             |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | MD -0.62 [-1.09, -0.15]     | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>11</sup> | Very low |
| <b>Mean monthly income at 6 months, in dollars: self-report</b>   |                  |             |                             |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | MD 102.00 [-126.63, 330.63] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>12</sup> | Very low |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)         | Risk of bias              | Inconsistency | Indirectness         | Imprecision           | Quality  |
|---|------------------|-------------|------------------------------|---------------------------|---------------|----------------------|-----------------------|----------|
| <b>Mean monthly income at 12 months, in dollars: self-report</b>  |                  |             |                              |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | MD -241.00 [-594.43, 112.43] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>13</sup> | Very low |
| <b>Mean monthly income at 24 months, in dollars: self-report</b>  |                  |             |                              |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | MD -67.00 [-169.83, 35.83]   | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>14</sup> | Very low |
| <b>Mean financial stress score at 6 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress</b>  |                  |             |                              |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | MD -1.12 [-1.67, -0.57]      | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>15</sup> | Very low |
| <b>Mean financial stress score at 12 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress</b> |                  |             |                              |                           |               |                      |                       |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | MD -0.21 [-0.77, 0.35]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>16</sup> | Very low |
| <b>Mean financial stress score at 24 months: self-report, assessed by asking students five yes or no questions. These were: did they ever miss a meal for lack of money, were they ever evicted, had they lost phone service, or could they not pay a rent or utility bill? These items were summed and reported as the variable identified as financial stress</b> |                  |             |                              |                           |               |                      |                       |          |

| No. of studies   | Study design     | Sample size | Effect size (95% CI)       | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|------------------|-------------|----------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)   | Prospective NRCT | 50          | MD -67.00 [-169.83, 35.83] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>17</sup>     | Very low |
| <b>Receipt of public assistance by 6 months: self-report</b>   |                  |             |                            |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 106         | OR 0.55 [0.13, 2.44]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Receipt of public assistance by 12 months: self-report</b>  |                  |             |                            |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 80          | OR 0.52 [0.16, 1.73]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Receipt of public assistance by 24 months: self-report</b>  |                  |             |                            |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 50          | OR 0.68 [0.12, 3.89]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>With a clinical/borderline substance abuse problem at 6 months: Young Adult Self-Report (YASR)</b>  |                  |             |                            |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 106         | OR 0.14 [0.05, 0.41]       | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>With a clinical/borderline substance abuse problem at 12 months: Young Adult Self-Report (YASR)</b> |                  |             |                            |                           |               |                      |                           |          |

| No. of studies   | Study design     | Sample size | Effect size (95% CI)        | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|------------------|-------------|-----------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)   | Prospective NRCT | 80          | OR 0.52 [0.20, 1.38]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>With a clinical/borderline substance abuse problem at 24 months: Young Adult Self-Report (YASR)</b> |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 50          | <b>OR 0.10 [0.01, 0.83]</b> | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>With a clinical/borderline alcohol problem at 6 months: Young Adult Self-Report (YASR)</b>          |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 106         | <b>OR 0.13 [0.04, 0.49]</b> | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>With a clinical/borderline alcohol problem at 12 months: Young Adult Self-Report (YASR)</b>         |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 80          | <b>OR 0.28 [0.08, 0.95]</b> | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>With a clinical/borderline alcohol problem at 24 months: Young Adult Self-Report (YASR)</b>         |                  |             |                             |                           |               |                      |                           |          |
| 1 (Jones 2011)   | Prospective NRCT | 50          | OR 0.38 [0.07, 2.00]        | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>With a clinical/borderline drug problem at 6 months: Young Adult Self-Report (YASR)</b>             |                  |             |                             |                           |               |                      |                           |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|------------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 0.39 [0.16, 0.96]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>With a clinical/borderline drug problem at 12 months: Young Adult Self-Report (YASR)</b> |                  |             |                       |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.23 [0.08, 0.67]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Not Serious               | Very low |
| <b>With a clinical/borderline drug problem at 24 months: Young Adult Self-Report (YASR)</b> |                  |             |                       |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.28 [0.05, 1.43]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number previously arrested at 6 months: self-report</b>                                  |                  |             |                       |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 0.96 [0.06, 15.80] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number previously arrested at 12 months: self-report</b>                                 |                  |             |                       |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.60 [0.13, 2.70]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number previously arrested at 24 months: self-report</b>                                 |                  |             |                       |                           |               |                      |                           |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI) | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|------------------|-------------|----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.13 [0.02, 1.11] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>Number previously jailed at 6 months: self-report</b>  |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 0.31 [0.01, 7.91] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number previously jailed at 12 months: self-report</b> |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.60 [0.13, 2.70] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number previously jailed at 24 months: self-report</b> |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 0.11 [0.01, 2.08] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number victims of crime at 6 months: self-report</b>   |                  |             |                      |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 106         | OR 0.07 [0.00, 1.20] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Serious <sup>6</sup>      | Very low |
| <b>Number victims of crime at 12 months: self-report</b>  |                  |             |                      |                           |               |                      |                           |          |

| No. of studies  | Study design     | Sample size | Effect size (95% CI)  | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|------------------|-------------|-----------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Jones 2011)  | Prospective NRCT | 80          | OR 0.60 [0.13, 2.70]  | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <b>Number victims of crime at 24 months: self-report</b>  |                  |             |                       |                           |               |                      |                           |          |
| 1 (Jones 2011)  | Prospective NRCT | 50          | OR 6.20 [0.59, 64.73] | Very serious <sup>1</sup> | N/A           | Serious <sup>2</sup> | Very Serious <sup>7</sup> | Very low |
| <ol style="list-style-type: none"> <li>1. Study was at high risk of bias: this was a non-randomised study; there were some important differences between comparison groups, for example, more care leavers in the transitional house group had graduated from residential school; unclear to what extent those in other living arrangements may have received transitional support;</li> <li>2. Marked down once for indirectness since study was from the USA</li> <li>3. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.73)</li> <li>4. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=1.61)</li> <li>5. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=4.60)</li> <li>6. 95%CIs cross one line of the MID (0.8, 1.25 for odds ratios)</li> <li>7. 95%CIs cross two lines of the MID (0.8, 1.25 for odds ratios)</li> <li>8. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.12)</li> <li>9. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.11)</li> <li>10. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.40)</li> <li>11. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.43)</li> <li>12. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=232)</li> <li>13. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=505.5)</li> <li>14. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=80.5)</li> <li>15. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.69)</li> <li>16. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.73)</li> <li>17. 95%CIs cross one line of the MID (0.5*SD of control group for mean differences=0.77)</li> </ol> |                  |             |                       |                           |               |                      |                           |          |



**Still in care vs leaving care (between ages 17-23)**

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------------------|-------------|-------------------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Involvement in violent crimes (women): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. Six were classified as violent offenses (use or threaten to use a weapon against someone, take part in a gang fight, injured in a physical fight, hurt someone badly enough to require care, pulled a knife or gun on someone, and shot or stabbed someone).</b> |                          |             |                                     |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.94 (0.31 to 1.57) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <b>Involvement in property crimes (women): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. Four were classified as property offenses (deliberately damaged property that didn't belong to you, steal something worth more than \$50, go into a house or building to steal something, and steal something less than \$50).</b>                              |                          |             |                                     |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 1.02 (0.37 to 1.67) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <b>Involvement in drug crimes (women): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. One was classified as a drug offense (sell marijuana or other drug).</b>  |                          |             |                                     |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.71 (0.12 to 1.30) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <b>Involvement in any crimes (women): self-reported, as defined above.</b>   |                          |             |                                     |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 1.44 (0.64 to 2.24) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                      | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|--|--------------------------|-------------|---|---------------------------|---------------|----------------------|---------------------------|----------|
| <b>Involvement in violent crimes (men): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. Six were classified as violent offenses (use or threaten to use a weapon against someone, take part in a gang fight, injured in a physical fight, hurt someone badly enough to require care, pulled a knife or gun on someone, and shot or stabbed someone).</b> |                          |             |   |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 1.26 (0.50 to 2.02) <sup>1</sup>       | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <b>Involvement in property crimes (men): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. Four were classified as property offenses (deliberately damaged property that didn't belong to you, steal something worth more than \$50, go into a house or building to steal something, and steal something less than \$50).</b>                              |                          |             |   |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | <b>OR 0.57 (0.20 to 0.94)<sup>1</sup></b> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup>      | Very low |
| <b>Involvement in drug crimes (men): self-reported, participants were asked how many times in the past 12 months they participated in one of 11 criminal behaviours. One was classified as a drug offense (sell marijuana or other drug).</b>  |                          |             |   |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.63 (0.20 to 1.06) <sup>1</sup>       | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup>      | Very low |
| <b>Involvement in any crimes (men): self-reported, as defined above.</b>   |                          |             |   |                           |               |                      |                           |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 1.20 (0.53 to 1.87) <sup>1</sup>       | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <b>Arrests (women): self-reported,</b>   |                          |             |   |                           |               |                      |                           |          |

| No. of studies   | Study design             | Sample size | Effect size (95% CI)                | Risk of bias              | Inconsistency | Indirectness         | Imprecision          | Quality  |
|--|--------------------------|-------------|-------------------------------------|---------------------------|---------------|----------------------|----------------------|----------|
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.48 (0.21 to 0.75) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Not Serious          | Very low |
| <b>Incarceration (women): self-reported, spent one night in jail, prison, juvenile hall, or another correctional facility.</b> |                          |             |                                     |                           |               |                      |                      |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.52 (0.15 to 0.89) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup> | Very low |
| <b>Conviction (women): self-reported</b>   |                          |             |                                     |                           |               |                      |                      |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.53 (0.14 to 0.92) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup> | Very low |
| <b>Arrests (men): self-reported</b>  |                          |             |                                     |                           |               |                      |                      |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.64 (0.27 to 1.01) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup> | Very low |
| <b>Incarceration (men): self-reported, spent one night in jail, prison, juvenile hall, or another correctional facility.</b>   |                          |             |                                     |                           |               |                      |                      |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | OR 0.71 (0.24 to 1.18) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Serious <sup>5</sup> | Very low |
| <b>Conviction (men): self-reported</b>   |                          |             |                                     |                           |               |                      |                      |          |

| No. of studies  | Study design             | Sample size | Effect size (95% CI)                | Risk of bias              | Inconsistency | Indirectness         | Imprecision               | Quality  |
|---|--------------------------|-------------|-------------------------------------|---------------------------|---------------|----------------------|---------------------------|----------|
| 1 (Lee 2012/2014)   | Prospective cohort study | 732         | OR 0.96 (0.29 to 1.62) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | Very Serious <sup>4</sup> | Very low |
| <ol style="list-style-type: none"> <li>Adjusted for employment, school enrolment, educational attainment, whether the participant had a child, placement type, number of previous placements, previous abuse, previous neglect, alcohol or drug abuse, mental health symptoms, ethnicity, age, state</li> <li>Study was high risk of bias: There was no random assignment to the variable of interest (whether the participant remained in care beyond age 18). Study did not report differences between those who remained in care and those who did not for important characteristics. However, analysis was adjusted. Unclear how comparison groups differed for missing values. "At least one of 24 variables in 639 (35.6%) cases was imputed." Though participants might have been officially "out of care" it is unclear to what extent support from previous foster care was remaining.</li> <li>Study marked down for indirectness as was based in USA</li> <li>95% CIs cross two lines of the MID (0.8, 1.25 for odds ratios; 0.5*SD of control group for mean differences)</li> <li>95% CIs cross one line of the MID (0.8, 1.25 for odds ratios; 0.5*SD of control group for mean differences)</li> </ol> |                          |             |                                     |                           |               |                      |                           |          |

### *Out of care by age 18-19 vs remaining in care*

| No. of studies  | Study design             | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|---|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Time to first adult arrest among women over 6 years follow up: first arrest occurring following the participants 18<sup>th</sup> birthday, obtained from official arrest data and excluding procedural arrests, such as speeding, littering, public intoxication, and issuance of a warrant.</b> |                          |             |  |                           |               |                      |                 |          |
| 1 (Lee 2012/2014)   | Prospective cohort study | 732         | <b>Beta coefficient</b><br>-3.05 (-3.87 to -2.23) <sup>1</sup> | Very serious <sup>1</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies   | Study design             | Sample size | Effect size (95% CI)   | Risk of bias              | Inconsistency | Indirectness         | Imprecision     | Quality  |
|--|--------------------------|-------------|--|---------------------------|---------------|----------------------|-----------------|----------|
| <b>Time to first adult arrest among men over 6 years follow up: first arrest occurring following the participants 18th birthday, obtained from official arrest data and excluding procedural arrests, such as speeding, littering, public intoxication, and issuance of a warrant.</b>   |                          |             |  |                           |               |                      |                 |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | <b>Beta coefficient</b><br>-2.59 (-3.24 to -1.94) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Time to first adult violent offense among women over 6 years follow up: first violent offense arrest occurring following the participants 18<sup>th</sup> birthday, violent arrests were identified based on offense category; offenses classified as against persons were included while offenses classified as contempt, drug, miscellaneous, traffic, and property were dropped.</b> |                          |             |  |                           |               |                      |                 |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | <b>Beta coefficient</b><br>-2.97 (-3.98 to -1.95) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |
| <b>Time to first adult violent offense among men over 6 years follow up: first violent offense arrest occurring following the participants 18<sup>th</sup> birthday, violent arrests were identified based on offense category; offenses classified as against persons were included while offenses classified as contempt, drug, miscellaneous, traffic, and property were dropped.</b>   |                          |             |  |                           |               |                      |                 |          |
| 1 (Lee 2012/2014)  | Prospective cohort study | 732         | <b>Beta coefficient</b><br>-3.95 (-4.97 to -2.93) <sup>1</sup> | Very serious <sup>2</sup> | N/A           | Serious <sup>3</sup> | NE <sup>4</sup> | Very low |

| No. of studies   | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality |
|--|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|---------|
| <ol style="list-style-type: none"> <li>Adjusted for arrests before baseline, number of types of delinquency, ethnicity, substance use, mental health symptoms, types of physical abuse, types of neglect, history of sexual abuse, caregiver drug abuse, caregiver criminal record, number of prior placements, age of first placement, diploma or equivalency at baseline, employed at baseline, has a child at baseline, state.</li> <li>Study was high risk of bias: There was no random assignment to the variable of interest (whether the participant remained in care beyond age 18). Study did not report differences between those who remained in care and those who did not for important characteristics. However, analysis was adjusted. Unclear how comparison groups differed for missing values. "At least one of 24 variables in 639 (35.6%) cases was imputed." Though participants might have been officially "out of care" it is unclear to what extent support from previous foster care was remaining.</li> <li>Study marked down for indirectness as was based in USA</li> <li>Downgraded twice as imprecision was not estimable</li> </ol> |              |             |                      |              |               |              |             |         |

#### **Aftercare service vs No after care service**

| No. of studies   | Study design            | Sample size | Effect size (95% CI) | Risk of bias              | Inconsistency | Indirectness | Imprecision          | Quality  |
|--|-------------------------|-------------|----------------------|---------------------------|---------------|--------------|----------------------|----------|
| <b>Losing tenancy within 6-12 months of leaving care</b>   |                         |             |                      |                           |               |              |                      |          |
| 1 (Chittleburgh 2010)                                      | Interrupted time series | 43          | OR 0.00 (0.00, 0.04) | Very serious <sup>1</sup> | N/A           | Not serious  | Not Serious          | Very low |
| <b>Received criminal conviction after leaving care</b>     |                         |             |                      |                           |               |              |                      |          |
| 1 (Chittleburgh 2010)                                      | Interrupted time series | 43          | OR 0.16 (0.03, 0.88) | Very serious <sup>1</sup> | N/A           | Not serious  | Serious <sup>2</sup> | Very low |
| <b>Lost contact with support agency after leaving care</b> |                         |             |                      |                           |               |              |                      |          |

| No. of studies   | Study design            | Sample size | Effect size (95% CI) | Risk of bias              | Inconsistency | Indirectness | Imprecision | Quality  |
|--|-------------------------|-------------|----------------------|---------------------------|---------------|--------------|-------------|----------|
| 1 (Chittleburgh 2010)  | Interrupted time series | 43          | OR 0.02 (0.00, 0.21) | Very serious <sup>1</sup> | N/A           | Not serious  | Not Serious | Very low |
| <b>Unable to find a job within 2 years of leaving care</b>                             |                         |             |                      |                           |               |              |             |          |
| 1 (Chittleburgh 2010)  | Interrupted time series | 43          | OR 0.04 (0.01, 0.19) | Very serious <sup>1</sup> | N/A           | Not serious  | Not Serious | Very low |
| 1. Study was at high risk of bias<br>2. 95% CIs cross one line of the MID (0.8, 1.25). |                         |             |                      |                           |               |              |             |          |

**Threshold Mothers Project (After 10 months of the interventions versus baseline)**

| No. of studies   | Study design     | Sample size | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness | Imprecision               | Quality  |
|--|------------------|-------------|-------------------------|---------------------------|---------------|--------------|---------------------------|----------|
| <b>Brief symptom inventory: Global Severity Index after 10 months of intervention, assessed by self-report</b>           |                  |             |                         |                           |               |              |                           |          |
| 1 (Vorhies 2009)   | Before and after | 16          | MD -0.30 (-10.20, 9.60) | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>2</sup> | Very low |
| <b>Brief symptom inventory: Positive Symptom Distress Scale after 10 months of intervention, assessed by self-report</b> |                  |             |                         |                           |               |              |                           |          |
| 1 (Vorhies 2009)   | Before and after | 16          | MD 3.51 (-5.86, 12.88)  | Very serious <sup>1</sup> | N/A           | Not serious  | Serious <sup>3</sup>      | Very low |

| No. of studies  | Study design     | Sample size     | Effect size (95% CI)     | Risk of bias              | Inconsistency | Indirectness | Imprecision               | Quality  |
|---|------------------|-----------------|--------------------------|---------------------------|---------------|--------------|---------------------------|----------|
| <b>Brief symptom inventory: Positive Symptom Total after 10 months of intervention, assessed by self-report</b>   |                  |                 |                          |                           |               |              |                           |          |
| 1 (Vorhies 2009)  | Before and after | 16              | MD 0.34 (8.99, 9.67)     | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>4</sup> | Very low |
| <b>Parent opinion questionnaire: total score (composed of self-care, family responsibilities &amp; care of siblings, help &amp; affection to parents, leaving children alone, proper behaviour &amp; feelings and punishment sub-scales) after 10 months of intervention, assessed by self-report</b> |                  |                 |                          |                           |               |              |                           |          |
| 1 (Vorhies 2009)  | Before and after | 16              | MD 1.63 (0.50, 2.76)     | Very serious <sup>1</sup> | N/A           | Not serious  | Serious <sup>5</sup>      | Very low |
| <b>Child Abuse Potential: Abuse sub-scale after 10 months of intervention, assessed by self-report</b>  |                  |                 |                          |                           |               |              |                           |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD 14.79 (-63.86, 93.44) | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>7</sup> | Very low |
| <b>Child Abuse Potential: Distress sub-scale after 10 months of intervention, assessed by self-report</b>   |                  |                 |                          |                           |               |              |                           |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD 8.82 (-46.55, 64.19)  | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>8</sup> | Very low |



| No. of studies  | Study design     | Sample size     | Effect size (95% CI)    | Risk of bias              | Inconsistency | Indirectness | Imprecision                | Quality  |
|---|------------------|-----------------|-------------------------|---------------------------|---------------|--------------|----------------------------|----------|
| <b>Child Abuse Potential: Rigidity sub-scale after 10 months of intervention, assessed by self-report</b>                     |                  |                 |                         |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD -2.28 (-11.93, 7.37) | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>9</sup>  | Very low |
| <b>Child Abuse Potential: Unhappiness sub-scale after 10 months of intervention, assessed by self-report</b>                  |                  |                 |                         |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD 1.93 (-8.13, 11.99)  | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>10</sup> | Very low |
| <b>Child Abuse Potential: Problems with Child and Self sub-scale after 10 months of intervention, assessed by self-report</b> |                  |                 |                         |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD -0.76 (-5.88, 4.36)  | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>11</sup> | Very low |
| <b>Child Abuse Potential: Problems with Family sub-scale after 10 months of intervention, assessed by self-report</b>         |                  |                 |                         |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup> | MD 1.68 (-9.77, 13.13)  | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>12</sup> | Very low |

| No. of studies  | Study design     | Sample size      | Effect size (95% CI)     | Risk of bias              | Inconsistency | Indirectness | Imprecision                | Quality  |
|---|------------------|------------------|--------------------------|---------------------------|---------------|--------------|----------------------------|----------|
| <b>Child Abuse Potential: Problems with Others sub-scale after 10 months of intervention, assessed by self-report</b>   |                  |                  |                          |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 17 <sup>6</sup>  | MD 3.42 (-2.22, 9.06)    | Very serious <sup>1</sup> | N/A           | Not serious  | Serious <sup>13</sup>      | Very low |
| <b>Parenting Stress Inventory: Child Domain Total (including distractibility/hyperactivity, adaptability, reinforces parent, demandingness, mood and acceptability subscales) after 10 months of intervention, assessed by self-report</b>            |                  |                  |                          |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 12 <sup>14</sup> | MD -0.16 (-27.99, 27.67) | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>15</sup> | Very low |
| <b>Parenting Stress Inventory: Parent Domain Total (including competence, isolation, attachment, health, role restriction, depression and spouse subscales) after 10 months of intervention, assessed by self-report</b>                              |                  |                  |                          |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 12 <sup>14</sup> | MD 0.58 (-24.13, 25.29)  | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>16</sup> | Very low |
| <b>Maintained employment for the last 6 months (after an average of 1 year in the programme, range from less than 3 months to over 2.5 years): assessed by self-report</b>  |                  |                  |                          |                           |               |              |                            |          |
| 1 (Vorhies 2009)  | Before and after | 25 <sup>17</sup> | OR 0.08 (0.00, 1.30)     | Very serious <sup>1</sup> | N/A           | Not serious  | Very serious <sup>18</sup> | Very low |
| 1. Study was at high risk of bias: Very little information given regarding other service changes that occurred between the two time periods (apart from the introduction of the experimental service). Limited reporting of baseline characteristics. |                  |                  |                          |                           |               |              |                            |          |

| No. of studies | Study design | Sample size | Effect size (95% CI) | Risk of bias | Inconsistency | Indirectness | Imprecision | Quality  |
|----------------|--------------|-------------|----------------------|--------------|---------------|--------------|-------------|--|
|                |              |             |                      |              |               |              |             | <p>Study was unblinded and relied heavily on self-report, and is therefore at risk of demand characteristics. High rate of attrition at time 2 and the planned analysis at discharge was not possible due to too few participants being present. Those participants who did complete time 2 interviews differed considerably in their baseline characteristics to those participants who did not. Although only those mothers who completed both interviews were included in the analysis, it is likely that these were these participants were more likely to have benefited from the intervention.</p> <ol style="list-style-type: none"> <li>2. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=6.61).</li> <li>3. 95%CIs cross one line of the MID (+/- half the standard deviations of the control arm [before intervention]=6.04).</li> <li>4. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=6.26).</li> <li>5. 95%CIs cross one line of the MID (+/- half the standard deviations of the control arm [before intervention]=0.99).</li> <li>6. At time 1, 25 participants completed the questionnaire. 8 participants interviews were deemed invalid due to high scores on the “faking good” validity scale. 17 participants completed the questionnaire at time 2 and 3 responses were deemed invalid. This comparison is for 12 participants at time 2 compared to 17 at time 1.</li> <li>7. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=45.05).</li> <li>8. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=35.14).</li> <li>9. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=4.40).</li> <li>10. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=6.61).</li> <li>11. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=4.20).</li> <li>12. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=6.83).</li> <li>13. 95%CIs cross one line of the MID (+/- half the standard deviations of the control arm [before intervention]=3.14).</li> <li>14. 15 participants completed the questionnaire. At time 1, 4 participants interviews were deemed invalid due to high scores on the “faking good” validity scale. At time 2, 14 participants completed the scale, 2 of which were invalid. This comparison is for 12 participants at time 2 compared to 11 at time 1.</li> <li>15. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=15.59).</li> <li>16. 95%CIs cross both lines of the MID (+/- half the standard deviations of the control arm [before intervention]=13.63).</li> <li>17. Calculated from percentages. The study reported that 0% were employed at baseline and that at the point of follow-up 24% reported maintaining employment for the past 6 months. The study also reports that 14-16% reported actively seeking employment during the past 6 months however this was not extracted for this review as it is unclear which of the two values is correct.</li> <li>18. 95%CIs cross both lines of the MID (0.8, 1.25 for odds ratios).</li> </ol> |

## CERQual tables

### Experience of care leavers receiving Transitional Housing or Independent Living Services

| Theme   | Studies | Methodological limitations   | Coherence  | Adequacy  | Relevance  | Confidence |
|---|---------|--|--|---|--|------------|
| <p><b>Skills learned as a tools on a journey to building a new life:</b></p> <p>The provision of life skills was perceived as an important component of tangible services for a majority of the participants, including internships, financial management and school registration/financial aid assistance. When discussing transitioning to adulthood, one participant stated having support in the area of finance would be helpful. Another participant stated learning how to build credit would be useful. One participant indicated an appreciation for how ILS taught youth how to manage their money. A participant indicated that assistance with school would help her to be in a win-win situation. Another participant stated assistance would be useful in “signing up for school, and financial aid.”</p> | 4       | <p><b>No concerns</b></p> <p>Two studies were low risk of bias, one study was moderate risk of bias, one was high risk of bias. The moderate risk study was marked down for lack of clarity regarding interview methods. The high-risk study was unclear regarding how thematic analysis was performed, a convenience sample was used. Unclear if any validation techniques were used.</p> | <p><b>Minor concerns</b></p> <p>A wide range of skills training was felt to be helpful for care leavers.</p> | <b>No concerns</b>  | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Building new relationships as part of independent living services – Particularly supportive peer groups, but also the staff.</b></p> <p>The participants explained that in order to let go and move forward, they recognized they needed to change their attitudes</p>  | 3       | <p><b>No concerns</b></p> <p>One study was moderate risk of bias, one was low risk of bias, one was high risk of bias. The moderate risk study was marked</p>  | <p><b>Minor concerns</b></p> <p>Positive new relationships encompassed peer support and the staff</p>        | <p><b>Minor concerns</b></p> <p>Only 3 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence   | Adequacy   | Relevance   | Confidence      |
|---|---------|--|---|--|---|-----------------|
| <p>and priorities. For many of these young adults, part of this process of change involved surrounding themselves with peers who were positive and self-motivated to make change in their lives. Programs included different frequency of peer-support gatherings. E.g. weekly gatherings of program participants to provide ongoing peer connections, ideas, and support, or monthly gatherings of this type. For some participants, the peer gatherings served as a source of connections to prosocial peers that they believed were moving in a positive direction. For example, Shaydon met people through his housing program who invited him to spoken word events. By purposely surrounding himself with former foster youth and young men of color who were engaging in positive activities, Shaydon was able to reinforce his new priorities. When asked about what the best part of services were, most participants responded with the name of a staff person, typically a therapist or a residential staff. Participants described these individuals as those who (1) “care,” “understand” or “agree” with them, (2) they trust; and (3) “want to help” and are consistent in “being there.’ The importance of relationships with staff was emphasized again when participants were asked what advice they have for young people who have not yet exited the TLP. Emphasis was placed on trusting program staff and being open to asking for and receiving help</p> |         | <p>down for lack of clarity regarding interview methods. The high-risk study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> | <p>who were a part of the independent living programme.</p> |  |   |                 |
| <p><b>Receiving therapeutic services as part of support for independent living</b></p>  | 3       | <p><b>No concerns</b><br/>One study was moderate risk of bias, one was low risk of bias, one was high risk</p>   | <p><b>No concerns</b></p>                                   | <p><b>Minor concerns</b><br/>Only 3 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from</p> | <p>Very Low</p> |

| Theme  | Studies | Methodological limitations   | Coherence          | Adequacy                | Relevance                | Confidence |
|--|---------|--|--------------------|-------------------------|--------------------------|------------|
| As part of his transitional housing program, Kyle has received therapy, participated in an internship, and established relationships with staff and peers in the transitional housing program, all of which helped Kyle achieve a new level of understanding of his past and present. Kyle described his photo, focusing on the light breaking through the dark storm clouds as a symbol that the storm was beginning to clear. The transitional housing program has provided Kyle the space to develop a new outlook on life, and to him the dark storm clouds representing his past are starting to drift away. In his interpretation of the photo, he said he felt that the worst things in his life were behind him and he could look to the future with hope and optimism. In one study, counselling was found to provide emotional support (to complement material support) and “the strength to keep going”. Most described their counselor as responsive to their needs, accessible, and treating them with respect. They saw him or her as someone they could confide in with their problems and worries, and on whom they could depend. Many reported that their counselor continued to be available to them after they left the program. Staff members were described as significant sources of support and as fostering real change. The atmosphere in the program was likened to that of a family (“Suddenly it felt like I had a family”; “I felt that they were proud of us”; “They didn’t let go until I got settled”). Relations with the staff were described in terms of emotional closeness, and continuous support. |         | of bias. The moderate risk study was marked down for lack of clarity regarding interview methods. The high-risk study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used |                    |                         | outside of the UK        |            |
| <b>Learning to sacrifice short-term happiness for long term goals.</b>   | 1       | <b>Minor concerns</b><br>Study was moderate risk of bias. This study   | <b>No concerns</b> | <b>Serious concerns</b> | <b>Moderate concerns</b> | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance  | Confidence |
|--|---------|--|--------------------|--|--|------------|
| <p>For example, learning to say no to drug taking and excessive drinking. Learning to focus on future goals. Jesuina reported that she felt that she had changed her perspective and priorities, and was more focused on her future. Participants explained that in order to let go and move forward, they recognized they needed to change their attitudes and priorities. For many of these young adults, part of this process of change involved surrounding themselves with peers who were positive and self-motivated to make changes in their lives.</p>   |         | <p>was marked down for lack of clarity regarding interview methods.</p>  |                    | <p>Only 1 study contributed to this theme.</p>                                   | <p>Study was from outside of the UK</p>  |            |
| <p><b>Transitional housing supports independence and “freedom”</b></p> <p>Independence and the young adult’s efforts to establish control her or his own life. Dimensions of this theme included learning independent living skills and valuing self-reliance. Some participants described moments in their childhood or earlier stages of their transition into adulthood when they felt out of control and hopeless. In contrast, many of the participants indicated the felt empowered by this new sense of control, and many depicted independence. For example, Transitional housing allowed Brayden to take control over his life and exercise autonomy. His comments revealed that this sense of control was significant even in the smallest details of his life such as what he eats, which was so meaningful to him that he chose to document his dinner as part of his journey toward independence. Anne found meaning in her first apartment because the sense of place signified the beginning of the process of learning to be an adult and with it, a sense of autonomy and responsibility. Similar to Shaydon, Anne’s experience in the transitional housing program</p> | 2       | <p><b>No concerns</b></p> <p>One study was moderate risk of bias, one was low risk of bias. The moderate risk study was marked down for lack of clarity regarding interview methods.</p> | <b>No concerns</b> | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance  | Confidence |
|---|---------|--|--------------------|--|--|------------|
| was the first time she felt that she held the power over her own decisions, both large and small. When discussing perceptions of services, most participants referred explicitly to having “freedom” and often cited learning to do things on their own as something they liked about services  |         |  |                    |  |  |            |
| <p><b>Balance of support and independence (“Safety net”)</b></p> <p>Sherice took great pride in learning self-reliance. She explained the importance of the balance of support and independence provided by her current program. The housing program provided her the room to pursue her own goals and interests while maintaining the social and emotional support that she needs to move forward. For Sherice, this foundation was a critical part of her journey toward independence. Participants described the program as a place of protection or as providing a safety net. One participant described how if he fails, he has “walls” around him to support him, while another felt protected from failure because of the program.</p> | 2       | <p><b>No concerns</b></p> <p>One study was moderate risk of bias, one was low risk of bias. The moderate risk study was marked down for lack of clarity regarding interview methods.</p> | <b>No concerns</b> | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Performing a juggling act – the multiple expectations and requirements of the housing programme. Work, school, transport support, and the location of housing.</b></p> <p>Experiences with difficulty balancing work and school demands, and frustration with having to rely on public transportation. Housing programs required the participants to seek part or full-time employment, internships, and/or to pursue educational goals. Participants were grateful for these opportunities, however, many explained that balancing these expectations was</p>  | 1       | <p><b>Minor concerns</b></p> <p>Study was moderate risk of bias. This study was marked down for lack of clarity regarding interview methods.</p>   | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme.</p>    | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p>        | Very Low   |



| Theme   | Studies | Methodological limitations   | Coherence  | Adequacy   | Relevance   | Confidence |
|---|---------|--|--|--|---|------------|
| <p>made more challenging by the amount of time they had to spend on public transportation because of long commutes between work and school or the residence and employment. Most of the participants had high career aspirations but were struggling to find a path to achieving their goals when they were stuck in a cycle of low-wage work, long commutes, and difficulty scheduling college courses around work. In practicality, the location of their housing meant that many of these young adults had to spend a significant amount of time merely travelling to and from school or work. Young adults in transitional housing programs often have less choice in their housing location than other young adults, making it even more challenging to pursue school and work at the same time. Rebecca, a program alumna, reflected on her struggles associated with balancing multiple requirements and her goals as well as the important role that transportation plays in meeting the expectations of the program and personal goals. Although earlier in the interview, Rebecca characterized public transportation as “the bus struggle,” she also explained the importance of being provided monthly bus passes in sprawling Los Angeles. Rebecca’s comment linked the ability to accomplish her goals to the availability of public transportation, illustrating how transportation was a critical part of the juggling act.</p> |         |  |  |  |   |            |
| <p><b>Feeling of uncertainty and underpreparedness in launching from the programme, balanced with the desire to move forwards. Limited support network (being on own).</b></p> <p>In the midst of finding and maintaining work, pursuing educational goals, and fulfilling the requirements of their</p>  | 3       | <p><b>No concerns</b><br/>One study was moderate risk of bias, one was low risk of bias, one was high risk of bias. The moderate risk study was marked</p> | <p><b>Minor concerns</b><br/>Uncertainty and under preparedness was linked to the absence of a</p> | <p><b>Serious concerns</b><br/>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence                 | Adequacy   | Relevance   | Confidence |
|--|---------|--|---------------------------|--|---|------------|
| transitional housing programs, the participants were also in the midst of contemplating their futures. The final theme that emerged in the discussion of their photographs revealed the young adults' desires to move forward — to launch from the program and explore the world. Yet at the same time, the participants revealed they were worried about their own readiness to move forward. In regards to future housing, several participants described specific goals for living in their own apartment or eventually buying a home. The vast majority of preexit participants believed that change and positive experiences would occur, but at the same time, expressed anxiety about being on their own. Excitement about the near future was expressed in conjunction with living in their own apartment after exiting the program. Most participants also expressed concerns about emancipating. Worries were primarily about financial management and maintaining one's own apartment. Worries about the future included "looking at it [the future] alone... like facing it alone" and often were linked to awareness of one's limited support network, for example, one states. Other worries discussed that are related to change include: (1) the need to be successful now in order to ever be successful; (2) the potential to end up like family who are doing poorly; and (3) the vision of a particularly challenging future— despite positive beliefs that turning 21 is a new start. |         | down for lack of clarity regarding interview methods. The high-risk study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used | reliable support network. |  |   |            |
| <b>Supported housing better than group homes</b><br><br>Participants living in their own supported apartments at pre-exit felt they had more freedom and were living in the "real world" than those living in a group home. Participants were critical of  | 3       | <b>No concerns</b><br>One study was low risk of bias and two were high risk of bias. One study was high risk of bias and not clear   | <b>No concerns</b>        | <b>Minor concerns</b><br>Only 1 study contributed to this theme. | <b>Moderate concerns</b><br>Studies were from outside of the UK | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence   | Adequacy   | Relevance  | Confidence |
|---|---------|---|---|--|--|------------|
| <p>group homes, describing them as places where you “couldn’t do anything you wanted to;” had to seek “permission to do things that most people wouldn’t think of having to ask for” (i.e., to see family, to walk down the street, to eat something different); and felt isolated and depressed. Those who were not yet in their own apartments were eager to move to their own apartment. In a group home from one study, a few of the respondents complained about roommates who disregarded the rules, did not take part in cleanup or other chores, and were generally inconsiderate of their peers. These respondents felt that the staff did not always know what was going on at their apartment, and thus were unable to control the situation. They thought that the staff should intervene more actively to enforce rules such as the ban on alcohol, drugs, and overnight guests. Conversely, a few complained that the rules were too strict, and did not give them sufficient independence.</p> |         | <p>about the method of recruitment, interview, or thematic analysis. Another was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used</p> |   |  |  |            |
| <p><b>Aspirations, future goals, and wake up calls</b></p> <p>Definitions of future success often included the avoidance of negative life experiences (e.g., incarceration, unemployment, pregnancy). The clarity with which the participants articulated plans and envisioned their post-emancipation lives varied. A few reported a plan for what they would be doing in the future in regards to housing, employment, education, and relationships, while most possessed vague plans despite their nearing 21st birthday. This realization about eminent change remained unarticulated by all the others as they tended to focus on what would happen in the future (e.g., living independently, working, struggling with finances) rather than how those experiences</p>  | 2       | <b>No concerns</b>  | <p><b>Minor concerns</b></p> <p>Theme was disparate and covered the clarity with which care leavers planned for the future, the wakeup call of experiencing independence, and their indicators of</p> | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations | Coherence                     | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-------------------------------|----------|-----------|------------|
| <p>would come to be and what changes would likely occur in the upcoming year. Also, the majority of participants did not articulate realistic future goals. Participants expressed difficulty in daily living post-exit, while lamenting not having given their post-exit life enough consideration. Simply leaving the TLP was also described as a “wake-up call.’ Planning for the future was often mentioned as advice for current TLP residents, but specifically describing what to or how to plan was missing from the advice. Resiliency was demonstrated through their words, as participants discussed successful goal accomplishment that requires endurance against the odds. They reported that how they define their success is measured by achieving a variety of milestones, whether these milestones reference achieving self-sufficiency, beating the odds of their peers, attaining educational goals, and/or becoming a parent. In this light, successful completion of a wide array of goals, in the face of obstacles, serves as a protective factor in promoting this role of resiliency. One participant defined self-sufficiency as an important goal: For another, focusing on parenthood, as well as graduation, provided an important gauge of resiliency. For a third of the participants, multiple goals of car and home ownership and creating a family were important despite still needing to complete a high school education at age 21. For a fourth, the goals attendant to resiliency included school and work. Participants discussed offering support as fulfilling and expressed desires to support loved ones both financially and emotionally post-emancipation. Helping others was typically expressed as something that felt good. Pre and post-exit participants expressed a desire to embark on careers in a helping profession, such as law, nursing,</p> |         |                            | <p>success in the future.</p> |          |           |            |

| Theme  | Studies | Methodological limitations  | Coherence   | Adequacy   | Relevance  | Confidence |
|--|---------|---|---|--|--|------------|
| or mental health. The opportunity to give back and to share one's story were often cited as the motivating factors for these goals.  |         |   |   |  |  |            |
| <p><b>Receiving adult services post-exit</b></p> <p>Study participants did not mention mental health symptoms as being barriers to reaching goals at post-exit, although eight of 13 described accessing mental health services at some point post-exit and three experienced a psychiatric hospitalization post TLP-exit. In general, descriptions of adult services were vague and seemingly superficial in comparison to the lengthy descriptions provided at pre-exit that included goal formulation, housing, job searches, and the relationship with the service provider. For example, at post-exit some struggled to recall the name of their current case managers but reported receiving support. One male participant described being connected, but not meeting with any agency staff regularly because he had “too much going on” and “wanted time to myself to get myself together,” while another reported never telling a service provider that he was homeless in order to avoid embarrassment. The majority described services in terms of medication management and financial assistance. However, one female participant described how she benefited immensely from weekly therapy, while another female described her “need” for medications to manage her “anger.”</p> | 1       | <b>No concerns</b>  | <b>Minor concerns</b><br>A range of services were described, although the theme was consistent. | <b>Serious concerns</b><br>Only 1 study contributed to this theme. | <b>Moderate concerns</b><br>Study was from outside of the UK               | Very Low   |
| <p><b><u>Post exit instability</u></b></p> <p><b>Largely negative outcomes were experienced in the Illinois therapeutic ILS and “The other side of the bridge” supported housing (Israel)</b></p>  | 3       | <b>No concerns</b><br>One study was low risk of bias, two were high risk of bias. One high risk of bias study was not clear about the | <b>Moderate concerns</b><br>A disparate set of outcomes occurred with regard to the             | <b>Minor concerns</b><br>Only 3 studies contributed to this theme. | <b>Moderate concerns</b><br>Studies were from outside of the UK, data from | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence  | Adequacy | Relevance  | Confidence |
|---|---------|---|--|----------|--|------------|
| <p><b>Housing</b></p> <p>For most of the respondents, finding housing after leaving the program was described as difficult. Forty percent had moved 3–6 times since graduating from the program. Only a few had been able to secure adequate housing for themselves—either in another program that offered subsidized apartments to army veterans, or in apartments shared with friends. Fourteen of the respondents reported bouts of homelessness, or not knowing where they would spend the night. Rejoining family was seen as a temporary and very undesirable last resort. When they needed to find a place, some turned for help to the staff of the program. A few were helped by friends or community services. When describing their current living arrangements, none used terms that expressed a sense of ownership, such as “my home” or “my place.” They tended to refer to themselves as “a migrant fowl,” reflecting a sense of disconnectedness and insecurity in their transition to independent living. Participants who lived in the independent supported apartments, attended college, and secured employment before exiting were struggling just as much with housing and finances as those who had lived in group homes before exiting. Living situation instability at post-exit was the norm, not the exception, as half had lived in five or more living situations since program exit. Although half moved to independent apartments at program exit, only two maintained their apartments in the 2 years post-exit, both of whom were male and receiving supplemental security income (SSI). Male participants typically moved between living with friends, significant others, acquaintances, shelters, and the streets while</p> |         | <p>method of recruitment, interview, or thematic analysis. The other was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used</p> | <p>care leavers included in each study. Themes were conflicting as outcomes seemed much superior after one independent living programme compared to the other.</p> |          | <p>one of the studies may have been collected prior to 2010.</p> |            |

| Theme   | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-----------|----------|-----------|------------|
| <p>female participants typically moved from living with one family member to the next. Relocating was often described as precipitated by engagement in destructive behaviors, not contributing to the household, and an inability to resolve conflict without heated arguments or physical fights.</p> <p><b>Education</b></p> <p>Those who were unable to continue with their studies attributed this to financial difficulties. Their income was barely sufficient to cover their basic needs, and they were unable to support themselves, while studying. Some had to drop out of college or vocational training because of a lack of resources. “Of the five who were enrolled in college at preexit, only two were still enrolled.”</p> <p><b>Employment</b></p> <p>Quite a few were dissatisfied with their job, but stayed on because they feared that they might not find other employment and would suffer economic hardship. Others found it difficult to hold on to a job because of their frequent moves. Some found employment independently, while others were helped by program staff or by friends. Some reported long periods of unemployment, while looking for a job without success. “Three of 13 participants were employed, all of whom worked part-time.”</p> <p><b>Poor personal resources and homelessness</b></p> <p>A sense of low self-efficacy, which they attributed to their lack of experience, qualifications or connections. Many expressed a</p> |         |                            |           |          |           |            |

| Theme   | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-----------|----------|-----------|------------|
| <p>feeling that nobody could help them, or that it was shameful to ask for help. Negotiating ad-hoc housing and employment, as well as depending on significant others, or on the government, was expressed by many participants as stigmatizing and exploitative. For some participants, these experiences were linked to a sense of helplessness and being judged. Those who experienced chronic homelessness described this experience as affecting them both emotionally and financially. Shame was also present in discussions about homelessness. Insufficiency of benefits but fear of losing benefits - Supplemental security income was mentioned in postexit interviews in conjunction with mental health and employment. SSI was described as insufficient to live on and presented as both an employment barrier and motivator. Discussion of who received and managed the young person's SSI check (e.g., family member, social service agency) was voiced with disgruntled feelings of not being trusted or allowed to manage one's own money.</p> <p><b>Economic hardship</b></p> <p>Continuous economic hardship - At the time of the interviews, 13 of the respondents reported that they were suffering economic hardship, and 23 of the 25 reported that at one time or another they were unable to cover basic needs such as adequate nutrition, dental care, medicines, or rent. Some borrowed money from the bank, or from friends ("I'm always in debt"). Those who were married and had a child described life in poverty in spite of efforts of relatives or the program to help.</p> <p><b>Social network</b></p> |         |                            |           |          |           |            |



| Theme   | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-----------|----------|-----------|------------|
| <p>Since most had severed ties from their families, they could not turn to relatives for help. Besides, in most cases the relatives also suffered economic hardship (“my mother and grandmother depend on welfare, and my mother is harassed by creditors”). Economic hardship brought with it social isolation (“You’re stuck at home for months at a time, and go out of your mind”). Social support - Respondents told us that they were unable to spend time with their peers, because “most of my friends are from normal families. They have a life—but I don’t.” Only a few took part in leisure activities such as going out with friends, or sports. The respondents explained that their detachment from support networks was due to the lack of time and money needed to spend time with peers. They also felt that they couldn’t share many experiences with peers, because people from “normal families” cannot understand them. Twenty of the respondents had had a boyfriend or girlfriend at some time since they left the program, but only 12 were currently in a relationship, and of these, only seven reported feeling really close to their partner.</p> <p><b>Health</b></p> <p>The majority defined their health as good, but eight reported serious problems, which were exacerbated by their lack of money for major expenses such as dental care, diet, or psychiatric help (“I suffer from serious and very risky over-weight. . . but I don’t have enough for a proper diet”).</p> <p><b><u>Successful exits</u></b></p> |         |                            |           |          |           |            |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy                | Relevance                | Confidence |
|---|---------|--|--------------------|-------------------------|--------------------------|------------|
| <p><b>Largely positive outcomes were experienced after St Lukes Leaving Care and After Care Support Service</b></p> <p>Most of the young people reported that they had been successful in attaining secure and stable accommodation. Some of the current housing arrangements include a student share house, boarding with ex-foster carers, renting a room in a private house, sharing with friends, own accommodation with shared facilities, living with partners in private rental, living alone in a unit or apartment which can be associated with social isolation, and living with a parent or grandparent. At least seven of the young people had received formal housing assistance from St Luke's either via the direct provision of transitional accommodation, or alternatively helping them to access other forms of housing. At least one of these young people had previously been homeless for a considerable period of time. A few had also received financial support from DHS. Others were assisted by family members, or had located housing via their own initiative. These positive outcomes were confirmed by one of the Leaving Care Alliance workers who noted that far fewer young people were presenting to the youth housing service. However, a minority had experienced some housing problems. However, a few of the young people were currently residing in temporary accommodation, and appear quite transient. Others found shared housing and housing more broadly problematic, particularly single mothers.</p> |         |  |                    |                         |                          |            |
| <p><b>Abruptness of life after Independent living services</b></p>  | 1       | <p><b>Serious concerns</b><br/>Theme was based on one study that was</p> | <b>No concerns</b> | <b>Serious concerns</b> | <b>Moderate concerns</b> | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence  | Adequacy  | Relevance  | Confidence |
|--|---------|--|--|---|--|------------|
| <p>Most respondents described their departure from the apartment as a crisis; eight of them noted it as severe and ongoing. They talked about insecurity, loneliness and social isolation. They felt that the transition was too abrupt. Turning to the staff of the program was seen as an admission of failure. Those who were able to cope with the transition proudly claimed that they did it all alone. When, following a routine follow-up phone call, a staff member identified a crisis and offered help, this was often described as life saver, which prevented the next fall (“when I needed her most she was there for me”). They appreciated the fact that the staff took the initiative, since they themselves were not sure that they were entitled to further help after graduating from the program.</p>   |         | <p>high risk of bias. This study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used</p>  |  | <p>Only 1 study contributed to this theme.</p>                                  | <p>Study was from outside of the UK</p>                              |            |
| <p><b>Employment support services</b></p> <p>Most of the young people were currently involved in either part-time paid employment or work experience. One young person was working full-time. Some of the areas of work included car repair, kitchen hand, waitressing, cooking, data entry, brick laying, and crushing boxes. Fifteen of the 18 young people were currently participating in, or had recently participated in, the St Luke’s employment support program. The program prepares young people for employment via helping them develop interview techniques, resumes and presentation skills, and then organising work experience opportunities. Currently over 20 employers are offering work experience, and the program coordinator expects 10 more to commit over the coming months. A number of the young people stated that the St Luke’s program had contributed</p> | 2       | <p><b>Serious concerns</b><br/>Theme was based on two studies that were high risk of bias. One high risk of bias study was not clear about the method of recruitment, interview, or thematic analysis. The other was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> | <p><b>Minor concerns</b><br/>Helpfulness of the programme contrasted with the poor quality of the work (according to some). Disparate barriers to the success of employment services including transport and</p> | <p><b>Moderate concerns</b><br/>Only two studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK</p> | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence                               | Adequacy | Relevance | Confidence |
|--|---------|----------------------------|---|----------|-----------|------------|
| <p>significantly to positive educational and/or employment outcomes. Interviewee five commented that St Luke's had been very helpful in helping her attain part-time work in a restaurant Interviewee. Another stated that St Luke's had been very supportive with her hairdressing training including providing over \$500 to purchase her equipment. However, Interviewee 12 was critical of the St Luke's program because they had found him an 'absolutely crap job that I didn't like'. One of the Leaving Care Alliance workers emphasised the value of the program in educating care leavers about the labour market. This was because many care leavers 'didn't know what employment was' because they had grown up with families who had never worked. The employment program coordinator similarly noted that the care leavers had lacked the same opportunities as mainstream young people to participate in career counselling, and to be mentored by their parents into part-time employment opportunities. The employment program helped them to develop personal responsibility in terms of 'not going out late the night before, and being on time each morning because the employer was relying on them'. In addition, the LCACSS and Leaving Care Alliance workers emphasised the value of the positive social relationship with the employer and the other employees as well as the vocational gains. The support workers argued that the employment program helped to build self-confidence, independence skills, and broader social connections for the young people. The employment program coordinator also noted some barriers to program success including the lack of reliability of some young people, and the problem with transport. Some of the young people have to catch two or three buses to get to work</p> |         |                            | <p>the reliability of young people.</p> |          |           |            |

| Theme  | Studies | Methodological limitations  | Coherence  | Adequacy   | Relevance  | Confidence |
|--|---------|---|--|--|--|------------|
| by 8.30 am in the morning which is a challenge. The coordinator mentioned that in one case he has to pick up a young boy at 7 am each day to get him to his apprenticeship on time. In general, young people were positive about the benefits of the program. They valued its capacity to develop relationships with local employers that lead to work experience and employment. They also recognised that the transition from school to the workforce might be straightforward for some, but requires considerable perseverance, education and training and support for others. Nevertheless, the work experience offered was useful in providing a guide and motivation for areas of future employment.   |         |   |  |  |  |            |
| <p><b>Gaps in social network</b></p> <p>Personal and social support networks and mentoring - Most of the young people receive support from social networks consisting of friends, partners, family and former carers. For example, Interviewee six stated that she had four best friends: her mother, her close girlfriend, her partner and her grandmother. However, a number of the young people felt let down by friends and partners who had proved untrustworthy, and consequently experienced some loneliness and social isolation. Others commented that their existing friends were bad influences (e.g. involved in drug use and crime), and they needed to develop alternative social networks. The support workers noted that many of the young people lacked the usual family, friends and community supports to help develop their washing, cooking, and other basic living skills.</p> | 2       | <p><b>Serious concerns</b></p> <p>Theme was based on two studies that were high risk of bias. One high risk of bias study was not clear about the method of recruitment, interview, or thematic analysis. The other was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> | <p><b>Minor concerns</b></p> <p>The available social networks varied in their sufficiency and composition. However, social network was a common issue.</p> | <p><b>Moderate concerns</b></p> <p>Only two studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>Studies were from outside of the UK</p> | Very Low   |
| <p><b>Mentoring interventions</b></p>  | 1       | <p><b>Serious concerns</b></p>  | <p><b>Minor concerns</b></p>   | <p><b>Serious concerns</b></p>   | <p><b>Moderate concerns</b></p>  | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence  | Adequacy                                       | Relevance                               | Confidence |
|---|---------|---|--|--|---|------------|
| <p>A number of the young people suggested that St Luke's provide more assistance with relationship education, bring together care leavers who were of similar age and background in a support group focused on sport or other common interests, and involve former care leavers in peer mentoring. Eleven of the 18 young people were currently in, or had recently participated in, the mentoring program. Some of the positive outcomes cited included assisting with self-confidence and maturation, social and communication skills, providing good advice, and just having fun. The mentoring program coordinator cited the importance of having sustainable relationships with 'caring people who provide positive role models and connect them to networks in society'. She argued that the mentors had created a 'sense of community' for the young people in that they were a 'fun group of people who were open to new ideas, new challenges, new things'. However, a couple of the mentoring relationships had not worked as well. Interviewee seven complained that his contacts with his mentor were too infrequent, and Interviewee 11 had lost his mentor who had withdrawn from the program due to a family illness. The Mentoring program coordinator also mentioned that some young people are not suitable for mentoring relationships due to mental health problems. In general, the program seemed useful in facilitating new avenues for social contact and friendship, and improving self-confidence. Nevertheless, the program was not effective for all the young people. For those who lack social skills it appears that the program may work better if focused on addressing particular needs or interests such as the development of independent living skills (e.g. cooking, driving,</p> |         | <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <p>Efforts to promote mentoring had to be tailored to the individual and varied in its success. Different approaches worked best depending on the social skills.</p> | <p>Only 1 study contributed to this theme.</p> | <p>Study was from outside of the UK</p> |            |

| Theme  | Studies | Methodological limitations   | Coherence   | Adequacy  | Relevance   | Confidence |
|--|---------|--|---|---|---|------------|
| budgeting, literacy, etc.) or engaging in recreational activities, rather than targeting social relationships more broadly.  |         |  |   |   |   |            |
| <p><b>Rural and remote settings</b></p> <p>Social inclusion or exclusion in regional, rural, or remote settings<br/> - The young people expressed varied views about the particular advantages and disadvantages of leaving care in regional or rural settings. Some suggested that it was easier to leave care in the country because the support networks in Bendigo were easily accessible and caring, whereas care leavers in Melbourne might find it harder to locate supports. Most named transport as a major deficit, arguing that the buses were irregular and inadequate. This was seen as creating a barrier to attaining employment, particularly for those who were interested in travelling to isolated areas to do farm work or fruit picking. But others argued that the bus services had expanded sufficiently, and that bike riding or walking were also good alternatives to bus travel. They also identified lots of job opportunities in the new market place. Social isolation and loneliness was also identified as a problem particularly for those living in remote settings. Another difficulty was the stigma associated with being a care leaver in a small community. Interviewee five commented that many caravan parks and real estate agents would often not accept care leavers because some had attained a bad reputation for trashing houses, caravans or properties. Interviewee 13 mentioned that he was well known to the police. Others suggested that personal conflicts tended to be accentuated in a smaller community. This concern was confirmed by one of the LCACSS workers who commented that some young people had</p> | 1       | <p><b>Serious concerns</b><br/> This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <p><b>Minor concerns</b><br/> Leaving care in rural areas had disparate advantages and disadvantages.</p> | <p><b>Serious concerns</b><br/> Only 1 study contributed to this theme.</p> | <p><b>Moderate concerns</b><br/> Study was from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance   | Confidence |
|---|---------|--|--------------------|--|---|------------|
| stolen cars or got involved with criminal groups or drug dealers, and consequently had made enemies. This fear of others can worsen their social isolation. But the worker also noted the potential in a small cohesive community for others to 'help repair some of the bridges these kids burn'.  |         |  |                    |  |   |            |
| <p><b>Family Support</b></p> <p>Emotional support needed - family support - The majority of participants referenced different types of emotional support among the people involved. In aggregate, the participants discussed that emotional support from both family and case managers were important constructs in their transition. Participants referenced how family-based emotional support was useful in providing high expectations of the youth, assisting with financial assistance, and being dependent on the youth themselves (in the case of the youth's own child). In general, the youth discussed how they relied on their families during the transition to adulthood.</p> | 2       | <p><b>No concerns</b></p> <p>One study was low risk of bias. The other was high risk of bias. This study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> | <b>No concerns</b> | <p><b>Moderate concerns</b></p> <p>Only two studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |
| <p><b>Case Manager support</b></p> <p>Participants also discussed their thoughts on the provision of emotional support from ILS case managers. Case managers can provide positive emotional support, serving as providers of tangible resources such as distributing monthly checks and mentors who can guide youth on the day-to-day routine of life as well as assist in providing long-term vision. Although some provision of emotional support was identified, participants recommended increased emotional support displayed on the part</p>  | 1       | <b>No concerns</b>   | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme.</p>      | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |



| Theme   | Studies | Methodological limitations   | Coherence   | Adequacy   | Relevance   | Confidence |
|---|---------|--|---|--|---|------------|
| of the ILS case manager. For example, they wanted the ILS case manager to adapt to a pseudo-parent role and provide even further life coaching.   |         |  |   |  |   |            |
| <p><b>Financial support</b></p> <p>Tangible independent living services requested - financial resources - Financial resources are at the heart of concrete services that youth transitioning from care receive. The participants referenced that having additional financial resources that could be available would assist them with rent, food and moving expenses. One participant stated that she gets money for rent but not enough to cover all expenses. Financial resources were also discussed for its use for food.</p> | 2       | <p><b>No concerns</b></p> <p>One study was low risk of bias. The other was high risk of bias. This study was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used.</p> | <b>No concerns</b>  | <p><b>Moderate concerns</b></p> <p>Only two studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |
| <p><b>Usefulness of daycare and support for parents</b></p> <p>Day care was felt to be a tangible way in which care leavers (who were parents) could be helped to maintain work and additional schooling.</p>   | 1       | <b>No concerns</b>   | <b>No concerns</b>  | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme.</p>      | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |
| <p><b>Poor communication of program services</b></p> <p>Communication of program services - They indicated that communication with program services was important to know about program benefits. Some participants were not well informed about all of the resources available to them. At times communication was successful. When specifically asked, "did anyone ever tell you what the program was about?" another participant stated, "Yeah, they gave me the run-down, yeah, I</p>   | 1       | <b>No concerns</b>   | <p><b>Minor concerns</b></p> <p>Some were not well informed, some had been told, but the timing of the information delivery had been wrong.</p> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme.</p>      | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence          | Adequacy  | Relevance   | Confidence |
|---|---------|---|--------------------|---|---|------------|
| know what the program is, the Independent Living Program.” The same participant referenced a difference in being told prior to age 18 and by the time they aged out of the system   |         |   |                    |   |   |            |
| <p><b>Military or civilian service</b></p> <p>Several respondents did military service, and most completed it successfully. Others did civilian service. Most described their service as a positive, and even a life-changing experience: Some acquired new skills, which served them in their civilian careers (“After doing so well in the military police, I’m ready to pursue a career in the police”; “My service opened the door for work”), and some acquired new friends, who provided them with support when needed. Most of the respondents appreciated the program staff’s support during the service, which often helped them to overcome crises.</p> | 1       | <p><b>Serious concerns</b></p> <p>This theme was based on one study that was unclear regarding how thematic analysis was performed; a convenience sample was used. Unclear if any validation techniques were used</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |

## Experience of care leavers receiving a Life Skills Project

| Theme   | Studies | Methodological limitations  | Coherence  | Adequacy  | Relevance                 | Confidence |
|---|---------|---|--|---|---------------------------|------------|
| <p><b>Prepositioning</b></p> <p>This theme related to how the 22 young people positioned themselves and their mental health and wellbeing, with a specific focus on prepositioning narratives (i.e., relating to their character, competence, traits, and skills prior to their involvement with the life skills project). In order of being commonly expressed, participants spoke about becoming really stressed, breaking down and crying; fear of new people and new situations; loneliness and isolation; low self-esteem; being nervous and anxious; behavioural issues (being difficult, aggressive); panic attacks.</p> | 1       | <p><b>Serious concerns</b></p> <p>No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis was carried out and by how many researchers. Themes were presented in brief but most of the presentation of results was taken up considering intricacies of the transcript conversations. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst).</p> | <p><b>Minor concerns</b></p> <p>Individual themes were not fleshed out in detail</p> | <p><b>Serious concerns</b></p> <p>Only one study contributed to this theme.</p> | <p><b>No concerns</b></p> | Very Low   |
| <p><b>Repositioning</b></p> <p>This theme related to how the 22 young people repositioned themselves during and following the intervention (realignment of positions, as a result of participating in the project). In order of</p>   | 1       | <p><b>Serious concerns</b></p> <p>No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis</p>  | <p><b>Minor concerns</b></p> <p>Individual themes were not fleshed out in detail</p> | <p><b>Serious concerns</b></p> <p>Only one study contributed to this theme.</p> | <p><b>No concerns</b></p> | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance          | Confidence |
|---|---------|--|--------------------|--|--------------------|------------|
| being commonly expressed, participants spoke about having to become a more resilient person – picking self up again; learning to communicate and feel confident; being able to speak to people and socialise; learning independent skills and building confidence; stress-relief and coping; being able to trust and talk to people, assertiveness; being able to express myself and my fears.  |         | was carried out and by how many researchers. Themes were presented in brief but most of the presentation of results was taken up considering intricacies of the transcript conversations. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). |                    |  |                    |            |
| <p><b>Mediating role of the care worker in helping participants to transition between these states (themes above)</b></p> <p>Through engagement with care workers care leavers are able to reposition themselves: “it makes me feel better”. The care worker acted as a “challenge” to correct challenging behaviour, manners of how to speak to people, be less aggressive. Communication with care workers was a means to calm down during panic attacks and stress, repositioning of self and anxieties through support allowing them to reposition themselves and their abilities to cope and engage with their mental health problems (constructed in terms of “difficult behaviour”). Programme build</p> | 1       | <p><b>Serious concerns</b></p> <p>No clear discussion of recruitment strategies or why participants were selected. Unclear how thematic analysis was carried out and by how many researchers. Themes were presented in brief but most of the presentation of results was taken up considering intricacies</p>              | <b>No concerns</b> | <b>Serious concerns</b><br>Only one study contributed to this theme. | <b>No concerns</b> | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence | Adequacy | Relevance | Confidence |
|---|---------|---|-----------|----------|-----------|------------|
| confidence with communication with (and "pushing") with business, banks, doctors and "people like that". Care worker supportive, taking to the bank and "getting" the care leaver to gradually increase the amount of talking they did to new people; gradual, staged and step-by-step nature of this approach; |         | of the transcript conversations. Researcher did not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). |           |          |           |            |

#### Experience of participants receiving College support programmes

| Theme  | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance  | Confidence |
|--|---------|--|--------------------|--|--|------------|
| <p><b>Problematic relationship with donors:</b></p> <p>Problematic relationship with donors - at least one program director expressed concern about donors who become involved for the "wrong reasons" such as wanting to probe deeply into a student's family background or placement history</p> | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b></p> <p>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |
| <p><b>Desire for financial support sought through the programme</b></p> <p>Respondents cited several reasons for wanting to participate in the program. Many were in need of the financial aid the program would provide.</p>  | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment,</p>                                  | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b></p> <p>Study was from outside of the UK, in addition, data</p>                                    | Very Low   |

| Theme  | Studies | Methodological limitations  | Coherence          | Adequacy  | Relevance   | Confidence |
|--|---------|---|--------------------|---|---|------------|
|  |         | interview, or thematic analysis.  |                    |   | was likely collected prior to 2010  |            |
| <b>Desire for help to achieve educational goals sought through the programme</b>   | 1       | <b>Serious concerns</b><br>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Serious concerns</b><br>Study was from outside of the UK, in addition, data was likely collected prior to 2010 | Very Low   |
| <b>Continuity of supportive relationships:</b><br><br>Continuity of relationships. Programme directors were supported by a very small staff—generally one or two people. However, staff turnover tended to be low, so students have an opportunity to develop lasting relationships with adults who are genuinely concerned about them and their success in school. This may be a new experience for students whose case workers changed frequently while they were in foster care.                              | 1       | <b>Serious concerns</b><br>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Serious concerns</b><br>Study was from outside of the UK, in addition, data was likely collected prior to 2010 | Very Low   |
| <b>Lack of information about post-secondary educational options</b><br><br>Programs faced a wide array of challenges in their efforts to help former foster youth stay in school and graduate. To begin with, program directors expressed concern about foster youth not having access to information about post-secondary educational options, college admissions requirements, financial aid availability, or campus support programs. They also lamented that foster youth are often not encouraged to pursue | 1       | <b>Serious concerns</b><br>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Serious concerns</b><br>Study was from outside of the UK, in addition, data was likely collected prior to 2010 | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence          | Adequacy  | Relevance   | Confidence |
|---|---------|---|--------------------|---|---|------------|
| postsecondary education despite its importance to labor market success.   |         |   |                    |   |   |            |
| <p><b>Lack of preparation lead to remedial courses –</b></p> <p>This lack of encouragement might explain, at least in part, why far too many foster youth are not academically prepared for college-level work. One director went so far as to say that even community college may be beyond the reach of some. Most of the directors estimated that 50 to nearly 100% of the young people in their programs are required to take remedial level courses (which don't count toward college credit). Remedial course-taking was especially high at the one community college-based program, probably because California's community colleges have an open admissions policy (i.e., students are not required to have a high school diploma or GED). The only exceptions were the two University of California based programs. Their schools do not offer remedial courses because the admissions process is supposed to screen out students who are not academically prepared.</p> | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <b>No concerns</b> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b><br/>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |
| <p><b>Problems identifying eligible students</b></p> <p>Not only are relatively few foster youth academically prepared for college, but identifying eligible students can be difficult. For years, the only systematic way for campus support programs to identify eligible students was through a question on the FAFSA (Free Application for Federal Student Aid) which asks “Are you (or were you until age 18) a ward/dependent of the court?” Unfortunately, the FAFSA data sometimes arrived after all of the program slots were filled. The question can also be confusing, particularly for young people who had been in foster care for</p>  | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <b>No concerns</b> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b><br/>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence   | Adequacy  | Relevance   | Confidence |
|---|---------|---|---|---|---|------------|
| years but left before their 18th birthday or who are placed with kin and may not think of themselves as wards of the court. An item that asks students to “indicate if you have been in foster care (e.g., foster home, group home or placed with a relative by the court)” was recently added to the admissions application for California's public colleges and universities. Although this item addresses some of the FAFSA question's shortcomings, the new item does not distinguish between students who had ever been in foster care—including those who returned home to their families or were adopted—and those who “aged out.” Moreover, some young people who would be eligible for these program do not identify themselves (and do not want to be identified) as former foster youth.   |         |   |   |   |   |            |
| <p><b>Increasing awareness of campus support</b></p> <p>Because it can be difficult to identify eligible students, campus support programs devote a considerable amount of time and other resources towards recruitment and outreach activities. They send representatives to college fairs or other events attended by high school students, organize campus visits, tours and information sessions, meet with individual students and give potential applicants a chance to talk with current program participants. Some of these efforts have paid off and a number of programs are on target to meet their recruitment goals or have more applicants than slots to fill. Efforts to increase awareness of campus support programs have included conference presentations to professionals who work with foster youth, outreach to school counselors and designated foster youth liaisons at community colleges, mass mailings to foster youth and their caregivers, and working closely with independent living</p> | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <p><b>No concerns</b><br/>Although efforts to improve awareness were varied</p> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b><br/>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |



| Theme  | Studies | Methodological limitations   | Coherence   | Adequacy   | Relevance  | Confidence |
|--|---------|--|---|--|--|------------|
| services providers, public child welfare agencies and community organizations. Other efforts, such as providing information to residential advisors or talking with faculty and staff, have been more internally focused.  |         |  |   |  |  |            |
| <p><b>Meeting non-academic needs (housing) –</b></p> <p>Meeting some of the program participants' non-academic needs can also be challenging. Most campus support programs provide year round housing. This is critical for former foster youth because many have nowhere to go when school is not in session. Addressing students' housing needs was especially challenging for the community college-based program because, like most community colleges, it does not provide on-campus housing. Finding affordable housing near the campus can be difficult, and transportation becomes an issue if students have to commute from far away.</p>   | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <b>No concerns</b>  | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b></p> <p>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |
| <p><b>Meeting non-academic needs (mental health problems)</b></p> <p>Another common need is for mental health services. Because mental health problems or personal crises can adversely affect academic progress, campus support programs often make referrals to student counseling services. Recognizing that former foster youth may have a greater need for these services than the typical undergraduate, several campus support programs have arranged for annual caps on the number of sessions for which students are eligible to be doubled or lifted altogether. In some cases, students must be referred to community-based clinics because the mental health services they need are not available on campus, and at least one program uses some of its foundation funding to pay for these services. Students may also</p> | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <p><b>No concerns</b></p> <p>Two important aspects, lack of availability and not turning up to appointments due to lack of trust or unreliability</p> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b></p> <p>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence          | Adequacy  | Relevance   | Confidence |
|---|---------|---|--------------------|---|---|------------|
| fail to “follow through” when a referral is made due to their distrust of mental health professionals   |         |   |                    |   |   |            |
| <b>Financial sustainability for college support programmes</b><br>Finally, programs must also deal with the issue of long-term financial sustainability. Thus far, much of the funding for campus support programs has come from private foundations or individual and corporate donors. The colleges and universities with which they are affiliated have generally provided in-kind support, such as office space, or have covered some or all personnel costs. Directors expressed concern about ongoing funding once their start-up grants expire. In some cases, funding from other college or university departments is replacing foundation support, which is why it is important for programs to have the backing of the college or university administration.  | 1       | <b>Serious concerns</b><br>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Serious concerns</b><br>Study was from outside of the UK, in addition, data was likely collected prior to 2010 | Very Low   |
| <b>Collaboration</b><br>One way programs are dealing with some of these challenges is by working collaboratively through both formal organizations and informal partnerships. Collaboration among campus support programs, particularly within the same region, is common. Many of the California programs belong to formal organizations (e.g., Southern California Higher Education Foster Youth Consortium; Northern California University Foster Youth Consortium; Southern California Council of programs assist in the development of new programs or programs share information about potential recruits. In addition to these external collaborations, program directors work closely with other departments and divisions at their own schools. Colleges), which some program directors described as “support groups” for sharing ideas about best practice. Program directors in California | 1       | <b>Serious concerns</b><br>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis. | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Serious concerns</b><br>Study was from outside of the UK, in addition, data was likely collected prior to 2010 | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence   | Adequacy   | Relevance  | Confidence |
|---|---------|--|---|--|--|------------|
| also work with the Foster Youth Success Initiative to facilitate the transfer of foster youth from community colleges to four-year schools. However, collaboration can also involve informal partnerships, as when established.   |         |  |   |  |  |            |
| <p><b>Ways in which the programme could have been improved</b></p> <p>Help with housing and living expenses were among the most frequently cited unmet needs e.g. more financial aid. Others mentioned graduate school advising or career counseling. Another suggestion was for more opportunities for program participants to “get together” for peer support.</p>  | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, interview, or thematic analysis.</p> | <p><b>Minor concerns</b></p> <p>Suggestions for programme improvement were disparate.</p> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Serious concerns</b></p> <p>Study was from outside of the UK, in addition, data was likely collected prior to 2010</p> | Very Low   |
| <p><b>Tracking progress of students (STEP programme)</b></p> <p>Programs track student progress in a number of different ways. Some maintain a customized database that includes information about GPA, course grades, courses taken, academic major, and/or credits earned, although they were frequently described as “in development.” Most of the other programs are able to pull individual-level student data directly from a campus-wide system, but a couple must submit requests for the specific data that they need. By contrast, only two programs have a system for tracking the provision of services and supports. Both collect those data in narrative form, which might explain why they have rarely been used. Programs use the data they collect for a variety of purposes. Not surprisingly, the most common is to measure student progress. Of particular concern is whether students are meeting academic requirements and are on track to graduate within 5 years. Data are also used for end-of-year reporting, which often means that programs only track what their funders</p> | 1       | <p><b>No concerns</b></p>  | <p><b>No concerns</b></p>   | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p>  | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence          | Adequacy  | Relevance  | Confidence |
|--|---------|----------------------------|--------------------|---|--|------------|
| want to know. Only two of the program directors interviewed specifically mentioned research or evaluation as a reason for data collection.   |         |                            |                    |   |  |            |
| <p><b>Mentoring and role clarity (STEP programme)</b><br/>           The Mentor subsystem of the STEP was created by the collaborative to address unmet needs of the Students, particularly in navigating outside systems (e.g., legal services). Mentors, adult volunteers from the community, were linked with individual Students to provide support and guidance as the Students pursue their education. Role clarity, specifically ambiguity or lack of role clarity, emerged as a common theme—particularly among the Mentors and Collaborative Members. While Mentors consistently explained their role was about supporting Students, there was a lack of consensus about how to support Students. Support around Students’ educational processes was an area where disagreement existed. One Mentor envisioned becoming a Mentor with the STEP in order to help “youth to be successful in their higher education. . .[and] assisting him more with the school process;” however, this was not the role he played, as the Program Coordinator and academic advisor at the community college filled those roles. The extent to which mentors were to provide tutoring and educational assistance was a source of role confusion. Mentors discussed needing clearer roles and expectations.</p> | 1       | <b>No concerns</b>         | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |
| <p><b>Importance of programme leadership (STEP programme)</b><br/>           Program leadership can also be considered a subsystem of the STEP. STEP services were managed by one full-time staff person, referred to in this report as the Program Coordinator. Many stakeholders viewed the Program Coordinator role as the</p>  | 1       | <b>No concerns</b>         | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance  | Confidence |
|--|---------|--|--------------------|--|--|------------|
| most important in the structure of the STEP. The Program Coordinator received support and guidance from an individual referred to as the Program Leader who was employed in an administrative position at the community college and originally convened the group that became the Collaborative, was central in the development and management of the STEP prior to the Program Coordinator, who worked closely with Students and further developed and managed the STEP.  |         |  |                    |  |  |            |
| <p><b>Peer support and network (STEP programme)</b></p> <p>The third subsystem was made up of the Students— program participants who have been in foster care and who are enrolled in the local community college pursuing post-secondary education. Although not part of the intended design of the STEP, the Students commented that they connected with one another as a group within the community college. The cohesion came from the shared background.</p>  | 2       | <p><b>No concerns</b></p> <p>One study was low risk of bias and one high risk of bias. The high risk of bias study was not clear about the method of recruitment, interview, or thematic analysis.</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 2 studies contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK.</p> | Very Low   |
| <p><b>Collaborative members and role confusion (STEP programme)</b></p> <p>Each stakeholder group had a specific set of roles, or normative expectations of a person or group, which governs their behaviors within the STEP. Collaborative Members also expressed confusion regarding their expected roles within the STEP. While there had been discussion of creating a job description for Collaborative Members, one had not been created. The expansion of the Program Coordinator role further shifted the roles and responsibilities of the Collaborative. The Program Coordinator helped facilitate support and resources for the Students in times of need and the relationships in the collaborative made this possible. One explanation for role</p> | 1       | <b>No concerns</b>   | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p>   | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p>  | Very Low   |

| Theme   | Studies | Methodological limitations | Coherence  | Adequacy   | Relevance   | Confidence |
|---|---------|----------------------------|--|--|---|------------|
| confusion, particularly among Collaborative members was the Program Coordinator's expanding role. Over time, the Program Coordinator assumed responsibilities related to program growth and expansion, beyond just managing the day-to-day activities. This may have contributed to the lack of clarity about roles among other stakeholder groups.   |         |                            |  |  |   |            |
| <p><b>Boundaries between mentors/program coordinators and students (STEP programme)</b></p> <p>In the systems theory, boundaries are properties that delineate subsystems within a system and the system relative to its outside systems. While the term boundaries was mentioned frequently across all stakeholder groups, it was in a different context as it was related to interpersonal relationships and understanding roles rather than distinguishing boundaries between subgroups. For instance, Mentors referenced boundaries between them and their Students. Mentors commented on the importance of establishing clear and concise boundaries with the Students they mentored. Several Students and Mentors mentioned challenges in their relationships with one another when there had been a previous relationship. Some stakeholders reflected on the boundaries between the Students and the Program Coordinator as it related to the Program Coordinator's role as leader versus peer. Some shared observations about occasional lack of role clarity in this regard. The frequent contact between Program Coordinator and Students, as well a closeness in age, may explain these observations.</p> | 1       | No concerns                | No concerns  | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK</p> | Very Low   |
| <p><b>Power to deliver services within the STEP system and the importance of including the student's voice– (STEP programme)</b></p>  | 1       | No concerns                | <p><b>Minor concerns</b></p> <p>This theme covered</p> | <p><b>Serious concerns</b></p>   | <p><b>Moderate concerns</b></p>   | Very Low   |

| Theme   | Studies | Methodological limitations | Coherence  | Adequacy                                      | Relevance                               | Confidence |
|---|---------|----------------------------|--|---|---|------------|
| <p>In the STEP, the most evident sources of power included making programmatic decisions and accessing information and resources. Stakeholders reported that the STEP was initially structured in such a way as to centralize power within the Collaborative, allowing power to flow from the Collaborative through the Program Coordinator, then radiate outward to other stakeholders (e.g., Mentors, Independent Living Staff), and ultimately end with Students. As time passed, the Program Coordinator assumed more power in making decisions. After the shift in power, the Collaborative appeared to serve as a safety net for Students, where the Program Coordinator could access emergency supports for the Students on an as-needed basis. This new function of the collaborative continued to hold a place of power within the program, as the safety net was accessed only by the Program Coordinator on Students' behalf. Thus, the hierarchy where Collaborative Members held power over Students was preserved. Although some of the Mentors expressed having limited power, the Mentors' power was evident in their access to the Program Coordinator, the reports they completed on Students, and their attendance at collaborative meetings. Collaborative Members developed the mentoring component based on the belief that Mentors possessed wisdom, life experience, and problem-solving skills that could help the Students. The Students remained on the perimeter of the power structure and lacked decisional capacity about the ways in which the program operated. With the many discussions about STEP's development, none of the Collaborative Members mentioned seeking input from the former foster youth about their needs for</p> |         |                            | <p>discussions of where the power lay in a hierarchical structure such as the STEP programme. Suggestions that the student voice should feed into the power structure was ancillary to this.</p> | <p>Only 1 study contributed to this theme</p> | <p>Study was from outside of the UK</p> |            |

| Theme  | Studies | Methodological limitations | Coherence   | Adequacy  | Relevance  | Confidence |
|--|---------|----------------------------|-------------|---|--|------------|
| <p>this type of program. Periodically, students were invited to collaborative meetings to share experiences, including any challenges and needs. Acknowledging the importance of Students having the ability of self-determination, several Collaborative Members noted the value of Students speaking about their experiences and needs.</p>  |         |                            |             |   |  |            |
| <p><b>Pivotal role of the programme co-ordinator (STEP programme)</b><br/> The Program Coordinator linked STEP to the other community systems and brought in resources for Students and STEP. Some of the resources were part of the other student support services offered on campus. In times of Student crisis, the Program Coordinator helped access resources, and for ongoing programming, the Program Coordinator brought community members to STEP to provide trainings for Students. Likewise, the Program Coordinator was central to the organization and serves as the connector between subsystems: the Collaborative, Mentors, and Students. The Collaborative Members envisioned the program; the Program Coordinator was responsible for implementing the program. All stakeholder groups identified the Program Coordinator as a strength of the STEP, including one Collaborative Member who referred to the Program Coordinator as the person who “keeps all the folks together” and another who described the Program Coordinator as a “professional anchor.”</p> | 1       | No concerns                | No concerns | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |
| <p><b>The benefits of an open and collaborative system – (STEP programme)</b><br/> The STEP functioned largely as an open system. By engaging community members to support and develop the STEP, the program became a collaborative community program.</p>   | 1       | No concerns                | No concerns | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |



| Theme   | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-----------|----------|-----------|------------|
| <p>Collaborative Members brought knowledge, wisdom, and resources from outside communities into the STEP. The collaborative meetings provided a venue for the exchange of ideas and discussions for planning and addressing unmet needs. Some of the resources were financial such as the agencies that provided the funds to hire a full-time Program Coordinator. Other resources included bringing in volunteers to serve as Mentors and providing workshops for Students. The Mentors, while part of the STEP, were also connected to the larger community and thus served as a vehicle for connecting the STEP to other systems and bringing in input. The Program Coordinator was positioned to draw upon the diverse talents and connections of those around the table to address Students' needs. Some of the most notable examples of the benefits of an open system were when a Student experienced a crisis and a Mentor and/or Program Coordinator pulled in community resources to assist. This happened for a student facing eviction where through the advocacy and resources the Program Coordinator provided, the student remained housed. In addition to benefiting Students in crisis, the open boundaries of the program benefited Students in other practical and important ways. Ancillary services, such as internships, were made available to Students as a result of connections within the community as well as the support services available through the community college. One mentor recounted the Program Leader connecting the Student he mentored with an internship opportunity outside the program, due to community connections. As the STEP functioned as an open system, the array of programs and services available to Students extended beyond what the STEP offered. The STEP facilitated Students</p> |         |                            |           |          |           |            |

| Theme  | Studies | Methodological limitations | Coherence          | Adequacy  | Relevance  | Confidence |
|--|---------|----------------------------|--------------------|---|--|------------|
| <p>access to resources available through the community college's infrastructure such as financial aid, advising, internships, and job opportunities. Outside systems including community agencies and institutions such as Department of Juvenile Justice, Department of Education, and Child Welfare System provided additional opportunities and services outside the STEP. Workshops and guest speakers at events and trainings for Students were provided by those from outside systems. The Collaborative Members and Mentors identified the importance of input for the sustainability of the STEP.</p>  |         |                            |                    |   |  |            |
| <p><b>Need to engage more financial support and community collaborations with business world – (STEP programme)</b><br/>           Several stakeholders voiced concerns that, without more financial resources, STEP's future would be threatened. The STEP engaged partners who served foster youth and were an obvious fit with STEP's mission. Yet, in terms of future program growth, some stakeholders expressed the idea of developing ties within the business sector to further the development and funding of the program and continue to connect with community and grow as an organization. One Dual Member stressed the importance of engaging the business community with the intent to diversify and increase financial support for the program as well as offer a wider array of practical supports (e.g., internships and mentors) to Students. Many Collaborative Members and Dual Members noted the need to engage a greater variety of people with the Collaborative. Stakeholders raised concerns about needing input in the form of grants and donations. An additional concern mentioned was the need to increase input through expanding the collaborative to include small business owners</p> | 1       | <b>No concerns</b>         | <b>No concerns</b> | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence   | Adequacy  | Relevance  | Confidence |
|--|---------|----------------------------|---|---|--|------------|
| and leaders in the banking community, thus increasing involvement beyond local leadership in nonprofits and local government. Some stakeholders questioned STEP's sustainability if there were not additional inputs in terms of financial support and new community involvement including business leaders.   |         |                            |   |   |  |            |
| <p><b>Supporting feedback into the system (STEP programme)</b></p> <p>Feedback in the systems theory is defined as a form of input that informs a system's performance. Within the STEP, feedback was evident in stakeholders' discussion of the program through feedback from outside the system (external feedback) and from within the system among subsystems (internal feedback). External feedback about the STEP seemed to be generally positive. Perhaps, this was most apparent in the creation of the STEP when stakeholders from various agencies and organizations came together to form the Collaborative. Another source of positive feedback about the STEP occurred at the state level, when the STEP was recognized as a model program and funding was allocated to replicate the STEP at other colleges and universities across the state. Throughout the STEP, there were instances of internal feedback between individuals in the various subsystems and the Program Coordinator. For example, Students reported that they received money as part of the "pay for grades" program as positive feedback on their academic performance. The higher the Students' grades, the more money they receive. Similarly, feedback about Students' progress was noted through monthly reports completed by Mentors and to the Project Coordinator. Mentors also discussed providing and receiving feedback about Students beyond these reports through</p> | 1       | <b>No concerns</b>         | <b>Minor concerns</b><br>"feedback" as a theme here covered some varied aspects, such as feedback and evaluation of the service itself, and care leavers themselves receiving feedback about their progress through pay for grades systems. | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>Study was from outside of the UK | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|----------------------------|-----------|----------|-----------|------------|
| <p>informal conversations with the Program Coordinator. Collaborative Members also reported providing and receiving feedback to and from other subsystems. One Dual Member mentioned a strength of the collaborative is the guidance they provided to the Program Coordinator. In another example, Some stakeholders expressed a desire for more feedback in the STEP. Along the same lines, a Collaborative Member stated that completing exit interviews with Students would be a great way to receive feedback from Students about the STEP. Moreover, the exit interviews would offer an opportunity to collect systematic information about Students' exit and experiences. Another theme that emerged was in relation to the current evaluation, in which some stakeholders expressed their appreciation for being interviewed and being able to express their views of the STEP. In fact, a few stakeholders stated an evaluation of the program should have been conducted sooner.</p> |         |                            |           |          |           |            |

### Experience of care leavers receiving a University-based mindfulness programme

| Theme  | Studies | Methodological limitations | Coherence   | Adequacy   | Relevance   | Confidence |
|--|---------|----------------------------|---|--|---|------------|
| <p><b>Techniques of the mindfulness intervention that were found to be beneficial</b></p> <p>There was consensus that students found at least one mindfulness technique beneficial. The three practices most frequently mentioned as being helpful were (1) belly breathing, (2) guided imagery, and (3) the STOP acronym.</p> | 1       | <b>No concerns</b>         | <p><b>Minor concerns</b></p> <p>It was unclear why participants found these techniques particularly beneficial.</p> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>All data were from outside of the UK</p> | Very Low   |
| <p><b>Benefits for stress, sleep levels, and focus</b></p>   | 2       | <b>No concerns</b>         | <b>No concerns</b>  | <b>Moderate concerns</b>   | <b>Moderate concerns</b>  | Very Low   |

| Theme   | Studies | Methodological limitations | Coherence  | Adequacy  | Relevance  | Confidence |
|---|---------|----------------------------|--|---|--|------------|
| Students reported that mindfulness had the greatest impact on their stress levels, sleep quality, and focus, which was consistent with the quantitative findings. Almost half of all positive comments on the benefits of mindfulness practices pertained to stress reduction. Sleep quality was the aspect of life where students perceived the greatest impact of mindfulness. Students reported that mindfulness practices, especially belly breathing and the STOP acronym, helped them fall asleep, return to sleep once they awoke in the night, or improved their overall sleep quality. Heightened focus was the next most popular benefit cited, with students recounting situations where this enhanced focus helped them study or take a test. Other ways that students said mindfulness positively impacted them included improved mood and confidence, less self-judgment and criticism, enhanced clarity in their thinking, and greater self-awareness. |         |                            |  | Only 2 studies contributed to this theme                          | All data were from outside of the UK                             |            |
| <p><b>Challenges in using mindfulness practices</b></p> <p>Students also experienced various challenges in using different mindfulness practices and incorporating mindfulness into their daily routine. Students reported struggling when a practice required them to sit still and/or stay focused on the practice for 10 minutes or more. Students also reported difficulty finding the time or motivation to practice the mindfulness techniques or remembering to use the techniques in times of relative ease.</p>  | 1       | <b>No concerns</b>         | <b>No concerns</b>   | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>All data were from outside of the UK | Very Low   |
| <p><b>Displeasure/disatisfaction regarding the intervention setting and instruction</b></p>   | 1       | <b>No concerns</b>         | <b>No concerns</b><br>Theme reflected two different aspects of | <b>Serious concerns</b><br>Only 1 study contributed to this theme | <b>Moderate concerns</b><br>All data were from outside of the UK | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence             | Adequacy   | Relevance   | Confidence |
|--|---------|--|-----------------------|--|---|------------|
| A small proportion of comments indicated that some students were displeased with the setting and framework in which mindfulness was taught. Focus group facilitators observed that about three students made comments reflecting displeasure. The displeased students reported difficulty concentrating on the mindfulness instruction when other students were not paying attention or were entering and leaving the classroom during the instruction time. They also expressed disliking the requirement of the Koru mindfulness program as part of the course, and one student commented, "The more we are told to do it, the more we are not going to want to do it." These dissenting views remind us that, despite average gains in stress reduction and sleep improvement, it is important to attend to students who react negatively to a particular mindfulness instructional practice so that adverse experiences can be minimized or eliminated by providing alternative stress-reduction or relaxation activities. |         |  | negative experiences. |  |   |            |
| <p><b>Inclusive safe and fun</b></p> <p>Participants discussed that the group was experienced as a source of social support that felt inclusive, safe, and fun.</p>  | 1       | <p><b>Minor concerns</b></p> <p>One study of moderate quality contributed to this theme.</p> | <b>No concerns</b>    | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>All data were from outside of the UK</p> | Very Low   |

**Experience of young people leaving care, Stand By Me workers and non-Stand By Me staff from the various residential care, home-based care, and post care support programs regarding the Stand By Me intervention (based on the UK Personal Advisors model)**

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy  | Relevance   | Confidence |
|---|---------|--|--------------------|---|---|------------|
| <p><b>The Stand By Me worker-client relationship –</b><br/>Most of the young people were able to develop close working relationships with their workers whilst still in care. The SBM-supported young people who participated in the evaluation experienced the worker-client relationship as a central and reliable adult support, which appeared to constitute a therapeutic relationship in itself. These relationships delivered both emotional and practical assistance to young people, as well as a vehicle for accessing wider services and supports.</p> | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK.</p> | Very Low   |
| <p><b>Reduction of leaving care and post-care anxiety</b><br/>The period of pre-discharge engagement appeared to alleviate an identified period of 'leaving care anxiety', during which many care leavers typically disengage from supports and exhibit escalating challenging behaviours. The availability of a key support person throughout the transition from care appeared to enhance engagement with services in both the leaving and post care periods.</p>   | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK.</p> | Very Low   |
| <p><b>Enhanced leaving care planning and implementation</b> Although Australian studies typically report low rates of leaving care plan completion, leaving care planning was able to be completed and implemented for all SBM supported young people, and SBM workers facilitated access to available brokerage and supports.</p>  | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK.</p> | Very Low   |

| Theme  | Studies | Methodological limitations   | Coherence  | Adequacy  | Relevance   | Confidence |
|--|---------|--|--|---|---|------------|
| <p><b>Holistic support, flexible brokerage and funding advocacy</b> The intensive case management provided by SBM workers enabled the delivery of wraparound support, including practical assistance. SBM workers provided transport to and support with essential appointments, informal counselling, and emotional support for young people's aspirations, concerns, ongoing stress and anxiety and achievements. SBM workers assisted young people in purchasing household, employment and education-related goods, as well as personal necessities such as medication and clothing. There were also opportunities for supporting competence in independent living skills. Additional financial support assisted SBM supported clients to develop social networks and community connectedness, for example by supporting access to recreational activities. SBM workers were also available to respond to crises, which were occasional for some young people and more ongoing for others. SBM clients were also referred to other support services, and staff advocated for their access to welfare services and programs in the broader community, with a view to promoting greater social inclusion.</p> | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <p><b>No concerns</b><br/>However, the range of support offered by the personal advisor was broad.</p> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK.</p> | Very Low   |
| <p><b>Strengthened housing assistance 1 - key role of SBM –</b><br/>The twelve SBM clients were provided with housing support including advocacy and access to brokerage funds from the time of exiting care. This included renegotiating continued arrangements with existing foster or kinship carers; providing emotional support to those who moved in with family or partners and assistance in maintaining these housing arrangements; supporting young people whilst they moved into independent living including in one case funding private rental or hotel accommodation; and/or identifying alternative options where the situation became untenable. Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three year SBM support period in December 2015. This outcome was notable given that the program</p>   | 1       | <p><b>Serious concerns</b><br/>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <p><b>No concerns</b></p>  | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b><br/>Study was from outside of the UK.</p> | Very Low   |



| Theme   | Studies | Methodological limitations  | Coherence          | Adequacy   | Relevance  | Confidence |
|---|---------|---|--------------------|--|--|------------|
| targeted care leavers at high risk of homelessness. The housing assistance provided by SBM seems to have played a key role in enabling care leavers to move from OOH to other secure accommodation without experiencing the trauma of not knowing where they would stay.  |         |   |                    |  |  |            |
| <p><b>Homelessness a problem</b></p> <p>Nevertheless, housing continues to be a challenge given the general limited stock of accommodation, specific age restrictions on access to some transitional programs such as lead tenant, and the often prohibitive cost of private rental. Once that happens, the young people may find it very difficult to access funds they are entitled to, or navigate the homelessness system in order to get their needs prioritised. Additionally, many care leavers don't want to share with other people and prefer to live on their own, but either can't afford to do so because of the low rate of the Youth Allowance or the shortage of one bedroom options</p>    | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK.</p> | Very Low   |
| <p><b>SBM can prevent homelessness –</b></p> <p>Conversely, the workers noted why SBM had been influential in preventing homelessness. SBM workers supported young people with different housing options depending on their preferences. Where young people's preferences were not considered to be in their interest by workers, they were helped to consider other possibilities. Other SBM supported young people found themselves with similarly inappropriate housing options, which may have led to homelessness without Stand By Me support. Indeed, the professional opinion of other program staff was that Stand By Me support had led to more positive housing outcomes for four ex-clients:</p> | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK.</p> | Very Low   |
| <p><b>Continuation of support to wait for the right housing options, suddenness of being on your own</b></p> <p>An advantage of the SBM program was its ability to place young people in a stand-by position for appropriate housing options to</p>   | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method</p>   | <b>No concerns</b> | <p><b>Serious concerns</b></p>   | <p><b>Moderate concerns</b></p>  | Very Low   |

| Theme  | Studies | Methodological limitations  | Coherence          | Adequacy   | Relevance  | Confidence |
|--|---------|---|--------------------|--|--|------------|
| avoid the acceptance of inappropriate housing because of support ending. Two SBM supported young people commented that without access to SBM their post-care trajectories could have been terrible.  |         | of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.   |                    | Only 1 study contributed to this theme                                       | Study was from outside of the UK.  |            |
| <p><b>Turning to alternative systems for those not supported by SBM</b></p> <p>In contrast, the eight young care leavers not supported by SBM each described pathways from care which included accessing homelessness support systems. The non SBM supported group tended to exhibit slightly lower levels of complexity, experiencing stability and support in their housing at the time of interview, and engagement with education, employment, and/or training. However prior to this period of stability, most of the non SBM supported young people had either returned to family post care or exited to unsustainable or inappropriate private rental properties. Consequently, seven of the eight young people experienced housing instability within six to 18 months of leaving care. This breakdown saw these young people requiring assistance from specialist homelessness services to access emergency accommodation such as refuges, or subsidised and supported accommodation as in transitional and public housing. For example, two young people needed to access specialist housing support services due to initial arrangements breaking down.</p> | 1       | <p><b>Serious concerns</b></p> <p>This study was high risk of bias and not clear about the method of recruitment, or thematic analysis. No apparent triangulation, respondent validation, and use of more than one analyst.</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only 1 study contributed to this theme</p> | <p><b>Moderate concerns</b></p> <p>Study was from outside of the UK.</p> | Very Low   |

### Experience of young people leaving care, their mentors, and child welfare professionals regarding natural mentoring interventions

| Theme   | Studies | Methodological limitations                                      | Coherence  | Adequacy  | Relevance   | Confidence |
|---|---------|---|--|---|---|------------|
| <p><b>Characteristics of good mentoring relationships</b></p> <p><b>Need for permanent/committed genuine relationships with caring adults</b> Throughout the focus groups, there was wide consensus among the youth that permanent relationships with caring adults were valuable and desirable. Because the youth participants resided in out-of-home care, they had experienced relationship disruptions in the form of familial loss, particularly with regard to their families of origin. Many youth discussed the ubiquitous desire for permanent relationships with adults characterized by love, affection, and safety. One youth discussed her experience of impermanence within the context of a finalized adoption, suggesting that the presence of legal permanence does not necessarily guarantee relational permanence. Many youth talked about the benefit of having an enduring relationship with their natural mentor, intimating the importance of relational permanence. Participants voiced that the long-term nature was an important characteristic of their natural mentoring relationship. One participant discussed that her natural mentor is always there.</p> <p><b>Family-like</b> - A number of youth discussed the importance of a natural mentor being “like a family member.” This is interesting given the fact that most youth had limited exposure to their birth families (or any family for that matter among those with extended stays in congregate care settings), yet these youth still felt that a natural mentor should be like a family member. Their comments indicate the presence of family-like relationships outside of the context of traditional, legal permanencies. For some youth, their conceptualization of a natural mentor’s qualities was based on their exposure to extended family members, many of whom served as natural mentors among the youth in our sample. A number of youth</p> | 2       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <p><b>No concerns</b><br/>Subthemes here generally had a high degree of internal consistency</p> | <p><b>Moderate concerns</b><br/>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|----------------------------|-----------|----------|-----------|------------|
| <p>reported their mentor fulfilled a parental role in their lives. One mentee, Louise, whose mentor was a former teacher, even went so far as to indicate that she feels the kind of safety and security with her mentor that an infant feels with its mother:</p> <p><b>Trustworthiness</b> - Trustworthiness was another quality of a natural mentor that was repeatedly discussed. Many youth noted that loved ones, such as parents or role models, had broken their trust. As such, honesty was a quality that youth valued in a natural mentor, and the restoration of trust within adult relationships was considered to be crucial. Reflecting back on a natural mentoring relationship, one youth discussed the development of trust with a neighbour over time. The activities identified by this youth potentially facilitated the development of the trust that many of the youth desired. Interestingly, the activities occurred in the youth's community, a shared space that was familiar to him. Trust, in this relationship, was earned over time. He confided in the pastor because he did not disclose to others about his "business" so the youth developed trust and eventually discussed sensitive topics with him. In some cases, mentors provided mentees with the kind of trusting and accepting relationship with an adult that they did not otherwise have.</p> <p><b>A positive influence, advice, and good role model -</b></p> <p>Other youth described their mentors more traditionally as a role model, someone they could look up to and who they wanted to be like in some way when they are older. Many of the youth in foster care lack role models or someone who provides them guidance. In all cases, the mentors had provided informational support, such as how to find a place to live, creating a budget or tips on parenting a young child. As such, many felt that natural mentors could serve as role models, potentially providing them with guidance. Some youth</p> |         |                            |           |          |           |            |

| Theme  | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|----------------------------|-----------|----------|-----------|------------|
| <p>felt that this support and guidance could be achieved through a natural mentor leading the youth “down the right path” and telling them right from wrong. Another youth discussed that while it was important for a natural mentor to help youth answer questions and provide them with guidance, it was also important to let youth answer their own questions. Thus, while the natural mentor is providing support, they are simultaneously instilling autonomy and trust so that the youth can make their own decisions. Participants also suggested that some of the challenges associated with emancipating from foster care could be attenuated by a natural mentoring relationship. Many youth spoke about how much they appreciated not only the persistence their mentors demonstrated in the provision of support but also their candidness and efforts to hold them accountable. Mentors also expressed the desire to serve as role models to help these youth identify and explore options for their own future. Callie described how she was attempting to show her mentee, Laura, what she can achieve in the future by talking about her own college and work experiences, and by exposing Laura to her healthy relationship with her boyfriend. Callie explained to Laura how they budget for household needs, such as groceries, and shared her experience booking plane tickets for a trip so that hopefully Laura could picture herself doing the same someday. Given that neither Laura nor Callie had parents who went to college, Callie expressed her strong desire to “be a role model for her and help her... know that... it’s not as hard as you think it is... You can do it if you really want to.” Laura was responding to Callie’s efforts, as was evident in her description of Callie: “She is like my idol. When people ask me what I want to grow up to be, and I’m like, ‘Callie.’”</p> <p><b>Emotional support</b></p> |         |                            |           |          |           |            |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy   | Relevance  | Confidence |
|---|---------|--|--------------------|--|--|------------|
| In all but one case, participants described the emotional and companionship support these relationships provided, and almost half also described times when the mentor offered appraisal or instrumental support. In all cases, mentors had provided multiple forms of support over the course of the relationship. Of great importance to these youth was that their mentors offered support unconditionally and without judgment. Ashley, who admitted one of her biggest challenges was procrastination, felt that her mentor Meredith was helping her transition into independent living by “staying on my ass” to make sure she had somewhere to live with a sufficient income, and was a good mother and friend. At the same time, Meredith provided spiritual and emotional support coupled with practical parenting advice that helped Ashley feel confident in her abilities and optimistic about her future.      |         |  |                    |  |  |            |
| <p><b>Mentoring improved relationships beyond the mentor mentee dyad</b></p> <p>In most cases (9/13), it was reported that forming and deepening the relationship with a mentor helped youth to improve their relationships with other people in their lives, such as family members and friends. Some mentees talked about how their mentors provided them with an adult perspective on their relationship with their parents or foster parents in an effort to help the youth understand where the parent was coming from. Other mentors provided their mentees with advice about managing romantic relationships or on how to approach co-parenting. In several cases, the mentor helped the youth think critically about which people they chose to spend time with and whether their friends were positively contributing to their lives or holding them back. Mentors also modeled positive, healthy friendships.</p> | 2       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence   | Adequacy   | Relevance  | Confidence |
|---|---------|--|---|--|--|------------|
| <p><b>The challenge of bringing trustworthiness into new relationships with unfamiliar mentor figures</b></p> <p>Some youth talked about the challenge of bringing trust into new relationships with unfamiliar adults, where trust had not yet been established. Participants also discussed the context in which foster youth develop relationships with adults as compared with their peers from the general population. Foster youth may be unique in that they need time to build trust and may not be able to form relationships on a set timeline.</p>   | 2       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <b>No concerns</b>  | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Mutually meaningful</b></p> <p>Reflecting on her relationship with a caseworker, one participant noted that it was important to develop a connection with a natural mentor that was based on trust, but also a relationship that was mutually meaningful. Another participant reflected on his current mentor-like relationship. He told interviewers that his aunt took it upon herself to care for him after her own son had died. In discussing their relationship, he notes that while the Aunt does everything for him, she also considers him to be a son, holding him to high standards. As such, the relationship is mutually meaningful, and not just one-sided.</p> | 1       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <b>No concerns</b>  | <p><b>Serious concerns</b></p> <p>Only one study contributed to this theme.</p>  | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Challenges related to natural mentoring for youth in foster care:</b></p> <p><b>Preference for non-connected carers in some cases</b></p> <p>Although the majority of youth in the focus groups discussed the benefit of natural mentoring relationships in their lives, some youth discussed its challenges as well. Given their history in foster care and a socially constructed depiction of being “deviant,” some youth felt insecure about others’ perceptions of them. As such, one youth noted that she preferred a mentor that she did not know, because</p>   | 2       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <p><b>No concerns</b></p> <p>Subthemes here generally had a high degree of internal consistency</p> | <p><b>Moderate concerns</b></p> <p>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|----------------------------|-----------|----------|-----------|------------|
| <p>she felt this person would not pre-judge her as others from her social network might.</p> <p><b>Lack of a helpful relationship with a caring adult</b><br/>The concept of natural mentoring relies on the existence of supportive relationships within a youth's social network, but for some youth in foster care, these sorts of relationships are sparse. Other youth had not yet found a helpful relationship with a caring adult, though they spoke of the desire and longing for the presence of such a relationship.</p> <p><b>The issue of securing youth buy-in:</b><br/>Particularly among youth for who trust may be difficult to gain. Youth reflected that it may be difficult to encourage participants to open up, both with the interventionist running the program and with the natural mentors. Specifically, one participant suggested that some youth in foster care either do not know how to express their feelings or do not feel comfortable talking about feelings, which could be a barrier to cultivating a relationship with a natural mentor.</p> <p><b>Relationship development takes time</b><br/>Similarly, one participant voiced concern over youth being distant in relationships, suggesting that for some youth, relationship development just takes time. Another participant voiced her concern about youth genuinely opening up to natural mentors, rather than just voicing the words that adults want to hear.</p> <p><b>Barriers to asking for help, embarrassment</b><br/>Despite the clear evidence that these mentors were committed to the youth, that the youth felt comfortable with their mentors, and that all mentors had provided some supports to the youth, some youth still talked about feeling like there were times when they</p> |         |                            |           |          |           |            |



| Theme   | Studies | Methodological limitations   | Coherence   | Adequacy  | Relevance  | Confidence |
|---|---------|--|---|---|--|------------|
| would not ask their mentor for help or support, even if they thought their mentor would be willing and able to do so. Youth expressed concern about burdening the mentor, being embarrassed or ashamed to reveal a choice they regretted, and feeling like there were some things they should be able to handle on their own. Laura noted that she was sometimes reluctant to call her mentor if she had a bad day.   |         |  |   |   |  |            |
| <p><b>Role of a natural mentoring intervention - identifying natural mentors</b></p> <p>Youth discussed multiple methods to identify natural mentors for youth in care, including case file reviews, a traditional method often used to identify youth's important connections. Almost all participants indicated that engaging in conversation with youth about the identification of a natural mentor was preferable as opposed to reviewing a case file for potential connections. Involving the youth in the discovery process places the youth as the leader and expert of his/her life. Conversely, solitarily reviewing the details of the youth's case file could be perceived as an invasion of privacy and a threat to the building of trust. Other youth were concerned about case file reviews, feeling that they might be judged according to misinformation in the case file. Some youth reported that case managers sometimes inaccurately represent them in their case notes. One youth felt that it was important for the case manager to initially refrain from discussion and to just observe the youth before broaching the subject of relationships with caring adults, again emphasizing the sensitive nature of this process and the need for first establishing trust with the youth.</p> | 1       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <p><b>Minor concerns</b></p> <p>It was not clear what was meant by "observing the youth" before broaching the topic of natural mentoring. Nor how participants might arrive at their choice without the case files.</p> | <p><b>Serious concerns</b></p> <p>Only one study contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Activities to support and develop the relationship</b></p> <p>The primary goal of C.A.R.E., the natural mentoring intervention, was to support and promote the growth of natural mentoring</p>  | 1       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <p><b>Minor concerns</b></p>  | <p><b>Serious concerns</b></p>  | <p><b>Moderate concerns</b></p>  | Very Low   |

| Theme   | Studies | Methodological limitations                              | Coherence  | Adequacy   | Relevance   | Confidence |
|---|---------|---|--|--|---|------------|
| relationships for youth in foster care. Each youth/natural mentor dyad has weekly sessions with the C.A.R.E. interventionist, engages in a variety of large group activities, and has regular, informal “match time” each week in the community. Authors asked the youth to provide feedback about these activities. Some youth discussed the benefits of having one-on-one weekly check-in times with a third-party interventionist, who would be available to more objectively navigate any conflicts that the youth and their natural mentor may be experiencing. In conceptualizing separate support groups for the youth and their natural mentors, one youth suggested separate opportunities for peer support for mentors and mentees. Youth also discussed ideas for community-based bonding activities between the youth and their natural mentors, emphasizing the value of quality time over the money spent, using activities such as walks and board games to further the relationship.  |         |   | This theme spans several activities that were felt to be beneficial in supporting the relationship. It is not clear how much support each of these suggestions received. | Only one study contributed to this theme.                            | All studies were from outside of the UK                             |            |
| <b>Independent living skill building</b><br>Unlike traditional classroom-based independent living courses for older youth in foster care, C.A.R.E. seeks to help youth develop these skills within the context of the natural mentoring relationship, more closely mirroring how youth from the general population learn such skills. Authors were particularly interested in speaking with youth who had been taught independent living skills via the traditional instructional model, and wanted to gauge their opinions about the feasibility of learning these skills within a relational context. By and large, the youth were very supportive of relationship-based independent living skill building. Youth in one particular focus group emphasized the normative and trust-building nature of learning independent living skills in relationship. It was difficult for some youth to conceive of community-based independent living skills building outside of the traditional model, suggesting that such an approach may be counter-cultural to some youth in care. This is particularly salient for those who have not | 1       | <b>No concerns</b><br>All studies were low risk of bias | <b>Minor concerns</b> there was some disagreement about the benefits of natural mentoring as the primary vehicle to learn independent living skills.                     | <b>Serious concerns</b><br>Only one study contributed to this theme. | <b>Moderate concerns</b><br>All studies were from outside of the UK | Very Low   |

| Theme  | Studies | Methodological limitations                                      | Coherence   | Adequacy  | Relevance   | Confidence |
|--|---------|---|---|---|---|------------|
| lived in family-type settings. One youth had grown up in a number of residential treatment facilities and group home settings, and he felt that it was more important to discuss and talk about independent living skills rather than engage in activities in the community.   |         |   |   |   |   |            |
| <p><b>System-level challenges for implementing a natural mentor intervention</b></p> <p>Issues of liability in being involved in vetting adults identified for natural mentors,</p> <p>providing contacts of potential mentors, or approaching families for contacts of potential mentors;</p> <p>Resistance to program involvement due to current organizational and system climate and culture;</p> <p>Challenges of potentially divisive relationships among involved parties.</p>  | 1       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <p><b>Minor concerns</b><br/>Themes were not clearly fleshed out.</p> | <p><b>Serious concerns</b><br/>Only one study contributed to this theme.</p>  | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |
| <p><b>The gap left by child welfare agencies (paid professional feeling relationships)</b></p> <p>The most common issue discussed surrounded the current role that the child welfare system plays in the lives of foster youth and how it can/cannot or does/does not fill the need for youth to have adult connections and support going into young adulthood. Many participants discussed the challenges inherent in the relationship between child welfare workers and foster youth on a micro level. Participants also described the enduring quality of a natural mentoring relationship over a relationship with a paid professional. One participant summed up the impact that having only paid</p> | 2       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <p><b>No concerns</b></p>   | <p><b>Moderate concerns</b><br/>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations                                      | Coherence          | Adequacy  | Relevance   | Confidence |
|---|---------|---|--------------------|---|---|------------|
| professionals “care” for you can have. He stated, “It corrodes the soul,” meaning that it makes us less human. Our brains are social organs. We live and die literally based on our relationships. We are hardwired to belong. If the only people who care for us are paid professionals, we are deprived of belonging.   |         |   |                    |   |   |            |
| <p><b>Continuity of relationships from the child's own world</b><br/>Participants also conceptualized that a natural mentoring relationship may provide a connection to the youth’s “world” in the midst of the trauma and instability associated with the removal from one’s home setting. Common themes revealed an understanding of natural mentoring as an approach to supporting youth that would fill gaps in child welfare services better than classic mentoring due to its more enduring and lifelong quality; as a relationship that already exists and has developed naturally so time is not spent building a relationship that may not be successful in the long run; and as involving adults who are more personally invested and committed to the child and as a result can provide a longer-term role model, guide, and anchor for youth as they move into young adulthood.</p> | 2       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Moderate concerns</b><br/>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Dire consequences to lack of support – the programme as a mechanism by which to stave off instability.</b><br/>In addition to specific supports, many mentors discussed their intentional efforts to provide a sense of stability, which they viewed to be lacking in many of these youth's lives and thus constituted a critical need. Lucy, a former caseworker, saw offering stability as an essential way to support her mentee Bailey, who was about to age out of foster care, and therefore, lose her formal support system shortly after beginning college.</p>   | 2       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Moderate concerns</b><br/>Only 2 studies contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Empowering to make own choices, shared decision making, not telling them what to do –</b><br/>The second most common issue discussed was the importance of including youth in decision making and in considering program</p>  | 1       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p>  | <p><b>Moderate concerns</b><br/>All studies were from</p>                   | Very Low   |

| Theme  | Studies | Methodological limitations                                      | Coherence  | Adequacy   | Relevance   | Confidence |
|--|---------|---|--|--|---|------------|
| <p>characteristics from their perspective. Focus-group participants discussed the importance of partnering with youth, providing them with real choices and supporting them in their decisions, and considering them as the primary source of information to ensure that the mentoring relationship works. From one participant's perspective, youth resistance to the case workers' attempts to steer them in the right direction may be connected to the authoritarian practice of child welfare professionals. Conversely, participants relayed the importance of empowering youth to lead the process in setting goals and making plans for their own lives.</p>   |         |   |  | Only one study contributed to this theme.                                    | outside of the UK   |            |
| <p><b>Adverse effects - Fear or risk of introducing further loss</b><br/>Focus-group participants also discussed the importance of considering the unique context of foster youth in the delivery of a natural mentoring program. For example, many foster youth have encountered previous loss and rejection, and participants were concerned that foster youth may experience further rejection in the natural mentoring relationship:</p>   | 1       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <b>No concerns</b>   | <p><b>Serious concerns</b><br/>Only one study contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Vetting - The theme addressing how to vet or gather background information on adults identified by youth as possible mentors was by far the most commonly addressed theme in exploring the identification of natural mentors for older foster youth.</b><br/>Discussion surrounded the likely problems with personal histories of identified adults; the need and importance of a screening process and how that may be different from the one used by child welfare agencies; the possibility of youth picking questionable adults; and the importance of making sure that the natural mentors chosen would have a positive influence on the youth. Participants reported that DHS policy prohibits the use of paid kinship caregivers with certain criminal histories, and this policy precludes some caring adults from being considered as placement resources for youth. However, participants also acknowledged that because the natural</p> | 1       | <p><b>No concerns</b><br/>All studies were low risk of bias</p> | <p><b>Minor concerns</b><br/>Some disagreement regarding whether a strict vetting system would be good in all cases.</p> | <p><b>Serious concerns</b><br/>Only one study contributed to this theme.</p> | <p><b>Moderate concerns</b><br/>All studies were from outside of the UK</p> | Very Low   |

| Theme   | Studies | Methodological limitations                              | Coherence          | Adequacy   | Relevance   | Confidence |
|---|---------|---|--------------------|--|---|------------|
| mentors would not be paid caregivers, such a rigid screening process may not be necessary. In fact, participants stated that a caring adult with a questionable history who has turned his life around may be just the natural mentor that a struggling youth needs, especially if that is who the youth has identified. Of particular importance was the need to consider adults within the context of their current as well as former lifestyles.   |         |   |                    |  |   |            |
| <b>Resource constraints and workload for implementation</b> One primary theme that arose across focus groups addressed the challenges to child welfare involvement due to existing time constraints faced by existing workloads: Two other child welfare professionals also expressed concern regarding the additional work associated with implementing a natural mentoring program.   | 1       | <b>No concerns</b><br>All studies were low risk of bias | <b>No concerns</b> | <b>Serious concerns</b><br>Only one study contributed to this theme. | <b>Moderate concerns</b><br>All studies were from outside of the UK | Very Low   |
| <b>Educating direct case workers, champions, specialist units and collaboration</b><br>Focus-group participants also discussed potential solutions that could increase the likelihood of successful implementation. One participant suggested educating direct case workers on the benefits of natural mentoring to champion the intervention among relevant parties. Likewise, another participant suggested subcontracting the implementation of a natural mentoring program to a private provider agency. In discussing the partnership with other entities in implementing a natural mentoring program, one participant noted that a collaborative effort would be essential. | 1       | <b>No concerns</b><br>All studies were low risk of bias | <b>No concerns</b> | <b>Serious concerns</b><br>Only one study contributed to this theme. | <b>Moderate concerns</b><br>All studies were from outside of the UK | Very Low   |
| <b>Natural mentoring facilitates tailored support</b><br>Mentors provided supports that were tailored to meet the youth's particular needs and developmental stage and that capitalized on the mentor's skillset. Will, who had previously been his mentee's social worker, stated that his main goal in the mentoring relationship was for his mentee, Tremayne "to get to a place that's stable." Will used his professional skills and connections to support Tremayne's needs. Will connected Tremayne with a fathers' support group  | 1       | <b>No concerns</b><br>All studies were low risk of bias | <b>No concerns</b> | <b>Serious concerns</b><br>Only one study contributed to this theme. | <b>Moderate concerns</b><br>All studies were from outside of the UK | Very Low   |

| Theme   | Studies | Methodological limitations   | Coherence          | Adequacy  | Relevance  | Confidence |
|---|---------|--|--------------------|---|--|------------|
| where he could learn skills to co-parent his young son. He helped Tremayne fill out an application for emergency funds available to youth who have aged out of foster care. In addition, he coached Tremayne on how to successfully work with his case manager to access other supports he may have needed. Another mentor, Callie, provided her mentee Laura, who was a senior in high school, advice about getting her first job and about her relationships with her parents and boyfriend. Callie, Will and the other mentors interviewed were aware of the issues and concerns that were important in their mentee's lives and used the skills, experiences and connections they had to provide appropriate, effective support.  |         |  |                    |   |  |            |
| <p><b>Natural mentoring resulted in better emotional outcomes</b></p> <p>In each mentoring relationship examined, the mentor was perceived by the mentor and youth to have positively impacted the youth during the course of the relationship in multiple ways, including the youth's psychological well-being, their relationships with others, and their beliefs and orientation toward the future. Interestingly, while all mentors could identify some ways in which they had positively impacted their mentee, the youth tended to identify a broader array of ways that their mentor had influenced them, suggesting that these relationships were more impactful to the youth than the mentors may have realized. More than three quarters of mentors (10/13) were perceived as contributing in some way to their mentee's psychological well-being. Many of the youth reported that spending time with their mentor helped them feel happier, less angry or calmer. They also spoke about how their mentors helped them feel more confident in their abilities and self-worth, which helped them feel optimistic about their future.</p> | 1       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p> <p>Only one study contributed to this theme.</p> | <p><b>Moderate concerns</b></p> <p>All studies were from outside of the UK</p> | Very Low   |
| <p><b>Natural mentoring improved the way mentees felt about the future, education and career planning</b></p> <p>The vast majority of mentoring relationships (11/13) were perceived by the mentor and/or youth to have influenced how the youth felt</p>   | 1       | <p><b>No concerns</b></p> <p>All studies were low risk of bias</p> | <b>No concerns</b> | <p><b>Serious concerns</b></p>  | <p><b>Moderate concerns</b></p> <p>All studies were from</p>                   | Very Low   |

| Theme  | Studies | Methodological limitations | Coherence | Adequacy                                  | Relevance         | Confidence |
|--|---------|----------------------------|-----------|---|-------------------|------------|
| about their future including their education and career planning, and their ability to plan and make decisions for the future, carefully considering the consequences of their behavior. Paramount for many mentors was helping the youth to pursue educational opportunities that would improve their future career options. For some youth who were still in high school, this meant encouraging them to do well, engage in extracurricular activities and begin to plan for post-secondary education. For youth who had graduated from high school, mentors offered encouragement to take college courses and helped with the paperwork. Often, youth reported that the mentor had impacted their education by making them feel confident and motivated to be successful. Many mentors were described as having influenced their mentees' planning for the future and development of skills needed to transition to independent living. E.g. Jessica's mentor helped her understand the importance of getting and keeping a job in order to support herself and have the kind of lifestyle she wants in the future. Jessica described how her mentor helped her think through the consequences of her behavior in the workplace and also how her mentor's investment and involvement in her life shifted as a result of becoming a formal mentor. |         |                            |           | Only one study contributed to this theme. | outside of the UK |            |

**Experience of young people leaving care, youth worker, social workers, foster carer, sheltered housing project worker regarding a volunteering project for care leavers**

| Theme  | Studies | Methodological limitations  | Coherence   | Adequacy                | Relevance          | Confidence |
|--|---------|---|---|-------------------------|--------------------|------------|
| <b>Relationship with project workers - gatekeeping and engagement could be barriers</b><br>Access to the project was significantly influenced by gatekeepers. The Project workers had to build trust with staff members in the | 1       | <b>Minor concerns</b><br>One study of moderate risk of bias contributed to this theme | <b>No concerns</b><br>Subthemes here generally had a high degree of | <b>Serious concerns</b> | <b>No concerns</b> | Very Low   |



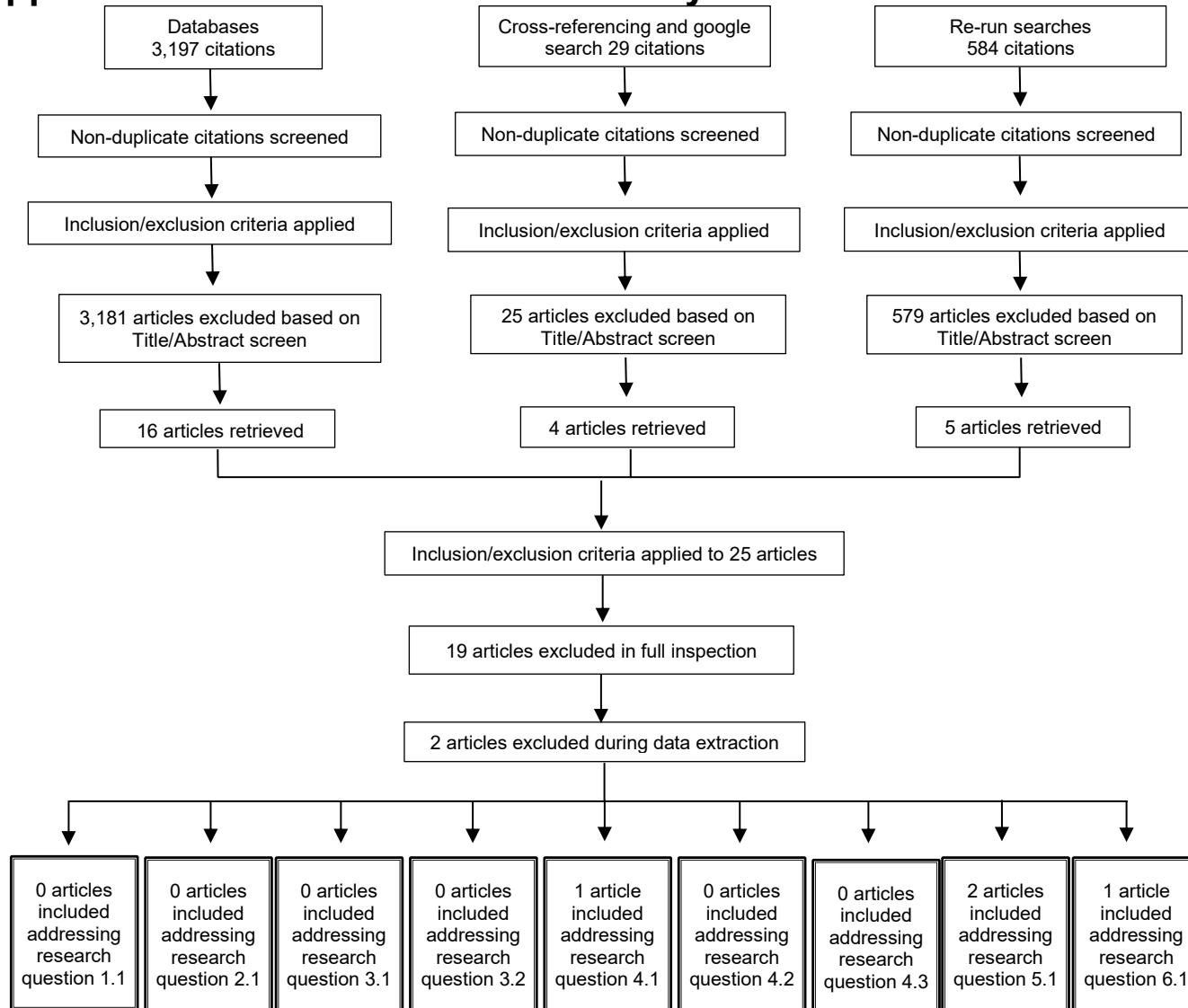
| Theme  | Studies | Methodological limitations  | Coherence  | Adequacy   | Relevance                 | Confidence |
|--|---------|---|--|--|---------------------------|------------|
| <p>relevant statutory services as well as with the young people. This appeared effective as in some cases The Project workers could embed themselves in statutory agencies. However, statutory staff members remained reluctant to advertise the project widely. Statutory staff are hence relying on their own individual judgement of young people in order to decide whether to refer them to The Project or not. However, referral alone was no guarantee that a young person would enrol in The Project as project staff found a need for an intense engagement process to build trust. This often started with individual meetings with each young person, during which staff members developed an understanding of the young person, the challenges they face and their level of confidence. The Project found they needed to move at the pace the young person was comfortable with and develop volunteering opportunities responsive to their needs and interests. Overall, this engagement process was characterised by persistence and patience. Project staff found that young people frequently missed meetings. Staff built this into their process by phoning young people prior to meetings to remind them. When a young person lacked confidence to join a Project group, staff worked individually with them until they were ready to engage. Establishing a face-to-face relationship appeared to become crucial.</p> |         |   | internal consistency   | Only 1 study contributed to this theme.                                    |                           |            |
| <p><b>Relationship with other participants</b><br/>Underpinned by the strong rapport with the project worker, the social capital that is formed within the group of young people is then comprised of peer-to-peer relationships and the norms of reciprocity that arise from them. Within The Project, the 'group style' was one that allowed young people to become actively engaged in shaping the activities. This contrasts with a more passive group style that is characterised by simply showing up and plugging into activities that are exclusively being organised and managed by someone else, also referred to as 'plug-in volunteering'. The data suggest that the</p>   | 1       | <p><b>Minor concerns</b><br/>One study of moderate risk of bias contributed to this theme</p> | <p><b>No concerns</b><br/>Subthemes here generally had a high degree of internal consistency</p> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme.</p> | <p><b>No concerns</b></p> | Very Low   |

| Theme   | Studies | Methodological limitations  | Coherence  | Adequacy   | Relevance                 | Confidence |
|---|---------|---|--|--|---------------------------|------------|
| <p>experience of doing things as a group helped young people to discover their strengths and overcome difficulties. Joint activity also led to the formation and enforcement of norms of behaviour, for example around trying not to swear. The social, youth and Project workers and one foster parent interviewed for this study, predominantly emphasise the bonding nature of The Project. Because it is exclusive to people in or leaving care it brings together people with similar experiences, so The Project appears to constitute bonding social capital. Being in a group that constitutes bonding social capital in this way, young people on The Project are able to exchange information relevant to the problems that being in the care system entails, for example on their entitlements while in foster care. Self-confidence and skills related to social capital are also referred to as one of the outcomes of being part of a group of similar people. The young people develop essential skills for making links outside of the group and connecting to others at a less superficial level. This is often framed in contrast to prior experiences, where they have felt excluded or bullied by other bonded friendship or interest-based groups.</p> |         |   |  |  |                           |            |
| <p><b>External relationships</b><br/>Participation in the project facilitates new external relationships and reinforces pre-existing external relationships. There is evidence that by looking beyond the group, young people may begin to redirect attention from their own problems to those faced by others. Giving young people opportunities to forge relationships with stakeholders and organisations external to the programme links them to information and resources that are not contained within their bonded group. The Project may also lead to strengthening existing relationships by working closely with other workers involved with the young people. Through volunteering on the project young people appear enabled to move from forging friendship-like ties towards working on their bridging ties and developing a wider sense of</p>   | 1       | <p><b>Minor concerns</b><br/>One study of moderate risk of bias contributed to this theme</p> | <p><b>No concerns</b><br/>Subthemes here generally had a high degree of internal consistency</p> | <p><b>Serious concerns</b><br/>Only 1 study contributed to this theme.</p> | <p><b>No concerns</b></p> | Very Low   |

---

| Theme  | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|----------------------------|-----------|----------|-----------|------------|
| reciprocity and connection with others in society. Statutory workers who are engaged with or involved in the project expand their bridging social capital, with implications for their professional development. |         |                            |           |          |           |            |

## Appendix G – Economic evidence study selection



## Appendix H – Economic evidence tables

### Evidence tables

#### ScHARR 2010

| Cost-effectiveness review 1: The cost-effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people. ScHARR Public Health Collaborating Centre  |  |   |  |  |
|---|--|---|--|--|
| Study   | Population & interventions   | Costs   | Outcomes   | Cost effectiveness   |
| <p><b>Economic analysis:</b> cost-effectiveness analysis</p> <p><b>Study design:</b> economic model</p> <p><b>Approach to analysis:</b> a cohort model was used to assess the effectiveness of TSS interventions on employment, crime, and mental health. The results were presented in terms of ICERs and were presented for the entire population and males and females separately.</p> <p><b>Perspective:</b> UK public sector</p> <p><b>Time horizon:</b> Lifetime</p> <p><b>Discounting:</b> 3.5% for costs and outcomes</p> | <p><b>Population:</b> LACYP and/or adults who were previously looked after as children and/or young people.</p> <p><b>Intervention:</b> Transition support services (TSS); TSS is not a specific intervention but a grouping of interventions that fall under “support services”. Interventions included in the efficacy studies included elements such as employment/job skills advice,</p> | <p><b>Total costs:</b></p> <p><u>TSS total costs (discounted)‡</u></p> <p>Georgiades: £101,104 (£60,176) [£122,084 (£72,663) 2020 GBP\$]</p> <p>Lemon: £130,573 (£79,696) [£157,668 (£96,233) 2020 GBP\$]</p> <p>Lindsey: £125,677 (£77,171) [£151,756 (£93,185) 2020 GBP\$]</p> <p>Scannapieco: £137,949 (£85,544) [£166,575 (£103,295) 2020 GBP\$]</p> <p>Austin: £140,729 (£87,748) [£169,932 (£105,957) 2020 GBP\$]</p> | <p><b>QALYs:</b></p> <p><u>TSS total QALYs (discounted)‡</u></p> <p>Georgiades: 119.15 (47.08)</p> <p>Lemon: 118.77 (46.82)</p> <p>Lindsey: 118.83 (46.86)</p> <p>Scannapieco: 118.67 (46.75)</p> <p>Austin: 118.63 (46.72)</p> <p><u>No-TSS total QALYs (discounted)‡</u></p> <p>Georgiades: 120.36 (46.82)</p> <p>Lemon: 121.41 (46.91)</p> <p>Lindsey: 121.13 (46.62)</p> | <p><b>Full incremental analysis:</b></p> <p>TSS dominated (i.e. was more effective and less costly) than usual care when effectiveness data was taken from all studies apart from Lemon.</p> <p><u>ICER‡ (discounted)‡</u></p> <p>Georgiades: £206,325 SW (-£101,292 SE) [£249,139 SW (-£466,150 SE), 2020 GBP \$]</p> <p>Lemon: £53,316 SW (£204,561 SW) [£64,380 SW (£247,009 SW), 2020 GBP \$]</p> <p>Lindsey: £76,812 SW (-£195,660 SE) [£92,751 SW (-£234,363 SE), 2020 GBP \$]</p> |

|  |  |  |  |   |
|--|--|--|--|---|
|  | <p>specific/individual planning and life skills training.</p> <p><b>Comparator:</b> Usual care/no intervention</p> | <p><u>No-TSS total costs (discounted)‡</u></p> <p>Georgiades: £350,915 (£160,547) [£423,733 (£193,862) 2020 GBP\$]</p> <p>Lemon: £271,360 (£97,472) [£327,670 (£117,698) 2020 GBP\$]</p> <p>Lindsey: £302,435 (£123,752) [£365,193 (£149,432) 2020 GBP\$]</p> <p>Scannapieco: £329,031 (£143,197) [£397,308 (£172,912) 2020 GBP\$]</p> <p>Austin: £315,853 (£132,748) [£381,396 (£160,295) 2020 GBP\$]</p> <p><b>Currency &amp; cost year:</b><br/>GBP, 2009</p> <p><b>Cost components incorporated:</b> TSS intervention, children's social care, costs to the criminal justice system, education, hospital services, NHS community services, mental health costs</p> | <p>Scannapieco: 120.65 (46.31)</p> <p>Austin: 120.82 (46.45)</p> | <p>Scannapieco: £96,503 SW (-£133,074 SE) [£116,528 SW (-£158,220 SE), 2020 GBP\$]</p> <p>Austin: £79,977 SW (-£167,786 SE) [£96,573 SW (-£201,252 SE), 2020 GBP \$]</p> <p><b>Analysis of uncertainty:</b><br/>Probabilistic sensitivity analyses were undertaken. TSS dominated no TSS (i.e. was less costly and more effective) when effectiveness data was from any study other than Lemon, in both males and females.</p> <p>The results generated are sensitive to the gender of the young people leaving care, employment status, and amount of crime committed.</p> |
|--|--|--|--|---|

#### Data sources

**Outcomes:** Five studies identified in the systematic review were used to inform effectiveness i.e. probability of employment in the model (Georgiades, Lemon, Lindsey, Scannapieco, Austin). Four of the studies had employment effects favouring the TSS intervention with the exception of Lemon, which

favoured no-TSS. Only the Lemon study reported employment outcomes that were statistically significant. The components of TSS included in each study varied, so TSS was used as a general intervention including all components described. All studies used in the model were conducted in a US setting.

The probability of anxiety/depression by employment status, age and gender was calculated using a logit model. The data was from the survey of psychiatric morbidity among adults in private households carried out in 2000 (Singleton N et al. 2001).

The probability of criminal offense is calculated using data reported by Georgiades (2005) from the Ministry of Justice.

The Health Survey for England (HSE) (National Centre for Social Research and University College London, Department of Epidemiology and Public Health 2008) was used to calculate the utilities of related adult outcomes. Multivariate regression analyses were undertaken in order to calculate the utility by age, gender, employment and mixed anxiety/depression. The main objective was to calculate utility loss associated with crime, unemployment and mental illness (depression).

Office of National Statistics data were accessed online to obtain the proportion of patients dying from all causes. However, in the case of prisoners and offenders on probation (those receiving post-custodial supervision) the mortality rates were estimated using the data reported by Sattar (2001).

**Costs:** The costs of the TSS interventions are based on the process model defined by Ward, Holmes, & Soper (2008) which determined 8 processes to be costed and determined mean costs to children's social care for LACYP. TSS interventions are related to process 8: transition to leaving care services. The costs of TSSs were calculated based on a study of costs and outcomes of young people leaving care conducted by (Dixon & Wade J 2004). Costs of TSS interventions were not varied by which TSS components were included in each effectiveness scenario.

The costs to the criminal justice system and to the victim were reported by Brand & Price (2000). The costs per prisoner per type of prison are taken from the ESRC Society Today (2009) overview of key information and statistics of organisational performance in the UK. McCrone et al. (2008) reported the costs of mental health in England in a report published by the King's Fund.

The estimates of income by age to be applied to adults in employment were obtained from (H M Revenue and Customs (2008)). The cost sources were up to date at the time of the study, however these may be considered outdated now.

### Comments

The report was commissioned by the Centre for Public Health Excellence on behalf of the National Institute for Health and Clinical Excellence. The views expressed in the report are those of the authors and not necessarily those of the Centre for Public Health Excellence or the National Institute for Health and Clinical Excellence.

**Overall applicability:** Directly applicable

-

**Overall quality:** Minor limitations

The model did not capture all outcomes (e.g. education and housing). Different sources of effectiveness data were used; however, the results were not consistent between the Lemon study and the other studies. Interventions from all studies have been grouped as "TSS" and there was no clear definition of what TSS should include.

† SW = south west quadrant i.e. the new intervention is less costly and less effective, and is deemed cost-effective if the ICER is greater than the threshold of £20,000 in this quadrant; SE = south east quadrant i.e. the new intervention is less costly and more effective and so is dominant.

‡ discounted values are presented in brackets.

§ Converted from 2009 GBP to 2020 GBP accounting for inflation, conversion ratio 1.208, EPPI Centre cost converter accessed on the 07/09/2020

## Study quality checklists

### ScHARR 2010

| <b>Study identification</b>  |                                 |   |
|--|---------------------------------|---|
| Cost-effectiveness review 1: The cost-effectiveness of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people. ScHARR Public Health Collaborating Centre |                                 |   |
| <b>Guidance topic:</b> LACYP guideline update  |                                 | <b>Question no:</b> 6.1   |
| <b>Checklist completed by:</b> Hannah Lomax  |                                 |   |
| <b>Section 1: Applicability</b> (relevance to specific review questions and the NICE reference case as described in section 7.5)<br>This checklist should be used first to filter out irrelevant studies.      | <b>Yes/partly/no/unclear/NA</b> | <b>Comments</b>   |
| 1.1 Is the study population appropriate for the review question?   | Yes                             | The population comprised LACYP and/or adults who were previously looked after as children and/or young people.                          |
| 1.2 Are the interventions appropriate for the review question?   | Yes                             | Transition support services (multiple studies considered) with different components   |
| 1.3 Is the system in which the study was conducted sufficiently similar to the current UK context?   | Yes                             | UK system   |
| 1.4 Are the perspectives for costs clearly stated and are they appropriate for the review question?  | Yes                             | The primary perspective is the public sector, including criminal justice services, education, housing, NHS and personal social services |
| 1.5 Are all direct effects on individuals included, and are all other effects included where they are material?  | Yes                             |   |



|   |                                 |   |
|---|---------------------------------|---|
| 1.6 Are all future costs and outcomes discounted appropriately?   | Yes                             | Costs and benefits discounted by 3.5%   |
| 1.7 Are QALYs, derived using NICE's preferred methods, or an appropriate social care-related equivalent used as an outcome? If not, describe rationale and outcomes used in line with analytical perspectives taken (item 1.4 above). | Yes                             | The EQ-5D was used.   |
| 1.8 If applicable, are costs and outcomes from other sectors fully and appropriately measured and valued?   | Yes                             | Costs were included relating to the criminal justice system   |
| <b>1.9 Overall judgement: Directly applicable</b>   |                                 |   |
| <b>Other comments: None</b>   |                                 |   |
| <b>Section 2: Study limitations</b> (the level of methodological quality)<br>This checklist should be used once it has been decided that the study is sufficiently applicable to the context of the guideline                         | <b>Yes/partly/no/unclear/NA</b> | <b>Comments</b>   |
| 2.1 Does the model structure adequately reflect the nature of the topic under evaluation?   | Yes                             |   |
| 2.2 Is the time horizon sufficiently long to reflect all important differences in costs and outcomes?   | Yes                             | Lifetime time horizon   |
| 2.3 Are all important and relevant outcomes included?   | No                              | Employment, crime and mental health outcomes were considered, but additional outcomes such as education and housing were not included in the model. |
| 2.4 Are the estimates of baseline outcomes from the best available source?  | Yes                             | Baseline outcomes were taken from each effectiveness study, as identified in the SLR.   |

|  |     |  |
|--|-----|--|
| 2.5 Are the estimates of relative intervention effects from the best available source?   | Yes | Multiple studies were identified in an SLR, and rather than using a meta-analysis, scenarios were conducted for each set of effectiveness data.      |
| 2.6 Are all important and relevant costs included?   | Yes |  |
| 2.7 Are the estimates of resource use from the best available source?  | Yes | It was unclear whether the Ward paper was identified in a systematic review, but resource use estimates appeared to be well justified                |
| 2.8 Are the unit costs of resources from the best available source?  | Yes |  |
| 2.9 Is an appropriate incremental analysis presented or can it be calculated from the data?  | Yes | Incremental results are presented for each of the effectiveness publications used  |
| 2.10 Are all important parameters whose values are uncertain subjected to appropriate sensitivity analysis?  | Yes | Probabilistic sensitivity analysis was conducted using Monte Carlo sampling techniques, and the assigned parameter distributions appear appropriate. |
| 2.11 Is there no potential conflict of interest?   | Yes | No conflicts stated  |
| 2.12 <b>Overall assessment: Minor limitations</b>  |     |  |
| <b>Other comments:</b> The model did not capture all outcomes (e.g. education and housing). Different sources of effectiveness data were used; however, the results were not consistent between the Lemon study and the other studies. Interventions from all studies have been grouped as "TSS" and there was no clear definition of what TSS should include. |     |  |

## **Appendix I – Health economic model**

No economic modelling was undertaken for this review question.

## **Appendix J – Excluded studies**

### **Effectiveness studies**

| Study   | Reason for exclusion                      |
|---|---|
| (2004) Inter-authority arrangements: a national protocol for care leavers. <i>Childright</i> 211: 3-4   | Not a peer-reviewed publication           |
| Bach, Carmen, Downs, A. Chris, Friend, Robert et al. (2001) Preparation of Youth for Employment (PYE): Description and evaluation of a competency-based approach to economic independence. <i>Preparing youth for long-term success: Proceedings from the Casey Family Program National Independent Living Forum.</i> : 61-72 | Unable to attain full text                |
| Barnow, Burt S, Buck, Amy, O'Brien, Kirk et al. (2015) Effective services for improving education and employment outcomes for children and alumni of foster care service: Correlates and educational and employment outcomes. <i>Child &amp; Family Social Work</i> 20(2): 159-170  | non-UK non-RCT                            |
| BATISTA Tara; JOHNSON Allen; FRIEDMANN Lindsay Baach (2018) The effects of youth empowerment programs on the psychological empowerment of young people aging out of foster care. <i>Journal of the Society for Social Work and Research</i> 9(4): 531-549   | non-UK non-RCT                            |
| BERGSTROM, Martin and et, al (2020) Interventions in foster family care: a systematic review. <i>Research on Social Work Practice</i> 30(1): 3-18   | - systematic review checked for citations |
| Braciszewski, Jordan M, Stout, Robert L, Tzilos, Golfo K et al. (2016) Testing a dynamic automated substance use intervention model for youths exiting foster care. <i>Journal of Child &amp; Adolescent Substance Abuse</i> 25(3): 181-187   | Intervention description only             |
| Braciszewski, Jordan M, Tzilos Wernette, Golfo K, Moore, Roland S et al. (2018) Developing a tailored substance use intervention for youth exiting foster care. <i>Child abuse &amp; neglect</i> 77: 211-221  | Non-UK qualitative study                  |
| Brown, Adam, Courtney, Mark E, McMillen, J. Curtis et al. (2015) Behavioral health needs and service use among those who've aged-out of foster care. <i>Children and Youth Services Review</i> 58: 163-169  | Not an investigation of an intervention   |

|   |   |
|---|---|
| Brown, Stephanie and Wilderson, Dina (2010) Homelessness prevention for former foster youth: Utilization of transitional housing programs. <i>Children and Youth Services Review</i> 32(10): 1464-1472  | non-UK non-RCT                                      |
| CARNEGIE Glenda (2001) Preparing youth for independence: a Nelson response. <i>Social Work Now: the Practice Journal of Child, Youth and Family youthandfamily</i> : 28-32  | Intervention description/practice report            |
| Choca, Miryam J, Minoff, Jedediah, Angene, Lyn et al. (2004) Can't do it alone: housing collaborations to improve foster youth outcomes. <i>Child welfare</i> 83(5): 469-92   | review article but not a systematic review          |
| Choca, Miryam, Pesce, Michael, Austin, Jane I et al. (2001) Raising competent young adults: Self-sufficiency work with youth and families. <i>Preparing youth for long-term success: Proceedings from the Casey Family Program National Independent Living Forum.</i> : 73-81 | Data not reported in an extractable format          |
| Clark, Hewitt B and Crosland, Kimberly A (2009) Social and life skills development: Preparing and facilitating youth for transition into young adults. <i>Achieving permanence for older children and youth in foster care.</i> : 313-336                                     | review article but not a systematic review          |
| COLLINS Mary Elizabeth (2001) Transition to adulthood for vulnerable youths: a review of research and implications. <i>Social Service Review</i> 78(2): 271-291   | review article but not a systematic review          |
| Collins, M E; Stevens, J W; Lane, T S (2000) Teenage parents and welfare reform: findings from a survey of teenagers affected by living requirements. <i>Social work</i> 45(4): 327-38  | Study design does not meet inclusion criteria       |
| Collins, Mary Elizabeth, Hill, Natalie, Miranda, Celina et al. (2008) Establishing positive youth development approaches in group home settings: Training implementation and evaluation. <i>Child &amp; Adolescent Social Work Journal</i> 25(1): 43-54                       | Outcome(s) not of relevance to this review          |
| Daly, Fiona (2012) What do young people need when they leave care? Views of care-leavers and aftercare workers in North Dublin. <i>Child Care in Practice</i> 18(4): 309-324  | Non-UK study<br>Non-comparative, observational data |

|  |  |
|--|--|
| Donkoh, C; Underhill, K; Montgomery, P (2006) Independent living programmes for improving outcomes for young people leaving the care system. The Cochrane database of systematic reviews: cd005558   | Systematic review used as a source of primary studies              |
| DRISCOLL Jennifer (2011) Making up lost ground: challenges in supporting the educational attainment of looked after children beyond Key Stage 4. Adoption and Fostering 35(2): 18-31   | Included for other review question(s)                              |
| Dworsky, Amy; Ahrens, Kym; Courtney, Mark (2013) Health insurance coverage and use of family planning services among current and former foster youth: implications of the health care reform law. Journal of health politics, policy and law 38(2): 421-39                       | Eligibility for health insurance – not an intervention of interest |
| Dworsky, Amy and Courtney, Mark E (2010) The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. Children and Youth Services Review 32(10): 1351-1356   | non-UK non-RCT   |
| EDWARDS Robyn (2010) Young people with disability. Social Policy Research Centre Newsletter 105: 10  | Not a peer-reviewed publication                                    |
| Everson-Hock, E S, Jones, R, Guillaume, L et al. (2011) Supporting the transition of looked-after young people to independent living: a systematic review of interventions and adult outcomes. Child: care, health and development 37(6): 767-79                                 | Systematic review used as a source of primary studies              |
| Geiger, Jennifer M and Beltran, Susanny J (2017) Readiness, access, preparation, and support for foster care alumni in higher education: A review of the literature. Journal of Public Child Welfare 11(45): 487-515   | Systematic review used as a source of primary studies              |
| Geiger, Jennifer M, Cheung, Justine R, Hanrahan, Jeanne E et al. (2017) Increasing competency, self-confidence, and connectedness among foster care alumni entering a 4-year university: Findings from an early-start program. Journal of Social Service Research 43(5): 566-579 | Study design does not meet inclusion criteria                      |
| Geiger, Jennifer M, Piel, Megan Hayes, Day, Angeliue et al. (2018) A descriptive analysis of programs serving foster care alumni in higher education: Challenges and opportunities. Children and Youth Services Review 85: 287-294   | non-UK non-RCT   |

|   |   |
|---|---|
| GEOGIADES Savvas (2005) A multi-outcome evaluation of an independent living program. <i>Child and Adolescent Social Work Journal</i> 22(56): 417-439  | non-UK non-RCT  |
| Goyette, Martin (2007) Promoting autonomous functioning among youth in care: a program evaluation. <i>New directions for youth development</i> : 89-12  | non-UK non-RCT  |
| Green, Rex S and Ellis, Peter T (2007) Linking structure, process, and outcome to improve group home services for foster youth in California. <i>Evaluation and program planning</i> 30(3): 307-17  | Outcome(s) not of relevance to this review  |
| Greeson, Johanna K. P, Garcia, Antonio R, Kim, Minseop et al. (2015) Development & maintenance of social support among aged out foster youth who received independent living services: Results from the Multi-Site Evaluation of Foster Youth Programs. <i>Children and Youth Services Review</i> 53: 1-9 | associated with another included intervention and does not supply and additional data |
| Greeson, Johanna K. P and Thompson, Allison E (2017) Development, feasibility, and piloting of a novel natural mentoring intervention for older youth in foster care. <i>Journal of Social Service Research</i> 43(2): 205-222  | associated with another included intervention and does not supply and additional data |
| HAYMAN Carolyn (2001) Open door to opportunity. <i>Community Care</i> 22201: 25   | Not a peer-reviewed publication   |
| Haggman-Laitila, A.; Salohekkila, P.; Karki, S. (2020) Integrative review of the evaluation of additional support programs for care leavers making the transition to adulthood. <i>Journal of pediatric nursing</i> 54: 63-77   | Systematic review<br>checked for citations  |
| Hedin, Lena (2017) Support and challenges in the process of leaving care: A Swedish qualitative follow-up study of foster youths' lived experiences. <i>Qualitative Social Work: Research and Practice</i> 16(4): 500-514   | Non-UK qualitative study  |
| Heerde, Jessica A; Hemphill, Sheryl A; Scholes-Balog, Kirsty E (2018) The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis. <i>Health &amp; social care in the community</i> 26(1): e15-e30  | Systematic review used as a source of primary studies                                 |



|   |   |
|---|---|
| Hill, Katharine; Lightfoot, Elizabeth; Kimball, Ericka (2010) Foster care transition services for youth with disabilities: findings from a survey of county service providers. <i>Child welfare</i> 89(6): 63-81  | Outcome(s) not of relevance to this review                    |
| Hill, Katharine and Peyton, Larissa (2017) Reaching successful futures: Experiences of participants in the Education and Training Vouchers program. <i>Children &amp; Schools</i> 39(2): 89-97  | Not relevant for this review question                         |
| Hoge, Jann and Idalski, April (2001) How Boysville of Michigan specifies and evaluates its Supervised Independent Living Program. Preparing youth for long-term success: Proceedings from the Casey Family Program National Independent Living Forum.: 83-93  | Unable to attain full text                                    |
| Hogan, Sean R. (2020) Foster Youth, Health, and College Campus Support Program Participation: The First-Year Experience. <i>Journal of Student Affairs Research and Practice</i> 57(1): 1-14  | - non-UK non-randomised study                                 |
| Hollingworth, Katie E (2012) Participation in social, leisure and informal learning activities among care leavers in England: Positive outcomes for educational participation. <i>Child &amp; Family Social Work</i> 17(4): 438-447                           | No outcomes of interest to this review question – qualitative |
| ISRCTN80786829 (2016) Supporting looked after children and care leavers in decreasing drugs and alcohol. <a href="http://www.who.int/trialssearch/trial2.aspx?Trialid=isrctn80786829">Http://www.who.int/trialssearch/trial2.aspx? Trialid=isrctn80786829</a> | Trial registration only                                       |
| Jackson, Sonia and Cameron, Claire (2012) Leaving care: Looking ahead and aiming higher. <i>Children and Youth Services Review</i> 34(6): 1107-1114   | No outcomes of interest to this review question               |
| Jay Miller, J, Benner, Kalea, Kheibari, Athena et al. (2017) Conceptualizing on-campus support programs for collegiate foster youth and alumni: A plan for action. <i>Children and Youth Services Review</i> 83: 57-67  | Qualitative review relevant to a a different review question  |
| Jones, Loring (2011) The first three years after foster care: A longitudinal look at the adaptation of 16 youth to emerging adulthood. <i>Children and Youth Services Review</i> 33(10): 1919-1929  | Non-UK qualitative study                                      |

|  |  |
|--|--|
| Jones, Loring (2011) The impact of transitional housing on the post-discharge functioning of former foster youth. Residential Treatment for Children & Youth 28(1): 17-38  | non-UK non-RCT   |
| Johnson, Royel M (2019) The state of research on undergraduate youth formerly in foster care: A systematic review of the literature. Journal of Diversity in Higher Education: no-specified  | - Systematic review  |
| Kang-Yi, Christina D and Adams, Danielle R (2017) Youth with Behavioral Health Disorders Aging Out of Foster Care: a Systematic Review and Implications for Policy, Research, and Practice. The journal of behavioral health services & research 44(1): 25-51  | Systematic review used as a source of primary studies      |
| Kelly, Peggy (2020) Risk and protective factors contributing to homelessness among foster care youth: An analysis of the National Youth in Transition Database. Children and Youth Services Review 108   | - Non-UK qualitative and observational study               |
| Kerman, Benjamin, Wildfire, Judith, Barth, Richard P et al. (2002) Outcomes for young adults who experienced foster care. Children and Youth Services Review 24(5): 319-344  | non-UK non-RCT   |
| Kim, Youngmi, Ju, Eunsu, Rosenberg, Rachel et al. (2019) Estimating the effects of independent living services on educational attainment and employment of foster care youth. Children and Youth Services Review 96: 294-301   | non-UK non-RCT   |
| Kinarsky, Alana R (2017) Fostering success: Understanding the experience of foster youth undergraduates. Children and Youth Services Review 81: 220-228  | Study design does not meet inclusion criteria              |
| Kingsley, D, Ringle, J. L, Thompson, R. W et al. (2008) Cox proportional hazards regression analysis as a modeling technique for informing program improvement: Predicting recidivism in a Boys Town five-year follow-up study. The Journal of Behavior Analysis of Offender and Victim Treatment and Prevention 1(1): 82-97 | Study design does not meet inclusion criteria              |
| Kirk, Rosalind and Day, Angeliq (2011) Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. Children and Youth Services Review 33(7): 1173-1180   | Qualitative review relevant to a different review question |

|   |   |
|---|---|
| KRONER Mark J. and MARES Alvin S. (2009) Lighthouse independent living program: characteristics of youth served and their outcomes at discharge. <i>Children and Youth Services Review</i> 31(5): 563-571                               | non-UK non-RCT                                |
| Kroner, Mark J and Mares, Alvin S (2011) Living arrangements and level of care among clients discharged from a scattered-site housing-based independent living program. <i>Children and Youth Services Review</i> 33(2): 405-415        | Outcome(s) not of relevance to this review    |
| Lawler, Michael J, Sayfan, Liat, Goodman, Gail S et al. (2014) Comprehensive residential education: A promising model for emerging adults in foster care. <i>Children and Youth Services Review</i> 38: 10-19                           | Study design does not meet inclusion criteria |
| LEE Joann S.; COURTNEY Mark E.; HOOK Jennifer L. (2012) Formal bonds during the transition to adulthood: extended foster care support and criminal/legal involvement. <i>Journal of Public Child Welfare</i> 6(3): 255-279              | non-UK non-RCT                                |
| Lee, JoAnn S, Courtney, Mark E, Tajima, Emiko et al. (2014) Extended foster care support during the transition to adulthood: Effect on the risk of arrest. <i>Children and Youth Services Review</i> 42: 34-42                          | non-UK non-RCT                                |
| Lemon, Kathy, Hines, Alice M, Merdinger, Joan et al. (2005) From foster care to young adulthood: The role of independent living programs in supporting successful transitions. <i>Children and Youth Services Review</i> 27(3): 251-270 | non-UK non-RCT                                |
| Lemus, Daisy, Farruggia, Susan P, Geromo, Gary et al. (2017) The plans, goals, and concerns of pre-emancipated youth in foster care. <i>Children and Youth Services Review</i> 78: 48-55  | Non-UK qualitative study                      |
| Lenz-Rashid, Sonja (2018) A transitional housing program for older foster youth: How do youth fare after exiting?. <i>Children and Youth Services Review</i> 88: 361-365  | Study design does not meet inclusion criteria |
| Lenz-Rashid, Sonja (2018) An urban university campus support program for students from foster care: Services and outcomes. <i>Children and Youth Services Review</i> 94: 180-185  | Study design does not meet inclusion criteria |

|   |  |
|---|--|
| Lim, Sungwoo; Singh, Tejinder P; Gwynn, R Charon (2017) Impact of a Supportive Housing Program on Housing Stability and Sexually Transmitted Infections Among Young Adults in New York City Who Were Aging Out of Foster Care. <i>American journal of epidemiology</i> 186(3): 297-304                        | non-UK non-RCT   |
| LOWE Steve (2004) Making participation real. <i>Professional Social Work</i> : 8-9  | Not a peer-reviewed publication                              |
| Mares, Alvin S and Kroner, Mark J (2011) Lighthouse Independent Living Program: Predictors of client outcomes at discharge. <i>Children and Youth Services Review</i> 33(9): 1749-1758  | non-UK non-RCT   |
| Marion, Elodie, Paulsen, Veronika, Goyette, Martin et al. (2017) Relationships matter: Understanding the role and impact of social networks at the edge of transition to adulthood from care. <i>Child &amp; Adolescent Social Work Journal</i> 34(6): 573-582  | Study design does not meet inclusion criteria                |
| McMillen J.C., Narendorf S.C., Robinson D. et al. (2015) Development and piloting of a treatment foster care program for older youth with psychiatric problems. <i>Child and Adolescent Psychiatry and Mental Health</i> 9(1): 23   | Qualitative review relevant to a a different review question |
| Mech, Edmund V (2000) What works in aftercare. <i>What works in child welfare.</i> : 205-214  | review article but not a systematic review                   |
| Mezey, Gillian, Meyer, Deborah, Robinson, Fiona et al. (2015) Developing and piloting a peer mentoring intervention to reduce teenage pregnancy in looked-after children and care leavers: an exploratory randomised controlled trial. <i>Health technology assessment (Winchester, England)</i> 19(85): 1-vi | Included for other review question(s)                        |
| Miller, J. Jay, Chih, Ming-Yuan, Washington, Earl et al. (2016) Conceptualizing a mobile app for foster youth transitioning to adulthood: A mixed-method approach. <i>Journal of Technology in Human Services</i> 34(2): 145-170  | Outcome(s) not of relevance to this review                   |
| Mitchell, Monique B, Jones, Toni, Renema, Sarah et al. (2015) Will I make it on my own? Voices and visions of 17-year-old youth in transition. <i>Child &amp; Adolescent Social Work Journal</i> 32(3): 291-300   | Outcome(s) not of relevance to this review                   |

|   |   |
|---|---|
| Montgomery, Paul, Donkoh, Charles, Underhill, Kristen et al. (2006) Independent living programs for young people leaving the care system: The state of the evidence. <i>Children and Youth Services Review</i> 28(12): 1435-1448            | Systematic review used as a source of primary studies |
| Naccarato, Toni and DeLorenzo, Emily (2008) Transitional youth services: Practice implications from a systematic review. <i>Child &amp; Adolescent Social Work Journal</i> 25(4): 287-308   | Systematic review used as a source of primary studies |
| NCT02113085 (2012) My Life: evaluation of Self-determination Enhancement for Adolescents in Foster Care. <a href="https://clinicaltrials.gov/show/nct02113085">https://clinicaltrials.gov/show/nct02113085</a>                              | Trial registration only                               |
| Nesmith, Ande (2017) Coping with change: Using the Bridge's Transitions Framework with foster youth. <i>Children and Youth Services Review</i> 78: 41-47  | non-UK non-RCT  |
| Nollan, Kimberly A (2000) What works in independent living preparation for youth in out-of-home care. What works in child welfare.: 195-204   | Review article but not a systematic review            |
| No authorship, indicated (2020) "The state of research on undergraduate youth formerly in foster care: A systematic review of the literature": Correction to Johnson (2019). <i>Journal of Diversity in Higher Education</i> : no-specified | - Systematic review                                   |
| Osterling, Kathy Lemon and Hines, Alice M (2006) Mentoring adolescent foster youth: Promoting resilience during developmental transitions. <i>Child &amp; Family Social Work</i> 11(3): 242-253   | Non-UK qualitative study                              |
| PACIFICI Caesar and et al (2005) Vstreet.com: a web-based community for at-risk teens. <i>Child Welfare Journal</i> 84(1): 25-46  | non-UK non-RCT  |
| Packard, Thomas, Delgado, Melanie, Fellmeth, Robert et al. (2008) A cost-benefit analysis of transitional services for emancipating foster youth. <i>Children and Youth Services Review</i> 30(11): 1267-1278                               | Study design does not meet inclusion criteria         |

|  |  |
|--|--|
| Pecora, Peter J, Kessler, Ronald C, O'Brien, Kirk et al. (2006) Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. <i>Children and Youth Services Review</i> 28(12): 1459-1481 | Study design does not meet inclusion criteria            |
| Pecora, Peter J, Williams, Jason, Kessler, Ronald C et al. (2006) Assessing the educational achievements of adults who were formerly placed in family foster care. <i>Child &amp; Family Social Work</i> 11(3): 220-231  | non-UK non-RCT   |
| Pierce, Stephanie Casey, Grady, Bryan, Holtzen, Holly et al. (2018) Daybreak in Dayton: Assessing characteristics and outcomes of previously homeless youth living in transitional housing. <i>Children and Youth Services Review</i> 88: 249-256              | Does not contain a population of interest to this review |
| Prince D.M., Vidal S., Okpych N. et al. (2019) Effects of individual risk and state housing factors on adverse outcomes in a national sample of youth transitioning out of foster care. <i>Journal of Adolescence</i> 74: 33-44                                | non-UK non-RCT   |
| Randolph, Karen A and Thompson, Heather (2017) A systematic review of interventions to improve post-secondary educational outcomes among foster care alumni. <i>Children and Youth Services Review</i> 79: 602-611   | Systematic review used as a source of primary studies    |
| Rashid, Sonja (2004) Evaluating a Transitional Living Program for Homeless, Former Foster Care Youth. <i>Research on Social Work Practice</i> 14(4): 240-248   | non-UK non-RCT   |
| Ringle, Jay L, Ingram, Stephanie, Newman, Veronica et al. (2008) Preparing youth for the transition into adulthood: A process description. <i>Residential Treatment for Children &amp; Youth</i> 24(3): 231-242  | non-UK non-RCT   |
| Scannapieco, Maria, Smith, Marcella, Blakeney-Strong, Amy et al. (2016) Transition from foster care to independent living: Ecological predictors associated with outcomes. <i>Child &amp; Adolescent Social Work Journal</i> 33(4): 293-302                    | non-UK non-RCT   |
| Sensiper, Sylvia and Barragan, Carlos Andres (2017) The Guardian Professions Program: Developing an advanced degree mentoring program for California's foster care alumni. <i>Children and Youth Services Review</i> 82: 329-336                               | non-UK non-RCT   |

|  |  |
|--|--|
| Senteio, Charles, Marshall, Khiya J, Ritzen, Evy Kay et al. (2009) Preventing homelessness: an examination of the transition resource action center. <i>Journal of prevention &amp; intervention in the community</i> 37(2): 100-11                                  | non-UK non-RCT   |
| Siaperas, Panagiotis and Beadle-Brown, Julie (2006) A case study of the use of a structured teaching approach in adults with autism in a residential home in Greece. <i>Autism : the international journal of research and practice</i> 10(4): 330-43                | Does not contain a population of interest to this review |
| Sinkkonen, Hanna-Maija and Kytala, Minna (2015) Supportive housing in foster care: The views of young people. <i>Child Care in Practice</i> 21(4): 408-424   | Non-UK qualitative study                                 |
| Stewart, C. Joy, Kum, Hye-Chung, Barth, Richard P et al. (2014) Former foster youth: Employment outcomes up to age 30. <i>Children and Youth Services Review</i> 36: 220-229   | non-UK non-RCT   |
| Sulimani-Aidan, Yafit (2014) Care leavers' challenges in transition to independent living. <i>Children and Youth Services Review</i> 46: 38-46   | Non-UK qualitative study                                 |
| Taylor (Bunny), Rebecca J, Shade, Kate, Lowry, Sarah J et al. (2020) Evaluation of reproductive health education in transition-age youth. <i>Children and Youth Services Review</i> 108  | non-UK before and after study                            |
| Thompson, Heather M, Wojciak, Armeda Stevenson, Cooley, Morgan E et al. (2018) The experience with independent living services for youth in care and those formerly in care. <i>Children and Youth Services Review</i> 84: 17-25                                     | Study design does not meet inclusion criteria            |
| Trout, Alexandra L, Lambert, Matthew C, Epstein, Michael H et al. (2013) Comparison of On the Way Home aftercare supports to traditional care following discharge from a residential setting: a pilot randomized controlled trial. <i>Child welfare</i> 92(3): 27-45 | No outcomes of interest to this review question          |
| Unrau, Yvonne A, Dawson, Ann, Hamilton, Ronicka D et al. (2017) Perceived value of a campus-based college support program by students who aged out of foster care. <i>Children and Youth Services Review</i> 78: 64-73   | Study design does not meet inclusion criteria            |

|   |   |
|---|---|
| Uzoobo, Veronica, Kioko, Maria, Jones, Robert et al. (2008) Deconstructing youth transition to adulthood services: Lessons learned from the VISIONS program. <i>Vulnerable Children and Youth Studies</i> 3(1): 37-41                           | Data not reported in an extractable format    |
| Valentine, Erin Jacobs; Skemer, Melanie; Courtney, Mark E (2018) Making their way: summary report on the Youth Villages Transitional Living Evaluation.: 19   | Duplicate study                               |
| Van Leeuwen, Jamie (2004) Reaching the hard to reach: innovative housing for homeless youth through strategic partnerships. <i>Child welfare</i> 83(5): 453-68  | Outcome(s) not of relevance to this review    |
| Van Ryzin, Mark J, Mills, Donna, Kelban, Steven et al. (2011) Using the bridges transition framework for youth in foster care: Measurement development and preliminary outcomes. <i>Children and Youth Services Review</i> 33(11): 2267-2272    | Study design does not meet inclusion criteria |
| Watt, Toni Terling, Norton, Christine Lynn, Jones, Courtney et al. (2013) Designing a campus support program for foster care alumni: Preliminary evidence for a strengths framework. <i>Children and Youth Services Review</i> 35(9): 1408-1417 | non-UK non-RCT                                |

### Cost-effectiveness studies

| Study   | Reason for exclusion   |
|---|--|
| Bennett, C.E.; Wood, J.N.; Scribano, P.V. (2020) Health Care Utilization for Children in Foster Care. <i>Academic Pediatrics</i> 20(3): 341-347 | - Exclude - compared LAC with non-LAC<br>- Exclude - non-relevant outcomes |
| DIXON, Jo (2011) How the care system could be improved. <i>Community Care</i> 17211: 16-17  | - Exclude - not an economic evaluation                                     |



| Study   | Reason for exclusion   |
|---|--|
| <p>Huefner, Jonathan C, Ringle, Jay L, Thompson, Ronald W et al. (2018) Economic evaluation of residential length of stay and long-term outcomes. Residential Treatment for Children &amp; Youth 35(3): 192-208</p>   | <p>- Exclude - costs not applicable to the UK perspective</p>  |
| <p>LOFHOLM Cecilia, Andree; OLSSON Tina, M.; SUNDELL, Knut (2020) Effectiveness and costs of a therapeutic residential care program for adolescents with a serious behavior problem (MultifunC). Short-term results of a non-randomized controlled trial. Residential Treatment for Children and Youth 37(3): 226-243</p> | <p>- Exclude - population not specific to LACYP</p>  |
| <p>Lovett, Nicholas and Xue, Yuhan (2020) Family First or the Kindness of Strangers? Foster Care Placements and Adult Outcomes. Labour Economics 65(0)</p>  | <p>- Exclude - not an economic evaluation</p>  |
| <p>Packard, T.; Delgado, M.; Fellmeth, R.; McCready, K. (2008) A cost-benefit analysis of transitional services for emancipating foster youth. Children and Youth Services Review 30(11): 1267-1278</p>   | <p>- Exclude - Costing analysis<br/>- Exclude - The relative treatment effect for the intervention is assumed to be than of young people in the general population</p> |
| <p>Peters, C.; Dworsky, A.; Courtney, M.E.; Pollack, H. (2009) Extending foster care to age 21: Weighing the costs to government against the benefits to youth.</p>   | <p>- Exclude - Costing analysis<br/>- Exclude - The relative treatment effect for the intervention is assumed to be than of young people in the general population</p> |

## Appendix K – Research recommendations – full details

### Research recommendation

What is the effectiveness of interventions to promote and continue to support physical and mental health in care leavers?

### Why this is important

In a July 2016 policy document, Keep on Caring, the Department for Education (DfE) noted that outcomes for care leavers were much worse than for their non-care experienced peers. Care leavers as a group have poor outcomes on key measures such as housing, health, employment, and continuing in education and training post-16. Moreover, the quality and type of leaving care services provided by local authorities to support care leavers transitioning into independence is variable. Care leavers are also likely to have greater physical and mental health needs than their peers. It is currently unclear what specific interventions are effective in improving mental and physical health outcomes for care leavers.

### Rationale for research recommendation

|  |  |
|--|--|
| Importance to 'patients' or the population | Care leavers are known to have poorer mental and physical health outcomes compared to those who are not looked after. Particularly, care leavers struggle with isolation and feeling the sudden drop out of the care system. Some care leavers may also struggle with maintaining their physical health after leaving care – for example – registering and attending GP appointments and dental appointments, diet and exercise. |
| Relevance to NICE guidance                 | Interventions to improve physical, mental, and emotional health and wellbeing have been considered in this guideline. However, few studies reviewed focussed on interventions to promote physical or mental health, specifically, in care leavers.   |

|  |  |
|--|--|
| Relevance to the NHS, public health, social care and voluntary sectors | Interventions that pre-emptively promote physical mental and emotional health and wellbeing in care leavers is likely to help care leavers transition successfully into adulthood. Long-term, this may also reduce the use of adult health and mental health services, particularly if problems such as obesity, long-term depression, and drug and alcohol addiction can be avoided.  |
| National Priorities  | High: this research question is relevant to national statutory policy documents such as <a href="#">the Children Act 1989 guidance and regulations: volume 3 – planning transitions to adulthood for care leavers from the Department for Education</a> .  |
| Current evidence base  | The evidence reviewed covered several interventions that had components supporting mental health for example, the YVLifeSet programme, the Thresholds Mother's project, and some transitional support services. However few reported health or mental health outcomes. In those that did analysis was underpowered to detect an effect or the intervention was too multidimensional (e.g. YVLifeSet) to be sure which aspect was improving the mental and physical health of the care leavers. |
| Equality considerations  | Research should especially consider those who had pre-existing mental or emotional health problems, learning disabilities, trauma, or other chronic health disorders prior to leaving care. Unaccompanied asylum seekers may require different approaches to improve health and mental health.   |

**Modified PICO table**

|                        |  |
|------------------------|--|
| Population             | Looked after person's leaving care to move into independence.  |
| Intervention           | Information and education-giving tools or programmes (for example, regarding benefits of diet or exercise, sexual health)<br>Coaching or mentoring<br>Peer support<br>Gym memberships and other resources<br>Therapeutic interventions, for example CBT, or counselling<br>Support for drug or alcohol addiction |
| Comparator             | Usual care, waiting list, or another commonly used intervention designed to physical or mental health  |
| Outcome                | Mental and emotional health and wellbeing outcomes e.g. depression<br>Risky sexual or drug-taking behaviour<br>Quality of life<br>Obesity<br>Use of health services<br>Use of mental health services<br>Use of mental health therapies   |
| Study design           | Randomised controlled trial or controlled prospective experimental study.  |
| Timeframe              | Results should include moderate-term outcomes (e.g. 6-month) and long-term outcomes (1-2 year follow up).  |
| Additional information | None   |

## **Appendix L – References**

**Other references**

## **Appendix M – Other appendix**

No additional information for this review question.