

Looked-After Children and Young People

[O] Barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living

No recommendations or research recommendations were drafted following the presentation of this review.

NICE guideline NG205

Evidence review O

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

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Barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living

Review question

What are the barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living?

Introduction

The number of young people aged 16 and over leaving care has risen each year from 10,880 in 2015 to 12,560 in 2019. More than half of these young people (76%) were aged 18 at the time of leaving care. 11% were aged 16 and 12% were aged 17.

There are several statutory aspects to the support of care leavers. For example, in 2008, the Children and Young Persons Act introduced provisions that required local authorities to provide assistance to care leavers in education (including a £2,000 bursary for those in higher education); and extended support from a Personal Adviser to age 21 for all care leavers; and to 25 if they remained in education. In addition, The 2014 Children & Families Act introduced the 'Staying Put' duty. This requires local authorities to support young people to remain with their former foster carers to age 21 where both the young person and carer want the arrangement to continue. Care leavers also should receive a needs assessment and a pathway plan, which is kept under regular review.

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. In addition, 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. However, it is unclear, how the broad system of support delivered to care leavers can be improved from the perspectives of the looked-after children leaving care themselves, their carers, and the professionals delivering support.

The aim of this review is to explore barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living as perceived by care leavers themselves, their carers, and transition support providers, and to synthesise overarching themes that can highlight ways that transition out of care to independent living could be improved.

SPIDER table

Table 1: Spider table for barriers to and facilitators for transition out of care into independent living

| Type of review | Qualitative evidence synthesis |
|----------------|--------------------------------|
|----------------|--------------------------------|

| | |
|------------------------------------|--|
| Sample (S) | <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"> ○ 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. ○ Young people on remand, detained in secure youth custody and those serving community orders. |
| Phenomenon of Interest (PI) | Points, events, or other triggers that impact upon support for looked-after young people transitioning into independent living, and the success of such efforts. |
| Design (D) | <ul style="list-style-type: none"> • Qualitative studies: including focus groups, unstructured and semi-structured interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data) |
| Evaluation (E) | <ul style="list-style-type: none"> • Experiences and satisfaction of looked after young people receiving support to transition into independent living • Experiences and satisfaction of families and carers supporting transition into independent living • Experience and satisfaction of social care providers supporting transition into independent living <p>With focus on:</p> <ul style="list-style-type: none"> • Experience of supportive interventions and accessing these interventions • Unintended consequences |
| Research type | Qualitative |
| Search date | 1990 |
| Exclusion criteria | <ul style="list-style-type: none"> • Countries outside of the UK (unless not enough evidence, then progress to OECD countries) • Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current) • Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP |

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.

The full report for the original qualitative piece of work performed by the University of Central Lancashire can be found in Appendix O.

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

Qualitative evidence

Included studies

A single search was conducted to inform all of the review questions that formed part of this guideline. After removing duplicates, a total of 36,866 studies were identified from the search. After screening these references based on their titles and abstracts, 165 studies were obtained and reviewed against the inclusion criteria as described in the review protocol for barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living (Appendix A). Overall, 25 studies, 24 original studies, were included (see Appendix D for full evidence tables).

Excluded studies

In total, 140 references 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.

Summary of studies included in the qualitative synthesis

Of the 25 included studies, there was one example of a paper examining the same population (Driscoll 2011/2013). In this textual summary these two studies will be counted as one to prevent duplication of reported themes.

The number of participants ranged from four to 47 across all studies. A sufficient number of UK-based studies were identified, meaning that the review focussed on UK-based evidence alone. All studies were published after 2010.

The means of data collection in the studies comprised of semi-structured interviews (19 studies), focus groups (3 studies), and unstructured interviews (2 studies). Some studies undertook multiple methods of data collection, for example, some studies used semi-structured and unstructured interview methods (2 studies).

Seventeen studies analysed care leaver populations, 6 studies analysed providers or carers. Two studies analysed both populations. In addition, several studies focussed on subgroups of interest for example, care leavers with mental health problems (2 studies), care leavers supported by voluntary organisations (2 studies), unaccompanied asylum seekers (1 studies), care leavers who are criminal offenders and at risk of short custodial sentences (1 studies), care leavers who showed educational promise/continuing education (2 studies), care leavers from residential homes (3) and care leavers with learning difficulties (1 studies).

Further study characteristics are presented in Table 2.

Table 2: Summary of characteristics of included studies

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|-----------------|---|--------------------------------------|--|---|
| Adley 2017 (UK) | Six care leavers (18 to 21 years) who had left their foster care setting, whether it be a foster family or residential setting, to live independently | An urban local authority in England. | Semi-structured interviews. A visual reflective tool was used to guide discussion. Interviews were transcribed and thematic analysis used. | Perspectives were those of the care leavers (6) |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|-------------------------|--|--|---|---|
| | within the last 6–18 months. | | Interviews focused on support networks. | |
| Butterworth 2017 (UK) | Twelve care-leavers with suspected mental health needs (age 18 to 22 years) | A UK-based study. Care-leavers transitioning to independence as part of a single care leavers team. | Semi-structured interviews. Interviews were audio-recorded and transcribed. A thematic approach was used. Topics addressed included the care journey, transition of leaving care, transition into adult mental health services. | Perspectives were those of care leavers with service contact (6) or without service contact (6). |
| Chittleburgh 2010 (UK) | Forty-three care leavers (mean age 16 and 11 months) | A UK-based study. One voluntary organisation aftercare service. | Focus groups and individual semi-structured interviews. The topic was to investigate if a specific aftercare service was helpful in leaving care and how it could be improved. | Perspectives were those of care leavers (43) |
| Devenney 2017 (UK) | Unaccompanied Young People (UYP) who have sought asylum alone in the UK without a parent or guardian and preparing to leave care (aged 17 to 23) | One local authority in the North of England. | In-depth interviews. Involved participants in creating a “time tree”. Data on the individual level were analysed initially, thematic analysis was then undertaken. | Perspectives were those of unaccompanied asylum seekers (18) and social work professionals (12) |
| Driscoll 2011/2013 (UK) | Seven care leavers following key stage 4 (aged 16 to 20) | A UK-based study, in a home counties council local authority | In-depth semi-structured interviews. Data analysed using a grounded theory approach. Descriptive categories then conceptual categories (thematic analysis). | Perspectives were those of care leavers (7) |
| Fitzpatrick 2017 (UK) | Six care leavers at risk of a short custodial sentence and taking part in “Clear Approach” (age 18 to 25) | A UK-based study. Care leavers at risk of a short custodial sentence and subject to an Intensive Alternative to Custody (“Clear Approach”) | Semi-structured interviews. All interviews were digitally recorded and fully transcribed. Data were analysed thematically. | Perspectives of practitioners: probation officers, probation service officers, mentors employed by an employment agency and a number of strategic managers (11) |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|--|---|---|--|---|
| Hiles 2014 (UK) | Six care leavers (aged 16 to 24) | A UK-based Study. Care leavers were recruited from a regular meeting of a care leavers group. | Focus groups facilitated by a researcher and a support worker from Child and Adolescent Mental Health Services. Thematic analysis was used. Topics focused on the following terms: "care leaver", "social network", "people who are important to you", "people who offer you support". | Perspectives of care leavers (6) Perspectives health and social care professionals (4) |
| Hollingworth 2012 (YIPPEE study subset) (UK) | Thirty-two care leavers who showed 'educational promise' (aged 18 and 24 years) | Five local authority areas in England. | Semi-structured interviews. A biographical narrative interview method was used. Topics covered included: topics such as family life, care history, education, employment, health, friendships and supportive adults, leisure activities and hopes and aspirations for the future | Perspectives of care leavers (32) |
| Hyde 2019 (UK) | Ten care leavers (aged 16 to 19 years) | Two local authorities in the UK. | Semi-structured interviews. Interviews were audio-recorded, transcribed and anonymised. Data were first analysed inductively then deductively in thematic analysis. | Perspectives of care leavers (10) |
| Larkins 2021 (UK) | Looked after children and care leavers (aged 6 to 17) | Three local authorities in the UK. | Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used. Data was listened to, read, looked at and reviewed by multiple researchers, young | Perspectives of looked after children and care leavers (47) |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|---------------------|--|---|---|--|
| | | | researchers and GUC members. | |
| Liabo 2017 (UK) | Twenty-four care leavers from a participatory project in a Children's Services and Leaving Care service | One inner city local authority in the UK | Semi-structured interviews followed by thematic analysis. Topics covered: young people's understandings of 'transition'; their experiences of services; their participation in transition processes; and emerging findings. | Perspectives of care leavers (24) |
| Matthews 2012 (UK) | Nine care leavers (aged 16 to 22 years) | Two local authorities in the UK | Semi-structured interviews. Interpretive phenomenological approach. Topics explored health experiences of young people leaving care and their experience of transition from the care system and its impact on their health. | Perspectives of care leavers (9) |
| McGhees 2017 (UK) | Care leavers in residential care | Five children's homes in three local authority areas in Scotland. | Semi-structured interviews. Data were qualitatively analysed using a thematic approach. Topic included implementation of policy into daily practice for staying put and continuing care | Perspectives of residential care practitioners (9) |
| Newton 2017 (UK) | Eleven care leavers recruited through the Care Leavers Foundation and the South London care leavers taking part in a mentoring intervention. (17 to 23 years old). | UK-based study. A South London local authority. | Focus groups. Audio-recorded and transcribed. Thematic analysis. Topics included views of care leavers about a mentoring intervention and how it might best work. | Perspectives of care leavers (11) |
| Pinkerton 2014 (UK) | Eight care leavers (aged 18 to 21 years or 24 years if in education or training) involved with a 16+ service. | One trust area in Northern Ireland. | Unstructured and semi structured interviews. the first interview was based on an inductive approach. The second interview was based on a deductive approach. A biographical lifeline and Leaving Care Coping | Perspectives of care leavers (8) |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|-------------------|---|---|---|---|
| | | | Wheel were used as a tool to structure the discussions. | |
| Pinkney 2020 (UK) | Looked after young people prior to entering higher education (age 14 – 17 years) | One university and one metropolitan local authority in the north of England | Semi-structured interviews were analysed using thematic analysis. | Care experienced young people still attending school (6) |
| Roberts 2018 (UK) | Four care leavers from a participatory project in Children's Services and the Leaving Care service, with learning difficulties (aged 16-24) | A leaving care scheme in a local authority | Semi-structured interviews. Interviews were coded individually and put onto a coding map for thematic analysis. Topics covered: young people's understandings of 'transition'; their experiences of services; their participation in transition processes; and emerging findings. | Perspectives of care leavers with learning difficulties (4) |
| Roberts 2019 (UK) | Parents leaving care (up to the age of 21) | Local authorities in Wales | Semi-structured interviews were analysed using inductive thematic approach | Representatives from leaving care services within each local authority in Wales (n=22). This included team managers, a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse. |
| Rogers 2011 (UK) | Five care leavers all continuing into education beyond the compulsory age (aged 18 – 20 years) | Local authority in the South East of England | In-depth biographical interviews with young people. The interviews were tape recorded, transcribed and analysed thematically. Interviews explored the nature and quality of existing support made available to care leavers as they entered post compulsory education. | Perspectives of care leavers continuing into education beyond the compulsory age (5) |
| Rogers 2015 (UK) | Care leavers, studying in further education in England (16 to 19 years old) | Local authority in the South-East of England | Semi-structured interviews. Analysed using a thematic analytical approach, involving reading of interview transcripts. | Perspectives of social workers and further education college professionals (28) |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|-------------------------|--|---|--|--|
| | | | Topics explored: additional support further education staff provide specifically for care leavers and any perceived gaps in the existing provision. | |
| Schofield 2017 (UK) | Twenty care leavers in residential care. A transitions team worked alongside residential staff and leavers to provide continuity of care and relationships into adulthood. (aged 17 to 26) | Children's homes run by a voluntary sector organization. Small children's homes (4–5 residents) | Semi-structured interviews. Thematic analysis was used. Topics included early years, school, going into care, previous placements, life in the children's home, leaving care, current lives and future plans. | Perspectives of care leavers (20) |
| Sims-Schouten 2017 (UK) | Care leavers with mental health and wellbeing issues involved in a life-skills project "New Belongings" (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) |
| Syme 2017 (UK) | Care leavers in a residential school (no age reported) | Independent residential school in Scotland for looked after children | Semi-structured interviews. Transcripts of the interviews were thematically analysed. Topics covered perceptions of how the service impacted on positive outcomes as well as the challenges facing young people during and after their time at the residential school. | Perspectives of care workers (15), teachers (7) and psychological intervention and engagement staff (6). |
| Webb 2017 (UK) | Care leavers involved in a volunteering intervention "the Boom project" (aged 14 to 21 years) | UK-based study. Care leavers engaged in Boom volunteering and social action projects | Semi-structured interviews and thematic analysis. Topics included bonding social capital with peers; bridging social capital with others; linking social capital and access to power; transitions; personal resilience; reflecting; evaluating services; and | Perspectives of young care leavers (6) and in-care young people (2) and their carers |

| Study (country) | Care leaver population (age) | Setting and context | Methods | Perspectives (n) |
|-----------------|------------------------------|---------------------|-----------------------------|------------------|
| | | | influencing/helping others. | |

See Appendix D for full evidence tables

Quality assessment of qualitative studies included in the evidence review

Studies were critically appraised using the CASP qualitative study checklist. See appendix F for appraisal of individual studies.

Summary of qualitative findings

Summary of qualitative findings table: barriers to and facilitators for transition out of care into independent living

| Themes | illustrative quotes | Studies | CERQual concerns | CERQual explanation |
|---|--|---|--|--|
| <p>Emotional and wellbeing support through relationships</p> <p>Emotional and wellbeing support comes primarily through relationships, which can come from a variety of connections. Gaps in social support network is something that should be assessed and addressed by transitional support teams. However, birth parents and peers were found to be both a source of support and stress/ responsibility/ volatility. Care leavers expressed desire for relationship through creating their own family.</p> | <p><i>“The emotional side is difficult ‘cos I know I was really excited, it’s only when I was living on my own that I knew it was really hard, not only are they living on their own, you just saw me cry, there are certain things in their past they probably haven’t got over, and when you’re living on your own you start to think about these things and it comes back to you and you need a really strong support network.”</i></p> | <p>19</p> <p>Adley 2017 Devenney 2017 Driscoll 2013 Fitzpatrick 2017 Hiles 2014 Hollingworth 2012 Hyde 2019 Liabo 2017 Mathews 2012 McGhee 2017 Newton 2017 Pinkerton 2014 Pinkney 2020 Roberts 2018 Rogers 2011 Schofield 2017 Sims-Schouten 2017 Syme 2017 Webb 2017</p> | <p>Methodological Limitations (ML): No concerns</p> <p>Consistency (C): Minor</p> <p>Adequacy (A): No concerns</p> <p>Relevance (R): No concerns</p> <p>Overall: Moderate</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity but were not inconsistent.</p> |
| <p>More gradual and intensely supportive approach needed at the start of leaving care.</p> | <p><i>“Findings suggested most young people described a preference for a graduated model of independence, which included adult modelling of life skills.</i></p> | <p>18</p> <p>Adley 2017 Butterworth 2017 Chittleburgh 2010 Driscoll 2011</p> | <p>ML: No concerns</p> <p>C: Minor</p> <p>A: No concerns</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity</p> |

| | | | | |
|---|---|--|---|-----------------------------------|
| <p>The need for more intense support at the start of the leaving care process “regardless of whether they want it” e.g. with pre-arranged meetings. The feeling of suddenness when dropped out of the care system. Need for more gradual approach. More communication and forward planning. With sensitivity for timing. Staying put helpful but access complex – lack of knowledge/training about how to implement this in residential care.</p> | <p><i>Harry valued his carers ‘gradually teaching me what to buy, what to cook, how much to cook.’ This allowed for opportunities to experiment with independence skills in a supported context.”</i></p> <p><i>“Just to make sure that they’re settling down okay . . . a little bit more contact in order to really see things are being done. ‘Cos these things take a bit of time . . .”</i></p> <p><i>“For the first 3 months, they should be visited every 2 weeks, have you got money, have your bills been paid, have you got food in the fridge, check on their progress and then it can be lowered depending.”</i></p> <p><i>“The experience of a gradual move from dependence to independence, e.g. in the context of the ongoing availability of a relationship with her transitions worker: She’s a lovely lady. If it weren’t for her I probably still wouldn’t be ringing up about the bills.... I would be like, “You ring them, I don’t want to ring them”...It got to the point like, “No, I’ll do it now, I’ll do it.” But she’ll still come round for coffee. I don’t see her as often and I don’t really notice that, but I think it’s</i></p> | <p>Driscoll 2013 Hiles 2014 Hyde 2019 Liabo 2017 Mathews 2012 McGhee 2017 Newton 2017 Roberts 2018 Rogers 2011 Rogers 2015 Schofield 2017 Sims-Schouten 2017 Syme 2017</p> | <p>R: No concerns</p> <p>Overall: Moderate</p> | <p>but were not inconsistent.</p> |
|---|---|--|---|-----------------------------------|

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| | <i>because I don't need her asmuch. I still think she is there if I need her. If I got really stuck in the dirt I can turn to her and just sort of say, "I need help".</i> | | | |
| <p>Need for repeat, flexible, and open-ended offers of support: allowing for mistakes</p> <p>Clear gap between expectations of leaving care and the reality, this may lead to turning down help or support initially but then regret and wish for support at a later point. Additionally, Care leavers may have a sense of pride, independence, and self-reliance which may mean they turn down offers of support even when they want it. Independence/ self-reliance may often be a positive. However, the need to allow care leavers to make mistakes with safety netting, allows for turning points. Parents having left care were often unaware of who they could turn to for advice and support.</p> | <p><i>"Participants pointed out that saying 'no' might actually mean that the young person does not know how to say yes. Or it might mean 'not now, but later', or it might mean 'I don't have the confidence to do this'. As C says: No one really knows what I'm thinking, I could be upset and no-one will know 'cos I'm smiling."</i></p> <p><i>"Social workers need to realise, some young people might seem mature and like they've got it together but they're still really young . . . even if they think they know everything, they don't."</i></p> <p><i>"need to persevere with them in a way that one might expect from a dedicated, responsible parent and not 'give up' on them".</i></p> | <p>16</p> <p>Adley 2017 Butterworth 2017 Chittleburgh 2010 Driscoll 2011 Driscoll 2013 Fitzpatrick 2017 Hiles 2014 Hyde 2019 Larkins 2021 Liabo 2017 McGhee 2017 Roberts 2018 Roberts 2019 Roger 2011 Schofield 2017 Syme 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |
| <p>The need for genuine caring relationship, not contractual, professional relationship</p> | <p><i>"It would be nice if there was someone that is there, that actually bothers to contact you and makes sure you're okay, keeps your head in reality because you can get so blown</i></p> | <p>17</p> <p>Butterworth 2017 Chittleburgh 2010 Driscoll 2011 Driscoll 2013 Hiles 2014</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |

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|---|---|--|---|---|
| <p>Above and beyond, not tick box exercises. The need for a significant adult who challenges (e.g. questionable decisions, bad behaviour), and role models, as a parent would. Possible role of a mentor.</p> | <p><i>away because you've got nothing to ground you."</i></p> <p><i>"in the case of a social worker: "I told her that I'd left college because of the reasons and she said, okay then, that's your choice at the end of the day, you're eighteen, you're an adult so you make your own decisions in life now, if you want to leave the college you leave the college, we can't make you go back.. we can't force you to go to college, it's your decision, we just can advise you.""</i></p> <p><i>"...you need a lifetime friend — you can't have a relationship based on a contract. Life long — you should be able to pick up the phone any time</i></p> | <p>Hyde 2019 Liabo 2017 Mathews 2012 McGhee 2017 Newton 2017 Pinkerton 2014 Roberts 2018 Robersts 2019 Rogers 2011 Rogers 2015 Schofield 2017 Sims-Schouten 2017</p> | <p>Overall: High</p> | |
| <p>Importance of professional support staff for achieving a successful transition</p> <p>Importance of support workers, foster carers, residential care staff, transition teams, supported accommodation staff, school staff, mental health practitioners, for achieving successful transition and accomplishing aims (e.g. education), and providing personalised support. Good housing particularly was a felt need among parents leaving care, for example having a pushchair and being</p> | <p><i>"identification of key adults who had provided support and encouragement in education or more widely: "my carer kept me going"</i></p> <p><i>"Support workers attached to semi-independent living accommodation galvanised young people to develop independence skills. They were valued for their availability: 'deal with me on a day to day basis'; emotional support, 'I know if I'm feeling rubbish now, I can talk to them'; interest in young people's personal goals; help with mail that is not understood; life skills such as applying for tenancies</i></p> | <p>14</p> <p>Chittleburgh 2010 Devenney 2017 Driscoll 2013 Hiles 2014 Hollingworth 2012 Hyde 2019 Larkins 2021 Mathews 2012 Newton 2017 Pinkerton 2014 Pinkney 2020 Roberts 2018 Roberts 2019 Schofield 2017 Sims-Schouten 2017</p> | <p>ML: No concerns C: Moderate A: No concerns R: No concerns</p> <p>Overall: Low</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity and some inconsistency.</p> |

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|--|---|--|---|--|
| <p>given accomodation several flights of stairs up. Supported housing was found to be scarce.</p> | <p><i>or passports modelled by support worker staff"</i></p> | | | |
| <p>Care leavers valued availability of support staff, particularly for emotional support</p> <p>Availability: It was valuable to care leavers to be able to have someone to call or get in touch with for emotional support at the moment they needed it, not short-term. Difficulty with delay.</p> | <p><i>"I rarely hear from her ... I've been chasing my social worker up for ages...."</i></p> <p><i>"being there for you"</i></p> <p><i>"My support worker was there one time when I was like really upset because I had a really bad argument with people I used to live with and no one could have calmed me down apart from (staff) so I like texted them and said "Can you ring me because I can't calm myself down? I'm like really upset"."</i></p> | <p>11</p> <p>Butterworth 2017 Hiles 2014 Hyde 2019 Liabo 2017 Newton 2017 Pinkerton 2014 Pinkney 2020 Roberts 2018 Rogers 2011 Rogers 2015 Schofield 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |
| <p>Balance between autonomy and independence and need for support</p> <p>Autonomy and independence could be a detriment to health, and healthy living. The need for being "pushed" to attend appointments. Autonomy and independence also cherished and beneficial for wellbeing/ freedom/ identity. However, poor mental health was detrimental to autonomy/agency. Self-authoring /career path, and choice of accommodation helped to foster autonomy, and resilience. Use of the</p> | <p><i>"the balance between the need for understanding and caring support and the need to be independent. the difficult balance (or 'contradiction' as two young people described it) between wanting social workers to help facilitate their independence (and not be 'in your face' all the time), while also providing them with highly personalized and emotional support. Despite this, all five of the young people felt that this balance had not been achieved in the relationships they had with their social workers."</i></p> <p><i>"the delicate balance between</i></p> | <p>10</p> <p>Driscoll 2013 Hiles 2014 Hyde 2019 Liabo 2017 Mathews 2012 Roberts 2018 Rogers 2011 Schofield 2017 Syme 2017 Webb 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |

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| <p>internet for independently attaining health knowledge. Leaning on support workers for sexual health advice.</p> | <p><i>providing support and undermining young people's sense of agency and self-efficacy."</i></p> <p><i>"you have that burst of, oh I'm independent, I get to do what I want, when I want, but when that's over, and you're sat on your own, and, you know, you're spiralling down, and you don't want to be the one to make call. It would be nice for someone to just pop and be like 'you alright?."</i></p> | | | |
| <p>Usefulness of specific skills training for independent living</p> <p>Needing training in specific skills for independent living, this should be done earlier in the care journey. Examples: dealing with mail, making phone calls, using public transport, making applications, and bills, money management, diet management, cooking, gate-keeping, parenting, seeking out available resources in the local community, maintaining accommodation, writing CV, gaining employment, knowing and understanding of how the healthcare system works and registering with/ accessing GPs, drop-in clinics.</p> | <p><i>"you get different people for different support depending on what relationship you have with them, 'cause you'll go to somebody for help maybe finding a job for someone that you're not so open with but are willing to, like, who are really good at helping you...write, write a CV or something for instance but, for...anything, like, really personal, d'ya know what I mean, you'd have to have someone you have a relationship with...who you're really open with"</i></p> <p><i>"Harry valued his carers 'gradually teaching me what to buy, what to cook, how much to cook."</i></p> <p><i>"Specific independence markers included: cooking independently, making phone calls, using public transport and paying bills."</i></p> | <p>10</p> <p>Chittleburgh 2010 Driscoll 2011 Hiles 2014 Hyde 2019 Larkins 2021 Liabo 2017 Matthews 2012 Newton 2017 Roberts 2018 Rogers 2011 Sims-Schouten 2017</p> | <p>ML: No concerns C: Moderate A: No concerns R: No concerns</p> <p>Overall: Low</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity in terms of the specific skills training needed.</p> |

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| | <i>"She [PA] helped me get the money for a flat/sign up for an apprenticeship/ get financial help"</i> | | | |
| <p>Lack of continuity/ consistency of care: need for stickability, "too many people"</p> <p>Lack of continuity/ consistency of care: need for stickability, "too many people"</p> | <p><i>"Frequent changes in social workers bewildering and offensive: "too many people"; absence of a consistent professional as a source of advice"</i></p> <p><i>"You don't trust that people are gonna stick around"</i></p> | <p>9</p> <p>Butterworth 2017 Chittleburgh 2010 Driscoll 2011 Driscoll 2013 Hiles 2014 Hollingworth 2012 Liabo 2017 Newton 2017 Roberts 2018</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: Moderate</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |
| <p>Relationships and emotional state in the present influenced by instability of those in the past – affecting perception of support being offered.</p> <p>Need for individually tailored emotional support, which addresses the nature of relationships in the present and how these are influenced by those which have occurred in the past. How also these relationships may be affecting the perception of support being offered in the present. Fear of professional power and its application. Previous instability of care. Balance with need for independence.</p> | <p><i>"For some, sense of badness and self-blame for rejection persistent beyond care and led to no transformation experiences, their behaviour leading to being "kicked out" of the children's home with stories of subsequent downward spirals including self-harm and drug use. They either longed to keep connections with transitions workers and other staff, or maintained an angry and resentful stance against everyone including the care organisation. Memories of childhood aggression and bad behaviour linked to justifications rather than regret"</i></p> <p><i>"this switching from positive to negative, needy to angry, showed</i></p> | <p>9</p> <p>Adley 2017 Butterworth 2017 Devenney 2017 Driscoll 2013 Hiles 2014 Roberts 2018 Rogers 2011 Schofield 2017 Syme 2017</p> | <p>ML: No concerns C: Minor A: No concerns R: No concerns</p> <p>Overall: Low</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity but were not inconsistent.</p> |

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| | <i>how hard it was for these young people to accept help and to establish a stable, supportive and coherent relationship with transition workers. Young people with this persistent sense of self as a victim had found it difficult while in care, even with the support of the residential staff, to make the transition to another type of identity."</i> | | | |
| <p>Loneliness and isolation a common struggle among care leavers</p> <p>Loneliness is a common struggle among care leavers and makes absence of a parental figure more noticeable. Feeling isolated - balance with need for independence. Proactive approach which asks directly about mental health, preferred.</p> | <p><i>"I think I really distanced myself from everyone, I thought no-one understood or believed me, I was on my own . . . I used to have the attitude I can do it on my own, but you can't do it on your own."</i></p> <p><i>"I don't think I had any health needs when I came out of care, 'cos my depression happened after, well actually it didn't . . . um, I guess it happened when I moved into my own place, and I was alone, I had to deal with it."</i></p> | <p>9</p> <p>Adley 2017 Butterworth 2017 Chittleburgh 2010 Hyde 2019 Liabo 2017 Matthews 2012 Pinkney 2020 Roberts 2018 Rogers 2011</p> | <p>ML: No concerns C: No concerns A: No concerns R: Minor</p> <p>Overall: Moderate</p> | <p>Studies were mostly marked down for limited description of their methods. A considerable proportion of studies had recruited participants earlier than 2010.</p> |
| <p>Resistance to labelling or self-identification as a "care leaver" and need for confidentiality.</p> <p>Resistance to labelling or self-identification as a "care leaver" or "looked after child". There was a felt need for privacy and to avoid</p> | <p><i>"when you're younger and you're constantly being described, like foster family say this is my daughter and this is my foster daughter and social workers call you care leavers, anything to do with care you don't want to know, you're a normal person in your eyes . . . not</i></p> | <p>8</p> <p>Adley 2017 Butterworth 2017 Driscoll 2011 Fitzpatrick 2017 Hiles 2014 Liabo 2017 Rogers 2015 Schofield 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Studies were mostly marked down for limited description of their methods.</p> |

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| <p>confidentiality breaches, including labelling as having mental health problems. However, in some cases this may lead to worsening of care or multiagency working.</p> | <p><i>just someone in care.”</i></p> <p><i>The stigma of healthcare staff knowing them as care leavers: “sometimes ... you don’t really want people to know you’re in foster care because some people just judge you, they don’t really know why people are in foster care, they will think that “oh maybe you are a bad person or like your family doesn’t want you”</i></p> | | | |
| <p>Usefulness of group work and supported/ non-supported activities (e.g. sport, art) or volunteering with peers.</p> <p>Usefulness of group work and supported/ non-supported activities (e.g. sport, art) or volunteering with peers and with those outside of the care system for relationship, self-development, integration, confidence and self-esteem building. Particularly for young mothers and those with mental health problems. Financial constraints, and time-constraints (other responsibilities), were a barrier to these activities.</p> | <p><i>“Involvement in community or faith groups was a major facilitator for building social networks, developing skills and giving young people the opportunity to utilize them. Six young people reported how they had been involved with a community group when they were younger and had then been given the opportunity to volunteer and take a leadership role within these groups.”</i></p> <p><i>“An engagement worker mentioned how a young person had led an atypical life until joining a drama club had made them feel ‘normal’: “I remember thinking at the time that’s amazing that she has been able to do that and it is such a normal thing to do and you think if you had your own kids you would want them to be</i></p> | <p>7</p> <p>Chittleburgh 2010 Hollingworth 2012 Roberts 2018 Schofield 2017 Sims-Schouten 2017 Syme 2017 Webb 2017</p> | <p>ML: Minor C: Moderate A: No concerns R: No concerns</p> <p>Overall: Low</p> | <p>Studies ML were mostly marked down for largely unclear description of their methods. Subthemes had some heterogeneity and some inconsistency in the kinds of activities that were considered helpful. Only 7 studies contributed to these themes.</p> |

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| | <i>involved with that sort of activity but I think for some of the kids that are in here it is huge because it lets them feel normal and feel like they are part of a community"</i> | | | |
| <p>Falling through the gap: experience of needs being overlooked or support preferentially given to others.</p> <p>More support directed to those who externalised distress (e.g. behavioural problems); or with more severe problems. Others overlooked. Other examples of falling through the gap. For example, looked after children continuing education felt to be given greater levels of support for "complying to the wishes of the system".</p> | <p><i>"provision of financial support is uncertain. often only available to those who complied with the wishes of 'the system' by remaining in education."</i></p> <p><i>"(professional perspective) The system was described as chaotic and complex, forced to respond to crises with the inevitable risk that those not in crisis receive less support or simply go unnoticed, "falling through the net".</i></p> <p><i>"One participant referred to having a premature exit from care after he was forced to leave college: it sort of just happened as I got kicked out of college and then obviously I couldn't stay at my place."</i></p> <p><i>"staff wrongly responded to those who externalised distress and ignored those without behavioural communication"</i></p> | <p>6</p> <p>Butterworth 2017 Hiles 2014 Matthews 2012 Roberts 2018 Rogers 2015 Syme 2017</p> | <p>ML: No concerns C: Moderate A: No concerns R: No concerns</p> <p>Overall: Low</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity and some inconsistency in the kinds of situations in which care leavers were "falling through the gap" in services. Only 6 studies contributed to this theme.</p> |
| <p>Need for multiagency working</p> <p>Need for multiagency working: between social care and supported accommodation staff and mental health</p> | <p><i>"Young people wanted one holistic, flexible mental health service, in 'one big building', with specialist teams; 'a service for each problem, having specialist knowledge of LAYP, that could deal with their complex needs,</i></p> | <p>7</p> <p>Butterworth 2017 Fitzpatrick 2017 Hiles 2014 Larkins 2021 Liabo 2017</p> | <p>ML: No concerns C: Moderate A: No concerns R: No concerns</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had considerable heterogeneity in the</p> |

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| <p>teams in supporting transition; between criminal justice and social care work in transition; between college staff and social care work in transition; between personal advisors and specialist health care providers. Including the need for shared information/ education, knowledge of boundaries of responsibilities, and shared work.</p> | <p><i>rather than several disjointed agencies.”</i></p> <p><i>“Some young people felt that they would have preferred more communication between their PAs and their specialist healthcare providers. A specialist health practitioner described how helpful it had been to attend review meetings and suggested that invitations from social care go to the whole specialist team not just the consultant.”</i></p> <p><i>“During interviews with FE college professionals and social workers there was evidence of confusion, with both agencies disagreeing on what should be expected from the other in terms of providing both emotional and financial support to care leavers. e.g. involvement in provision of financial or housing support for care leavers and the extent that further education colleges should be involved in this (and not just social workers).”</i></p> | <p>Rogers 2015 Syme 2017</p> | <p>Overall: Low</p> | <p>kinds of services that would benefit from greater multiagency working. Only 6 studies contributed to this theme.</p> |
| <p>Limitations of pathway planning for focus on education, health, and wellbeing.</p> <p>Limitations of pathway planning: not enough focus on education, not enough focus on health and wellbeing, the need to construct a life narrative.</p> | <p><i>“lack of support in pursuing educational goals, lack of focus on educational goals in pathway planning”</i></p> <p><i>“The limited health focus of the pathway plan”</i></p> <p><i>“System of multiple reviews and</i></p> | <p>6 Devenney 2017 Driscoll 2011 Hyde 2019 Matthews 2012 Rogers 2015 Schofield 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall:</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity. Only 6 studies contributed to these themes.</p> |

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| | <i>planning processes, including the personal education plan and the pathway plan. Young people were cynical about these and described becoming disengaged, so that they were compliant with the form-filling but ceased to engage meaningfully with making realistic plans because they had no expectation that this would lead to any change."</i> | | High | |
| <p>Time restraints, resource constraints, and staff turnover as a barrier to good support</p> <p>Time restraints, resource constraints, and staff turnover as a barrier to good care</p> | <p><i>"Attempting to manage amidst insufficient funds - Underpinning many of the challenges was a pervasive sense of insufficient funding, which was felt to be particularly acute with reductions introduced to address the UK deficit. Participants felt that it was a fight to meet even the most basic needs of young people, such as accommodation. Funding drops were believed to have driven short-term planning"</i></p> <p><i>"practitioners described the challenge of heavy caseloads and paperwork."</i></p> | <p>6</p> <p>Fitzpatrick 2017 Hiles 2014 Liabo 2017 McGhee 2017 Rogers 2011 Rogers 2015</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Studies were mostly marked down for limited description of their methods. Only six studies contributed to this theme.</p> |
| <p>Mental health, relationships, accommodation, finance, children, expectations, and knowledge potential barriers for educational progress specifically</p> | <p><i>"Dropping out of college due to overwhelming financial problems"</i></p> <p><i>"Importance of stable housing to stay on in education: the local authority's provision of supported accommodation for Dean and Scott, who were both 20, was key"</i></p> | <p>6</p> <p>Driscoll 2011 Driscoll 2013 Hyde 2019 Pinkney 2020 Schofield 2017 Syme 2017</p> | <p>ML: No concerns C: Moderate A: No concerns R: No concerns</p> <p>Overall:</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had considerable heterogeneity in the factors inhibiting educational progress.</p> |

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| <p>The past (past relationships, instability, and behaviour), emotional and mental health stability, current relationships, poor accommodation, children, expectations of carers/teachers, and knowledge of course/training routes served as either inhibitors or facilitators for educational progress. At University some felt that simply getting into the course was considered a success with little thought given to support thereafter.</p> | <p><i>“Benefit of being able to stay on in placement beyond turning 18 for staying on in college”</i></p> <p><i>“Care staff indicated that outside agencies and professionals lacked appreciation of the different nature of looked-after young people, so they often had inappropriate expectations and provided inadequate support. Several explained that young people had not succeeded in further education partly because college staff were unable to understand and work with them.”</i></p> <p><i>“On occasion, apparent failure was described as representing a considerable achievement, given the young person’s previous history: “Some people say he is giving up, but I prefer to actually believe that he did stick at his college for a good 3 or 4 months before packing in and he does have his issues which is why he is in care in the first place you know he is no saint or angel. (Care staff)”</i></p> <p><i>“Mental health as an impediment to independent functioning: e.g. motivation to attend college”</i></p> | | <p>Low</p> | <p>Only five studies contributed to this theme.</p> |
| <p>Importance of education, employment, relationships, and</p> | <p><i>“mostly (but not exclusively) those with uncertain immigration status, had less coherent narratives in which both</i></p> | <p>5 Devenney 2017 Driscoll 2011</p> | <p>ML: Minor C: Moderate</p> | <p>Studies were mostly marked down for limited</p> |

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| <p>immigration status for future hopefulness</p> <p>Hopefulness or hopelessness for the future. Connecting the past, present, and future. The role of care staff expectations. Particularly for unaccompanied asylum seekers with uncertain asylum status. The role of education and relationships.</p> | <p><i>the past and the future were uncertain, unstable, or even unimaginable”</i></p> <p><i>“attainment of qualifications was a strong motivating factor for these young people but setbacks and disappointments undermined their motivation”</i></p> <p><i>“Expectation of going on benefits due to poor job prospects: “wouldn’t like to go with a life on benefits but then again, if I have to because I can’t find a job then obviously that’s the way I’m gonna have to live my life is benefits.”</i></p> <p><i>Limited expectations of professionals: “A focus by care staff on managing risk factors e.g. drug misuse, alcohol, or crime rather than building in protective factors such as resilience.”</i></p> | <p>Roberts 2018 Schofield 2017 Syme 2017</p> | <p>A: No concerns R: No concerns</p> <p>Overall: Very Low</p> | <p>description of their methods. Subthemes had considerable heterogeneity in the factors affecting future hopelessness. Only five studies contributed to this theme.</p> |
| <p>Felt disparity between self and peers</p> <p>Felt disparity between self and peers when “out in the world”</p> | <p><i>“Being in care created feelings of ‘difference’, compared with peers, which could be positive (financial allowances), prescriptive (compulsory medicals) or restrictive (legislation).”</i></p> <p><i>“Some care staff emphasized that care leavers had their confidence knocked back when mixing with ‘non-care students’ who, it was assumed, were doing much better: “. . . I think you walk into that college and you really cannot cope with that and</i></p> | <p>4 Adley 2017 Butterworth 2017 Hiles 2014 Syme 2017</p> | <p>ML: No concerns C: No concerns A: No concerns R: No concerns</p> <p>Overall: High</p> | <p>Only four studies contributed to this theme</p> |

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| | <p><i>you've got other teenagers at sixteen and seventeen around about you excelling at that. How does that make that kid feel? (Care staff)"</i></p> <p><i>"a teacher believed that looked-after young people could be helped to attain self-esteem similar to others: "It is about them having a sense of worth when they step out in to that big bad world out there and realising they are as good as everyone else. (Teacher)"</i></p> | | | |
| <p>Inability to communicate distress, lack of listening, lack of shared decision making</p> <p>Inability to communicate distress and lack of true listening. Supported shared decision making desirable during periods of transition. Shared decision making not always happening as it should.</p> | <p><i>"Including LAYP in decision-making about their care is a legal expectation, but did not happen in practice, with some participants needing more support if they are not to feel decisions are made on their behalf."</i></p> <p><i>"Participants liked to be asked directly about their mental health, as sometimes they felt unable to volunteer this information spontaneously."</i></p> <p><i>"Participation in transition: Whilst young people tended to describe feeling central to the planning of their transitions, their narratives almost always described adult-led transitions. Some described not being able to participate in, or even informed about, important decisions, for example the involvement of a birth parent. Some described going along with decisions</i></p> | <p>4</p> <p>Butterworth 2017 Hiles 2014 Liabo 2017 Roberts 2018</p> | <p>ML: No concerns C: Minor A: No concerns R: No concerns</p> <p>Overall: Moderate</p> | <p>Studies were mostly marked down for limited description of their methods. Subthemes had some heterogeneity but were not inconsistent. Only four studies contributed to this theme.</p> |

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| | <p><i>rather than actively participating. vs practitioners spoke of opportunities for formal participation into the shaping of services sometimes being taken up, sometimes not.. many of the young people we spoke to did have experience of participation in service planning and recruitment of social workers. They recounted how they were valued for their input in these formal processes, and this was echoed by professionals.”</i></p> | | | |
| <p>Transition to adult mental health and health services may be challenging</p> <p>Experience and transition to adult mental health and health services may be a difficult time and require extra support. Also transition to other adult support services.</p> | <p><i>“They offer you different things because, CAMHS is more like drawings and stuff, adult services is talking and stuff.”</i></p> <p><i>“All but one participant was informed of their CAMHS to AMHS transition but very few experienced joint working between the two services. Transition left young people with gaps between services or on long waiting lists, with little communication. Abrupt endings to supportive work were experienced as being ‘cut off’ or ‘let down’, leaving several people highly anxious about if and when they would be cared for. It was a time when the young people’s mental health tended to decline, they had to repeat their history and were expected to build rapport and trust</i></p> | <p>3 Butterworth 2017 Hiles 2014 Hyde 2019</p> | <p>ML: No concerns C: Moderate A: Minor R: No concerns</p> <p>Overall: Very Low</p> | <p>Subthemes had considerable heterogeneity regarding the adult services considered and the aspects found challenging. Only three studies contributed to this theme.</p> |

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| | <p><i>with new professionals; and participants felt passed around multiple agencies with little coordination or responsibility: 'They've all collectively let me down; 'They didn't care''</i></p> | | | |
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See appendix F for CERQual tables.

Economic evidence

Included studies

No existing economic studies were reviewed for this question given its focus on qualitative evidence.

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 committee heard qualitative evidence from an original piece of qualitative work commissioned for NICE (see Appendix O); and several UK-based qualitative studies. The committee noted that qualitative evidence could not provide strong evidence of the effectiveness of any particular approach or intervention to support the transition out of care into independence but rather could highlight the priorities, values, and perspectives of those involved in the care system as well as the perceived barriers and facilitators to successful care outcomes experienced by their carers and workers. Qualitative evidence could also help to answer the question of “how” interventions and statutory systems of care could be delivered, rather than “what” interventions or systems work best. The committee valued certain themes more highly if they had been derived from many studies or studies at lower risk of bias, if the meaning of the theme was unambiguous, and where themes had been drawn directly from leavers themselves (see below).

The quality of the evidence

The methodological quality of the studies included in this review were variable. Common reasons why qualitative evidence was marked down for quality included: unclear descriptions of the method of recruitment and selection of participants; unclear method of interview (for example, the topic guide used for semi-structured interview); unclear method of thematic analysis (for example, were multiple analysts used?); and whether methods to validate findings were employed (for example, triangulation and respondent analysis). Some themes were marked down for quality where data had primarily come from studies with moderate or high risk of bias. In addition, certain themes were marked down for quality where few studies contributed to a theme, themes had become overly disparate (covering several subthemes), or there were contradictions in the direction of the theme.

The committee valued qualitative evidence that was direct from the population to which the recommendations would apply, that was recent, and particularly that was from the perspective of care leavers themselves. As such the qualitative evidence collected in this review was generally thought to be high quality since it was all UK-based and all studies were published after 2010. In addition, the majority of included studies reported the direct perspective of care leavers themselves.

The qualitative work commissioned by NICE and performed by the University of Central Lancashire was considered to be in the bracket of the highest quality qualitative evidence since interview methods were tailored to address the review questions in this guideline, participants recruited into this study were selected to provide a good cross-section across vulnerable groups of interest, and data was gathered very recently. In addition, this piece of work was rated high quality when assessed using CASP criteria (see evidence table for Larkins 2021, Appendix D).

Benefits and harms

Qualitative evidence was presented from the University of Central Lancashire with a particular focus on the barriers and facilitators for promoting successful transition out of care to permanency in looked after children young people and care leavers. In addition, evidence was presented from the qualitative evidence review bringing together studies looking at barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living.

High quality themes included the desire of carers for genuine caring and available relationships, with emotional support, continuity of care and a supported social network. The committee considered that several recommendations made previously were supportive of these findings, for example, the committee had recommended that in assessing the needs of young people to achieve independence there should be an assessment of gaps in the social network (connectedness, isolation and negative relationships); following this the committee had recommended the provision of peer groups as a result of both qualitative and quantitative evidence. Qualitative evidence had also considered the danger of isolation around those in higher education, particularly those on campus during the holidays and the committee recommended options for social support including facilitating "buddying system" for peer support, or mentoring from older students.

Linking in with the high-quality evidence suggesting the benefit of continuity of care, the committee considered moderate quality qualitative evidence suggesting that care leavers desired more gradual transition out of care into independence. However, the committee had previously made recommendations to promote a more gradual move into adulthood. For example, "staying put" policies had been discussed under review question 6.1 and the committee had recommended that young people leaving care stay in their current care placement until at least the age of 18, with the possibility of staying put longer discussed with carers. Similarly, for continuity of educational support, the committee had recommended that extended care beyond the age of 18 for care leavers in higher and further education should be considered, with educational opportunities beyond traditional further or higher education being considered when deciding whether to extend support.

A high-quality theme touched on the need for repeat, flexible, and open-ended offers of support, of providing opportunities for care leavers to "make mistakes" and for there to be systems in place for "safety netting". In a previous question, the committee had already recommended the following services to give care leavers safety net support: drop-in services; more frequent meetings with their personal adviser, if the care leaver wants them; and facilitated peer support groups.

A low-quality theme explored the usefulness of specific skills training, the committee noted the importance of care leavers being practically equipped to live independently, and that often teaching these skills was the role of the primary carer. However, in

some cases a looked after person may reach the age of independence without the necessary skills to live on their own. Therefore, the committee had previously recommended that, in the assessment of need at the beginning of transitioning into care, problem-solving skills and practical skills should be addressed. Following this, based on the needs assessment the committee had recommended that the provision of life skills training, job preparation services, job searching, and career advice be considered.

The committee noted high quality themes regarding the need for emotional support e.g. to have someone to call or get in touch with for emotional support at the moment they needed it. The committee had noted how, for carers, looked after children, and prospective adopters peer support had seemed to help fill in the gaps left by an overstretched social care system by providing relationships with people in similar situations who can provide one another relevant support, empathy, and availability in relationships. In a similar fashion, the committee had previously recommended (under review question 6.1) that peer support be encouraged and facilitated for care leavers (with social care oversight) and, to supplement this, care leavers should be aware that they can request more frequent meetings with their personal adviser and that drop-in services should be provided also.

One low quality theme had outlined the importance of better joined-up working between teams supporting transition out of care into independence (for example: between social care, higher education, personal advisers, and specialist health care providers). This linked in with broader themes across review questions suggesting that better multiagency working was needed in the care service at large. The committee noted that they had previously recommended the inclusion of a post-16 co-ordinator within the virtual school to help bridge the gap in information for those in care hoping to achieve higher education. They recommended that the post-16 coordinator, within the Virtual School, should consider further and higher education and apprenticeships. The coordinator should help looked after young people navigate opportunities for training and education, and available funding streams to support this.

Similarly, the committee had considered the very low-quality theme that the transition to mental health and health services also needed to be smoother for care leavers. They had previously recommended that the need for mental health support should be assessed among care leavers, and that based on health needs assessments prior to transition, transition teams should ensure there is support provided for registering with GPs, dentists, and opticians; therapists (for those with complex healthcare needs); and extending access to CAMHS or alternative emotional and wellbeing services where needed. The committee also had recommended that health services e.g. mental health support should be continued until care can be transferred to adult services.

Finally, one very low theme suggested the need for shared decision making in transition and the need for opportunities for contribution to transition planning. The committee noted that they had previously recommended that local authorities encourage care leavers to give feedback and use this to improve services for moving into independence. This could be through children in care councils, or a similar service focused on care leavers specifically.

Overall, the committee had noted that the structures were in place for the support for looked after young people to be effective during their move into independence. However, that often the statutory support that was given was not to the standard required, and that there was an information and power gap between care leavers and those providing support. Therefore, several of the recommendations previously made had focused on informing care leavers of their rights to statutory support and extended support, informing them of how the pathway plan works, and of their rights to advocacy services. The committee had also previously recommended that local authorities quality assure and review pathway plans to ensure that improvements in outcomes are achieved, including clear timeframes for actions, and who is responsible for completing the action.

Cost effectiveness and resource use

There were no published cost-effectiveness analyses addressing this review question. However, the committee did not make any new recommendations based solely on the qualitative evidence presented.

The committee had already made a recommendation based on evidence presented for review question 6.1 around 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 to this recommendation that where possible the use of unregulated housing should be avoided, particularly for those at a high risk of exploitation. The committee felt that this recommendation would not have significant resource implications, as this would only apply to a small number of cases.

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Cost effectiveness

No cost-effectiveness evidence was identified for this review question

Appendices

Appendix A – Review protocols

Review protocol for RQ6.2: Barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living

| ID | Field | Content |
|----|-----------------|---|
| 1. | Review title | Barriers to, and facilitators for, supporting and developing looked-after young people to transition into independent living |
| 2. | Review question | What are the barriers to, and facilitators for, supporting and developing looked-after young people to transition into independent living? |
| 3. | Objective | To determine if there are certain points, events, or other triggers that impact transition out of care to independent living for looked-after young people, and the success of support given to promote independent living |
| 4. | Searches | <p>Sources to be searched</p> <ul style="list-style-type: none"> • PsycINFO (Ovid) • Embase (Ovid) • MEDLINE (Ovid) • MEDLINE In-Process (Ovid) • MEDLINE Epubs Ahead of Print • PsycINFO (Ovid) • Social policy and practice (Ovid) • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Database of Abstracts of Reviews of Effect (DARE) |

| | | |
|----|-----------------------------------|---|
| | | <ul style="list-style-type: none"> • EconLit (Ovid) – economic searches only • NHSEED (CRD) - economic searches only <p>Supplementary search techniques</p> <ul style="list-style-type: none"> • Studies published from 1st January 1990 to present day. <p>Limits</p> <ul style="list-style-type: none"> • Studies reported in English • No study design filters will be applied • Animal studies will be excluded • Conference abstracts/proceedings will be excluded. • For economic searches, the Cost Utility, Economic Evaluations and Quality of Life filters will be applied. <p>The full search strategies for MEDLINE database will be published in the final review. 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 | 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. |
| 6. | Population | Looked after young people and care leavers (wherever they are looked after) transitioning out of care into independent living, aged 16 – 25. |
| | | Also including: |

| | | |
|-----|-------------------------------|---|
| | | <ul style="list-style-type: none"> • 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. • Young people on remand, detained in secure youth custody and those serving community orders. |
| 7. | Phenomena of interest | Barriers and facilitators for transition out of care to independent living for looked-after young people, and the success of support given to promote independent living |
| 8. | Comparator | Not applicable |
| 9. | Types of study to be included | <ul style="list-style-type: none"> • Systematic reviews of included study designs • Qualitative studies: including focus groups, unstructured, and semi-structured interview-based studies (mixed-methods studies will also be included provided they contain relevant qualitative data) |
| 10. | Other exclusion criteria | <p>Exclusion</p> <ul style="list-style-type: none"> • Countries outside of the UK (unless not enough evidence, then progress to OECD countries) • Studies older than the year 2010 (unless not enough evidence, then progress to include studies between 1990 to current) • Studies including mixed populations (i.e. looked after and non-looked after children) without reporting results separately for LACYP • Mixed-methods studies reporting qualitative data that cannot be distinguished from quantitative data. <p>Views and experiences relating to</p> <ul style="list-style-type: none"> • Support for transition from children to adult health or social care services • Promoting positive relationships (covered in review questions 2.1 and 2.2) • Promoting mental, physical, and emotional health and wellbeing (covered in review question 3.2 and 3.3) |

| | | |
|-----|---|---|
| | | <ul style="list-style-type: none"> • Specific interventions and programmes (covered in review question 6.1). |
| 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 support is considered helpful for care leavers transitioning to independence</p> |
| 12. | Phenomena of interest - themes | <p>Evidence should relate to views concerning barriers and facilitators for successful transition out of care to independent living in care leavers, among:</p> <ul style="list-style-type: none"> • Care leavers themselves • Previous or current carers of looked after children and young people who have left care • Other support workers providing and accessing support for transition out of care to independent living <p>With a focus on:</p> <ul style="list-style-type: none"> • Experience of support for successful transition out of care to independent living, and accessing this support • Unintended consequences |
| 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 |

| | | |
|-----|-----------------------------------|---|
| | | <p>two reviewers, with any disagreements resolved by discussion or, if necessary, a third independent reviewer.</p> <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). Study investigators may be contacted for missing data where time and resources allow.</p> |
| 15. | Risk of bias (quality) assessment | <p>Individual qualitative studies will be quality assessed using the CASP qualitative checklist and classified into one of the following three groups:</p> <ul style="list-style-type: none"> • Low risk of bias – The findings and themes identified in the study are likely to accurately capture the true picture. • Moderate risk of bias – There is a possibility the findings and themes identified in the study are not a complete representation of the true picture. • High risk of bias – It is likely the findings and themes identified in the study are not a complete representation of the true picture |
| 16. | Strategy for data synthesis | <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. Themes will also be organised at the level of recipients of care and providers of care.</p> |

| | | | | | | | | | | | | |
|-------------------------------------|---------------------------|--|--------------------------|--------------|--------------------------|------------|--------------------------|------------|-------------------------------------|-------------|--------------------------|---------------|
| | | CERQual will be used to assess the confidence we have in the summary findings of each of the identified themes. Evidence from all qualitative study designs (interviews, focus groups etc.) is initially rated as high confidence and the confidence in the evidence for each theme will be downgraded from this initial point. | | | | | | | | | | |
| 17. | Analysis of sub-groups | <p>If different barriers or facilitators are observed between subgroups of interest, these will be drawn out under descriptive themes, which will then be used to develop analytical themes. The following constitute subgroups of interest:</p> <ul style="list-style-type: none"> • Looked-after young people leaving care in secure settings • Looked-after young people leaving care with mental health and emotional wellbeing needs • Looked-after young people leaving care, who are unaccompanied children seeking asylum, or refugees • Looked-after young people leaving care who are at risk or victims of exploitation (including female genital mutilation) and trafficking • Looked-after young people leaving care who are teenage and young parents in care • Looked-after young people leaving care with disabilities; speech, language and communication needs; special education needs or behaviour that challenges. • Looked-after young people leaving care who are placed out of area • Looked after young people leaving care who are LGBTQ | | | | | | | | | | |
| 18. | Type and method of review | <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Intervention</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Diagnostic</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prognostic</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Qualitative</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Epidemiologic</td> </tr> </table> | <input type="checkbox"/> | Intervention | <input type="checkbox"/> | Diagnostic | <input type="checkbox"/> | Prognostic | <input checked="" type="checkbox"/> | Qualitative | <input type="checkbox"/> | Epidemiologic |
| <input type="checkbox"/> | Intervention | | | | | | | | | | | |
| <input type="checkbox"/> | Diagnostic | | | | | | | | | | | |
| <input type="checkbox"/> | Prognostic | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Qualitative | | | | | | | | | | | |
| <input type="checkbox"/> | Epidemiologic | | | | | | | | | | | |

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|-----|--|--|--------------------------|--------------------------|
| | | <input type="checkbox"/> | Service Delivery | |
| | | <input 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 | Review stage | Started | Completed |
| | | Preliminary searches | <input type="checkbox"/> | <input type="checkbox"/> |
| | | 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 | 5a. Named contact Guideline Updates Team 5b Named contact e-mail LACYUpdate@nice.org.uk 5c Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) | | |
| 25. | Review team members | From the Guideline Updates Team: <ul style="list-style-type: none"> • Caroline Mulvihill • Stephen Duffield • Bernadette Li • Rui Martins | | |

| | | |
|-----|--------------------------------------|---|
| 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: https://www.nice.org.uk/guidance/indevelopment/gid-ng10121 |
| 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"> • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • 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. |
| 32. | Keywords | Looked after children, care transition, qualitative, systematic review |

| | | |
|------|--|--|
| 33. | Details of existing review of same topic by same authors | N/ A |
| 34. | Current review status | <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued |
| 35.. | Additional information | |
| 36. | Details of final publication | www.nice.org.uk |

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 th 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) |
| 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) |

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

- 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)
- 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)

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

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)

26 exp Infant/ or Infant Health/ or Infant Welfare/ (1098738)

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. (811620)

28 exp Child/ or exp Child Behavior/ or Child Health/ or Child Welfare/ (1838706)

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

- 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)
- 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)

Medline Strategy, searched 10th June 2019
Database: Ovid MEDLINE(R) 1946 to June 10, 2019
Search Strategy:

- 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 (no filter) | Not run again | Not run again |
| NHS Economic Evaluation Database (NHS EED) (legacy database) | 09/07/2019 | 09/07/2019 | 105 (no filter) | Not run again | Not run again |
| Embase (Ovid) | 09/07/2019 15/07/2019 | 1946 to July 08, 2019 1988 to 2019 Week 28 | 307 | 2228 | 1908 |
| MEDLINE (Ovid) | 09/07/2019 15/07/2019 | 1946 to July 08, 2019 1946 to July 12, 2019 | 269 | 1136 | 1135 |
| MEDLINE In-Process (Ovid) | 09/07/2019 15/07/2019 | 1946 to July 08, 2019 1946 to July 12, 2019 | 6 | 122 | 93 |
| MEDLINE Epub Ahead of Print | 09/07/2019 15/07/2019 | July 08, 2019 July 12, 2019 | 12 | 38 | 29 |
| PsycINFO (Ovid) | 09/07/2019 15/07/2019 | 1987 to July Week 1 2019 | 265 | Not searched for econ eval and QoL results | Not searched for econ eval and QoL results |

| | | | | | |
|--|--|-----------------------------|--|--|--|
| | | 1987 to July Week 2 2019 | | | |
|--|--|-----------------------------|--|--|--|

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 (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. (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 euroquol 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 (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. (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 (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. (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 (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,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 (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. (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 (pharmac 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 hql 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 euroquol 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)

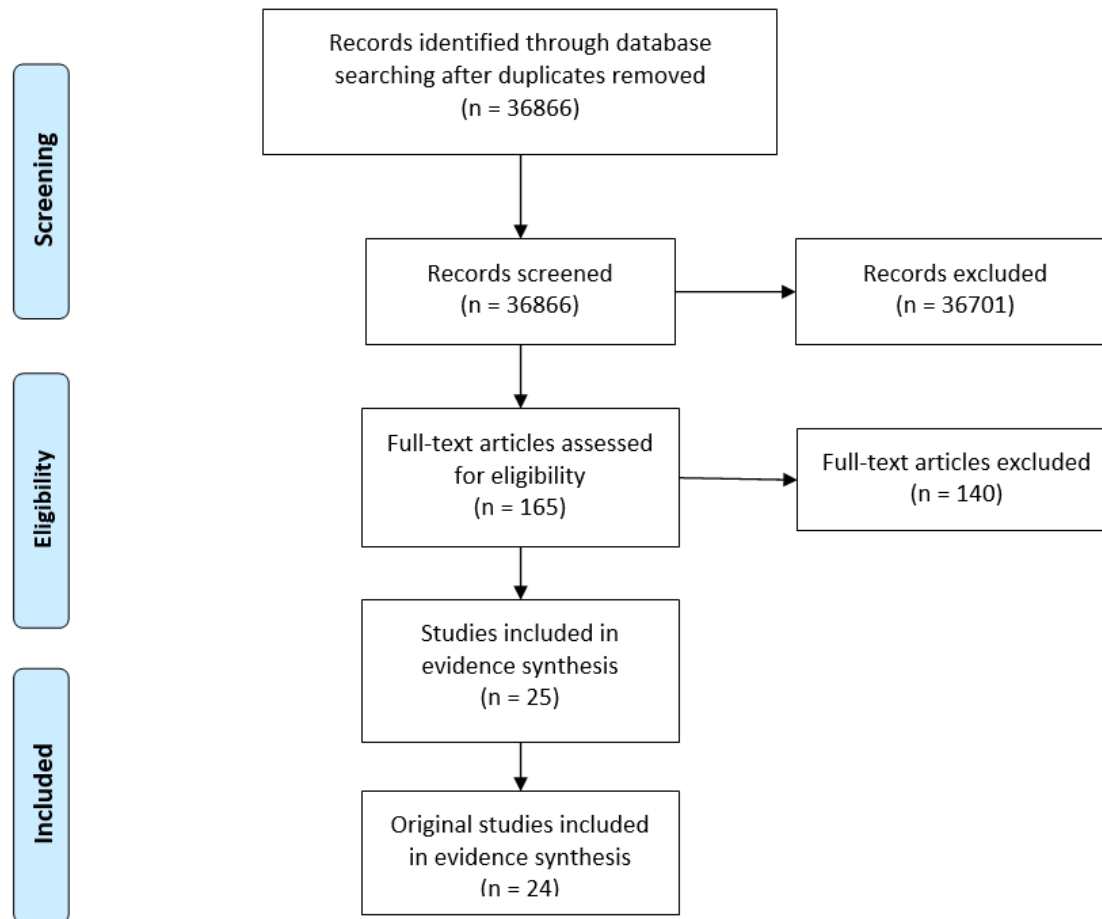
67 Monte Carlo Method/ (36411)

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- | | |
|----|---|
| 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 – Evidence tables

Adley 2017

| | |
|---------------------------|---|
| Study type | Semi structured interviews |
| Aim of study | to explore care leavers' views of their emotional support networks through understanding the world as it is experienced by them, in particular how they feel about their support network, how they have made sense of it, understood it and interacted with it |
| Study location | Scotland |
| Study setting | Care leavers transitioning to independence |
| Study methods | In-depth semi-structured interviews were carried out, with six care leavers between the ages of 18 and 21. The research was conducted in partnership with a care leavers' team within an urban local authority in England. A visual reflective tool was created by the researcher to structure the in-depth interviews and focus discussion on the participants' support networks, their size, the role of the individuals within the network and how these networks had evolved over time since they had begun the process of leaving care. The interviews were transcribed and data analysis used thematic analysis as described by Attride-Sterling (2001) to organize themes uncovered in a visual form to highlight the connection between original data and final interpretation. |
| Population | Care leavers between the ages of 18 and 21 |
| Study dates | not reported |
| Sources of funding | not reported |
| Inclusion Criteria | Criteria 1 |

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| | <p>respondents had left their foster care setting, whether it be a foster family or residential setting, to live independently within the last 6–18 months</p> <p>Criteria 2 a mix of gender and race was represented within the sample</p> <p>Age 18 years or older</p> <p>Language able to communicate verbally and speak English</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size 6 care leavers</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) 18 to 21 years</p> |
| Relevant themes | <p>Theme 1 The importance of emotional support networks for care leavers</p> <p>Theme 2 Variety of sources for support network</p> <p>Theme 3 Independence in developing their support networks</p> <p>Theme 4 Ad hoc nature of social care support for building social networks: one of the participants felt that someone had worked with them to overtly explore or identify gaps in their emotional support network, indicating a lack of support to overcome their potential inexperience in identifying a permanent, healthy relationship.</p> <p>Theme 5 Participants identified a clear gap between their expectations of leaving care prior to this occurring and the reality of leaving care once this had occurred: being on their own, unpreparedness for responsibilities; professionals must understand that offering support at the point of leaving care is very likely to be turned down if the young person has their own 'utopian' vision of how the transition will play out.</p> |

Theme 6

Adapting to being alone is emotionally difficult and makes absence of parental figure more noticeable

Theme 7

The complexity of accepting support: when young people turned down support, this did not always mean they did not want it; difficulty reaching out; difficulty accepting information; shame; feeling of pride, needing to prove themselves

Theme 8

Struggling with the identity of being a care leaver

Theme 9

Disparities felt between self and peers

Theme 10

The need for emotional support while younger: the nature of our relationships in the present is influenced by those that we have had in the past. This highlights the importance of professionals exploring the past history of the young people they work with to understand how this might be affecting their perception of the support being offered in the present.

Theme 11

Recommendation for practice: emotional support should be individually tailored

Theme 12

Recommendation for practice: the onus has to be on the professional: some young people might resist regular contact with their social worker after leaving care, in order to treat each young person as an individual, the professional needs to respect the evolving nature of the young person's experience and consider how the offers of support can be tailored to meet their changing needs

Theme 13

Recommendation for practice: the need to recognize that 'no' does not always mean 'no' and the importance of repeatedly offering support. young people in this study highlighted that often it was only after a certain period of time living on their own that the need for support became more apparent.

Theme 14

Practice recommendation: Young people should get offered some more intense support at the start of the process of leaving care regardless of whether they wanted it: pre-arranged meetings

Theme 15

the need to consider whether it may be possible to allow care leavers to make mistakes, e.g. in their decision to leave care at an early age

| 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 <i>(however, no discussion with regard to why some people chose not to take part)</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? | Yes <i>(No in-depth discussion of researchers own role, potential bias and influence during (a) formulation of the research questions (b) data collection)</i> |
| | Ethical Issues | Have ethical issues been taken into consideration? | Can't tell <i>(no discussion of ethical approval)</i> |
| | Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(authors used a previously described method of thematic analysis)</i> |
| | Findings | Is there a clear statement of findings? | Can't tell <i>(however no in-depth discussion of credibility of findings (triangulation, spondent validation, more than one analyst))</i> |

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| | Research value | How valuable is the research? | The research is valuable |
| | Overall risk of bias and directness | Overall risk of bias | Low |
| | | Directness | Directly applicable |

Butterworth 2017

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|-----------------------|---|
| Study type | Semi structured interviews |
| Aim of study | To explore care-leavers' experiences of mental illness, and transition in social care and mental health services. |
| Study location | UK |
| Study setting | Care-leavers with mental health needs |
| Study methods | This study used semi-structured interviews based on a topic guide, The topic guide covered elements of health and social care experience: (a) The LAYP's care journey, (b) the process of leaving LAYP services and moving to care-leavers services, (c) any experience of CAMHS contact, (d) transition to AMHS if relevant and (e) the experience of care in adult services. Interviews were audio-recorded and transcribed verbatim. Analysis was conducted using a thematic approach to systematically code, classify and organise the content into key themes and subthemes. |
| Population | Care-leavers aged 18-22 years (regardless of time spent in the care of the host local authority and including those living out of authority area) |

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| Study dates | not reported |
| Sources of funding | National Institute for Health Research |
| Inclusion Criteria | <p>Criteria 1 a care-leaver (regardless of time spent in the care of the host local authority and including those living out of authority area) registered with or in the process of transfer to the 18+ Care-Leavers Team</p> <p>Age 18 to 22 years</p> <p>Mental health identified by either a health or social care professional as having a mental health or well-being need (regardless of service contact).</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size Opportunistic sampling from a larger study was used to recruit 12 care-leavers with suspected mental health needs either with service contact (N = 6) and without (N = 6).</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) mean age of 19 years.</p> <p>Mental health At the time of recruitment, six were currently receiving care from Adult Mental Health Services (AMHS) community or crisis teams, a specialist care-leavers mental health team or a specialist youth mental health team. Two awaited an acceptance decision by AMHS. Four had no links with any mental health services although they had experienced input in the past</p> <p>Previous care young people had entered care under the categories of: Abuse and neglect (N = 7), Family in acute stress or Family dysfunction (N = 4) and socially unacceptable behaviour (N = 1).</p> |
| Relevant themes | <p>Theme 1 Overarching attitudes towards the care journey (abandonment): professional rather than genuine care;</p> <p>Theme 2</p> |

Overarching attitudes towards the care journey (trust): 'You don't trust that people are gonna stick around'; confidentiality breaches; not wanting to disclose mental health needs because of unwanted labelling

Theme 3

Overarching attitudes towards the care journey (powerlessness): a fear of professional power and its application; self-harm or attempted suicide in themselves and others as an inability to communicate distress when they were not listened to; staff wrongly responded to those who externalised distress and ignored those without behavioural communication;

Theme 4

Overarching attitudes towards the care journey (lack of stability): discontinuity of care; topped attempting meaningful relationships;

Theme 5

Overarching attitudes towards the care journey (difference): Being in care created feelings of 'difference', compared with peers, which could be positive (financial allowances), prescriptive (compulsory medicals) or restrictive (legislation).

Theme 6

Experience of social care services (experience of social care transition): transition as difficult, hard to understand or superficial; Many were shocked and unprepared for the reduction of support; inexperienced staff haphazardly managed complex transitions, and created anxiety and distress. There were few handover meetings and little joint working across the transition boundary. Communication about moves happened with little warning. Service handovers, and changes in workers and accommodation, could occur, inappropriately, at what were special times for the young person, such as their 18th birthdays and at Christmas when services were closed.

Theme 7

Experience of social care services (experience of social care support post-care): reduced surveillance; flexibility of access and support; tick box exercises.

Theme 8

Experience of social care services (independence): For some, this much-wanted independence brought feelings of autonomy, stability and control; isolation; independent housing may be unsuitable or frightening;

Theme 9

Experience of mental health care (beliefs and understanding about mental illness)

Theme 10

Experience of mental health care (mental health support while a child in care)

Theme 11

Experience of mental health care (experience of transition in mental health teams)

Theme 12

Experience of mental health care (mental health support after leaving care)

Theme 13

Experience of mental health care (perceptions of existing mental health services)

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| | <p>Theme 14 Recommendations (social care transition): Participants thought that social care and supported accommodation staff needed training in understanding, managing mental health difficulties and enhancing their support skills. Participants wanted staff to better prepare them for transition, with this process starting in LAYP services. They wanted joint working visits between care coordinators; and practical preparation for independence, for example trials of paying bills before leaving care.</p> <p>Theme 15 Recommendations (mental health transition): Young people wanted one holistic, flexible mental health service, in 'one big building' (P1), with specialist teams; 'a service for each problem' (P1), having specialist knowledge of LAYP, that could deal with their complex needs, rather than several disjointed agencies. They wanted 24-hr support, including a phone line and a less formal 'I don't like suits' (P13), flexible 'being able to take a walk with staff' (P13), youthfocused approach.</p> <p>Theme 16 Recommendations (across services): Key recommendations included increased contacts during transitions by both social care and mental health staff. Communicating in a way LAYP can understand is important, especially for those lacking insight into their own needs. Including LAYP in decision-making about their care is a legal expectation, but did not happen in practice, with some participants needing more support if they are not to feel decisions are made on their behalf. Participants liked to be asked directly about their mental health, as sometimes they felt unable to volunteer this information spontaneously. Some wanted continuity of care by maintaining placements and retaining the same social worker or mental health team despite change in age.</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? | Yes <i>(however there was no discussion of why some participants chose not to take part)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Yes |

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| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(researcher did not critically examine their own role, potential bias and influence during (a) formulation of the research questions (b) data collection)</i> |
| | Ethical Issues | Have ethical issues been taken into consideration? | Yes <i>(however no discussion of how researchers considered the effects of the study on the participants during and after the study)</i> |
| | Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(however, unclear if researcher examined their own role, potential bias and influence during analysis and selection of data for presentation)</i> |
| | Findings | Is there a clear statement of findings? | Can't tell <i>(not always clear arguments for and against interpretation of data, little discussion from researchers of the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). However, it was considered that This study focused on services delivered in one local authority in England which may not be reflective of services offered elsewhere in the country. and also The sample size may not have created data saturation.)</i> |
| | Research value | How valuable is the research? | The research is valuable |
| | Overall risk of bias and directness | Overall risk of bias | Low |
| | | Directness | Directly applicable <i>(although unclear when study was conducted)</i> |

Chittleburgh 2010

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|---------------------------|---|
| Study type | Focus Groups Semi structured interviews |
| Aim of study | This study wanted to investigate if an aftercare service was a positive development and if the service could be adjusted to meet the needs of the young people in a better way (mixed methods). |
| Study location | UK |
| Study setting | Care leavers supported by one voluntary organisation |
| Study methods | The study was carried out using documentary analysis, questionnaires, interviews and focus groups. Ten young people were interviewed individually, and the others were involved in a focus group. The interview questions were based on the answers to the questionnaires and the same questions were used as the basis for the focus group discussion. |
| Population | Care leavers (aged 17-21) supported by one voluntary organisation |
| Study dates | January 2007 |
| Sources of funding | not reported |
| Inclusion Criteria | Age 17 - 21 years |
| Exclusion criteria | None reported |

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| Sample characteristics | <p>Sample size 43</p> <p>Mean age (SD) average age on leaving: 16 years and 11 months</p> <p>Female gender 65%</p> |
| Relevant themes | <p>Theme 1 Role of the residential unit in the success of life after residential care: successful transition into the community; English improving; more able to care for themselves</p> <p>Theme 2 Importance of ongoing relationship with aftercare worker: support worker needs to know them well; small things meaningful</p> <p>Theme 3 Difficulty of moving from residential environment to independent accommodation: feeling of loneliness; problems with neighbours - gate keeping</p> <p>Theme 4 Role of the aftercare worker: importance of stickability; importance of flexibility; as long as necessary</p> <p>Theme 5 Importance of groups on offer: Feeling Good group are run by an after-care worker who was previously a hairdresser. The group works on issues of self-esteem and personal hygiene, as well as providing free haircuts, and helps young people to feel better about themselves. It provides a service they could not otherwise afford.</p> <p>Theme 6 Importance of aftercare groups (young mothers!): young mothers reported that the mother and toddler group provided them with a group where they can share ideas with peers and receive emotional support from one another.</p> <p>Theme 7 Factors which would have contributed to an easier transition: having less money to reflect the reality of living in the community; the opportunity to practice gatekeeping; and practice at seeking out the available resources in the local community</p> <p>Theme 8 Difficulty of managing money</p> <p>Theme 9 Support for longer from the residential staff: another step would have been helpful, e.g. supported flat</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? | Can't tell |
| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(It was unclear if all participants took part in the qualitative assessment; researchers did not explain why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study; no discussion around recruitment)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(Study does not go into detail about qualitative methods used; focus groups were used in some cases and interviews in others; form of data (e.g. tape recordings, video material, notes etc.) not clear)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(No indication that 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? | Can't tell <i>(no discussion of ethics)</i> |

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| | Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(no clear discussion of thematic analysis process or contradictory data; or how themes were derived from the data; no indication that 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? | Yes <i>(however no clear discussion of credibility of findings or triangulation)</i> |
| | Research value | How valuable is the research? | The research has some value <i>(unclear: research is not discussed in relation to existing research or impact on current policy)</i> |
| | Overall risk of bias and directness | Overall risk of bias | High |
| | | Directness | Partially applicable <i>(Study participants were recruited January 2007)</i> |

Devenney 2017

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| Study type | Interviews (unclear) in-depth interviews |
| Aim of study | to explore the themes that might emerge within UYP's biographical narratives and identify challenges and barriers to developing coherent narratives. |

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| Study location | UK |
| Study setting | One local authority in the North of England |
| Study methods | The interviews were designed using visual methods. findings presented are drawn largely from a section of the interview that involved participants in creating a “time tree,” an alternative to traditional time lining methods. Data on the individual level were analysed initially, directed towards extrapolating key themes within the individual’s narrative. Analysis was then undertaken across the data set to create a thematic analysis across participants with a particular focus on understanding the effect of time across the life course. |
| Population | Unaccompanied asylum seekers, leaving care and drawn from one local authority area and social work professionals (all from the North of England) |
| Study dates | Not reported (published 2016) |
| Sources of funding | Not reported |
| Inclusion Criteria | Criteria 1 Unaccompanied Young People (UYP) who have sought asylum alone in the UK without a parent or guardian. Criteria 2 preparing to leave care |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size 18 unaccompanied asylum seekers, 12 social work professionals Mean age (SD) aged 17 to 23 Female gender |

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| | <p>Majority were male</p> <p>Ethnicity The young people originated from a variety of countries, with the largest numbers originating from Afghanistan and Eritrea.</p> |
| Relevant themes | <p>Theme 1 The future is positive: constructing and achieving future goals. the well-being of UYP is “fundamentally linked to the perception of a projected sense of self within a future trajectory.”</p> <p>Theme 2 Others, mostly (but not exclusively) those with uncertain immigration status, had less coherent narratives in which both the past and the future were uncertain, unstable, or even unimaginable</p> <p>Theme 3 Hopes of future success were dominated by educational goals, reflecting previous research, which establishes the vital importance of education for UYP and their future plans</p> <p>Theme 4 social connections of the past, a desire to reunite and reconnect with family that underpinned aspirations and motivated young people to achieve them</p> <p>Theme 5 themes of reciprocity and return that could be achieved through education</p> <p>Theme 6 lack of support in pursuing educational goals, lack of focus on educational goals in pathway planning (mismatch)</p> <p>Theme 7 Difficulty/frustration being stuck in a manual job</p> <p>Theme 8 Social interactions as disrupters or facilitators of aspirations/achieving future goals</p> <p>Theme 9 The past and previous relationships (from the past) as motivators</p> <p>Theme 10 Holistic and effective pathway planning can engage not just with constructing a future but with actively constructing a whole narrative that connects the past, present, and the future together.</p> <p>Theme 11 Role of social workers to help overcome obstacles to achieve aims (e.g. education)</p> |

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| | <p>Theme 12 The importance of family and social networks beyond the service (UK, transnational, past present or imagined future)</p> <p>Theme 13 Even where young people had developed coherent future plans, a change in their immigration status could lead to the disintegration of any future vision as the young people became overwhelmed by unbearably present problems.</p> <p>Theme 14 For the young people who had exhausted their appeal rights, future thoughts were often consumed by fears of death and dying. Two of the participants revealed that they might kill themselves rather than be forcibly returned to their home countries. Return was inconceivable, beyond imagination</p> <p>Theme 15 One issue is the age at which young people migrated and their limited understanding of events, compounded by the desire of families to protect children from frightening and complex knowledge. Other participants felt similarly that they were too young to comprehend what happened to them, or even to remember much about their home country.</p> <p>Theme 16 those who had a settled status, a coherent narrative of pre-migration life and departure was still possible, albeit with gaps in the concrete knowledge of events Those without a settled status were struggling to keep together the fragile narratives of their past in the face of future uncertainty</p> <p>Theme 17 Unlike the young people who identified positive inspiration from past relationships, these young people (uncertain status) were more likely to be confused and distrustful of any personal relationships.</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 |

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| Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Yes <i>(however there was no discussion around why some participants chose not to take part)</i> |
| Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(unclear how the actual interview took place... e.g. whether semi-structured or unstructured methods were used. No apparent discussion of data saturation, form of interview data not clear; unclear if topic guide used)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(unclear if researcher considered 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? | Can't tell <i>(Thematic analysis used as well as visual methods (time tree). Unclear how the categories/themes were derived from the data. Unclear if enough data presented to support the findings. Unclear if researcher 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 <i>(No discussion of evidence both for and against the researcher's arguments. No discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i> |
| Research value | How valuable is the research? | The research has some value |
| Overall risk of bias and directness | Overall risk of bias | Moderate |

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| | | Directness | Directly applicable |
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Driscoll 2011

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| Study type | Semi structured interviews |
| Aim of study | to explore young people's (care leavers) own accounts and explanations in relation to their educational experiences and attainment, together with their attitudes to and engagement with education, particularly with regard to their aspirations and motivation to persevere with it. |
| Study location | UK |
| Study setting | Care leavers following key stage 4 in a home counties council local authority |
| Study methods | In-depth semi-structured interviews with seven care leavers aged 16 to 20. Data were analysed using a grounded theory approach. Descriptive categories were generated prior to the development of conceptual categories using thematic analysis in NVivo. |
| Population | Looked after Youth approached through their local authority Children in Care Council, by an invitation extended to members over the age of 16 at a Council meeting |
| Study dates | Not reported |
| Sources of funding | None reported |

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| Inclusion Criteria | <p>Criteria 1 Children in Care Council in one local authority</p> <p>Age Over age of 16</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size 7 participants</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) 16 to 20-year olds</p> <p>Previous care time in care ranged from 2 to 14 years</p> <p>Female gender 3 of the 7 participants were female</p> <p>Ethnicity all White British</p> <p>Current living situation four participants were still with their foster family, one was in supported lodgings, the rest were living independently</p> |
| Relevant themes | <p>Theme 1 Disruption in previous education both prior to care and in care</p> <p>Theme 2 Poor relationships leading to disappointing education results: e.g. breakdown in foster carer marriage/relationship; unhappiness on placement; or problems with birth family</p> <p>Theme 3 Criminal record barring entry to higher education</p> <p>Theme 4</p> |

Family orientated (or reactive) ambitions: e.g. to have a stable home or earn enough to support a family

Theme 5

Sense that they had dropped out of college too early, realisation of the importance of education through bitter experiences in the job market

Theme 6

Not ready to go into the adult world at 16

Theme 7

attainment of qualifications was a strong motivating factor for these young people, but setbacks and disappointments undermined their motivation

Theme 8

Qualifications to prove something to themselves

Theme 9

Feeling of it being too late... or the last chance

Theme 10

Designated teachers were not always sensitive about the "looked after" identity of children in front of the other students

Theme 11

Not wanting to get that label again... desire to use the same careers advice/learning support services as everyone else

Theme 12

Strong sense of self-reliance: considered a positive attribute: professionals should be careful of regarding it as "difficult" behaviour; refusal of professional support common

Theme 13

Refusal of professional support: need for that support to be based on mutual respect and trust, and identified the need for personal advice from a consistent and trusted source: "too many people"

Theme 14

System of multiple reviews and planning processes, including the personal education plan and the pathway plan. Young people were cynical about these and described becoming disengaged, so that they were compliant with the form-filling but ceased to engage meaningfully with making realistic plans because they had no expectation that this would lead to any change.

Theme 15

Dropping out of college due to overwhelming financial

Theme 16

Dropping out of further education due overwhelming personal problems

Theme 17

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| | importance of significant adult relationships for encouraging them to stay on in education | | |
| | <p>Theme 18 Importance of stable housing to stay on in education: the local authority's provision of supported accommodation for Dean and Scott, who were both 20, was key, while among all the participants, John, who had been given his own flat at 16, was at the highest risk of poor outcomes.</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? | Yes <i>(however, no discussion regarding why some people chose not to take part)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(interview method was not made explicit: e.g. indication of how interviews are conducted, or did they use a topic guide; the form of data clear (e.g. tape recordings, video material, notes etc); no discussion of data saturation)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(no indication 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 <i>(ethical approval granted)</i> |

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| | Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(however, unclear 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? | Can't tell <i>(no discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). However, relationship to existing research discussed throughout)</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 |

Driscoll 2013

| | |
|-----------------------|---|
| Study type | Semi structured interviews |
| Aim of study | to explore young people's (care leavers) own accounts and explanations in relation to their educational experiences and attainment, together with their attitudes to and engagement with education, particularly regarding their aspirations and motivation to persevere with it. to explore the potential role of birth families in supporting educational attainment |
| Study location | UK |

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|-------------------------------|---|
| Study setting | Care leavers following key stage 4 in a home counties council local authority |
| Study methods | In-depth semi-structured interviews with seven care leavers aged 16 to 20. Data were analysed using a grounded theory approach. Descriptive categories were generated prior to the development of conceptual categories using thematic analysis in NVivo. |
| Population | Looked after Youth approached through their local authority Children in Care Council, by an invitation extended to members over the age of 16 at a Council meeting |
| Study dates | Not reported |
| Sources of funding | Not reported |
| Inclusion Criteria | Criteria 1 Children in Care Council in one local authority Age Over age of 16 |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size 7 participants Reason for stopping recruitment not reported Mean age (SD) 16 to 20-year olds Previous care time in care ranged from 2 to 14 years Female gender |

| | |
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| | <p>3 of the 7 participants were female</p> <p>Ethnicity all White British</p> <p>Current living situation four participants were still with their foster family, one was in supported lodgings, the rest were living independently</p> |
| Relevant themes | <p>Theme 1 Few found that birth parents were supportive in relation to decisions about the future (despite caring about their education): lack of perceived interest or understanding; inability to engage with parent's mental health problems; recognition that family can even be a corrupting influence</p> <p>Theme 2 Birth parents as predominantly a source of stress: responsibility for them vs a need to escape from them</p> <p>Theme 3 Strong sense of self-reliance: this may undermine the making of supportive relationships vs being indicative of resilience</p> <p>Theme 4 Relationship between placement instability and spirals of loss, rejection, problem behaviours and criminal outcomes</p> <p>Theme 5 Link between relationship with carers and educational outcomes</p> <p>Theme 6 Frequent changes in social workers bewildering and offensive: "too many people"; absence of a consistent professional as a source of advice</p> <p>Theme 7 Pathway planning and review process impersonal and uncaring: monitoring exercise; not tailored; as a result, LACYP became disengaged; "like a number"; leads to refusal of professional support</p> <p>Theme 8 Supportive relationships, identification of key adults who had provided support and encouragement in education or more widely: "my carer kept me going"; in some cases a professional (not like a social worker at all, more like a friend); also IRO, or a college lecturer</p> <p>Theme 9 Benefit of being able to stay on in placement beyond turning 18 for staying on in college</p> <p>Theme 10 where a relationship of trust and care is established, participants were willing and able to accept support; gratitude for people who were supportive of their education, felt to be motivational: "give something back;" "make her proud"</p> |

| Theme 11 Education and "turning points": events in the participants' lives that they identified as, or that appeared to be, 'turning points' concerned their education. All but John regarded educational qualifications as important to their future success and they exhibited considerable tenacity in pursuing these. | | | |
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| | Section | Question | Answer |
| Risk of Bias | 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 <i>(however, no discussion regarding why some people chose not to take part)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(interview method was not made explicit: e.g. indication of how interviews are conducted, or did they use a topic guide; the form of data clear (e.g. tape recordings, video material, notes etc); no discussion of data saturation)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(no indication 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 <i>(ethical approval granted)</i> |

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| | Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(however, unclear 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? | Can't tell <i>(no discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). However, relationship to existing research discussed throughout)</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 |

Fitzpatrick 2017

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| Study type | Semi structured interviews See also http://www.careleavers.com/wp-content/uploads/2015/07/Clear-Approach-Report-Final.pdf |
| Aim of study | To study organizational and institutional barriers to implementing a unique intervention for care leavers in the justice system to profile the crime causative needs of care leavers |

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| Study location | UK |
| Study setting | Care leavers subject to an intensive community order taking part in "Clear Approach" a 10-week empowerment programme. The programme offers the opportunity to engage (on a voluntary basis) in one-to-one sessions as well as group work in order to explore the significance of their care experience and to consider any possible links between such experiences and later offending behaviour. The intervention is multi-modal consisting of individual one-to-one and later group work sessions. Primarily, Clear Approach aims to ensure that care leavers are aware of their rights and entitlements under the Children (Leaving Care) Act 2000 and receive the support that they are entitled to. |
| Study methods | Semi-structured interviews conducted with 11 practitioners and key stakeholders of the Clear Approach between April and July 2014. All interviews were digitally recorded and fully transcribed. Data were analysed thematically through a process of reading and re-reading transcripts. Authors created memos and codes relating to key themes within individual interviews, which were then cross-referenced across different interviews as we searched for similarities and differences in the data. |
| Population | Care leavers aged between 18 and 25 years old at risk of a short custodial sentence and subject to an Intensive Alternative to Custody |
| Study dates | between April and July 2014 |
| Sources of funding | supported by the Lancaster University FASS Enterprise Centre |
| Inclusion Criteria | <p>Criteria 1 Probation Officers, Probation Service Officers, Mentors employed by an employment agency and a number of Strategic Managers.</p> <p>Criteria 2 Care leavers aged 18 to 25 years old: Four of our interviewees had participated in Clear Approach, and two had been referred as care leavers but not taken part</p> <p>Age Age 18 to 25 (for care leavers)</p> |

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| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size 11 practitioners and key stakeholders, 6 care leavers</p> <p>Mean age (SD) Age 18-25</p> |
| Relevant themes | <p>Theme 1 Barriers to the specific needs of care leavers (practitioners' perspectives): absence of wider networks of support that care leavers can turn to in times of trouble</p> <p>Theme 2 Barriers to the specific needs of care leavers (practitioners' perspectives): the need for sustained support for care leavers, but not necessarily a specific intervention for care leavers</p> <p>Theme 3 Barriers to the specific needs of care leavers (practitioners' perspectives): young people might feel like they've been singled out: unhelpfulness of more labels e.g. "care leavers box"; potential stigmatizing effects of identifying care leavers status</p> <p>Theme 4 Barriers to the specific needs of care leavers (practitioners' perspectives): no uniform process through which to record care leaver status in the criminal justice system/ sometimes care leaver status concealed by the young person</p> <p>Theme 5 Barriers to the specific needs of care leavers (practitioners' perspectives): very low priority afforded to 'care' issues</p> <p>Theme 6 Barriers to the specific needs of care leavers (practitioners' perspectives): lack of knowledge of the legislation and the support that care leavers are eligible for from practitioners</p> <p>Theme 7 Barriers to the specific needs of care leavers (practitioners perspectives): fear of raising "care issues" in the first place (from the point of view of justice practitioners); perception that care leavers are a risky client group; responsibility gets passed on to "other agencies" e.g. Barnardo's or leaving care workers</p> <p>Theme 8 Barriers to the specific needs of care leavers (practitioners' perspectives): the primacy of immediate and pressing problems over care issues e.g. housing needs, employment needs, substance misuse</p> <p>Theme 9</p> |

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| <p>Barriers to the specific needs of care leavers (practitioners perspectives): care leaver status seen as too sensitive an issue to raise during induction sessions: The induction is the point at which the practitioner commences the process of offender motivation – seen as critical in facilitating the organizational priority of offender compliance and engagement (Miller and Rollnick, 2002). As such, to raise the matter of care leaver status was thought to be negative and may potentially reduce levels of offender motivation.</p> <p>Theme 10 Barriers to the specific needs of care leavers (practitioners perspectives): reluctance to push a care leaver into an intervention without the pre-existence of a relationship or "knowing anything" about the intervention</p> <p>Theme 11 Barriers to success of "clear approach": lack of effectiveness of briefing practitioners about the aims and purposes of the intervention, Clear Approach was still felt to be a "secret group" - this can impact implementation e.g. a number of those eligible were not referred</p> <p>Theme 12 Barriers to success of "clear approach": "the relationship between the offender manager and the young person is integral to getting them to come along to meetings, 'cos that relationship is where everything is based [...] If that offender manager is not on course with your programme and your work, then they're not going to be able to persuade that young person."</p> <p>Theme 13 Barriers to success of "clear approach": difficulty getting offending managers to "buy in" to the training and awareness sessions offered to them; time constraints; resource constraints</p> | | | |
| Risk of bias | Section | Question | Answer |
| | Aims of the research | Was there a clear statement of the aims of the research? | No <i>(There was no clear statement about the aims of the research, although these were implied in the text)</i> |
| | 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 <i>(recruitment strategy not described in great detail, relatively small sample used)</i> |

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| Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(no justification of the methods chosen, unclear setting of interviews or whether topic guide used, no discussion of data saturation,)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(No indication 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 <i>(ethical approval sought)</i> |
| Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(Researcher took into account contradictory findings and thematic analysis was used. However, researcher did not 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 <i>(no discussion of researcher's credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i> |
| Research value | How valuable is the research? | The research is valuable <i>(discussed in relation to current policy)</i> |
| Overall risk of bias and directness | Overall risk of bias | High |
| | Directness | Directly applicable |

Hiles 2014

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| Study type | Focus Groups |
| Aim of study | to give voice to young people, and the professionals working alongside looked after young people, in their transition from care. It aims to surface their experiences of this transition, and the support available, at a timewhen the leaving care system is under increased pressure |
| Study location | UK |
| Study methods | The researcher was invited to attend a regular meeting of a care leavers' group, interested care leavers were recruited from this group. The focus group was facilitated by the researcher and a support worker from Child and Adolescent Mental Health Services, focusing initially on some key terms (e.g. “care leaver”, “social network”, “people who are important to you”, “people who offer you support”) before moving on to garner feedback and ideas about the research study itself. A broadly realist stance was adopted, reporting on the described reality of participants and supported by an inductive, semantic approach to analysis. Thematic analysis was chosen as its theoretically flexible nature could support this approach, whilst still allowing the data to be organised and described in rich detail. The focus groups were transcribed by the researcher, transcripts were loaded into NVivo 10 qualitative research software, and separate thematic analyses were carried out on the data arising from each group. |
| Population | Six white male care leavers chose to take part; as did four health and social care professionals |
| Study dates | Not reported |
| Sources of funding | University of Plymouth. |
| Inclusion Criteria | Criteria 1 Young men, aged 16-24 at the start of their participation in the research |

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| | <p>Criteria 2 Participant entered care before the age of 16</p> <p>Language Participant is able to understand and respond to questions in English</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size six care leavers, four health and social care professionals</p> <p>Reason for stopping recruitment none reported</p> <p>Mean age (SD) Care leavers: 18.8 years</p> <p>Female gender all Male</p> <p>Ethnicity all White British</p> |
| Relevant themes | <p>Theme 1 (care leaver perspective) Leaving the care system: confusion over their identity, on the one hand being told that they're leaving care (not least via the 'care leaver' label), whilst on the other retaining contact with services for up to 8 years after the label is introduced; value of extra support; professional's language; invites negative judgements from others (so don't use it)</p> <p>Theme 2 (care leaver perspective) Leaving the system: Balancing support with expectations of independence - greater sense of freedom (? hampered if staying put with foster carers). Employment a key aspect.</p> <p>Theme 3 "I was struck by what seemed to be the considerable challenge of trying to develop a positive identity whilst being in a perpetual state of transition, and labelled by society in a way that appears to both attract stigma and reinforce separateness from peers. This seems to be further complicated by the delicate balance between providing support and undermining young people's sense of agency and self-efficacy."</p> <p>Theme 4 (care leaver perspective) Constantly changing social network: Participants described a dynamic social network that evolved to reflect the changing needs and contexts of the individual (Fig. 4). It consists of multiple smaller networks, each segregated from the other and subject to influence both from the outside and those at its core.</p> |

Theme 5

(care leaver perspective) Constantly changing social network: Segregated groups of important people - Participants described a range of different groups of individuals within their network, including multiple friendship groups, neighbours, family, 2 professionals and work colleagues. Groups were generally described in terms of being separate from each other, and performing different roles, though their relative importance varied between participants. Partners, family and friends were all possibilities for being at the heart of the network (i.e. the most important people to the young person), though there was a suggestion that the concept of family was itself transitory, since the relationship to foster carers becomes more distant over time. Relationships with professionals were seen as essential, though their professional status acted as a barrier to trust for some, and most participants emphasised their separateness from other social groups.

Theme 6

(care leaver perspective) Constantly changing social network: risk of violent explosions in the network - At least one participant experienced their entire support network as fragile, susceptible to unexpected and violent explosions at its core, "like a grenade going off". That is, their entire network was felt to be susceptible to damage by the actions of those closest to them.

Theme 7

(care leaver perspective) Leaving care: broader social network influences. potential impact of government policy on their life, though most saw this as negative. The role of digital social networks was more widely discussed. Participation in these, particularly 'Facebook', is a given and there is stigma associated with using 'outdated' online networks.

Theme 8

Author commentary on social network influences - "This theme seems to emphasise the individual nature of care leavers' social networks, and to me reinforces the need for this to be mapped out and taken account of when supporting young people in transition. The potential fragility, illustrated through the use of a graphic metaphor, suggests that some young people may have had repeated experiences of their entire networks being damaged."

Theme 9

(care leaver perspective) Lived experience of support: "you get different people for different support depending on what relationship you have with them, cause you'll go to somebody for help maybe finding a job for someone that you're not so open with but are willing to, like, who are really good at helping you...write, write a CV or something for instance but, for...anything, like, really personal, d'ya know what I mean, you'd have to have someone you have a relationship with...who you're really open with"

Theme 10

(care leaver perspective) Constantly changing social network: struggles in obtaining support needed both from professionals and other members of the social network: e.g. forced or pointless support vs supportive relationships that leave you with a smile on your face

Theme 11

(care leaver perspective) Constantly changing social network: supportive relationships that leave you with a "smile on your face": Support was considered to be highly individual and arise in the context of a relationship. The nature and type of support that might be sought and accepted varied with the closeness of these relationships. This also includes Reliability (i.e. someone being "there for you"), trust, and feeling that someone is genuinely interested in you, are key characteristics of successful relationships. Helpful support needs to be honest, even if that means saying things that may be difficult to hear.

Theme 12

(care leaver perspective) Constantly changing social network: Forced or pointless support: the wrong type of support ("pointless") at best, or having support "forced" upon them at worst. Support often seemed to be something that was given, rather than negotiated, and in the process young people's wishes or knowledge of their own needs could go unheard.

Theme 13

(professional perspective) the train wreck at 18: This theme explores the tensions to which young people are subject as they turn 18 and must leave care (Fig. 6). Participants described uncertainty in terms of the support and accommodation available, alongside an arguably inappropriate push for independence. Support from carers could be invaluable during this time though was not without its challenges.

Theme 14

(professional perspective) the train wreck at 18: Staying put or moving on — life in limbo whilst others decide: state of limbo as approaching 18th birthday, knowing that they will no longer be in care but uncertain yet if they can stay put with their foster carers or will be moving on to new accommodation. Staying put can mean fighting for necessary funding which is unlikely to be authorized unless young person is seen as "risky" or "vulnerable". Moving on is equally fraught, provision of financial support is uncertain, often only available to those who complied with the wishes of 'the system' by remaining in education. Those without such funding must use statutory adult services instead. Young people who wish to live independently must demonstrate that they have the skills to manage a tenancy (though there are some 'training flats' available to support them in this). Those offered supported accommodation instead may be obliged to take drug tests, which could represent a further barrier.

Theme 15

(professional perspective) the train wreck at 18: The paradoxical push to independence, simultaneous recognition that the experiences that care leavers have had may leave them needing additional support, alongside an acknowledgement of an active push towards independence at a far earlier age than most of their peers. Participants described having insufficient time to prepare some young people for this transition and noted that it could be particularly difficult for those with a history of placement instability. The potential costs of providing inadequate support (i.e. physical or mental ill health and the potential for criminality) were felt to be high. Young people were described as making this transition often without the "secure base" or "safety net" provided by parents or potentially foster carers. Thus, unlike their peers, they may have no parental figure to turn to for advice, yet they can't afford to make mistakes (e.g. in terms of independent living). They may also lack essential skills, such as the ability to manage their budget.

Theme 16

(professional perspective) the train wreck at 18: Support from carers: Some care leavers are "lucky" in receiving exceptional support from their carers, above and beyond their remit (e.g. offering support beyond 18 without being funded to do so). However, it was felt that some carers could struggle with identifying and managing their responsibilities within the care leaving process, as well as managing the tension between offering support and allowing independence.

Theme 17

(professional perspective) service design and development: "chaotic" The system was described as chaotic and complex, forced to respond to crises with the inevitable risk that those not in crisis receive less support or simply go unnoticed, "falling through the net". Poor staff retention and the use of temporary staff (who may not know local services) can leave young people without any consistency or continuity of relationship. This can combine with subjective decision making, and result in different young people inappropriately receiving different services and support.

Theme 18

(professional perspective) service design and development: Gaps and barriers between services - service problems were seen as being compounded by a lack of integration between CAMHS and other children's services, insufficient joint working, differing expectations of these services, and criticism between services. The transition to adult services, too, was seen as being challenging, due to different eligibility criteria for these services and a less flexible approach towards engagement. Young people who failed to meet these criteria, or who were unable to engage in the required manner, were at risk of falling through the gap between services. Some children's services have tried to be flexible with their age boundaries to bridge this gap, though there was concern that there wasn't more flexibility from adult services in regard to eligibility and engagement.

Theme 19

(professional perspective) Policies that may promote unwanted consequences: a number of processes were discussed which appeared to be the result of well-intentioned policy but might have paradoxical side effects. These include support being associated with escalation in risk and disengaging from adult mental health services being associated with reengagement of children's services. In addition, young people engaged in education (arguably those who are most able) were felt to be offered more support, perhaps leaving an isolated middle ground of low risk but vulnerable people. Finally, it was noted that care leavers returning to their birth parents for more than six months lose their eligibility for support.

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| | <p>Theme 20 (professional perspective) Attempting to manage amidst insufficient funds - Underpinning many of the challenges was a pervasive sense of insufficient funding, which was felt to be particularly acute with reductions introduced to address the UK deficit. Participants felt that it was a fight to meet even the most basic needs of young people, such as accommodation. Funding drops were believed to have driven short-term planning</p> <p>Theme 21 (professional perspective) Improving the system - the need for proactive and preventative approaches was emphasised, particularly greater investment in supporting placement stability. This should be supported by reduced caseloads, and a more systematic and consistent approach to offering support, by sufficiently skilled professionals. Integration and joint working across all children's services was felt to be necessary and a transitional service between children's and adults might help to bridge the gaps identified. Young people should be offered support for a sufficient length of time after leaving care (perhaps aided by a 'virtual team') and should have a guarantee to remain in placement if they wish. Funding should be steered towards training and support to in-house carers, rather than private placements.</p> <p>Theme 22 (professional perspective) Building relationships with young people and carers. Engaging with young people and going on to build and sustain a trusting relationship with them, was seen as critical to providing effective support. This often required a proactive approach to engagement and took time to develop. Difficulties in the relationship were to be expected and required the professional to stay alongside the young person.</p> <p>Theme 23 (professional perspective) Fighting and pleading with those above. Participants described having to "beg" for money on behalf of their young people, to meet even their most basic needs. Their powerlessness in relation to the budgets and decision making of others was seen to mirror that experienced by those whom they worked with, and they described being subject to frequent system changes, arising from the changing interests of the political parties of the time. They described specific challenges in relation to managing the way in which time was distributed across significant caseloads, and a lack of agency in terms of their ability to obtain support from other services (e.g. CAMHS).</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 |

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| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | No <i>(The participants were selected opportunistically and may have had a bias or agenda in taking part. They were also few and from the same locality. Those young people who took part might be considered to have stronger social support networks than some of their care leaving peers, since they were engaged in a care leavers' group.)</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? | Yes <i>(However: "despite the precautions outlined, it is likely that the analysis will have been influenced by the researcher's a priori knowledge of the subject area, and the sequential accumulation of the research data.")</i> |
| | Ethical Issues | Have ethical issues been taken into consideration? | Yes <i>(ethical approval sought)</i> |
| | 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 <i>(Example of a "high quality" qualitative study)</i> |
| | | Directness | Directly applicable |

Hollingworth 2012

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| Study type | Semi structured interviews |
| Aim of study | To explore the impact that social, leisure and informal learning activities can have on educational participation and educational pathways of young people in and leaving care |
| Study location | UK |
| Study setting | Five local authority areas in England |
| Study methods | A subset of the YIPPEE study: a biographical narrative interview method was used. Interviews lasted for approximately 90 minutes and covered topics such as family life, care history, education, employment, health, friendships and supportive adults, leisure activities and hopes and aspirations for the future. In addition, 14 interviews were carried out with professionals and carers who had been nominated by young people as being particularly supportive of them and their education. This research had a specific focus on care leavers who showed educational promise. |
| Population | Care leavers, aged between 18 and 24, who showed ‘educational promise’ (defined for the purposes of the research as having achieved at least one school leaving qualification) |
| Study dates | 2008 to 2010 |
| Sources of funding | Funded by the European Union’s Seventh Framework Programme (Socio-Economic Sciences and Humanities, No 217297) |
| Inclusion Criteria | Criteria 1 in care for at least a year, and were in care at age 16 Age |

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| | <p>Care leavers aged 18 to 24</p> <p>Education defined for the purposes of the research as having achieved at least one school leaving qualification</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size 32 care leavers</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) between 18 and 24</p> |
| Relevant themes | <p>Theme 1 Engaging in sport as a means of supporting integration: The integrationist meaning of sport to these young people was highly significant; these were activities through which many had been able to develop friendships and widen their social network, mixing and socializing in mainstream activities with young people who are not in the care system. In many cases, young people had been participating in sports activities or clubs for many years and this had provided an important source of stability and consistency in their lives.</p> <p>Theme 2 Volunteering as a way to reflect on own experiences in care (e.g. mentoring), increased sense of self as a learner, and to feel you are making a positive contribution to society. Volunteering also can help identify future careers; positive impact on self-esteem; significant impact on attitude towards formal education</p> <p>Theme 3 The arts: arts can provide important opportunities for young people, opening doors and helping them to pursue their educational and career aspirations</p> <p>Theme 4 'socialising with friends' was a major part of social and leisure time activities. This included going into town, hanging around with friends, going to friends' houses and going to pubs and clubs and the cinema. These activities also fulfil an important integrationist role in the lives of young people who have often spent much of their childhood in isolated and difficult circumstances.</p> <p>Theme 5 Facilitators: Some young care leavers cited support that had been given to them by foster carers, children's social service or leaving care professionals, which had made it possible for them to access voluntary placements, or enabled them to take up social activities. This included, for example, advising them of an activity or group that they might be interested in joining, providing transportation or financial support. These professionals often also had an important role to play in promoting work experience and educational participation.</p> <p>Theme 6</p> |

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| | <p>Facilitators: School staff: school staff can have a crucial role to play in actively encouraging young people in care to take part in extracurricular activities in their leisure time, and through supporting them in this where possible.</p> <p>Theme 7 Facilitators: simply attending school or college appeared to be a major facilitator for some young people in helping them to develop and maintain an active social and leisure life. Being placed in care and the frequent placement moves often associated with it sometimes meant that school or college was the only consistent aspect of their lives and was a critical place through which friendships and ongoing involvement in leisure activities could be maintained.</p> <p>Theme 8 Facilitators: stable schooling and attendance at educational institutions is for young people in care. School can facilitate participation in leisure and extracurricular activities which in turn has been shown to have a positive effect on engagement with formal learning</p> <p>Theme 9 Facilitators: Involvement in community or faith groups was a major facilitator for building social networks, developing skills and giving young people the opportunity to utilize them. Six young people reported how they had been involved with a community group when they were younger and had then been given the opportunity to volunteer and take a leadership role within these groups.</p> <p>Theme 10 Barriers: Financial constraints - Lack of money was cited by a number of young people as a major barrier to their involvement in leisure and social activities. Many of these young people were only just able to make their finances stretch to cover the basic necessities such as housing, subsistence and travel costs. Under these circumstances, leisure and social activities were often the first things to be cut back or sacrificed altogether</p> <p>Theme 11 Barriers: placement moves. Several people reported that maintaining friendships was extremely hard because of frequent placement moves and ending up living a long distance away from the friends they had made, and the leisure activities they had been involved in.</p> <p>Theme 12 Barriers: Lack of time due to other responsibilities Another key factor restricting leisure and social activities for some young people was a lack of time. Many were simply far too busy with studying, working, caring for family members or the daily routines of independent living, to focus on developing and maintaining healthy social and leisure lives.</p> | | |
| Risk of Bias | Section | Question | Answer |
| | Aims of the research | Was there a clear statement of the aims of the research? | Can't tell <i>(Aim was not clearly stated but derived from the text)</i> |
| | Appropriateness of methodology | Is a qualitative methodology appropriate? | Yes |

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| | Research Design | Was the research design appropriate to address the aims of the research? | No <i>(No justification of the research design)</i> |
| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(No discussion of recruitment strategy)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(semi-structured interviews were performed but no further detail regarding interview method, or form of data)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(no apparent consideration of the role of the researcher in introducing bias and influence)</i> |
| | Ethical Issues | Have ethical issues been taken into consideration? | Can't tell |
| | Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(no description of the method of synthesis was given, unclear if researchers critically examined own role, unclear if contradictory data was taken into account)</i> |
| | Findings | Is there a clear statement of findings? | No <i>(Unclear what aspects of the findings were derived from qualitative synthesis)</i> |
| | Research value | How valuable is the research? | The research has some value |
| | Overall risk of bias and directness | Overall risk of bias | High |

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| | | Directness | Partially applicable <i>(participants were recruited between 2008 and the end of 2010)</i> |
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Hyde 2019

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| Study type | Semi structured interviews |
| Aim of study | "Corporate parenting in the UK may not be well-operationalised, with a potential role for educational psychologists (EPs) in promoting effective practice. This paper explores care leavers' needs and priorities from the perspective of self-determination theory (SDT), which relates the individual's motivation to the human need for competence, relatedness and autonomy. |
| Study location | UK |
| Study setting | two UK local authorities |
| Study methods | Individual, semi-structured interviews were carried out with 10 young people aged 16–19. Interviews were audio-recorded, transcribed and anonymised. Data were first analysed inductively using Braun and Clarke's (2006) model of thematic analysis. How the responses mapped onto an SDT framework was considered in a second, deductive round of analysis. Prior to the deductive stage, inter-rater coding was conducted with two researchers. All researchers independently coded the same section of the data and met to discuss the coding and interpretation of data. |
| Population | Care leavers aged 16 - 19 |
| Study dates | Not reported |

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| Sources of funding | Department for Education (DfE) National College for Teaching and Learning (NCTL) for the Initial Training of Educational Psychologists (ITEP) |
| Inclusion Criteria | <p>Criteria 1 care leavers from two local authorities</p> <p>Age 16 to 19 years</p> <p>Language "Had communication skills that enabled them to clearly express their views."</p> |
| Exclusion criteria | <p>Criteria 1 "If the Heads of the Leaving Care services felt the participant might experience a strong emotional reaction to participation."</p> |
| Sample characteristics | <p>Sample size 10 care leavers</p> <p>Mean age (SD) age 16 to 19 years</p> <p>Female gender 70%</p> <p>Current living situation 5 in semi-independence, 2 in foster care, 2 in independence, 1 "staying put",</p> <p>Education/employment 5 in college, 1 at school doing GCSEs, 3 employed/apprenticeship, 1 NEET</p> |
| Relevant themes | <p>Theme 1 Importance of supportive care for transition into independent living (relatedness): Findings indicate that young people's motivation levels with regards to transition to independent living were bolstered by engagement with responsive and personalised professional support when preparing for adulthood; being able to ring her mentor when needed; them "getting on it straight away"; "being there"; problems with delayed response times; perceptions that relationships with professionals felt contractual</p> <p>Theme 2 Problems with loneliness and isolation now living independently.</p> |

Theme 3

Support workers attached to semi-independent living accommodation galvanised young people to develop independence skills. They were valued for their availability: 'deal with me on a day to day basis'; emotional support, 'I know if I'm feeling rubbish now, I can talk to them'; interest in young people's personal goals; help with mail that is not understood; life skills such as applying for tenancies or passports modelled by support worker staff

Theme 4

Romantic partners offered emotional support and encouragement, for example, in attending college and sometimes challenged their partners to develop independence skills

Theme 5

Family contact, which seven young people had re-established at the time of the interviews, provided an anticipated safety net, thereby strengthening motivation levels for independent living.

Theme 6

Some described the motivating impact of ongoing foster carer support on their choice to pursue education goals.

Theme 7

the role of school staff in supporting their education goals: personalised support; a lack of support in educational settings leading to self-reliance and uncertainty about which courses to pursue at college

Theme 8

The need for mental health support but finding oneself on the waiting list

Theme 9

Facilitators to relatedness in educational settings: pastoral and academic support in schools

Theme 10

relatedness for emotional and support needs: emotional and mental health support and creating own family felt to enhance relatedness; however unmet emotional needs undermined relatedness

Theme 11

Friendships were a key enhancer of relatedness; and peer support could help with gaining independence; however, this social network was also an unreliable and unpredictable support source

Theme 12

Support workers were an important enhancer of relatedness where support was personalised, practical, and/or emotional; support workers can be an important source of challenge for care leavers, especially where support is regular and readily accessible; support workers can model and support life skill development;

Theme 13

Other professional support was felt to facilitate relatedness when it was responsive and personalized; however could undermine when there was a lack of availability/responsiveness, when there was a legacy of negative past relationships, and where there was an absence of care e.g. relationships felt contracted

Theme 14

Relationships with family members could provide a source of practical help; relational repair; more of a sense of security or a safety net; and an anticipated support source when living independently; relationships with family members can also provide a supportive context for life skills development

Theme 15

Other individual support figures were important in challenging care leavers; providing motivation to pursue goals; "being there" and providing personalised attuned support; and a supportive context for life skills development

Theme 16

RE autonomy building: Findings suggested most young people described a preference for a graduated model of independence, which included adult modelling of life skills. Harry valued his carers 'gradually teaching me what to buy, what to cook, how much to cook.' This allowed for opportunities to experiment with independence skills in a supported context. Two young people claimed to be self-reliant but described help-seeking behaviours (e.g. calling social care to ask for emergency funds).

Theme 17

Mental health as an impediment to independent functioning: e.g. motivation to attend college, attend medical appointments. The need to be "pushed" to go to the doctors and seek help for mental health needs; Balanced against this, others described a developing ability to influence their own wellbeing over time.

Theme 18

Turning points in young people's lives often enhance autonomy relating to educational goals involvement with the criminal justice system prompted this commitment while, for others, it was pregnancy, leaving school, or the reality of semi-independent living and realising that 'no one's there to babysit you'. Turning points invariably induced self-reflection and a commitment to steering future plans

Theme 19

barriers and/or interruptions to education pathways resulting from a lack of intrinsic motivation. Issues related to insufficient planning for, or engagement with, post-16 options whilst at school, or poor GCSE results. The lack of a clear post-16 pathway led to impetuous decision-making and amotivation

Theme 20

Time to reflect, dissatisfaction with current circumstances and the ability to project into the future – something not prioritised at school – inspired young people previously lacking motivation to re-evaluate their post-16 trajectories. most had experience of a 'yo-yo-ing' phase since leaving school, fluctuating between courses, jobs or unemployment. However, this experience motivated some young people to steer their lives with increased purpose: 'So I decided that no, I needed to go to college, get my maths and English...and get a job'

Theme 21

Balanced against narratives of increased self-determination, young people lacked some basic knowledge about their preferred training routes (e.g. course length).

Theme 22

there was a general view that it had been possible to exercise choice around post-16 living arrangements. Enhanced control and freedom galvanised young people to embrace independent living. Khloe was proud of her achievements: 'at first I found it quite hard, but now I just love it. And I feel independent, I feel grown up

Theme 23

Most young people regarded poor money management skills as impacting on their ability to function independently. Despite being offered advice, a small number described varying states of dependency on others to financially support or rescue them.

Theme 24

mental health and wellbeing as a barrier to autonomy: barrier to motivation and goal pursuit; impacts independent functioning; resulted in a low locus of control

Theme 25

Money management: participants had difficulty managing their own finances, self-reliance could undermine help-seeking behaviour with this

Theme 26

Fashioning (self-authoring) identities was found to increase autonomy: e.g. care career conferring resilience,

Theme 27

turning points helped with autonomy: e.g. underachieving at GCSEs; yo-yoing between education, training, or employment states; building training, career, or employment goals. However many were unaware of details they needed to be aware of around training, education, or career goals

Theme 28

Autonomy was enhanced by perceived choice around post-16 living arrangements; or undermined by lack of choice

Theme 29

Autonomy was assisted by a graduated approach to independence, models of life skill development, safety netting.

Theme 30

money management, and for two young people diet management, were potential barriers to independent functioning (competence)

Theme 31

Although personal advisors offered money management advice, this was sometimes perceived as too directive or patronising, thus not accepted. Conversely, three young people were motivated to learn these skills through adult modelling because they recognised that they would soon have to manage their tenancy and diet independently.

Theme 32

Among parents, desire to return to education once children were older

Theme 33

At least half of the young people reflected on how a graduated approach to independence, incorporating adult modelling, increased their confidence around living independently. Specific independence markers included: cooking independently, making phone calls, using public transport and paying bills. Not all had reached this point through a graduated approach, but this was thought to have facilitated skills acquisition.

Theme 34

Competence was felt to be supported by a model of "journeying to independence": including a system of modelling skills in a graduated approach, opportunity to safely experiment with independence skills, recognition of own skill/self-development, semi-independent living enhancing skill development in this manner.

Theme 35

For competence in money management, many had difficulty managing their own finances: this was supported by modelling of money management, perceived competence in managing finances, a sense of self-reliance could be a barrier or facilitator to money management

| Theme 36 Many felt their self-efficacy in education was undermined by an unstable self-efficacy in relation to future goals, that self-efficacy was undermined by past experiences and that mental health undermines self-efficacy | | | |
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| 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 <i>(no discussion regarding the aims of the recruitment process in terms of the selection of participants: some young people interviewed were supported by a leaving care team rated outstanding by Ofsted in 2015, meaning that their responses may constitute a more positive picture of the leaving care process than might be expected from those in other UK local authorities.)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Yes <i>(however setting for interview was unclear and no discussion of saturation of data)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(Unclear if researchers he 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> |

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| | Ethical Issues | Have ethical issues been taken into consideration? | Yes (<i>ethical approval gained</i>) |
| | 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 (<i>true high quality</i>) |
| | | Directness | Directly applicable |

Larkins 2021

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| Study type | Focus Groups Semi structured interviews |
| Aim of study | 1. To adopt a participatory approach, enabling looked after children and young people (LACYP) to guide and shape research that could inform the work of the NICE LAC Guideline Update Committee. 2. To understand LACYP's perspectives on the themes and questions identified by the NICE committee and to allow understanding of these themes to arise from LACYP's perspectives |

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| | 3. To promote rights, safety and inclusion - ensuring that looked after children and young people could exercise choice in how they express their views, that a diversity of perspectives are sought, valued and represented. |
| Study location | UK |
| Study setting | looked after children from three UK local authorities |
| Study methods | Creative methods and thematic interview schedules were developed in consultation with a steering group of young researchers who were LAC. The cocreated research activities eventually used included: <ul style="list-style-type: none"> • Individual interviews (sometimes involving theme card prompts, prioritisation of cards or drawing/collage) • Visual arts-based activities (using paint, fabrics and drawing materials to create representations of wellbeing, and one-to-one discussions about these) • Music-based activities (choosing or writing songs that evoke feelings of wellbeing, and individual and group discussions of these) • Group discussions (usually centred around an undulating line on a 5m length of paper, which represented the progression of a movie script and the ups and downs of life). All fieldwork activities were audio recorded and transcribed verbatim. A hybrid approach of inductive and deductive thematic analysis with a framework analysis approach was used to ensure that analysis is driven by participants' perspectives. data was listened to, read, looked at and reviewed by multiple researchers, young researchers and GUC members. |
| Population | Looked after children and young people from 3 areas (10 South, 17 Midlands, 20 North). |
| Study dates | 2020 to 2021 |
| Sources of funding | The National Institute of Health and Care Excellence (NICE) |
| Inclusion Criteria | Looked after children and young people - The nature of interventions and outcomes for LACYP vary according to geographical and associated differences. Three sites (local authorities or boroughs) were identified for inclusion in the study in order to obtain a spread of experience, according to the factors listed: geography; placement stability; local authority performance; innovation of practice; educational success; socio-economic conditions; numbers of missing children; and ethnicity. |
| Exclusion criteria | None reported |

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| <p>Sample characteristics</p> | <p>Sample size 47 LACYP aged 6-17 from 3 areas (10 South, 17 Midlands, 20 North).</p> <p>Ethnicity Of these 47 participants, 8 were Black, 3 South Asian, 2 Dual Heritage and 34 were white.</p> <p>Type of care 19 in foster care, 6 in kinship care, 5 in residential care, 3 in specialist non-secure care, 4 in semi-supported/semi-independent living, 55 in independent house/flat, 4 not known</p> <p>Education 10 reported SEND labels and 3 were in special schools and 3 were home tutored</p> <p>Mental and emotional health 4 had EBD; 17 had pronounced mental health or wellbeing concerns,</p> <p>Risk of Exploitation 14 were at risk of exploitation; 11 had a history of going missing,</p> <p>Parents 11 were young parents,</p> <p>Placed out of county 6 were placed out of county,</p> <p>LGBTQ 2 identified as LGBTQ,</p> |
| <p>Relevant themes</p> | <p>Theme 1 Teenagers have unanswered questions about leaving care. Secure relationships and stability in existing placements would increase young people's comfort with conversations on this subject. Conversations about options and ongoing support would reduce anxieties.</p> <p>Theme 2 Learning cooking (including culturally specific meals), budgeting, shopping and cleaning skills was a facilitator of transitions to leaving care. Participants valued foster carers, schools and leaving care workers who helped them to learn these skills and to understand the importance of connecting to community health and leisure services. Connecting to these also relied on social workers providing financial resources and encouragement.</p> <p>Theme 3</p> |

Smooth transitions to leaving care would be facilitated by changing assumptions about the age at which young people leave care and removal of the pressure to move into more independent accommodation before they are ready, providing equitable status with young people not in care. Professionals can challenge the idea of urgency (including for young parents and young people with SEND) and instead prioritise quality and appropriateness. This would enable transitions to be done in a staged approach which follows young people's own sense of timing. They put me into that house knowing what {other young residents} was like, ... I think I got put in more danger... if I'd have gone back with my foster carers, [the distressing incident] wouldn't have happened...I weren't ready to go in independent living, just wasn't ready.

Theme 4

Young people's transitions to leaving care can be facilitated by enabling them to take a lead in making plans, working alongside them to follow these and recognising that time to learn from mistakes may be needed. Lack of or perceived lack of choice of options is a barrier.

Theme 5

Ongoing support (including for parents) through contact with former carers or family is a facilitator of wellbeing in leaving care. Support with finance, as well as ongoing care and practical assistance are vital components of this.

Theme 6

Research participants leaving care (including for parents) valued collaboration between professionals in their transitions to leaving care. This involved finding time to identify and make connections with other professionals who could offer support to care leavers.

| Risk of bias | Section | Question | Answer |
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| | 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? | Can't tell |
| | Ethical Issues | Have ethical issues been taken into consideration? | Yes |
| | Data analysis | Was the data analysis sufficiently rigorous? | Yes |

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| | 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 |
| | | Directness | Directly applicable |

Liabo 2017

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| Study type | Semi structured interviews |
| Aim of study | Recognizing that for many care leavers, transitions involve intra and inter-organizational complexities, this study aimed to understand how these are experienced by young people, and some of the key professionals supporting them. |
| Study location | UK |
| Study setting | Care leavers in one inner city local authority in the UK |
| Study methods | Group meetings and individual interviews with young people and individual interviews with practitioners, these were semi-structured. Meetings covered the following: 1. young people's understandings of 'transition'; 2. their experiences of services; 3. their participation in transition processes; and 4. emerging findings. Once data gathering was complete, interviews were coded individually and put onto a coding map. |

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| Population | <p>Young people (n= 24) from a participatory project in Children’s Services and the Leaving Care service. Eleven of the 24 had arrived in the UK unaccompanied, six from Europe and five from Africa.</p> <p>11 professionals were also interviewed. Four were involved in the leaving care service including two personal advisors (PAs), a strategic manager and an education link advisor. Two were working within CAMHS including a team manager for the CAMHS children looked after team and a transition lead. Two worked within the Children Looked After health team including the designated doctor and a leaving care nurse.</p> |
| Study dates | Not reported |
| Sources of funding | the Department of Health Policy Research Programme, the National Institute for Health Research Biomedical Research Centre |
| Inclusion Criteria | <p>Criteria 1 in one inner-city local authority in the UK</p> <p>Criteria 2 Care leavers in Children’s Services and the Leaving Care service</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) age 16 to 24. Of the total sample, 11 young people were aged 16/17 and just starting their transitions out of care. A further 13 young people were aged 18–24, and 12 of them had transferred from Children’s Services to the Leaving Care Team while one was ‘staying put’ with foster carers.</p> <p>Mental health Seven young people were or had been involved with CAMHS, and two had experienced being sectioned.</p> <p>Ethnicity</p> |

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| | <p>The sample was ethnically diverse, comprising young people identifying as Black British, White British, Black Caribbean, White Other, Black Other, Chinese and Mixed Race.</p> <p>Unaccompanied asylum seekers Eleven of the 24 had arrived in the UK unaccompanied, six from Europe and five from Africa.</p> <p>Health problems The health conditions described by the young people included heart conditions, eye conditions, diabetes, chronic pain, haematological conditions, respiratory conditions, orthopaedic problems, acute and chronic mental health needs and digestive disorders.</p> |
| Relevant themes | <p>Theme 1 Young people aged 16–17 looked forward to moving out of foster care and being in charge of their own lives. Being ‘adult’ was associated with freedom, having their own flat and obtaining a drivers’ licence and a job</p> <p>Theme 2 Young people approaching transition and those who had moved on also spoke of a darker side to transition – social isolation and insecurities</p> <p>Theme 3 Some felt on reflection that they had been too eager to leave and missed the family environment of foster care once they were on their own.</p> <p>Theme 4 Practitioners described tensions when young people re-engaged with their birth family or read their case notes.</p> <p>Theme 5 Housing emerged as a key contributor to well-being during transition. Some young people spoke of feeling unsafe in semi-independent accommodation, feeling used by friends when they acquire their own flat, the uncertainty of bidding for flats and how nervous they felt when first living alone.</p> <p>Theme 6 Health was rarely at the top of any care leaver’s agenda. When asked to map out the services important during transition, health services were missing from suggestions.</p> <p>Theme 7 There was also a gap in understanding of how the healthcare system works. With only two exceptions, GPs were not mentioned by young people as prominent, although some people spoke of complications related to moving GPs when you have a long-term health condition. In some cases, health care was accessed through A&E and voluntary sector agencies.</p> <p>Theme 8 Most young people who were in frequent contact with NHS providers spoke warmly of their healthcare practitioners, in particular when they had supported them beyond the clinical encounter, for example by writing letters of support for adapted housing.</p> <p>Theme 9 Difficulty in transition to adult services e.g. from a physical health condition or from CAMHS to adult MH service. Scary, happening without warning vs exemplary service with a regular communication about transfer and the young person themselves making the decision to transfer to adult services</p> |

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| | <p>Theme 10 Children Looked After Nurse: Young people appreciated the children looked after health team. In this authority, the Children Looked After nurse would travel to the child's placement for health assessments. A benefit of this was consistency and a comprehensive health history report on leaving care. Young people got to know the nurses and would approach them for health information during transition. Young people found it helpful that the looked after children nurse ran a drop-in clinic in the leaving care team, but not all knew of this service.</p> <p>Theme 11 Stigma of health histories being known beyond the health care team: and there was concern about the stigma of healthcare staff knowing them as care leavers from their case notes.</p> <p>Theme 12 some young people felt that they would have preferred more communication between their PAs and their specialist healthcare providers. A specialist health practitioner described how helpful it had been to attend review meetings and suggested that invitations from social care go to the whole specialist team not just the consultant.</p> <p>Theme 13 Social care during transition: need for consistent support from a responsive, knowledgeable and easily contactable social worker or PA</p> <p>Theme 14 Social care during transition: majority had experienced multiple changes in workers. In turn, practitioners described the challenge of heavy caseloads and paperwork.</p> <p>Theme 15 Time keeping and time management: Young people and practitioners alike grumbled about the others' time keeping. From the young people, this included PAs or social workers being slow in getting back to them. At one group meeting, young people chose the image of a clock to illustrate the slow responding worker.</p> <p>Theme 16 Availability of PA: Young people also spoke of not being able to get hold of their PA. Some acknowledged that this could be due to workers having a lot to do but nevertheless raised it as a concern. This was echoed by leaving care practitioners themselves who felt pushed for time.</p> <p>Theme 17 Participation in transition: Whilst young people tended to describe feeling central to the planning of their transitions, their narratives almost always described adult-led transitions. Some described not being able to participate in, or even informed about, important decisions, for example the involvement of a birth parent. Some described going along with decisions rather than actively participating. vs practitioners spoke of opportunities for formal participation into the shaping of services sometimes being taken up, sometimes not. many of the young people we spoke to did have experience of participation in service planning and recruitment of social workers. They recounted how they were valued for their input in these formal processes, and this was echoed by professionals.</p> | | |
| <p>Risk of Bias</p> | <p>Section</p> | <p>Question</p> | <p>Answer</p> |
| | <p>Aims of the research</p> | <p>Was there a clear statement of the aims of the research?</p> | <p>Yes</p> |

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| | 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 <i>(researchers did not describe how participants were selected (in great detail). This study was undertaken in one area where services are acknowledged as good, and health and social care for children in the care system is co-located. The young people were recruited through a participatory service run within children's services and the service contacts. No discussions took place around why some participants chose not to take part.)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Yes <i>(Although no discussion of data saturation)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(No indication that 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 <i>(ethical approval sought)</i> |
| | Data analysis | Was the data analysis sufficiently rigorous? | Yes <i>(however unclear if researcher critically examine their own role, potential bias and influence during analysis and selection of data for presentation: NB: The perspectives brought to the analysis were informed by the researcher's backgrounds in child public</i> |

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| | | | <i>health, health interventions, social care and childhood studies, and a practising paediatrician in academic training.)</i> |
| | Findings | Is there a clear statement of findings? | Can't tell <i>(Researcher presented contradictory themes and, while there was no discussion of the credibility of findings in terms of triangulation, multiple analysts were used to code and interpret the data. Findings were not presented very clearly, with identified themes lacking in coherency (in the presented table))</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 |

Matthews 2012

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| Study type | Semi structured interviews |
| Aim of study | The aim of this study was to explore health experiences of young people leaving care and explore their experience of transition from the care system and its impact on their health. |
| Study location | UK |

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| Study setting | Care leavers recruited from two two-tier local authorities during 2010 (i.e. County Council or District Council) in England |
| Study methods | Qualitative research design was adopted using an interpretive phenomenological approach. Semi-structured interviews were used. The interview questions were piloted with one participant to ensure that the questions were understandable, and the methods were acceptable to participants. |
| Population | LAC/young people leaving, or left care aged 16 - 22 years. |
| Study dates | 2010 |
| Sources of funding | Not reported |
| Inclusion Criteria | <p>Criteria 1 Resident in one of the three participating local authorities</p> <p>Criteria 2 LAC/young people leaving or left care</p> <p>Age aged 16-22 years.</p> <p>Language Basic use of English language.</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size Nine participants</p> |
| Relevant themes | <p>Theme 1 Parents or carers were considered an important source of advice and support. Many referred to how the parent or guardian signposted them to services or made an appointment on their behalf. Support could also be encouragement, advice and monitoring of their health.</p> |

Theme 2

It was considered useful to have someone to “push” them to look after themselves. Someone to help them stay motivated and focus on their own health needs

Theme 3

Those that had left care referred to a loss of support and having to cope on their own. A lack of support to deal with things sometimes meant they would try to ignore any health issues... e.g. needing to go for tests “not wanting to find out if there is something wrong and just . . . trying to ignore it”

Theme 4

One participant considered health as the “least of my worries” and regarded money as her priority “because I know I’ll be alright looking after myself”

Theme 5

participants that had left care reported that their health worsened after leaving care. Key themes included feeling abandoned and alone in a new area, a lack of support to deal with problems during this vulnerable time with “no one to lean on”

Theme 6

One participant noted their diet deteriorated when they started living independently

Theme 7

some referred to the stress of transition and a sense of overload when transitioning out of care

Theme 8

Some referred to not being involved and a lack of planning or support when leaving care: I got a letter through the post saying that “now you are twenty-one you don’t need our services” . . . That really annoyed me ‘cos they didn’t ask me do you feel that you still need our services.”

Theme 9

One participant referred to having a premature exit from care after he was forced to leave college: it sort of just happened as I got kicked out of college and then obviously I couldn’t stay at my place.”

Theme 10

Timing of completing the pathway plan: A number of participants discussed the transition from care and referred to pathway plans. One participant commented on timing of the plan, which was completed “when you’re actually leaving the care system”

Theme 11

The limited health focus of the pathway plan

Theme 12

Some felt young people in care should be given more independence to help prepare for the transition: “like contact the GP themselves ‘cos normally it is the carer or guardian that has to do it. And I think they should have a bit more independence.”

| 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 <i>(the researchers explain why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(The researcher was clear about the methods used and why these were chosen, however it is not clear the form of the interview data or whether saturation of data was considered)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes <i>(There were no apparent changes in the research design, researcher appeared to critically examine own role, potential bias, and influence in data collection and sample recruitment)</i> |
| | Ethical Issues | Have ethical issues been taken into consideration? | Yes |
| | Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(Thematic analysis was used, with only one apparent interviewer; study only included a small number of young people in two rural, two-tier local authorities; contradictory data appeared to have been taken into account, however unclear if sufficient data)</i> |

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| | | | <i>presented to support findings or if researcher 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 <i>(There was no clear presentation of findings with adequate discussion of the evidence both for and against the researcher's arguments. There was no discussion of credibility of findings in regard to triangulation, respondent validation, and the use of more than one analyst)</i> |
| Research value | How valuable is the research? | | The research has some value <i>(There is some discussion of how certain themes relate to existing knowledge and policy)</i> |
| Overall risk of bias and directness | Overall risk of bias | | Moderate |
| | Directness | | Directly applicable <i>(participants were recruiting during 2010)</i> |

McGhee 2017

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| Study type | Semi structured interviews |
| Aim of study | to capture the views of residential child care practitioners, given their unique position both in relation to caring for young people on a daily basis and to being key players in the successful implementation of policy into daily practice on the implementation of staying put and continuing care |
| Study location | Scotland |

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| Study setting | Residential practitioners were interviewed from five children's homes from three local authority areas |
| Study methods | This study used semi-structured interviews. Data were qualitatively analysed using a thematic approach. No further details provided. |
| Population | Residential practitioners from five children's homes |
| Study dates | 2015 |
| Sources of funding | not reported |
| Inclusion Criteria | None reported |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size Nine residential practitioners |
| Relevant themes | <p>Theme 1 A key finding relates simply to workers' knowledge and awareness of policy and legislation. Very few participants could state with confidence or clarity what staying put or continuing care policy and practice entailed in detail: "There's been no training on it or discussion, or literature...it's something we've had to seek ourselves". only one participant confirmed that they had read the Staying Put Scotland Guidance prior to the interviews being conducted. The lack of coordinated development opportunities for the staff team with key colleagues was regarded as a major block to successful implementation.</p> <p>Theme 2 Despite the lack of formal input, most participants spoke enthusiastically of examples of staying put practice in their homes and how, despite foreseeing challenges, they welcomed the potential changes. They spoke, with some degree of frustration, of implementing these changes in spite of, rather than because of, the 'system'.</p> <p>Theme 3 locally the old norm has not yet been challenged just as a new norm has not been championed. Concerns raised by practitioners in the study were often interlaced with anxieties around a lack of a consistency and clarity from managers, often within the same authority. "Because we've never been briefed by management it's hard to know their opinion". This lack of clear messaging created a more complex anxiety, and combined with the lack of training, fed a lack of confidence, and a concern about being exposed if things 'go wrong'.</p> |

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| | <p>Theme 4 Resources and finance: whilst participants spoke of anxieties regarding capacity within homes, and 'having to do more with less', they also spoke of being 'protected' to a degree, from the financial and budget pressures that their managers had to contend with.</p> <p>Theme 5 With, on one hand, limited (or no) encouragement to implement Staying Put and on the other, anxiety about the implications of doing so, front line workers were expected to practice in a complex and potentially conflicting context. Participants presented budget pressures as an ever-present backdrop that everyone found unsettling: "we have regular updates from our Chief Exec regarding our budget situation and money.... its cash before care and that's the case"</p> <p>Theme 6 These practitioners felt it important to know they were supported and encouraged to see beyond the technical and procedural care of children and were able to emotionally claim young people and commit to relationships. To achieve this, they needed to be confident that the 'system' was not going to move these young people on just because of their age.</p> <p>Theme 7 Participants regarded themselves as the champions of a new practice culture. However, to develop this, workers need clear leadership and direction, clarity around the primary task, and an open and supportive practice environment.</p> <p>Theme 8 Often the most traumatised, complex young people 'choose' to leave care because of the 'I'm 16' culture and are enabled to do so by workers and Children's Hearings on the grounds of their 'non-engagement'</p> <p>Theme 9 If young people are presented with an unclear future, the 'Can I stay? Will I go?' uncertainty, they may then elect to take some control and leave early, to 'reject before you're rejected'. However, if young people had a sense of predictability about their future, and a degree of certainty based on connection and belonging, and a clear understanding of their rights, this may serve to counter the 'jump or be pushed' dilemma.</p> <p>Theme 10 All participants regarded relationship-based practice as the bedrock of good care, and a key enabler to young people staying longer. Despite the risks, what these workers wanted to offer was a tangible sense of connection and belonging, of felt security, with positive relationships as the intervention.</p> <p>Theme 11 Importance of communication of staying put rights to young people: A clear message for young people is very important, but this cannot be conveyed if workers are unclear of what they can say, or are allowed to say: "if that (young) person is hearing us harp on about how they should be doing more and maybe subconsciously we're pushing them out the door and we're telling them to 'be an adult, be an adult'... so maybe they're like that, 'oh, I've got to go'."</p> | | |
| Risk of Bias | Section | Question | Answer |
| | Aims of the research | Was there a clear statement of the aims of the research? | Yes |

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| 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 <i>(researchers do not appear to have justified their research design)</i> |
| Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(There were no discussions around recruitment. Often it was difficult to tell who the "practitioners" were exactly, meaning it was unclear what perspective was being related)</i> |
| Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(researchers do not go into detail about how interviews were performed, or the form of the data)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | No <i>(Researcher does not critically examine own role or potential bias, in data collection, recruitment, or formation of research questions)</i> |
| Ethical Issues | Have ethical issues been taken into consideration? | Yes |
| Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(unclear how data analysis was performed)</i> |
| Findings | Is there a clear statement of findings? | No <i>(Findings were not reported clearly. It was often unclear which sources of evidence the author was drawing on (e.g. own research or others) in compiling themes. No discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst). Arguments for and against researchers arguments were not clearly presented)</i> |

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| | Research value | How valuable is the research? | The research has some value <i>(The study takes the views of front line practitioners, however the views of residential home managers would be important for implementation also (if not more important))</i> |
| | Overall risk of bias and directness | Overall risk of bias | High |
| | | Directness | Directly applicable |

Newton 2017

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| Study type | Focus Groups |
| Aim of study | To inform a pilot mentoring study the views of care leavers were elicited to obtain their views of a mentoring intervention and how it might best work |
| Study location | UK |
| Study setting | care leavers in South London |
| Study methods | Focus groups were arranged: through the Care Leavers Foundation, and among care leavers in South London, each participating for between 1 and 2 hours in a focus group. The focus groups concentrated on six trigger questions, presented in an identical manner across all three groups. Each group was audio recorded with the agreement of the participants, and transcribed. The transcripts were subjected to a thematic analysis. Two researchers undertook this analysis and agreed key themes. |

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| Population | London-based care leavers |
| Study dates | 2013–2014 |
| Sources of funding | none reported |
| Inclusion Criteria | Criteria 1 Care leavers recruited through the Care Leavers Foundation and the South London care leavers |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size 11 care leavers Mean age (SD) 17 to 23 years old Female gender three women and eight men |
| Relevant themes | Theme 1 Importance of transitional support: All the young people had a personal advisor (PA) through Social Services, and a Pathway Plan, and spontaneously focussed on this when asked about transition support. On the whole they were very appreciative of this: "Meeting my PA (was the most useful help), for me anyway, I met her before I finished with my social worker so it was good to know who she was beforehand" "She helped me get the money for a flat/sign up for an apprenticeship/ get financial help" Theme 2 Feeling that the personal adviser was only there to help with practical issues e.g. not there for emotional support: " They are not there for emotional support. If I had a bad day, I wouldn't go to them;" Theme 3 Frequent turnover of staff was a limitation during transitional support Theme 4 Limited availability of their social worker was a limitation during transitional support "I rarely hear from her ... /I've been chasing my social worker up for ages...." Theme 5 |

Support that is Not a Part of Someone's Paid Role is Valued Differently from Paid Help: Discussing whether 6 months of support from a volunteer mentor might be helpful at the time of leaving care, in terms of coping with the stressfulness of this transition, numerous benefits were cited. There were also several comments on the mentor's independent and unpaid status, and the possibility they might be available out of hours: "So you don't really want to talk to your PA as it's still with social services, and sometimes you want to stay as far away from that- the mentor could be something different, more of a friend to you than actually being a job- your PA is your job- you're getting paid to talk to me and give me your time. ...I'm no one to you. A mentor would be useful. You can only call the PA 9 to 5 and not at weekends and not at Christmas ... and there is no emergency service. The time you are more likely to need them you can't call them"

Theme 6

several comments suggested that someone offering support on an independent basis who had volunteered to do so, rather than being paid, ensured the young person could feel confident that the mentor really wanted to be spending their time doing this, and hence that they could take up the offer of help: "...It is a job, regardless of how much they (the foster parents) do grow to care and like you, it is a job. So now I wouldn't feel comfortable to go back and ask for something, even though I could, it's like a pride thing. It was still your job, when you finish a job you wouldn't expect your old manager to ask you to come in and do a shift."

Theme 7

The attributes of a good mentor: In discussing the attributes of a good mentor, and how they may help prevent them becoming depressed, they suggested the person needed to be someone who 'can listen/understand/not judging, even if you tell something really bad' and avoided 'stereotyping or patronising'. But in particular, they noted their potential role in bolstering self-esteem and optimism, and the value of praise: "It's nice to be told- 'that's really good' Do you know how much that means to someone? I was doing all this stuff, and I got my apprenticeship to get my chef ing when I was 16 and no one turned around and said anything. I'm a qualified chef. - I had to graduate with no one around..."

Theme 8

Mentoring need at an earlier stage: Most participants said that if they had been offered mentoring months or a year or so earlier, before they left care, they might have accepted the offer. However, most also said they did not want to have, and did not need a mentor themselves now. In fact, they were more likely to see themselves as the mentor, several also aspiring to be a foster parent: "you have got to offer it to them right as they're leaving care. A year down the line, for me personally, I wouldn't want it. I would think I've left now; I've done it on my own, I don't really need a mentor"

Theme 9

Existing "natural" mentors are highly valued: the crucial role played by 'natural mentors' in their lives; that is, people they had met who continued to provide support, either face-to-face or on the end of a telephone. E.g. counselling and support, or simple friendships

Theme 10

Long-term support is ideal: Reflecting on how important a good friendship can be, the groups discussed whether 6 months with a mentor could achieve much. Most considered 6 months too short, two thought that any length will be too short: "...you need a lifetime friend — you can't have a relationship based on a contract Life long — you should be able to pick up the phone any time ... my friend, he is a friend — he is going abroad to set up a company, and I won't see him, but I know that if in 8 years' time I really wanted to talk to him I could call him up."

Theme 11

The profile of a mentor: participants suggested a number of potential benefits of having a mentor and were in broad agreement as to their profile. They felt that the mentor needed to be a few years older than they were, and preferably a care leaver too. Matching ethnicity of mentor and mentee was not considered important, but most thought it important to have a mentor of the same sex.

Theme 12

The kinds of help required from a mentor: Describing the kinds of activities they would like to do if they had a mentor, and what practical help they might seek from them, they included help with coursework or decorating their flat, going bowling or out for a walk, or a meal, or simply be a person 'there just to talk to' and to provide advice, support in decision making, act as a role model (to be your "sensible voice").

| Risk of Bias | Section | Question | Answer |
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| | 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? | No <i>(researchers did not explain why the participants they selected were the most appropriate to provide the knowledge needed, no in-depth discussion about recruitment was apparent. Sample appeared opportunistic.)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Yes <i>(Researchers describe why they chose focus groups and methods are made explicit. However there was no discussion of data saturation.)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(No indication that 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? | Can't tell <i>(Method of thematic analysis was not described in detail. However, two researchers undertook analysis. Unclear if authors considered contradictory data.)</i> |

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| | | | <i>Unclear that researcher 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? | Yes <i>(However, no in-depth discussion of the credibility of findings (e.g. triangulation, respondent validation, more than one analyst), or evidence for or against arguments.)</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 |

Pinkerton 2014

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| Study Type | Unstructured and semi structured interviews |
| Aim of study | <p>to document care leavers' accounts of their experiences of transition.</p> <p>to explore care leavers' perceptions of key turning points of biographical change in their lives.</p> <p>to examine care leavers' perceived levels of control, social support and coping at key turning points of biographical change in their lives.</p> <p>to inform the development of policy, services and care practices for care leavers in a fashion that meshes with young people's own accounts.</p> |

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| Study location | UK |
| Study setting | one Trust area in Northern Ireland |
| Study methods | Two interviews were conducted with each of the participants. the first interview was based on an inductive approach. The second interview was based on a deductive approach to explore areas of interest to the researcher suggested by the first interview or the relevant literature. A biographical life-line was used as a tool to structure the discussions, as well as Leaving Care Coping Wheel which identifies a range of psycho-social and material ‘spokes’ which must be attended to within the context of a ‘rim’ of rights and an outer ‘tyre’ of expectations. Unclear how thematic synthesis was performed. |
| Population | Young people leaving care in one Trust area in Northern Ireland |
| Study dates | Not reported |
| Sources of funding | Not reported |
| Inclusion Criteria | <p>Criteria 1 young people leaving care in one Trust area in Northern Ireland.</p> <p>Criteria 2 categorised as ‘former relevant’ and ‘qualifying’ children within the legislation which covers care leavers aged 18 to 21 years or 24 years if they are in education or training.</p> |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size eight young people</p> <p>Reason for stopping recruitment not reported</p> <p>Mean age (SD) aged 18 to 21 years or 24 years if they are in education or training.</p> |

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| Relevant themes | <p>Theme 1 Some of the care leavers were able to develop new objectives and pathways in their transitions out of care by recognising the need to accept support external to their families. This subjectivity was reflected through comments such as: “having the right social worker”; “how good that 16+ Service is...I got a lot of support...and empowered big time to become the person that I am”; “knowing I had...the network of support...I felt I was able to achieve...a comfort”.</p> <p>Theme 2 The importance of the 16+ Service for the care leavers in this research is worthy of specific comment. The care leavers commented about its support to them, personally, as they negotiated their traumatic experiences. They perceived the staff in the 16+ Service as being there for them unlike their perceptions about social workers in their admission to care and in-care stages. (In the Trust from which the sample was drawn services are provided by the Leaving and After Care Division, known locally as the ‘16+ Service’)</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? | Yes <i>(however, no discussion was had around why some participants chose not to take part)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(Not clear how data was collected, not a clear form of data (e.g. tape recordings, video material, notes etc.). No discussion of saturation of data.)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(Can't tell if 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> |

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| | Ethical Issues | Have ethical issues been taken into consideration? | Yes |
| | Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(unclear how analysis was performed, e.g. thematic analysis, if sufficient data was presented to support the findings, appreciation of contradictory data, or whether the researcher 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 <i>(The findings were not very explicit and mixed in with commentary on existing research, there didn't appear to be an in-depth discussion of the credibility of findings (e.g. triangulation, respondent validation, more than one analyst))</i> |
| | Research value | How valuable is the research? | The research has some value <i>(Much of the qualitative themes referred to a time earlier in care and were therefore not relevant to this review question. There is some question about whether participants were best placed to provide qualitative evidence from some years earlier.)</i> |
| | Overall risk of bias and directness | Overall risk of bias | Moderate |
| | | Directness | Directly applicable <i>(however unclear when participants were recruited)</i> |

Pinkney 2020

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| Aim of study | To explore the views and experiences of young people prior to, upon entering and during higher education |
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| Study location | UK |
| Study setting | one university and one metropolitan local authority in the north of England |
| Study methods | <p>Within the university, individual semi-structured interviews took place. Within the local authority, two focus groups were conducted. Questions asked of the focus group participants sought to gather information on who or what keeps them focussed on educational aspiration and wanting to achieve; on how their care experience has helped them with their aspirations; on what advice they would give other young people on how to stay positive; and on the barriers they have faced to having positive educational aspirations. For the individual interviews with university students, questions sought information on their course and year of study; their journey from being in care to university; the main factors influencing their decision to apply for university; who supported and encouraged them; the personal characteristics they think helped them apply for university; the particular issues that they needed help and support with at university; and the kinds of support and advice they found helpful during their studies. For the two central university staff member interviews, the questions focused on gaining their views about the main factors in care experienced students' decisions to attend university; the main issues with which care experienced students need support; the main areas of support that are offered by the university; and key elements of the role of university Personal Tutors in supporting care experienced students. Once all the data collection was completed, they were transcribed verbatim. The research questions were used to frame the themes chosen through which to analyse the data.</p> |
| Population | Undergraduate or postgraduate students with care experience, are experienced young people still attending school, care experienced young people who had left school |
| Study dates | between May and August 2017 |
| Sources of funding | Not reported |
| Inclusion Criteria | Education |

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| | undergraduate or postgraduate students with care experience; care experienced young people still attending school; care experienced young people who had left school; two members of university staff involved in supporting care experienced students |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size - 8 undergraduate or postgraduate students with care experience; 6 care experienced young people still attending school; care experienced young people who had left school; 2 members of university staff involved in supporting care experienced students.</p> <p>Special educational needs or learning disability - Students: 8 non-disabled; LACYP in school: 5 non-disabled, 1 physically disabled; Care leavers left school: 8 non-disabled, 1 learning disabled</p> <p>Gender - Students: 7 females, 1 male; LACYP in school: 4 females, 2 males; Care leavers left school: 1 female, 8 male</p> <p>Age - Students: age range 18 – 30; LACYP in school: aged 14 – 17; Care leavers left school: aged 17 - 24</p> <p>Ethnicity - Students: 6 White British, 1 Asian British, 1 Afghanistani; LACYP in school: 6 White British; Care leavers left school: 9 White British</p> |
| Relevant themes | <p>Theme 1 The importance of internal factors - The first significant theme was the importance of internal factors which included self-determination to succeed and escape their background, wanting to prove people wrong, resilience, having an end goal, keeping focused and being stubborn to succeed against the odds. One participant in focus group one summed this up by saying "Look into the future, not into the past" while student Maria, studying early years teaching, reflected: "I'm very determined... there's never been a time that I can remember that I didn't want to be a teacher. I knew that I wanted it, and I was going to do it." "I was ambitious, I wanted to be the best that I could in order to get away from everything I'd seen and I'd been through." A further element of this internal drive was that of proving people wrong, 'showing the world' and a keenness to escape their backgrounds. This was strongly linked to agency, determination and strength of these young people which are all qualities helping them overcome earlier adversity. Tracy, studying Psychology, talked at length about her experience of being abused by her mother who suffered from mental health issues. She described being from a poor working class background but wishing to leave that behind and overcome the obstacles. She had high expectations for herself despite the extreme difficulties: "...in backgrounds like mine it is very normal to kind of just fall pregnant or go into a life of crime...drug addiction or gambling...Yeah I don't want to be like them."</p> <p>Theme 2 A second major theme emerged in relation to external factors, including having someone who believes in them and is positive, thereby instilling self-belief, being in a settled and long-term placement, and understanding that Higher Education attendance will lead to better prospects. Khaled, studying Social Work, summed up the first point well: "You can only be motivated if somebody's motivating you...it was me, but it was them that helped me." The value of a settled placement and forming deep relationships with carers was exemplified by Paula, who studied Criminology. She described the impact of this stability by stating: "It's benefited my life...I never wanted to disappoint them or upset them." Significant external</p> |

people who helped with educational aspirational identified by the participants included carers, teachers, personal advisors (for care leavers), social workers, family members, and a school counsellor. This wide range of people provided encouragement, instilled self-belief and gave practical help and support to the young people in care. Khaled, who lived in residential home after arriving in England as a refugee from Afghanistan remembered a particular key worker at the home who: "helped me so much. He used to sit down with me and he used to study with me. And that encouraged me to learn more and more. Karen recalled an English teacher at school who spotted her talent in English, and who consequently: "was just literally helping me throughout the process, because my application for uni and college was so hard."

Theme 3

a third related theme that emerged from this study is the link between care experience and course choice. Six of our eight student participants chose courses which could be said to be related to their early and care experiences (two psychology, one social work, one youth and community, one criminology, one early years teaching). This strong relationship between care experiences and course choice was articulated by four interview participants and several of the focus group members. Aiden, a member of the university staff involved in supporting care experienced students and himself care experienced reflected: "I often find that care leavers...tend to go into caring professions." In this next extract Khaled explains why he wishes to become a social worker: "In future hopefully when I become a social worker then I can reflect back on my experiences and then... I've been through the situation and I know how the young person, the child, will be feeling at that moment. I know because I felt that way."

Theme 4

The findings indicate that once care experienced young people arrive in Higher Education, there can be a tendency to assume this is a success in itself and that no further support work is needed. Aiden summed this up by stating: "In social work terms, we think when students progress to university, job done! He went on to highlight how ongoing support is essential to retain care experienced young people in Higher Education. The participants in our study identified four key areas they needed help with: ongoing mental health issues, continuity of care, accommodation and finance. Each will be discussed in turn. First, it was clear that some participants were continuing to deal with their emotional and mental health difficulties arising from their childhood experiences as they moved into their late teens and twenties. "There are lots of issues with young people in care around abandonment or loss. They lose their birth family, they lose their parents, they lose their friends, they often move multiple times."; "it makes it absolutely harder for somebody like me... who suffers from anxiety, to be able to succeed to an equivalent level as somebody else who didn't have those experiences." Secondly, lack of continuity of care was identified as a significant issue. Nicola, studying Nutrition, commented that she had difficulties with this once she moved to study at University, and her relationship with her foster carers fundamentally changed: " Yeah, I lived with them right up until I moved to uni, but in my case pretty much once their funding stops so did the parenting. I just felt like a lodger. Thus there is a danger that even where young people have experienced stable, settled and supportive foster or care home environments, they may be quickly propelled into much more independent and isolating circumstances, leaving them vulnerable to loneliness and loss of support networks. A third area where this group of students needed ongoing support related to accommodation, especially during the holiday periods. This was particularly important within their first year and first term. Nicola explained: "It was difficult to explain why I wasn't home at Christmas, why I was in [city] for Christmas Day." The fourth issue identified by the participants related to finance. Tom, one of the staff members from the university central support team for widening participation, stated that: "On the financial level, it's difficult, because I think that care-experienced young people are often quite cash-rich, because there are grants and bursaries available. But...often the care leavers will want to save that money and put it away for the future, because financial stability is something that might have been lacking in their lives." Shamila, studying Youth and Community Work, captured this dilemma, as well as the issue of having to learn how to budget once she received her funding in a lump sum, when she stated that: "This whole loan thing and paying your own rent it was really hard for me. I mean, I'm probably better off, but I kind of felt like 'Oh my God, if I don't pay my rent, this big amount, how am I going to make it last?' So that's been hard. That's what I'm learning. Finance was a factor identified by several participants and particularly the importance of ongoing financial support. Student Maria exemplifies this by explaining why this is central: 'because I have to pay for everything myself, and the cost of living and everything'. Taken together, the four key areas of need found in our study - mental health, continuity of care, accommodation and finance, represent a potentially toxic mix of complex and overwhelming stressors, especially as it is possible that care experienced students can find themselves grappling with more than one or even all four of these issues simultaneously

Theme 5

Participants identified a number of supportive factors during their studies at university. Ruth's assertion that 'you need somebody to try and help make you aware that you have needs, and that it is okay to have those needs' acts as a relevant starting point. In other words, recognising one's needs and having those needs validated is an important first step in gaining support. The first significant source of support identified by the participants was the personal tutor at university, so long as they were supportive, accepting and offered ongoing pastoral support. Karen valued her personal tutor for: "listening and not belittling me...she treated me like an adult and didn't ask for more details...it was nice to have that adult relationship." Tracy and Shamila emphasised the importance of having a personal tutor who knew them well and reacted quickly to sudden changes. Tracy stated her personal tutor:

"has always known me as a very ambitious, proactive, high-achieving student who will never miss a session...suddenly this year I just stopped. She was the first one to notice...she was asking if I was okay." Secondly, a further university-based source of support, described by Nicola was the central University wellbeing team. She reflected on how she found support with her ongoing mental health issues from this team: "I got involved with them quite recently because I hadn't had any support since I left home with my mental health. And I found that really useful." Other university staff were also identified as helpful, usually particular subject tutors who took an interest in the student's progress. Thirdly, the role of other students in being friendly and supportive was also mentioned by some participants. This informal source of support provided valued help to complete assignments to a good standard as described by Khaled: "this particular person...he'll tell me in detail what to do and what not to do. And that's another kind of support." Nicola, who stayed in her university city for Christmas as she was unable to return to her foster home during the holiday period, went on to describe how this situation was rescued: "one of my flatmates stayed home and he made us Christmas dinner, which was quite nice." She went on to say that this was important, as she may have been on her own at this important holiday period. These two examples illustrate the importance of universities have robust induction programmes that allow new students to get to know others in their cohort or year of study, who can then act as informal yet significant sources of support. Fourthly, the ongoing support of the carer was also important for some participants, while others mentioned the role of local authority workers such as personal advisors. For instance, Paula recalled receiving help with her final year project from a member of staff from the Care Leavers' Council she attended. She contacted him in something of a panic, and she recalled: "the guy...was like 'Right, so you break it down. Stop stressing, you'll be fine.' Whenever I spoke to him, he'd ask me how I was getting on." Taken together, all of the above examples reflect the importance placed by participants on receiving practical as well as emotional support. Tom described how he encourages care experienced students to take on a student ambassador role within the university which he has seen: "gives them really very strong employability skills. It's unlikely that care experienced students will have the same networks...that you can talk to and get work experience. So we try to really skill them up."

Theme 6

Finally, students repeated their belief that their own positivity and determination played no small part in their success at university. Ruth summed this position up well by saying 'I have just this burning thing that I will not let my past get in the way', while Nicola articulated it as a desire to control her own destiny: "When you're in foster care you don't know what it's like to be in control...you don't know what it's like to live your life until you get away from that."

| Section | Question | Answer |
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| 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 |

| Section | Question | Answer |
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| 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? | Yes |
| Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(Method of thematic analysis was not described in detail)</i> |
| Findings | Is there a clear statement of findings? | Yes <i>(triangulation with a literature review was performed)</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 |

Roberts 2018

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| Study type | Semi structured interviews See also |
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| | Liabo 2016 |
| Aim of study | To describe the experiences of young people moving from care systems with learning difficulties |
| Study location | UK |
| Study setting | Young people recruited through a participation project for young people in the care system with which authors had a long-term relationship and a leaving care scheme in the same local authority |
| Study methods | Individual interviews with young people, these were semi-structured. Meetings covered the following: 1. young people's understandings of 'transition'; 2. their experiences of services; 3. their participation in transition processes; and 4. emerging findings. Once data gathering was complete, interviews were coded individually and put onto a coding map. All interviews were read several times, initially coded by at least two team members, and similarities and differences. A template was used to extract data for each interview, providing a tool for guidance rather than a rigid rule. |
| Population | Young people from a participatory project in Children's Services and the Leaving Care service, with learning difficulties. |
| Study dates | 2015 - 2016 |
| Sources of funding | the Department of Health Policy Research Programme, the National Institute for Health Research Biomedical Research Centre |
| Inclusion Criteria | Criteria 1 Included in a previous, larger, study (Liabo 2016) Health problem Learning difficulties (not clearly defined) |
| Exclusion criteria | None reported |

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| Sample characteristics | <p>Sample size four Care leavers with learning difficulties</p> <p>Mean age (SD) aged 16–24</p> <p>Female gender one woman and two men</p> <p>Ethnicity "ethnically diverse"</p> |
| Relevant themes | <p>Theme 1 Leaving care as one of a number of transitions - transitions are a part of everyday life</p> <p>Theme 2 Loneliness as a problem after leaving care</p> <p>Theme 3 A desire for services for young people to involve taking them out to places</p> <p>Theme 4 Friends and family as a source of sharing feelings when feeling down</p> <p>Theme 5 Problems of access to doctors: "My doctor's is all the way in [another borough]."</p> <p>Theme 6 Lack of planning or warning in transition between social care team</p> <p>Theme 7 The lack of a significant adult to challenge decisions (as a parent would): e.g. in the case of a social worker: "I told her that I'd left college because of the reasons and she said, okay then, that's your choice at the end of the day, you're eighteen, you're an adult so you make your own decisions in life now, if you want to leave the college you leave the college, we can't make you go back.. we can't force you to go to college, it's your decision, we just can advise you. The social worker said I was too old to have a social worker."</p> <p>Theme 8 Girlfriend/mental health practitioners as a source of help for depression and anger issues</p> <p>Theme 9 Lack of continuity with medical professionals</p> |

Theme 10

Lack of continuity with staff in supported housing

Theme 11

Expectation of going on benefits due to poor job prospects: "wouldn't like to go with a life on benefits but then again, if I have to because I can't find a job then obviously that's the way I'm gonna have to live my life is benefits."

Theme 12

Financial issues in attending leisure activities

Theme 13

Lack of someone to listen in mental health services: "Some of them weren't really listening ... Like I'm explaining something, like they're kind of cutting me out and stuff..."

Theme 14

Use of the internet as a source of health knowledge

Theme 15

Need for relationship support in overcoming poor health behaviours e.g. smoking, drinking, fast food

Theme 16

The need for support in managing money and cooking

Theme 17

Support workers as a source of information in protecting against sexual exploitation, and for improving sexual health

Theme 18

Housing and accommodation as an important facilitator and barrier to wellbeing: e.g. being with carer lead to feeling hemmed in (lack of privacy, and being kept in the house "like a dog"); however, the alternative (going to a hostel) was out of the frying pan and into the fire (feelings of not being ready - it being too much).

Theme 19

Staying put as a supportive and beneficial alternative (whilst suitable supportive housing being found). "not being ready to move on"

Theme 20

Tensions in "staying put" as payments to the foster carer become reduced

Theme 21

needing the same level of care as in the past despite being a care leaver (in a care leaver with autism)

Theme 22

Feelings of confusion and happiness when discussing the future of college (to study cooking and painting) with PA, in a care leaver with autism

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| | <p>Theme 23 The most important person in the life of a care leaver with autism was her foster carer; importance of being part of a caring family</p> <p>Theme 24 Care leavers with more severe limitations potentially receiving more care, enabling a full and happy life.</p> <p>Theme 25 Importance of activities and holidays (out and about) for health and wellbeing</p> <p>Theme 26 (from practitioners) inequity in formal access to support from a personal advisor until the age of 24, with young people with learning difficulties described as particularly vulnerable to missing out.</p> <p>Theme 27 young people valued accessible services with polite, helpful staff who take the time to communicate.</p> <p>Theme 28 trying hard to cope; looking for ways to deal with transitions to adulthood whether by finding a partner and seeking happiness within a relationship, making a decision to leave an inappropriate placement or making clear that they wanted to stay put.</p> <p>Theme 29 Care leavers' experiences of multiple moves through services can affect their willingness to engage with further, unknown people.</p> | | |
| Risk of Bias | Section | Question | Answer |
| | Aims of the research | Was there a clear statement of the aims of the research? | Yes <i>(However, the aim was not particularly focussed on our own research question)</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 <i>(The study authors do not justify their methods)</i> |

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| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(There was no in-depth discussion about why the participants were the most appropriate to answer the research question. Learning disabilities were very poorly defined. No discussion of recruitment or why some people chose not to take part.)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(The author does not make very clear here the interview methods, the location, or the format of the data. There was no discussion of data saturation.)</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <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? | Can't tell <i>(There was no in-depth description of the analysis process, or the types of analysis used. Unclear that authors took into account contradictory data; unclear that authors considered 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 <i>(Findings were not particularly well presented, authors went through the included participants one by one, instead of arranging data into clear themes that span all included participants. No discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i> |

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| | Research value | How valuable is the research? | The research has some value (However sample size is very small and discussions are not focussed on how care can be improved.) |
| | Overall risk of bias and directness | Overall risk of bias | High |
| | | Directness | Directly applicable |

Roberts 2019

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| Study type | Semi structured interviews |
| Aim of study | <ul style="list-style-type: none"> To provide a snapshot of the parenting population in and leaving care in Wales. The paper aims to provide a contextualised understanding of outcomes through analysis of interviews with social care professionals. These interviews were designed to explore professionals' experience of supporting parents in and leaving care, as well as their reflections on factors which they believe support or inhibit parenting. |
| Study location | <ul style="list-style-type: none"> UK |
| Study setting | <ul style="list-style-type: none"> parents in and leaving care in Wales |
| Study methods | <ul style="list-style-type: none"> Semi-structured interviews were conducted with representatives from leaving care services within each local authority in Wales (n=22). The interviews explored professionals' experiences of supporting parents in and leaving care, including perceptions of needs, barriers and facilitators, as well as local support availability. All |

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| | <p>local authorities were approached via Children's Services Directors, who were provided with information about the study and asked to nominate an individual/s to take part in an interview. A total of twenty-two face-to-face interviews were conducted within respective local authority offices during, 2016 and ranged from forty-five to ninety minutes duration. Eighteen of the interviews were conducted with one respondent, three were conducted with two respondents and one with three respondents. Each interview was transcribed verbatim and an inductive thematic approach to analysis was adopted.</p> |
| Population | <ul style="list-style-type: none"> Nominated respondents largely consisted of team managers, but also included a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse. Data collection concerned young parents leaving care who were entitled to statutory support. |
| Study dates | <ul style="list-style-type: none"> 2016 |
| Sources of funding | <ul style="list-style-type: none"> Health and Care Research Wales |
| Inclusion Criteria | <p>Age</p> <ul style="list-style-type: none"> up to the age of 21 <p>Care Situation</p> <ul style="list-style-type: none"> young parents leaving care who were entitled to statutory support. <p>Parent</p> |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size |

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| | <ul style="list-style-type: none"> representatives from leaving care services within each local authority in Wales (n=22). Nominated respondents largely consisted of team managers, but also included a senior manager, senior practitioners, social workers, personal advisors and a 'Looked after Children's' nurse. |
| <p>Relevant themes</p> | <p>Theme 1</p> <ul style="list-style-type: none"> Whatever it takes: determination, engagement and responsibility - Data from professionals frequently emphasised the importance of individual factors in determining outcomes for parents in and leaving care. This included the choices made by young people, their level of responsibility and commitment to meeting their child's needs. Whilst recognising that parenting a child was challenging, it was nevertheless seen as achievable for young people if they 'wanted it enough' and were prepared to do whatever was required. For example, several professionals referred to young people who had transformed during pregnancy. Often described as troubled and/or troublesome young people, the prospect of being a parent had induced a 'lightbulb moment' and prompted them to radically change their behaviours. For example, the Team Manager in Local Authority (LA) 1 stated: "I am thinking particularly of two very challenged young women ... who were leading extremely chaotic lives. ... substance misuse ... mental health, ... self-harm, suicide attempts, offending, you know that sort of quite high level behaviour. But literally as soon as they found out they were pregnant that was it, everything stopped. Like literally it was like a switch went off." In contrast, when discussing a parent who had experienced the permanent and compulsory removal of her child, the social worker (LA 19) attributed the outcome to the young person's priorities and decision making in respect of her partner: "It's sad, really sad in her case because I think we could have tried to get a mother and baby placement together for her, she would have stood a chance of keeping that child but with a partner who ..., they're quite abusive together in the sense there's a lot of alcohol dependency, a lot of fighting, police called, there was no way while he was on the scene she was going to keep that child. So in that case it's really sad because yes I think perhaps she might have kept her baby on her own, but she didn't want to be on her own." As well as being committed to positive and responsible lifestyles, professionals also referred to the importance of young people being concerned not to replicate previous family dysfunction, to be aware of short comings in the parenting they had experienced and to be determined to do better or be better for their children: "...when you've got a young person who is really strongly against not wanting the same experiences that they've had themselves ...[who] you can see are going that extra mile because they want to break that cycle. And it's that sort of like, that fierce will then to break that cycle and to prove to everyone that I am not like my family, I'm not like mum, I'm not like my dad. That makes it happen for them, I have found that to be really important (Senior Practitioner LA 13)." The Senior Practitioner's reference to young people proving themselves to others resonated across the data. In this way, it was seen as important for young people to engage with professionals and be willing to do whatever was asked of them in order to demonstrate their wish to be 'good' parents and/or their parenting ability. For example, Senior Practitioner in LA 14 stated she was often "brutally honest" and advised parents in and leaving care to "play the game, jump through the hoops, do whatever is asked of you by the social worker you know be honest with them, tell them if you've got any anxieties or fears, do all that". Reflecting on a positive example of such engagement, the Team Manager in LA 12 stated the mother had responded to professional concerns with: "sheer determination, like 'you're not having this baby off me, he is mine and I'm going to have it and I'm going to love it and you tell me what to do, I'll do it and I will prove you all wrong'". Similarly, the Team Manager in LA 4 stated: "... she was a very stubborn young person and I think she just thought do you know what I am going to prove myself to you and she absolutely did, she engaged with everything in terms of health services, she went to college, she maintained all of her appointments, she went to parenting classes, she did absolutely everything ... and in the end even like the police were saying there's literally no more we can ask this girl to do." The comments above suggest that outcomes in parenthood for young people in and leaving care is heavily located within the individual; influenced by understandings and commitment to 'good' parenting. Considered against the range of needs identified above, young people must demonstrate their willingness and ability to address or overcome professionals' concerns. <p>Theme 2</p> |

- The state as parent: uncertain support and dual responsibilities - Despite the emphasis on individual choice and determinism, the vast majority of professional respondents made reference to the obligations and responsibilities of the state as parent. Professionals repeatedly highlighted deficiencies in the support available to parents. Two key areas of disadvantage and difference highlighted by respondents are presented; accommodation and informal support. Considerations about where parents will live and who they can turn to for advice and support are arguably fundamental concerns for all parents, regardless of care-experience. Yet it would appear that for parents in and leaving state care, the availability and influence over such factors is limited and uncertain. For example, whilst the option of staying at home with their child may be available to non-care-experienced young parents, such an option is likely to be less available to young people in care. As such, securing appropriate housing was often described as both a pressing and problematic issue: "You know it's out of a young person's control basically the accommodation they're provided with yeah. Yeah some of the places are pretty grim (Team Manager LA 6). Accommodation is a big issue. I think you know getting somebody into safe and secure permanent accommodation is huge, that provides the stability. ... Like having a pushchair and then living in a house that's got about a hundred steps up the front of it you know it's difficult isn't it? And that's when things start to go wrong and so it's making sure that they've not only got accommodation but it's accommodation that suits them and enables them (Team Manager LA 16). For young people needing supported rather than independent accommodation, placements were repeatedly described as scarce and outside of the local area, as well as expensive: "We have got mother and baby provision but it's less available. I think it's, its more available if we're into serious concerns about the child [rather than] to just give that additional bit of support (Team Manager LA 5). The difficulty with [parent and child placements] is that they're so far away and so you're taking young people out of everything they know (Team Manager LA 10). The comments from professionals highlight the extent to which young people are reliant upon the state as parent in respect of housing. Whilst the importance of home was accepted by respondents, the accommodation provided was frequently acknowledged as undesirable in terms of location and standard, impractical, unaffordable and/or temporary. In addition to housing, a young person's support network was referenced by each of the professionals. Respondents repeatedly recognised the stressors and challenges associated with parenting and as such believed that the availability of reliable, consistent, nurturing support was a key factor in determining outcomes. For example, the Senior Practitioner from LA 9 stated: it's having that person isn't it, that is literally by your side because [being a new parent] is the hardest thing you'll ever know isn't it? Similarly, the Team Manager of LA 6 stated: "Well it's support, it's the support that you'd get provided by a family and some of our looked after young people or care leavers still have that family network, it might not be the most appropriate but it's still there ... they've always got somebody. I do worry about our young people that have got no family ... they have nobody but us ... and that to me is a real worry because you know we aren't here all the time." Also reflecting on instances where young people lacked informal supportive relationships, Team Manager in LA 17 stated it was hard to witness: "the lack of moral support. Having kind of no trustworthy adult about to kind of guide them through things and to, to be a crutch or a shoulder to cry on. They're alone, which is a crap thing to see". Professionals also made reference to dual responsibilities and divided loyalties (Rutman, Strega, Callahan, & Dominelli, 2002) which inhibited the extent to which they could be supportive to young people. Reflecting on a relationship with one mother, Senior Practitioner (LA 18) stated: "I saw some stuff that was not good and I had to report her ... our relationship after that went, that was the end of it really, she didn't want to engage at all after that, and I had known her for [many years], I had a great relationship with her, but I saw some stuff that was concerning and it was game over then ... it was horrible for her I'm sure but it was horrible for me that this relationship had gone." Similarly, the Team Manager of LA 1 stated: "we do have occasions when people run out of food or run out of electricity and you know and that is problematic because not only are they not meeting their own and their child's needs but they know that by coming to us, ... coming to us and asking us for help in that situation would trigger us to think about are there other things to be looking into?" The comments emphasise the vulnerability of young parents in and leaving care. The availability of informal support is recognised as highly important, yet the extent to which the state as parent substitutes or replicates such support appears limited. In part this may reflect finite resources and structural constraints. However, the comments also emphasise professionals' role as agents of the state, with obligations in respect of safeguarding. Such obligations have the potential to impact and sometimes override the role of state as parent.

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 <i>(unclear if)</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? | Yes |
| Data analysis | Was the data analysis sufficiently rigorous? | Yes |
| Findings | Is there a clear statement of findings? | Can't tell <i>(no apparent method of validation used)</i> |
| Research value | How valuable is the research? | The research is valuable |
| Overall risk of bias and directness | Overall risk of bias | High |
| | Directness | Directly applicable |

Rogers 2011

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| Aim of study | To explore the nature and quality of existing support made available to care leavers as they entered post compulsory education |
| Study location | UK |
| Study setting | Care leavers in the South East of England |
| Study methods | In-depth biographical interviews with young people. The interviews were tape recorded, transcribed and analysed thematically. Interviews explored the nature and quality of existing support made available to care leavers as they entered post compulsory education. |
| Population | Young people still in education and classed as ‘care leavers’. |
| Study dates | Not reported |
| Sources of funding | The research was funded by Aimhigher (a government funded national programme which aimed to widen participation in higher education by increasing opportunities for under-represented groups and raising their aspirations). |
| Inclusion Criteria | Criteria 1 Care leavers Age aged over 18 |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size Five care leavers Mean age (SD) |

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| | <p>Aged 18 to 20 years</p> <p>Education/employment all continuing into education beyond the compulsory age</p> |
| Relevant themes | <p>Theme 1 Lack of emotional support experienced as care leavers: feeling of isolation, abandonment, and in some cases betrayed by their care givers during and following the period they became care leavers</p> <p>Theme 2 Balancing coursework, cooking own dinner, and doing all the housework</p> <p>Theme 3 More help needed with emotional, psychological stuff when becoming a care leaver e.g. someone checking in on you or giving you a call; "It would be nice if there was someone that is there, that actually bothers to contact you and makes sure you're okay, keeps your head in reality because you can get so blown away because you've got nothing to ground you." perceived lack of contact with social workers or other support network were frequently cited by young people.</p> <p>Theme 4 Social workers: difficulties with short staffing or approaches to contacting care leavers which are not proactive e.g. they wouldn't contact the care leaver to find out how their college course was going unless they knew 'there was problem'. there was evidence to suggest a clear disparity between the nature and quality of personal contact social worker teams had provided young people with, and the contact young people felt they needed following the difficult transition into becoming a 'care leaver'.</p> <p>Theme 5 Volatility of the support received after care leading to a sense of abandonment: support may be sporadic and unpredictable; need for the "sort of support that you might get from a decent parent"</p> <p>Theme 6 Abruptness and premature ending to support leading to sense of abandonment: the need for communication to continue e.g. (about foster carers) "The minute they dropped me off at college, that was it. I didn't hear from them again. I don't think it was them, I mean, I wasn't their kid. I wasn't their responsibility."</p> <p>Theme 7 Sense of a lack of personal investment, support only while contractually obliged to do so: "had a really rubbish social worker, she was a cow. She really was. She was horrible. She was meant to come and visit me every so often but she told me that by law she only had to have contact with me once every six months, so she said a phone call even counted."</p> <p>Theme 8 Need for perseverance from carers and social workers: "to persevere with them in a way that one might expect from a dedicated, responsible parent and not 'give up' on them".</p> <p>Theme 9 Social workers: prioritizing practical information and financial subsistence over emotional or personalized support due to time constraints.</p> <p>Theme 10</p> |

Reluctance to seek help, particularly from formal agencies: the balance between the need for understanding and caring support and the need to be independent. the difficult balance (or 'contradiction' as two young people described it) between wanting social workers to help facilitate their independence (and not be 'in your face' all the time), while also providing them with highly personalized and emotional support. Despite this, all five of the young people felt that this balance had not been achieved in the relationships they had with their social workers.

Theme 11

The need for persistent offers of support: care leavers felt that, when they refused an offer of support from their social worker, the offer would then be immediately withdrawn. Instead, they felt that 'teenagers' often refuse support because they want to be seen as independent, but that does not mean they do not need the support. e.g. "I had an independence plan, and they asked me if I wanted support for when I moved into shared accommodation, basically offering support for help with budgeting and cooking and blady blah blah. But at that age, I was like, [mockingly] 'No, I know how to cook, I don't need that.' So I didn't accept it, so I literally ate toast and jam most days and nicked my housemates' food." and "'Oh right, you're in independence now. Do you want this support? No? Oh all right then, well get on with it.' I think at the age of 16, they flick you off and that's it. 'Oh, we'll pay your rent and I'll phone you once in a blue moon.'" although they wanted help, they also wanted the right to refuse the help without the fear that the offer would then be permanently withdrawn.

Theme 12

The need for discrete and personalized support from a responsible adult they can depend on "What you need is someone there, like an adult who's got their head in the right place, because when you're that age you don't think about things like that. The only time I realized I actually needed help was when I was about to get kicked off the course."

Theme 13

More than providing budgeting or cooking skills, the young people actively sought the security of knowing they had access to a dependable adult who was always available and would not give up on them.

| Risk of Bias | Section | Question | Answer |
|--------------|--------------------------------|--|---|
| | Aims of the research | Was there a clear statement of the aims of the research? | Can't tell <i>(The authors did not clearly state the aim of the research but this could be derived from the text)</i> |
| | 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 <i>(Recruitment is discussed, however participants opted-in and this may have affected the generalisability of the findings)</i> |

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| Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(however authors do not describe interview method in-depth, or saturation of data)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Yes <i>(Researchers made attempts to "ensure that questions allowed for both positive and negative responses" and discussed the possible bias inherent in sample recruitment)</i> |
| Ethical Issues | Have ethical issues been taken into consideration? | Can't tell <i>(no discussion of ethics)</i> |
| Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(no in-depth discussion of data analysis or how categories and themes were derived from the data. However, researchers took into account contradictory data. Unclear 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? | Can't tell <i>(Findings are well reported; however, researchers did not discuss credibility of their findings e.g. in terms of triangulation, respondent validation, or use of more than one analyst)</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 |

Rogers 2015

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| Study type | Semi structured interviews |
| Aim of study | To explore the financial, housing, and emotional support provided to 16–19-year-old care leavers, studying in further education in England. |
| Study location | UK |
| Study setting | South-East of England |
| Study methods | Semi-structured interviews with social workers and further education college professionals with a particular focus on the relationships and collaborative working practices between further education professionals and social work teams. The data were analysed using a thematic analytical approach, involving the meticulous reading and re-reading of the interview transcripts. Interviews with student support workers from both FE and HE and interviews with social workers explored: a) what type of support young people are provided with while still in school to help them make decisions about post compulsory education; b) who provides this support; c) what (if any) additional support FEs and HEs provide specifically for care leavers and are there any perceived gaps in the existing provision. |
| Population | social workers and further education college professionals |
| Study dates | 2010 |
| Sources of funding | The research was funded by Aimhigher, a UK government-funded national program |
| Inclusion Criteria | None reported |
| Exclusion criteria | None reported |

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|-------------------------------|---|
| Sample characteristics | <p>Sample size 28 interviews with social workers and further education college professionals: (17 with student support staff from all seven of the further education colleges. Similarly, the researcher contacted student support staff from each of the three main local universities in the region to request voluntary participation in the research, with all three responding positively. In relation to social worker interviews, five qualitative, face-to-face interviews and three telephone interviews were conducted with social workers with specific responsibility for looked after children and care leavers in their designated local areas.</p> <p>Reason for stopping recruitment not reported</p> |
| Relevant themes | <p>Theme 1 During interviews with FE college professionals and social workers there was evidence of confusion, with both agencies disagreeing on what should be expected from the other in terms of providing both emotional and financial support to care leavers. e.g. involvement in provision of financial or housing support for care leavers and the extent that further education colleges should be involved in this (and not just social workers). e.g. social worker: "I highlighted [a student] to the college to get some support, but I'm not sure how much support he got. He blew all his money and was constantly coming back to say he had no food ... I haven't been very impressed by them, because [students] drop out and I haven't seen that the support is there. I might be highlighting people, but they still drop out and then I get phone calls from the young people saying "can you sort out accommodation?" But we're people stretched here." similarly from the further education support officer: "One student's social worker just wouldn't come and see him, they kept saying they were too busy and then they would ring and say they couldn't make it after they'd eventually set the date. It can be frustrating for me as social services are responsible for looking after them. You know, it's supposed to be their social worker ... but that's often what I often I end up doing, bits in the middle."</p> <p>Theme 2 Additional support provided to care leavers by further education colleges: nursing students had access to 365-days-a-year accommodation (as they do not have the option of "going home" out of term time); providing specific mentoring and financial aid, including providing access to bursaries and help with filling out forms.</p> <p>Theme 3 Further education college staff commented that the majority of their time spent on supporting care leavers was focused on student finance, which included assisting students with applications for Learner Support Funds (a discretionary fund for students facing financial hardship); Adult Learning Grants (depending on eligibility, a grant of up to £30 a week to help pay for travel, books, and materials); and the Education Maintenance Allowance (an allowance since abolished by the Conservative–Liberal Coalition government in 2011), paid to students aged 16–19 from lower-income households). Colleges also paid limited discretionary awards to care leavers who had been unable to get funding elsewhere (this included money to tide them over for short periods of time, and travel costs to attend interviews to support university applications). Speaking of this discretionary fund, one FE college professional commented: "We've had students who've gone into houses where it's not been appropriate for them to move in, and of course the inevitable has happened ... It's all gone pear shaped and they need to get out. If we have the sufficient monies we can usually fund it from our discretionary funds, but unfortunately [we] don't have a great wad of money waddling about, you know."</p> <p>Theme 4 Colleges often provided financial support in preference to "relying on or waiting for social services". e.g. covering course equipment, supported meals, or help with managing money</p> <p>Theme 5 Some colleges described other examples of going above and beyond their own roles e.g. finding students accommodation: "We've had students where we've actually had to find them accommodation, you know, things have gone wrong with their accommodation and I've actually had to sort it for them. I've actually had to find this, I've spoken to the [housing shelter] to see if there's any accommodation, I've contacted the council about accommodation as well. I've got them some emergency funding."</p> |

Theme 6

Colleges provided emotional support of care leavers: all commented on the value in having strong mentoring and counselling teams for young people.

Theme 7

The precise forms of emotional support varied from college to college: ranging from the more ad hoc “drop in” approach with student support staff and counsellors, to more structured schemes whereby all identified looked after children were offered the opportunity to have a senior management team member acting as their personal advocate. one FE college professional commented: “Sometimes it’s just that initial building of a rapport with them, which is really good because it’s someone to trust, to help them”.

Theme 8

Established friendships with care leavers, treating them as an individual rather than a case, not a contractual relationship: “I have a really good rapport with one student. We have a joke and she’ll tell me what she’s been up to and sometimes it’s just about that short and very brief relationship, she knows who you are, and she’s comfortable to come to you and doesn’t feel as though ... she feels as though she is getting something from it, that she’s not just a case, not just a bit of paper of someone who is just going to sign some forms for and walk away from.” (FE college support staff)

Theme 9

Further educational college support staff felt constrained by financial barriers and other work commitments, believing that they should be able to provide much more than they currently were. “Time constraints and not having enough people on the team is a big problem, because there’s so much we want to do, and so much we need to do. If you had more people, or a bigger team, we could do so much more. We work in a very reactive environment. A tutor could bring a student down to me any minute who’s been beaten up by their parents last night, and then everything goes out the window. You spend half a day trying to sort some stuff out for them.”

Theme 10

Successful student support teams developed highly personalised support for young people. In these instances, there was a clear sense that the staff had not only an “open door policy”, but a strong personal investment in the young people and a commitment to ensuring that the support offered was highly personalised, and shaped by the individual needs of the young people concerned. From the interviews and observations, these approaches required a close-knit working team (with clear roles and responsibilities), and an extremely strong commitment by both the staff on the ground and the senior management team: “For a lot of them it’s the first time anyone has bothered to spend a bit of time on them and to encourage them to do something and say “Well done”. (FE college)”

Theme 11

Professionals from all seven FE colleges identified the need to develop provision for care leavers, and all those interviewed felt they could do more for care leavers. Ideas from FE college professionals regarding systems they would like to put in place included visiting feeder schools to meet young people before they apply to college; running sessions on existing care leaver events organised by other agencies; providing taster days for care leavers; and ensuring greater awareness and training among pastoral support workers and personal tutors.

Theme 12

All further education college staff felt they would like to be able to provide more proactive, rather than reactive, support, and providing reactive support was commonly cited as a major concern.

Theme 13

Information sharing: the tendency towards providing primarily reactive support was exacerbated by limited information-sharing procedures between colleges and social services, which resulted in colleges remaining largely unaware of students’ care status unless an individual student self-identified as a care leaver. As one college professional commented: “It’s very frustrating not knowing who they are, because there’s a lot of work going on that we can offer our care leavers, but if we don’t know who they are.” “We have bursaries we can help them with, but if we don’t know who they are—we can’t help them.”

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| | <p>Theme 14 Depersonalisation/not wanting the label: the UCAS application form has included the option for applicants to self-identify as looked after children or care leavers. However, this method of identification was considered by the colleges as being not only incomplete, but highly problematic as students felt it depersonalised them and they were reluctant to tick the box without knowing what would happen to the information.</p> <p>Theme 15 Inter agency communication: There were some instances of social workers and colleges communicating regarding the care status of students, and some social workers claimed to have established a relatively strong working relationship with colleges, and would aim to contact the college (with the student's permission) if they had a care leaver who they knew would be enrolling. However, social workers explained that this process was far from "formalised" and "often doesn't happen, depending on who the case worker is and how busy they are". Another social worker commented: "I think it is something that needs to be more thought out. We all really need to tighten up that procedure and have that referral process." Both social workers and FE college professionals interviewed in this research highlighted concerns over the negative impact of restricted interagency communication. It is hoped that a more developed and formalised collaboration between what might be considered "like-minded" agencies could encourage a more holistic agenda, whereby agencies would be better placed to deal with the more complex social problems characterising the experience of looked after children and care leavers.</p> | | |
| Risk of Bias | Section | Question | Answer |
| | Aims of the research | Was there a clear statement of the aims of the research? | No <i>(There was no clear statement of the aims however, this could 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 <i>(no in-depth discussion of why researchers chose their methods)</i> |
| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(no clear discussion around recruitment e.g. why participants they selected were the most appropriate to provide knowledge sought by the study. No discussion about why certain participants chose not to take part)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(No justification of how interviews were conducted or in-depth description. No discussion of saturation of data.)</i> |

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| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(No indication 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? | Yes |
| | Findings | Is there a clear statement of findings? | Yes <i>(however, no discussion about credibility of findings e.g. triangulation, respondent validation, more than one analyst)</i> |
| | Research value | How valuable is the research? | The research is valuable <i>(However no discussion of transfer-ability or gaps in the literature)</i> |
| | Overall risk of bias and directness | Overall risk of bias | Moderate |
| | | Directness | Directly applicable |

Schofield 2017

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| Study type | Semi structured interviews |
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| | Special interest group residential care |
| Aim of study | To explore the different experiences and meanings associated with their pathways from troubled birth families through residential care and into early adulthood, including their perception of the support they received. |
| Study location | UK |
| Study setting | Children's homes run by a voluntary sector organization. The organization provided care for young people in small children's homes (4–5 residents), with some staying 3–7 years. Participants left after the development of a transitions team to work alongside residential staff to provide continuity of care and relationships into adulthood. As a new service, the transitions team contacted all young people up to the age of 30 who had left the children's homes to offer support for "as long as needed". |
| Study methods | Semi-structured interviews. The interview invited participants to generate narratives within chronological areas, including early years, school, going into care, previous placements, life in the children's home, leaving care, current lives and future plans. The interviews were first read independently by two researchers for 'big stories, 'or overarching meanings". At other times, researchers have sought to classify participants as narrative types, depending on the themes, tone and imagery within their stories. |
| Population | Care leavers aged 17 to 26 |
| Study dates | Not reported |
| Sources of funding | the Esmée Fairbairn Foundation |
| Inclusion Criteria | None reported |

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| Sample characteristics | <p>Sample size 20 care leavers</p> <p>Mean age (SD) aged 17 to 26 years</p> <p>Female gender 13 male and 7 female participants</p> <p>Ethnicity all White British</p> |
| Relevant themes | <p>Theme 1 During transition Education and other constructive activities, such as sport, provided self-esteem and positive networks.</p> <p>Theme 2 Young people also told coherent stories that recognized past difficulties but were mainly positive about self and others. They had prosocial strategies for managing their lives and seeking help flexibly from a range of people, including transitions workers.</p> <p>Theme 3 Agency and the need for connection to others were both present. Overall, they were achieving a balance between independence and interdependence, and were capable of both giving and receiving in relationships.</p> <p>Theme 4 young people who had experienced some positive emotional support in their birth families attributed their successful move into adulthood primarily to instrumental outcomes, in particular, the development of their education while in residential care, which they ascribed both to support received and to their own agency.</p> <p>Theme 5 Turning points: "The football coach gave me that drive but failure at high school forced me to buck myself up and make sure that I got my grades up."</p> <p>Theme 6 Importance of a significant adult to push to help aspirations for further education: "At the time I had no intention of going to university, but she (worker) said, "Well why don't we put it in your Pathway Plan?"</p> <p>Theme 7 Negative influence of peers and being labelled as high risk: These young people were keen not to be fitted into a perceived high risk care leaver pathway: "I knew most of the kids that lived in these places (hostels) and they just weren't the sort of kids that I wanted to be associated with, like they were drug users and things like that."</p> <p>Theme 8 Support drawn from members of the birth family while leaving care: Although some credit was given to residential staff for supporting these steps forward, distinctive for this young person and others was the link to a supportive member of the birth family: "It is nice knowing that she (aunt) is there. It is kind of like a security and safe, because even</p> |

though I have got a lot of people I can go to, this is an extra security. She doesn't have a file on me like a social worker does and things like that, she has experience of me rather than files."

Theme 9

Self-dependence. Although feelings about birth families were complex, the contrast between early maltreatment and subsequent good relationship experiences in residential care were reflected on as a form of 'rescue'. This led to a positive transformation during the teenage years from a victim identity to that of a survivor, someone who could connect with others and who had the agency to make choices. This adult identity included showing the world that they had changed and beaten expectations/ become resilient by overcoming earlier adversities.

Theme 10

Fragility of agency and self-reliance: Some vulnerabilities persisted, however, so although both agency and connection were present and narratives were coherent, surviving could be threatened in adulthood by loss of employment or relationships, with a risk of helplessness and victimhood resurfacing.

Theme 11

The need for an open-door policy: An open door to support from residential and transitions workers remained necessary.

Theme 12

Histories of abuse and rejection leading to increased time needed to trust residential workers and experience the benefits of relationships.

Theme 13

Young people valued experiencing staff as 'people' not 'workers', which in turn could lead to a sense of being 'at home' with staff as 'family' or 'friends'.

Theme 14

Availability: The value of staying connected after leaving care, supported by young people's sense of the staff's commitment to 'not giving up' them: "They help you realise that you can do things and you might act like a spoiled brat and you might not want to go to school, you might get kicked out of school but they.... sort of try and tell you, "You can do that" –they don't give up on you."

Theme 15

The experience of a gradual move from dependence to independence, e.g. in the context of the ongoing availability of a relationship with her transitions worker: She's a lovely lady. If it weren't for her I probably still wouldn't be ringing up about the bills.... I would be like, "You ring them, I don't want to ring them"...It got to the point like, "No, I'll do it now, I'll do it." But she'll still come round for coffee. I don't see her as often and I don't really notice that, but I think it's because I don't need her as much. I still think she is there if I need her. If I got really stuck in the dirt I can turn to her and just sort of say, "I need help".

Theme 16

For these young adults, childhood experiences and identities that focused on victimhood in the face of maltreatment in their families of origin had not been resolved but seemed confirmed by accounts of subsequent experiences of victimhood in foster care, in adoption, in their peer group and, for some as they saw it, in residential care. Feeling singled out for rejection or bullied by others led to a persistent sense that life was unfair. Where their behaviour was difficult, this was explained as the consequence of excessive victimization. Their persistent emotional demands of others, who could never care enough, led to disappointment. There was a sense of inevitability and blame of others – so even a choice that they had made, for example, to leave the children's home, could be seen as the fault of others, as being 'kicked out'.

Theme 17

Inevitably young people were demanding of and sometimes grateful for transitions workers' time, but equally inevitably, they could become disappointed when care was not immediately available and feelings of rejection and victimhood reappeared. A challenge for transitions workers was how to promote agency and autonomy for these young people while meeting their emotional needs.

Theme 18

Young people expressed ambivalence about people, including staff, in their lives. So, there were positive accounts of residential workers who were 'mumsy' or 'like a mum' or 'really nice', but then, there were references to being 'treated like a piece of dirt'. But often, as young adults who were now struggling, there were feelings of regret about what was lost. "If I felt stressed they would take me out for a drink ...and basically they was like a father and mother to us...it is hard to let go of them now." For some, this was associated with a sense of anger: "They go on so much about like making family with them and then as soon as you have, you are kicked out and you are not allowed to see them when you go back."

Theme 19

this switching from positive to negative, needy to angry, showed how hard it was for these young people to accept help and to establish a stable, supportive and coherent relationship with transition workers. Young people with this persistent sense of self as a victim had found it difficult while in care, even with the support of the residential staff, to make the transition to another type of identity.

Theme 20

Use of support in the future: Although their stories felt negative at this point in their lives, even for these young people, there was some sense of a positive connection to staff at the agency, in the past or currently, which held out a possibility of being able to use support in the future.

Theme 21

Current instability in leaving care may lead to inability to establish self: The main concerns here were that building a stable adult life might be threatened by challenges in establishing themselves in housing and employment while they lacked agency and the capacity to sustain relationships.

Theme 22

Importance of stickability as an instigator of turning points: Staffs were given credit for sticking by them in spite of their 'bad' behaviour and supporting them to change. Becoming a survivor for these young people was about discovering their own value through caring relationships. There were turning points as they started to behave better, to take responsibility for themselves and to build better lives as better people.

Theme 23

Life story and availability of transition team as a source of hope and resilience: as young adults, their awareness of how far they had come and their belief in the organization and the availability of transitions staff gave them some hope – in itself a resilience characteristic.

Theme 24

Changes in their behaviour were linked to building positive relationships. This young person describes a member of staff, 'like a dad', who helped him manage his stress and engage in constructive activity: "I loved (him) like a dad really.... Whenever I got stressed about something he was always there for me to go and talk to. My favourite memories of me and him were we always used to love going swimming...."

Theme 25

Importance of support staff as a "challenge": One young person, who was in steady employment in early adulthood, felt motivated by staff to take responsibility and earn his own living: "I didn't want to do anything, but then (home staff) had a good word with me: "If you don't do this you are not going to succeed in life, you are just going to be on benefits and all that...". And I thought to myself, I don't want to be doing that."

Theme 26

Availability of transition staff an important source of support to manage stress triggering difficult behaviour: for some, this was a key part of the transitions service support: "My support worker was there one time when I was like really upset because I had a really bad argument with people I used to live with and no one could have calmed me down apart from (staff) so I like texted them and said "Can you ring me because I can't calm myself down? I'm like really upset"."

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| | <p>Theme 27 For some, sense of badness and self-blame for rejection persistent beyond care and led to no transformation experiences, their behaviour leading to being "kicked out" of the children's home with stories of subsequent downward spirals including self-harm and drug use. They either longed to keep connections with transitions workers and other staff, or maintained an angry and resentful stance against everyone including the care organisation. Memories of childhood aggression and bad behaviour linked to justifications rather than regret as in the previous group.</p> <p>Theme 28 Feelings of regret after transition, of a lost opportunity to change and find a better life: "Living on my own, being homeless and that through the time of leaving (the home)messed with my head and if I had never left I would be fine, I would have a job or I would be driving but I was stupid and got kicked out."</p> <p>Theme 29 For young people who had experienced their childhood as victims, the ability to achieve in education or work was linked both to their capacity to make trusting relationships and to feel more in control of their lives, with a greater sense of agency.</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? | Yes <i>(However, recruitment did not approach young people with particular mental health problems and other vulnerabilities, therefore there are some experiences that will be missed but the study sample.)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Yes <i>(However, no discussion of saturation of data and no in-depth discussion of use of topic guide or the setting for the interviews)</i> |

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| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(Unclear that the researcher has 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 <i>(Project gained ethical approval)</i> |
| | Data analysis | Was the data analysis sufficiently rigorous? | Can't tell <i>(No sufficient in-depth description of data analysis. For example, while it was clear that two researchers performed thematic analysis, it is unclear how these themes were merged. Unclear that 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? | Yes <i>(However, authors do not discuss the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst) in an in-depth manner. Contradictory evidence was considered.)</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 |

Sims-Schouten 2017

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|---------------------------|--|
| Study type | Semi structured interviews Evaluation for 6.1? |
| Aim of study | to explore how services for care leavers can be fully integrated and easily accessed among care leavers taking part in an an evaluation of a life-skills project for young care leavers. |
| Study location | UK |
| Study setting | 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. |
| Study methods | 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. |
| Population | Care leavers aged 16 to 25 years old, involved in a life-skills project |
| Study dates | Not reported |
| Sources of funding | Not reported |
| Inclusion Criteria | None reported Criteria 1 |

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| | mental health and wellbeing issues were part of the referral criteria to the project |
| Exclusion criteria | None reported |
| Sample characteristics | <p>Sample size 22 care leavers</p> <p>Mean age (SD) 18.5 years old (range 16 to 25 years)</p> <p>Mental health 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>Female gender 11 females, 11 males</p> <p>Ethnicity six of the participants were from a black and minority ethnic (BME) background</p> <p>Current living situation all were living in supported accommodation at the time of the interviews</p> <p>Parenting five of the participants were parents (three of the females and two of the males).</p> |
| Relevant themes | <p>Theme 1 Pre-positioning: getting really stressed, breaking down and crying. Repositioning: Becoming a more resilient person and picking self-up again.</p> <p>Theme 2 Pre-positioning: fear of new people and new situations; Repositioning: learning to communicate and feel confident</p> <p>Theme 3 Pre-positioning: loneliness and isolation. Repositioning: being able to speak to people and socialise</p> <p>Theme 4 Pre-positioning: low self-esteem. Repositioning: learning independent skills and confidence e.g. money management, living, and cooking skills.</p> <p>Theme 5 Prepositioning: being nervous and anxious. Repositioning: stress-relief and coping</p> |

| | <p>Theme 6 Prepositioning: Behavioural issues (being difficult/aggressive). Repositioning: being able to trust and talk to people.; assertiveness.</p> <p>Theme 7 Prepositioning: panic attacks. Repositioning: being able to express myself and fears</p> <p>Theme 8 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>Theme 9 through engagement with her care worker that care leavers are able to reposition themselves: "it makes me feel better"</p> <p>Theme 10 care worker as a "challenge" to correct challenging behaviour, manners of how to speak to people, be less aggressive</p> <p>Theme 11 Communication with care workers as a means to calm down during panic attacks and stress, repositioning of self and anxieties through support.</p> <p>Theme 12 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>Theme 13 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> | | | | | | | | | | | |
|--------------------------------|--|--|----------|--------|----------------------|--|--|--------------------------------|---|-----|--|--|
| Risk of Bias | <table border="1"> <thead> <tr> <th data-bbox="479 957 725 1027">Section</th> <th data-bbox="725 957 1079 1027">Question</th> <th data-bbox="1079 957 2045 1027">Answer</th> </tr> </thead> <tbody> <tr> <td data-bbox="479 1027 725 1158">Aims of the research</td> <td data-bbox="725 1027 1079 1158">Was there a clear statement of the aims of the research?</td> <td data-bbox="1079 1027 2045 1158">Can't tell <i>(the aims of this research were not clearly stated but can be derived from the discussion sections)</i></td> </tr> <tr> <td data-bbox="479 1158 725 1257">Appropriateness of methodology</td> <td data-bbox="725 1158 1079 1257">Is a qualitative methodology appropriate?</td> <td data-bbox="1079 1158 2045 1257">Yes</td> </tr> </tbody> </table> | Section | Question | Answer | Aims of the research | Was there a clear statement of the aims of the research? | Can't tell <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 | | |
| Section | Question | Answer | | | | | | | | | | |
| Aims of the research | Was there a clear statement of the aims of the research? | Can't tell <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 | | | | | | | | | | |

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| | Research Design | Was the research design appropriate to address the aims of the research? | Can't tell <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 <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 <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 <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 <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 <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</i> |

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| | | | <i>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 |

Syme 2017

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| Study type | Semi structured interviews Special interest group independent residential school in Scotland |
| Aim of study | To examine professionals' expectations about a range of outcomes for young people leaving care in a 3-year evaluation of a children's independent residential school and associated services. |
| Study location | UK |
| Study setting | Independent residential school in Scotland for looked after children |
| Study methods | Semi-structured interviews were carried out. Interview respondents consisted of care workers (15), teachers (7) and psychological intervention and engagement staff (6). The interview schedule for the adults included questions about |

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| | staff's perceptions of outcomes, including how the service impacted on positive outcomes as well as the challenges facing young people to achieve positive outcomes during and after their time at the residential school. A detailed analysis was undertaken of 28 interviews carried out with the internal staff of the residential school. Transcripts of the interviews were transferred into and analysed within NVivo 10. |
| Population | Care workers, teachers and psychological intervention and engagement staff, working with looked after children in a residential school |
| Study dates | Not reported |
| Sources of funding | Not reported |
| Inclusion Criteria | None reported |
| Exclusion criteria | None reported |
| Sample characteristics | Sample size 15 care workers, 7 teachers and 6 psychological intervention and engagement staff |
| Relevant themes | <p>Theme 1 Looked after children in residential schools came from diverse places, care staff were aware that this made it problematic to help young people integrate back in their local neighbourhoods of origin. In some cases, they saw the young people as having been marginalized in their home areas and hence needing 'to be accepted back into the community'. For care staff, this mainly entailed dealing with the problems that had led to family breakdown, school exclusion or criminal offences.</p> <p>Theme 2 A psychologist went further and spoke about building up strengths and confidence so young people 'believe the value that they can add to a community'.</p> <p>Theme 3 Some care staff were critical of the nature of the school itself for being institutional and not well connected with mainstream services locally.</p> <p>Theme 4</p> |

An engagement worker mentioned how a young person had led an atypical life until joining a drama club had made them feel 'normal': "I remember thinking at the time that's amazing that she has been able to do that and it is such a normal thing to do and you think if you had your own kids you would want them to be involved with that sort of activity but I think for some of the kids that are in here it is huge because it lets them feel normal and feel like they are part of a community . . . (Engagement staff)"

Theme 5

Care staff indicated that outside agencies and professionals lacked appreciation of the different nature of looked-after young people, so they often had inappropriate expectations and provided inadequate support. Several explained that young people had not succeeded in further education partly because college staff were unable to understand and work with them.

Theme 6

Some care staff emphasized that care leavers had their confidence knocked back when mixing with 'non-care students' who, it was assumed, were doing much better: ". . . I think you walk into that college and you really cannot cope with that and you've got other teenagers at sixteen and seventeen around about you excelling at that. How does that make that kid feel? (Care staff)"

Theme 7

a teacher believed that looked-after young people could be helped to attain self-esteem similar to others: "It is about them having a sense of worth when they step out in to that big bad world out there and realising they are as good as everyone else. (Teacher)"

Theme 8

A limited goal of "getting by": For example, one care worker indicated it was an achievement if young people sustained a tenancy 'no matter what state the house is in'. Another care worker commented on how keeping a tenancy rather than being in bed and breakfast was a desirable outcome. Also, any job was viewed as a positive result, even if the job had poor prospects.

Theme 9

A focus by care staff on managing risk factors e.g. drug misuse, alcohol, or crime rather than building in protective factors such as resilience.

Theme 10

Functioning adult's vs excelling: Care workers frequently referred to young people developing into functioning adults, whereas teachers poke more about young people being enabled to achieve and excel.

Theme 11

Care staff's concerns within the interviews were about young people moving back to their home environment, lacking support and being vulnerable to negative influences from family or peers. Specifically, young people with histories and current issues in drug misuse were viewed as most liable to less positive later outcomes, despite the holistic help provided by the school during their stay.

Theme 12

Differences in emphasis reflected in part recent role changes. Care staff were expected to do more things for young people, whereas they had previously encouraged young people's independent coping skills. Within the classroom, teachers retained the scope to help young people learn life skills for themselves.

Theme 13

while gaining formal qualifications was desirable, in the long term, emotional stability carried more weight: "Kids who are going to make a success of their lives because emotionally they're able to deal with their difficulties, rather than – I know this is controversial – but rather than achieving academically, although they might do that as well. (Teacher)"

Theme 14

Readiness to build on education may only come later: the teachers thought it vital to give young people a positive experience of learning and education, while recognizing that often, the young person might only be ready to build on this later: "Yes, in the here and now it's very difficult to get that message across but you do hope that when they move on that they think 'I should have' and now 'I am going to'. (Teacher)"

Theme 15

even young people who had made progress in the small specialist classroom setting at the residential school found it hard to adjust when starting college. This was attributed to various factors in the interaction between young people and the college environment. Staff cited poor motivation shaped by earlier bad experiences at school and challenges in literacy making the theoretical aspects of college courses difficult, as well as social issues. colleges offered less support and understanding than the young people who had been used to at the residential school. On occasion, apparent failure was described as representing a considerable achievement, given the young person's previous history: "Some people say he is giving up, but I prefer to actually believe that he did stick at his college for a good 3 or 4 months before packing in and he does have his issues which is why he is in care in the first place you know he is no saint or angel. (Care staff)"

Theme 16

Vocational training and continuing support. Some care staff stated that some young people 'might never be ready' as 'college was not for them', whereas vocational training might be more suitable. In addition, while getting a job/training or college course was viewed as a protective factor, all staff agreed continuing support was required to obtain and maintain this.

Theme 17

concern about young people's readiness to move onto independence more generally, attributing this to the difference between the young people's functional and chronological age, acknowledging the developmental and educational delays caused by traumatic early years.

Theme 18

Not ready yet: like many care leavers, the young people in this study were expected by their local authorities to move out of the place that had become their home and school at 16 years, earlier than nearly all young people in 'ordinary' families.

Theme 19

Abruptness of leaving care. difficulty in achieving positive outcomes immediately after moving on from the school. They perceived experiences of this for young people as like 'freefalling' and 'going off the rails'. This time was described as a 'danger period' by some. Emotional stability, confidence and self-esteem were regarded as being vulnerable to damage during the transition period and could impact on immediate hard outcomes, such as work and further education.

Theme 20

Continuing ability to "ask for help" and to make mistakes. Support was necessary even while mistakes were made to enable young people to avoid negative lifestyles and chronic pathways into unemployment, drugs or criminality.

Theme 21

young people needed confidence to ask and accept such support. Some care staff felt that young people were not equipped with such confidence, which could impact on their help-seeking behaviour and consequently their ability to adapt to life outside the residential school successfully: "I do not know how many young people would feel confident enough to pick up the phone to say 'I am struggling here, I need you?' (Care staff)"

Theme 22

Low expectations? Care staff tended to voice more expressions of sympathy with young people's emotions and attitudes to schooling. This was linked to a sense of inevitability that young people would struggle. Teachers and psychologists did not disregard feelings, but they focused on helping young people learn and develop skills.

| Risk of Bias | Section | Question | Answer |
|--------------|---|--|---|
| | Aims of the research | Was there a clear statement of the aims of the research? | No <i>(aims were not clearly expressed e.g. "to analyse and compare the views of different kinds of staff about desirable outcomes and how successful outcomes could be achieved.")</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 <i>(Aims of the research were not very clear and research design does not appear to be clearly justified)</i> |
| | Recruitment Strategy | Was the recruitment strategy appropriate to the aims of the research? | Can't tell <i>(Researchers do not clearly explain how the participants were selected, why they were the most appropriate, or why some chose not to take part. Inclusion criteria not clear and participants not described)</i> |
| | Data collection | Was the data collected in a way that addressed the research issue? | Can't tell <i>(However researchers do not seem to justify their methods, and the methods used are not explicit (other than to say semi-structured interviews))</i> |
| | Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | Can't tell <i>(Unclear that 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? | Can't tell <i>(no statement of ethical approval)</i> |

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|--|-------------------------------------|--|---|
| | Data analysis | Was the data analysis sufficiently rigorous? | Yes |
| | Findings | Is there a clear statement of findings? | Yes <i>(however, no in-depth discussion of the credibility of findings in relation to triangulation, respondent validation, more than one analyst, was discussed.)</i> |
| | Research value | How valuable is the research? | The research has some value |
| | Overall risk of bias and directness | Overall risk of bias | Moderate |
| | | Directness | Directly applicable |

Webb 2017

| | |
|---------------------|--|
| Study type | Semi structured interviews Evaluation the boom project (volunteering) |
| Aim of study | (1) To explore how identity capital and agentic individualisation explain benefits of managed volunteering among young people leaving care. (2) To explore current theories of individualisation and identity capital in relation to personal resilience factors among young people leaving care. |

| | |
|---------------------------|--|
| Study location | UK |
| Study setting | Participants were all involved in volunteering in Manchester, UK. The Boom project, run by Greater Manchester Youth Network (GMYN), offers volunteering opportunities to in-care and care leaving young people. Boom (in-care) and Boom+ (care leavers) are age-determined activity groups for 13–21-year-olds. Volunteering opportunities are matched to the young people for suitability, with support given by GMYN workers throughout the activity. |
| Study methods | Semi-structured interviews. Interview topics included bonding social capital with peers; bridging social capital with others; linking social capital and access to power; transitions; personal resilience; reflecting; evaluating services; and influencing/helping others. Potential participants were identified in partnership with statutory and non-statutory gatekeepers (social care staff and voluntary sector partners). Participants were selected to reflect the range of users of Boom/Boom+. Data were collated using QSR NVivo and content analysis applied to interview data and field notes. Content themes were derived from Côté’s developmental individualisation hypothesis, using the agency-identity model, this was collapsed into key themes. Researcher bias was managed by separating data collection (interviewers) from analysts. |
| Population | Eight interviewees purposively selected for interview from a cohort of 18 young care leavers and in-care young people (and their carers) engaged in Boom projects. |
| Study dates | Not reported |
| Sources of funding | funded through the UK Government’s Cabinet Office Vulnerable and Disengaged Young People Fund |
| Inclusion Criteria | Criteria 1 young care leavers and in-care young people (and their carers) engaged in Boom volunteering and social action projects |
| Exclusion criteria | None reported |

| | |
|-------------------------------|--|
| Sample characteristics | <p>Sample size eight interviewees with six care leavers and two in-care young people</p> <p>Mean age (SD) 17.25 years (range 14–21).</p> <p>Mental health Ten participants recorded a disability (communication, mental health, specific learning disability).</p> <p>Female gender two of the six care leavers were female</p> <p>Ethnicity Sixteen were white British, one African and one 'not known'.</p> <p>Education/employment Fourteen were in education while four were not engaged in education or employment.</p> |
| Relevant themes | <p>Theme 1 the young people welcomed the opportunity to gain experiences and take a risk. All interviews contained evidence that they experienced an opportunity for exploration, often with positive consequences: "I never used to do the group things I do now, I just used to do the one-to-one, but when I started doing Boom + I was like 'what the hell' and got stuck in doing the group stuff. (YP8, male, 18years)"</p> <p>Theme 2 Nearly all participants or their carers identified interpersonal change: "Boom+ is good because it makes me mature. [] ... I'm more confident to talk to people because I was before ... 'I shouldn't even come here'. But now I can talk to people easily and I've learnt a lot of things here being in Boom. (YP7, male, 18years) I left school with rubbish GCSEs [] I did something negative then but look at me now, I'm doing something positive. [] ... it's helped me to build up my confidence, helped me to speak to other people and share my opinions (YP6, female, 17years)"</p> <p>Theme 3 interplay evidenced here between exposure to social networks, development of personal capital (confidence) and agentic behaviour in being able to exploit opportunities.</p> <p>Theme 4 increased confidence, self-esteem and ego strength, often expressed through limited language: "At first we thought we weren't going to raise any money but then when we got the certificates we were proper proud we did this, put all our hard work into it, so we felt really happy ... We made some cakes for people with dementia, when we went there it was pretty heartbreaking [] when they saw the younger ones they started crying, that made us more heartbroken, [] we've never experienced that before, [] we went walk-about and gave them cake, talked to them and that's what we did, that was pretty good fun. (YP2, male, 18years)"</p> <p>Theme 5 There were several indications among older participants of enjoying control, or frustration at not having control: "(I)f you ask me a question I will just give the answer straightaway you know, so they make me to be more confident when I'm saying something and they give me that power to express myself every time in any situation. (YP7, male, 18years,</p> |

recent immigrant to UK)" "... (M)y idea is, I'm going to do this as volunteer work and then if I'm really into it [] go back to (peer mentor) and say I want to make a job out of this how do I go about it. (YP6, female, 21years)"

Theme 6

most participants described their social world opening up due to increasing interpersonal skills and ego strength: "... (N)ow I have got used to being in a group and working all together. When I was in the group at school I got bullied so I turned round and said I don't want to be in that group. (YP1, female, 19years)" "You meet totally different new people who have got different minds, different opportunities. (YP2, male, 18years)"

Theme 7

Most interviewees were self-selecting, agentic individuators as they had committed themselves to Boom projects. However, there was evidence that they had needed the structure of an organised project to feel able to take the risk of engaging in activities: "I'd never done it before (rock climbing), I was a bit nervous. The staff encouraged me to do it. (YP1, female, 19years)" "I learnt that I have got skills I didn't think I had, through encouragement and motivation to do tasks. (YP1, female, 19years)"

Theme 8

the transition from previous identity moratorium before Boom: "never used to talk to many people, I just wanted to keep myself to myself, do whatever. [When] I moved to B, I didn't really know anyone so I thought I'll just stay here, go to college and go home, just stay in my room. (YP 2, male, 18years) I look back and I think 'alright I was negative then but look at me now', I'm doing something more positive and it's pushed me. (YP6, female, 21years)"

Theme 9

Resistance to the intervention due to wanting to seem self-reliant, "victim" resilience: having experienced disrupted placements and not being able to develop a sense of trust. There is evidence of survivalist behaviour through defensiveness, avoidance, and foreclosure.

| 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 <i>(Participants reflected a range of looked after children in care and having left care, with a range of ethnicities, communication, mental health, and learning difficulties. However, participants self-selected into the intervention and therefore may have</i> |

| | | | |
|---|--|--|---|
| | | | <i>reflected a more motivated and assertive cohort than the wider care leaver population.)</i> |
| Data collection | Was the data collected in a way that addressed the research issue? | | Yes <i>(However, no clear justification of setting for data collection or discussion of saturation of data. Interview methods and questions are explicit)</i> |
| Researcher and participant relationship | Has the relationship between researcher and participants been adequately considered? | | Can't tell <i>(unclear that 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 <i>(clear ethical considerations)</i> |
| Data analysis | Was the data analysis sufficiently rigorous? | | Yes <i>(However, unclear if participants critically examined own role, potential bias and influence during analysis and selection of data for presentation)</i> |
| Findings | Is there a clear statement of findings? | | Can't tell <i>(There was no clear discussion of the evidence both for and against the researcher's arguments. There was no clear discussion of credibility of their findings (e.g. triangulation, respondent validation, more than one analyst))</i> |
| Research value | How valuable is the research? | | The research has some value <i>(no clear discussion of how findings can affect practice or current policy)</i> |
| Overall risk of bias and directness | Overall risk of bias | | Moderate |
| | Directness | | Directly applicable |

Appendix E – Forest plots

No forest plots were produced for this review question as meta-analysis was not attempted.

Appendix F – CERQual tables

Barriers to, and facilitators for, supporting and developing looked-after young people to transition out of care into independent living

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|---|--|--------------------|--------------------|------------|
| Emotional and wellbeing support through relationships | 19 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were three studies with a low risk of bias. Eleven studies with a moderate risk of bias. Five studies with a high risk of bias. | Minor concerns Subthemes touched on several aspects including the assessing gaps in social network and the benefits and harms of birth family relationships. | No concerns | No concerns | Moderate |
| More gradual and intensely supportive approach needed at the start of leaving care. | 15 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were four studies with a low risk of bias. Seven studies with a moderate risk of bias. Four studies with a high risk of bias. | Minor concerns Several subthemes were apparent such as the need for repeat offers, feelings of abruptness when leaving care, the need for more forward planning and sensitivity for timing. Some | No Concerns | No Concerns | Moderate |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|--|---|--------------------|--------------------|------------|
| | | | aspects relating to the Staying Put intervention. | | | |
| Need for repeat, flexible, and open-ended offers of support: allowing for mistakes | 16 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were four studies with a low risk of bias. Six studies with a moderate risk of bias. Five studies with a high risk of bias. | No concerns | No concerns | No concerns | High |
| The need for genuine caring relationship, not contractual, professional relationship | 17 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were three studies with a low risk of bias. Eight studies with a moderate risk of bias. Five studies with a high risk of bias. | No Concerns | No Concerns | No Concerns | High |
| Importance of professional support staff for achieving a | 14 | No concerns Studies were mostly marked down for either limited or largely unclear description of their | Moderate concerns Subthemes addressed different | No Concerns | No Concerns | Low |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|---|---|--------------------|--------------------|------------|
| successful transition | | methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. Seven studies with a moderate risk of bias. Five studies with a high risk of bias. | professionals for example: social workers; foster carers; residential care staff; transition teams; supported accommodation staff; school staff; mental health practitioners. | | | |
| Care leavers valued availability of support staff, particularly for emotional support | 11 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were three studies with a low risk of bias. Seven studies with a moderate risk of bias. One study with a high risk of bias. | No Concerns | No Concerns | No Concerns | High |
| Balance between autonomy and independence and need for support | 10 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. | No Concerns | No Concerns | No Concerns | High |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|--|--|--------------------|---|------------|
| | | There were two studies with a low risk of bias. Seven studies with a moderate risk of bias. One study with a high risk of bias. | | | | |
| Usefulness of specific skills training for independent living | 10 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. Five studies with a moderate risk of bias. Three studies with a high risk of bias. | Moderate concerns Studies referred to a range of different specific skills training that was thought to be helpful | No Concerns | No Concerns | Low |
| Loneliness and isolation a common struggle among care leavers | 9 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were three studies with a low risk of bias. Four studies with a moderate risk of bias. Two studies with a high risk of bias. | No concerns | No concerns | Minor concerns Two studies recruited participants prior to 2010 | Moderate |
| Lack of continuity/ | 8 | No concerns | No Concerns | No Concerns | No Concerns | High |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|--|--|--|--------------------|------------|
| consistency of care: need for stickability, “too many people”. | | Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. Three studies with a moderate risk of bias. Three studies with a high risk of bias. | | | | |
| Relationships and emotional state in the present influenced by instability of those in the past – affecting perception of support being offered | 7 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. four studies with a moderate risk of bias. One study with a high risk of bias. | Minor concerns Some subthemes were apparent such as the creation of a victim identity as a result of past experiences and distrust of professionals. | No concerns Only 7 studies contributed to this theme | No Concerns | Moderate |
| Resistance to labelling or self-identification as a “care leaver” and need for confidentiality | 7 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. | No concerns | No concerns Only 7 studies contributed to this theme | No Concerns | High |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|--|---|---|--------------------|------------|
| | | Four studies with a moderate risk of bias. One study with a high risk of bias. | | | | |
| Usefulness of group work and supported/non-supported activities (e.g. sport, art) or volunteering with peers | 7 | Minor concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were no studies with a low risk of bias. Three studies with a moderate risk of bias. Four studies with a high risk of bias. | Moderate concerns Studies referred to a range of different activities, some supported group activities, some with peers, some other kinds of social and volunteer work. | No concerns Only 7 studies contributed to this theme | No Concerns | Low |
| Falling through the gap: experience of needs being overlooked or support preferentially given to others | 6 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. three studies with a moderate risk of bias. One study with a high risk of bias. | Moderate concerns Some subthemes described preferential support being given to those with more severe behavioural problems, some to those who took part in further education. | No concerns Only six studies contributed to this theme. | No Concerns | Low |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|--|---------|---|--|---|--------------------|------------|
| Need for multiagency working | 7 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were two studies with a low risk of bias. three studies with a moderate risk of bias. One study with a high risk of bias. | Moderate concerns Subthemes addressed different aspects of multiagency working e.g. between social care and supported accommodation staff and mental health teams; between criminal justice and social care; between college staff and social care work. | No concerns Only six studies contributed to this theme. | No Concerns | Low |
| Limitations of pathway planning for focus on education, health, and wellbeing. | 6 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There was one study with a low risk of bias. Five studies with a moderate risk of bias. No studies with a high risk of bias. | Minor concerns Some subthemes related to greater connection with colleges. Some conflicting themes. | No concerns Only 6 studies contributed to this theme | No Concerns | Moderate |
| Time restraints, resource constraints, and | 6 | No concerns Studies were mostly marked down for either | No Concerns | No concerns | No Concerns | High |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|--|--|--|--------------------|------------|
| staff turnover as a barrier to good support | | limited or largely unclear description of their methods of data collection, analysis, and synthesis. There was one study with a low risk of bias. Three studies with a moderate risk of bias. Two studies with a high risk of bias. | | Only 6 studies contributed to this theme | | |
| Importance of education, employment, relationships, and immigration status for future hopefulness | 5 | Minor concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There were no studies with a low risk of bias. Four studies with a moderate risk of bias. One study with a high risk of bias. | Moderate concerns Studies considered a range of different contexts e.g. asylum seekers, and barriers/facilitators to future hopefulness. | No concerns Only 5 studies contributed to this theme | No Concerns | Very Low |
| Felt disparity between self and peers | 4 | No Concerns | No Concerns | No concerns Only 4 studies contributed to this theme | No Concerns | High |
| Inability to communicate distress, lack of listening, lack of shared decision making | 4 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. | Minor concerns Some subthemes such as the need for extra support to communicate in some cases, and | No concerns Only four studies contributed to this theme. | No Concerns | Moderate |

| Theme | Studies | Methodological limitations | Coherence | Adequacy | Relevance | Confidence |
|---|---------|--|---|--|--------------------|------------|
| | | There were two studies with a low risk of bias. One study with a moderate risk of bias. One study with a high risk of bias. | many with a positive experience of being listened to. | | | |
| Mental health, relationships, accommodation, children, expectations, and knowledge potential barriers for educational progress specifically | 4 | No concerns Studies were mostly marked down for either limited or largely unclear description of their methods of data collection, analysis, and synthesis. There was one study with a low risk of bias. Four studies with a moderate risk of bias. No studies with a high risk of bias. | Moderate concerns Studies considered a range of different barriers to educational progress, some of which tie into other themes above. | No concerns Only 4 studies contributed to this theme | No Concerns | Low |
| Transition to adult mental health and health services may be challenging | 3 | No Concerns | Moderate concerns Themes were not very clear, particularly regarding which specific aspects of transitioning to adult health services were proving challenging. | Minor concerns Only three studies contributed to this theme. | No Concerns | Very Low |

Appendix G – Economic evidence study selection

This question was not considered in the review of existing economic studies given its focus on qualitative evidence.

Appendix H – Economic evidence tables

No economic evidence was identified for this review question.

Appendix I – Health economic model

No economic modelling was undertaken for this review question.

Appendix J – Excluded studies

| Study | Reason for exclusion |
|---|---|
| Abrams, Laura S, Curry, Susanna R, Lalayants, Marina et al. (2017) The influence of policy context on transition age foster youths' views of self-sufficiency. <i>Journal of Social Service Research</i> 43(1): 37-51 | - non-UK study |
| Alonso-Bello, Estefan?a; Santana-Vega, Lidia E.; Feliciano-Garc?a, Luis (2020) Employability Skills of Unaccompanied Immigrant Minors in Canary Islands. <i>Journal of New Approaches in Educational Research</i> 9(1): 15-27 | - non-UK qualitative study |
| Arnau-Sabates, Laura and Gilligan, Robbie (2015) What helps young care leavers to enter the world of work? Possible lessons learned from an exploratory study in Ireland and Catalonia. <i>Children and Youth Services Review</i> 53: 185-191 | - non-UK study |
| Armstrong-Heimsoth, A., Hahn-Floyd, M., Williamson, H.J. et al. (2020) Former Foster System Youth: Perspectives on Transitional Supports and Programs. <i>The journal of behavioral health services & research</i> | non-UK qualitative study |
| ATKINSON, Cathy and HYDE, Rebekah (2019) Care leavers' views about transition: a literature review. <i>Journal of Children's Services</i> 14(1): 42-58 | - systematic review checked for citations |
| Batsche, Catherine, Hart, Sarah, Ort, Rhonda et al. (2014) Post-secondary transitions of youth emancipated from foster care. <i>Child & Family Social Work</i> 19(2): 174-184 | - non-UK study |

| Study | Reason for exclusion |
|---|--|
| Bender, Kimberly, Yang, Jessica, Ferguson, Kristin et al. (2015) Experiences and needs of homeless youth with a history of foster care. <i>Children and Youth Services Review</i> 55: 222-231 | - non-UK study |
| BERZIN Stephanie Cosner and TAYLOR Sarah A. (2010) Preparing foster youth for independent living: collaboration between county independent living programs and community-based youth-serving agencies. <i>Journal of Public Child Welfare</i> 3(3): 254-274 | - non-UK study |
| Braciszewski, Jordan M, Tran, Tanya B, Moore, Roland S et al. (2018) Feeling Heard and Not Judged: Perspectives on Substance Use Services Among Youth Formerly in Foster Care. <i>Child maltreatment</i> 23(1): 85-95 | - non-UK study |
| Broadley, Karen (2015) Is there a role for adult protection services in the lives of young people with disabilities transitioning from out-of-home care?. <i>Australian Social Work</i> 68(1): 84-98 | - non-UK study |
| BRADY, Eavan and GILLIGAN, Robbie (2019) Exploring diversity in the educational pathways of care-experienced adults: findings from a life course study of education and care. <i>Children and Youth Services Review</i> 104: 104379 | - non-UK qualitative study |
| Brady, Bernadine; Dolan, Pat; McGregor, Caroline (2020) Mentoring for young people in care and leaving care: Theory, policy and practice. <i>Mentoring for young people in care and leaving care: Theory, policy and practice.</i> | - Review article but not a systematic review |

| Study | Reason for exclusion |
|--|---|
| BRAMSEN, Inge and et, al (2019) My path towards living on my own: voices of youth leaving Dutch secure residential care. <i>Child and Adolescent Social Work Journal</i> 36(4): 365-380 | - non-UK qualitative study |
| Buys, Nicholas, Tilbury, Clare, Creed, Peter et al. (2011) Working with youth in-care: implications for vocational rehabilitation practice. <i>Disability and rehabilitation</i> 33(1314): 1125-35 | - non-UK study |
| Calheiros, Maria Manuela; Patricio, Joana Nunes; Graca, Joao (2013) Staff and youth views on autonomy and emancipation from residential care: a participatory research study. <i>Evaluation and program planning</i> 39: 57-66 | - non-UK study |
| CAPOUS-DESYLLAS, Moshoula and MOUNTZ, Sarah (2019) Using Photovoice methodology to illuminate the experiences of LGBTQ former foster youth. <i>Child and Youth Services</i> 40(3): 267-307 | - non-UK qualitative study |
| Clemens, Elysia V, Helm, Heather M, Myers, Kristin et al. (2017) The voices of youth formerly in foster care: Perspectives on educational attainment gaps. <i>Children and Youth Services Review</i> 79: 65-77 | - non-UK study |
| Collins, Mary E and Ward, Rolanda L (2011) Services and outcomes for transition-age foster care youth: Youths' perspectives. <i>Vulnerable Children and Youth Studies</i> 6(2): 157-165 | - non-UK study |
| Collins, Mary Elizabeth; Spencer, Renee; Ward, Rolanda (2010) Supporting youth in the transition from foster care: formal and informal connections. <i>Child welfare</i> 89(1): 125-43 | - Survey extracted views (not true qualitative) |

| Study | Reason for exclusion |
|--|---|
| Crawford, Meegan, Tilbury, Clare, Creed, Peter et al. (2011) The role of carers and caseworkers in the school-to-work transition of young people in care. <i>Australian Social Work</i> 64(4): 459-474 | - non-UK study |
| CURRY Susanna R. and ABRAMS Laura S. (2015) "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. <i>Journal of the Society for Social Work and Research</i> 6(1): 145-172 | - non-UK study |
| 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 |
| del Valle, Jorge F, Lazaro-Visa, Susana, Lopez, Monica et al. (2011) Leaving family care: Transitions to adulthood from kinship care. <i>Children and Youth Services Review</i> 33(12): 2475-2481 | - Survey extracted views (not true qualitative) - Non-UK setting |
| Frantsman-Spector, A. and Shoshana, A. (2020) The home-self and out-of-home placement: The home concept among adults educated in their childhood at a residential care setting. <i>Journal of community psychology</i> 48(5): 1583-1602 | non-UK qualitative study |
| DIXON Jo (2011) How the care system could be improved. <i>Community Care</i> 17211: 16-17 | - not a peer-reviewed publication |
| DUMARET Annick-Camille; DONATI Pascale; CROST Monique (2011) After a long-term placement: investigating educational achievement, | - non-UK study |

| Study | Reason for exclusion |
|---|--|
| behaviour, and transition to independent living. <i>Children and Society</i> 25(3): 215-227 | |
| Dworsky, Amy and Perez, Alfred (2010) Helping former foster youth graduate from college through campus support programs. <i>Children and Youth Services Review</i> 32(2): 255-263 | - non-UK study |
| Eriamiatoe, Osarumen Rachel (2012) Independent living services and the educational motivation of foster youth. <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> 73(4a): 1309 | - Not a relevant study design [dissertation abstract] |
| 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. <i>Journal of Public Child Welfare</i> 11(45): 487-515 | - Systematic review considered for relevant references |
| Geiger, Jennifer M and Beltran, Susanny J (2017) Experiences and outcomes of foster care alumni in postsecondary education: A review of the literature. <i>Children and Youth Services Review</i> 79: 186-197 | - Systematic review considered for relevant references |
| 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. <i>Journal of Social Service Research</i> 43(5): 566-579 | - non-UK study |
| Gilligan, Robbie and Arnau-Sabates, Laura (2017) The role of carers in supporting the progress of care leavers in the world of work. <i>Child & Family Social Work</i> 22(2): 792-800 | - non-UK study |

| Study | Reason for exclusion |
|--|--|
| GILL, Amy and et, al (2020) Practitioner and foster carer perceptions of the support needs of young parents in and exiting out-of-home care: a systematic review. <i>Children and Youth Services Review</i> 108: 104512 | - Systematic review Checked for citations |
| GLYNN Natalie and MAYOCK Paula (2019) "I've changed so much within a year": care leavers' perspectives on the aftercare planning process. <i>Child Care in Practice</i> 25(1): 79-98 | - non-UK study |
| Gomez, Rebecca J, Ryan, Tiffany N, Norton, Christine Lynn et al. (2015) Perceptions of learned helplessness among emerging adults aging out of foster care. <i>Child & Adolescent Social Work Journal</i> 32(6): 507-516 | - non-UK study |
| GOBEL, Sabrina and et, al (2019) Occupational aspirations of care leavers and their pathways to work. <i>Social Work and Society: International Online Journal</i> 17(2) | - non-UK qualitative study |
| Graham, Kara E, Schellinger, Annie R, Vaughn, Lisa M et al. (2015) Developing strategies for positive change: Transitioning foster youth to adulthood. <i>Children and Youth Services Review</i> 54: 71-79 | - non-UK study |
| Gradaille, Rita; Montserrat, Carme; Ballester, Lluís (2018) Transition to adulthood from foster care in Spain: A biographical approach. <i>Children and Youth Services Review</i> 89: 54-61 | - non-UK qualitative study |
| Greeson, Johanna K. P and Bowen, Natasha K (2008) "She holds my hand": The experiences of foster youth with their natural mentors. <i>Children and Youth Services Review</i> 30(10): 1178-1188 | - non-UK study |

| Study | Reason for exclusion |
|---|----------------------------|
| 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 | - non-UK study |
| Greeson, Johanna K. P, Thompson, Allison E, Ali, Samira et al. (2015) 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. <i>Children and Youth Services Review</i> 48: 140-149 | - non-UK study |
| Greeson, Johanna K. P, Thompson, Allison E, Evans-Chase, Michelle et al. (2015) Child welfare professionals' attitudes and beliefs about child welfare-based natural mentoring for older youth in foster care. <i>Journal of Social Service Research</i> 41(1): 93-112 | - non-UK study |
| Groinig, Maria and Sting, Stephan (2017) Educational pathways and the influence of social context conditions on educational biographies of care leavers. <i>Hrvatska Revija Za Rehabilitacijska Istrazivanja</i> 53(suppl): 278-287 | - non-UK study |
| Harder, Annemiek T, Knorth, Erik J, Kalverboer, Margrite E et al. (2011) Transition secured? A follow-up study of adolescents who have left secure residential care. <i>Children and Youth Services Review</i> 33(12): 2482-2488 | - non-UK study |
| HAGGMAN-LAITILA, Arja; SALOKEKKILA, Pirkko; KARKI, Suyen (2019) Young people's preparedness for adult life and coping after foster care: a systematic review of perceptions and experiences in the transition period. <i>Child and Youth Care Forum</i> 48(5): 633-661 | - non-UK qualitative study |

| Study | Reason for exclusion |
|--|---|
| HARRINGTON Wendy (2006) Improving outcomes for care leavers: evaluating a care leaver's assessment of a need tool. <i>Scottish Journal of Residential Child Care</i> 5(1): 16-24 | - no outcomes of interest (assessment of a tool) |
| Harwick, Robin M, Lindstrom, Lauren, Unruh, Deanne et al. (2017) In their own words: Overcoming barriers during the transition to adulthood for youth with disabilities who experienced foster care. <i>Children and Youth Services Review</i> 73: 338-346 | - non-UK study |
| Harwick, R.M.; Unruh, D.; Lindstrom, L. (2020) Transition to adulthood for youth with disabilities who experienced foster care: An ecological approach. <i>Child Abuse and Neglect</i> 99: 104310 | non-UK qualitative study |
| HANRAHAN, Fidelma; BODDY, Janet; OWEN, Charlie (2020) 'Actually there is a brain in there': uncovering complexity in pathways through education for young adults who have been in care. <i>Children and Society</i> 34(1): 46-61 | - Study goes through a series of cases, unclear how themes were extracted across participants |
| HAVLICEK Judy; BILAVER Lucy; BELDON Marissa (2015) Barriers and facilitators of the transition to adulthood for foster youth with autism spectrum disorder: perspectives of service providers in Illinois. <i>Children and Youth Services Review</i> 60: 119-128 | - non-UK study |
| Havlicek, Judy, McMillen, J. Curtis, Fedoravicius, Nicole et al. (2012) Conceptualizing the step-down for foster youth approaching adulthood: Perceptions of service providers, caseworkers, and foster parents. <i>Children and Youth Services Review</i> 34(12): 2327-2336 | - non-UK study |

| Study | Reason for exclusion |
|---|---------------------------|
| Hernandez, Liliana and Naccarato, Toni (2010) Scholarships and supports available to foster care alumni: A study of 12 programs across the US. <i>Children and Youth Services Review</i> 32(5): 758-766 | - non-UK study |
| Hojer, Ingrid and Sjoblom, Yvonne (2014) Voices of 65 young people leaving care in Sweden: "There is so much I need to know!". <i>Australian Social Work</i> 67(1): 71-87 | - non-UK study |
| Hojer, Ingrid and Sjoblom, Yvonne (2011) Procedures when young people leave care-views of 111 Swedish social services managers. <i>Children and Youth Services Review</i> 33(12): 2452-2460 | - non-UK study |
| Hojer, Ingrid and Sjoblom, Yvonne (2010) Young people leaving care in Sweden. <i>Child & Family Social Work</i> 15(1): 118-127 | - non-UK study |
| Holt, Stephanie and Kirwan, Gloria (2012) The "key" to successful transitions for young people leaving residential child care: The role of the keyworker. <i>Child Care in Practice</i> 18(4): 371-392 | - non-UK study |
| Huang, Hui, Fernandez, Sofia, Rhoden, Michelle-Ann et al. (2018) Serving former foster youth and homeless students in college. <i>Journal of Social Service Research</i> 44(2): 209-222 | - non-UK study |
| Hung, Isabelle and Appleton, Peter (2016) To plan or not to plan: The internal conversations of young people leaving care. <i>Qualitative Social Work: Research and Practice</i> 15(1): 35-54 | - no outcomes of interest |

| Study | Reason for exclusion |
|---|---|
| Jackson, Sonia and Cameron, Claire (2012) Leaving care: Looking ahead and aiming higher. <i>Children and Youth Services Review</i> 34(6): 1107-1114 | - not a UK-specific study |
| 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 | - no outcomes of interest to this review question |
| Johansson, Jan and Andersson, Bengt (2006) Living in Residential Care: Experiences in a Treatment Home for Adolescents in Sweden. <i>Child & Youth Care Forum</i> 35(4): 305-318 | - non-UK study |
| Jones, Jason Curtis (2011) The nations children teaching self-advocacy: An exploration of three female foster youth's perceptions regarding their preparation to act as self-advocates. <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> 72(2a): 514 | - Not a relevant study design <i>[Dissertation abstract]</i> |
| JONES, Loring (2019) Remaining in foster care after age 18 and youth outcomes at the transition to adulthood: a review. <i>Families in Society</i> 100(3): 260-281 | - Review article but not a systematic review |
| 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 study |
| Jones, Loring P (2014) Former foster youth's perspectives on independent living preparation six months after discharge. <i>Child welfare</i> 93(1): 99-126 | - non-UK study |

| Study | Reason for exclusion |
|---|---|
| Katz, Colleen C and Courtney, Mark E (2015) Evaluating the self-expressed unmet needs of emancipated foster youth over time. <i>Children and Youth Services Review</i> 57: 9-18 | - non-UK study |
| Kelly, Peggy (2020) Risk and protective factors contributing to homelessness among foster care youth: An analysis of the National Youth in Transition Database. <i>Children and Youth Services Review</i> 108 | -Non-UK qualitative and observational study |
| Klodnick, Vanessa Vorhies, Davis, Kristin E, Fagan, Marc A et al. (2014) Launching into adulthood from institutional care with a serious mental health condition. <i>Community mental health journal</i> 50(2): 209-15 | - non-UK study |
| Lane, Tiffany Yvette (2017) Tribulations and achievements: The lived experiences of African American college students formerly in foster care. <i>Journal of Human Behavior in the Social Environment</i> 27(3): 141-150 | - non-UK study |
| Lee, Dora Yiu Lam (2010) A phenomenological study: The lived experience of former foster youth attending a four-year college in southern california. <i>Dissertation Abstracts International Section A: Humanities and Social Sciences</i> 71(6a): 1935 | - Not a relevant study design <i>[dissertation abstract]</i> |
| Lemus, Daisy, Farruggia, Susan P, Germa, 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 study |

| Study | Reason for exclusion |
|--|--|
| Liu, Chun, Vazquez, Christian, Jones, Kristian et al. (2019) The impact of independent living programs on foster youths' educational outcomes: A scoping review. <i>Children and Youth Services Review</i> 98: 213-220 | - Systematic review checked for relevant citations |
| MALMSTEN Jenny and et al (2014) Unaccompanied children living in transitional houses - voices from Sweden. <i>International Journal of Migration Health and Social Care</i> 10(1): 18-35 | - non-UK study |
| 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 & Adolescent Social Work Journal</i> 34(6): 573-582 | - non-UK study |
| MAXWELL Amanda; PROCTOR Julie; HAMMOND Linda (2011) 'Me and my child'. Parenting experiences of young mothers leaving care. <i>Adoption and Fostering</i> 35(4): 29-40 | - no outcomes of interest |
| MCNAMARA Patricia; HARVEY Andrew; ANDREWARTHA Lisa (2019) Passports out of poverty: raising access to higher education for care leavers in Australia. <i>Children and Youth Services Review</i> 97: 85-93 | - non-UK study |
| Melkman, Eran, Refaeli, Tehila, Bibi, Batya et al. (2016) Readiness for Independent Living Among Youth on the Verge of Leaving Juvenile Correctional Facilities. <i>International journal of offender therapy and comparative criminology</i> 60(10): 1209-25 | - non-UK study |

| Study | Reason for exclusion |
|--|-------------------------|
| Mendes, Philip (2011) 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. <i>Practice: Social Work in Action</i> 23(2): 69-81 | - non-UK study |
| Mendes, Philip, Baidawi, Susan, Snow, Pamela et al. (2014) Young people transitioning from out-of-home care: A critical analysis of leaving care policy, legislation and housing support in the Australian state of Victoria. <i>Child Abuse Review</i> 23(6): 402-414 | - non-UK study |
| Mendes, Philip, Baidawi, Susan, Snow, Pamela C et al. (2014) Young people transitioning from out-of-home care in Victoria: Strengthening support services for dual clients of child protection and youth justice. <i>Australian Social Work</i> 67(1): 6-23 | - Book -non-UK study |
| Mendes, Philip and Snow, Pamela (2014) The needs and experiences of young people with a disability transitioning from out-of-home care: The views of practitioners in Victoria, Australia. <i>Children and Youth Services Review</i> 36: 115-123 | - non-UK study |
| Mendis, Kathy, Gardner, Fiona, Lehmann, Jennifer et al. (2015) The education of children in out-of-home care. <i>Australian Social Work</i> 68(4): 483-496 | - non-UK study |
| Miller, J Jay, Benner, Kalea, Donohue-Dioh, Jessica et al. (2019) Supporting collegiate foster youth and alumni: A mixed-method planning approach for higher education. <i>Evaluation and program planning</i> 72: 67-76 | - non-UK study |

| Study | Reason for exclusion |
|--|---|
| Miller, Rebecca; Blakeslee, Jennifer; Ison, Chanel (2020) Exploring college student identity among young people with foster care histories and mental health challenges. <i>Children and youth services review</i> 114 | - non-UK qualitative study |
| 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 & Adolescent Social Work Journal</i> 32(3): 291-300 | <ul style="list-style-type: none"> - non-UK study - Survey extracted views (not true qualitative) - No outcome of interest reported <p><i>[descriptive, non-comparative]</i></p> |
| Morton, Brenda M (2015) Barriers to academic achievement for foster youth: The story behind the statistics. <i>Journal of Research in Childhood Education</i> 29(4): 476-491 | - non-UK study |
| MOUNTZ, Sarah and CAPOUS-DESYLLAS, Moshoula (2020) Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. <i>Children and Youth Services Review</i> 109: 104622 | - non-UK qualitative study |
| MUNFORD Robyn and SAUNDERS Jackie (2016) Foster parents: an enduring presence for vulnerable youth. <i>Adoption and Fostering</i> 40(3): 264-78 | - non-UK study |
| Munson, Michelle R, Brown, Suzanne, Spencer, Renee et al. (2015) Supportive relationships among former system youth with mental health challenges. <i>Journal of Adolescent Research</i> 30(4): 501-529 | - non-UK study |

| Study | Reason for exclusion |
|---|----------------------|
| Munson, Michelle R, Stanhope, Victoria, Small, Latoya et al. (2017) "At times I kinda felt I was in an institution": Supportive housing for transition age youth and young adults. <i>Children and Youth Services Review</i> 73: 430-436 | - non-UK study |
| Narendorf, Sarah Carter, Fedoravicius, Nicole, McMillen, J. Curtis et al. (2012) Stepping down and stepping in: Youth's perspectives on making the transition from residential treatment to treatment foster care. <i>Children and Youth Services Review</i> 34(1): 43-49 | - non-UK study |
| Neal, Darlene (2017) Academic resilience and caring adults: The experiences of former foster youth. <i>Children and Youth Services Review</i> 79: 242-248 | - non-UK study |
| Nesmith, Ande and Christophersen, Kaitlin (2014) Smoothing the transition to adulthood: Creating ongoing supportive relationships among foster youth. <i>Children and Youth Services Review</i> 37: 1-8 | - non-UK study |
| Nsonwu, Maura Busch, Dennison, Susan, Long, Jennifer et al. (2015) Foster Care Chronicles: Use of the arts for teens aging out of the foster care system. <i>Journal of Creativity in Mental Health</i> 10(1): 18-33 | - non-UK study |
| Okumu, Jacob O. (2014) Meaning-Making Dynamics of Emancipated Foster Care Youth Transitioning into Higher Education: A Constructivist-Grounded Theory. <i>Journal of The First-Year Experience & Students in Transition</i> 26(2): 9-28 | - non-UK study |

| Study | Reason for exclusion |
|---|---|
| PARRY Sarah and WEATHERHEAD Stephen (2014) A critical review of qualitative research into the experiences of young adults leaving foster care services. <i>Journal of Children's Services</i> 9(4): 263-279 | - review checked for relevant citations |
| PAULSEN Veronika and BERG Berit (2016) Social support and interdependency in transition to adulthood from child welfare services. <i>Children and Youth Services Review</i> 68: 125-131 | - non-UK study |
| Peters, Clark M; Sherraden, Margaret; Kuchinski, Ann Marie (2016) Growing Financial Assets for Foster Youths: Expanded Child Welfare Responsibilities, Policy Conflict, and Caseworker Role Tension. <i>Social work</i> 61(4): 340-8 | - non-UK study |
| Peters, Clark M, Sherraden, Margaret, Kuchinski, Ann Marie et al. (2016) From foster care to adulthood: The role of income. <i>Journal of Public Child Welfare</i> 10(1): 39-58 | - non-UK study |
| 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 | - Unclear that population are LACYP <i>[homelessness]</i> |
| Piel, Megan H., Geiger, Jennifer M., Schelbe, Lisa et al. (2020) Lessons Learned from College Support Programs for Students with a History of Foster Care. <i>Journal of Student Affairs Research and Practice</i> 57(1): 77-89 | - Survey extracted views (not true qualitative) - Non-UK setting |

| Study | Reason for exclusion |
|--|--|
| Powers, Laurie E, Fullerton, Ann, Schmidt, Jessica et al. (2018) Perspectives of youth in foster care on essential ingredients for promoting self-determination and successful transition to adult life: My life model. Children and Youth Services Review 86: 277-286 | - non-UK study |
| Quest, A. Del, Fullerton, Ann, Geenen, Sarah et al. (2012) Voices of youth in foster care and special education regarding their educational experiences and transition to adulthood. Children and Youth Services Review 34(9): 1604-1615 | - non-UK study |
| Radey, Melissa, Schelbe, Lisa, McWey, Lenore M et al. (2017) Me, myself and I: Perceptions of social capital for mothers ageing out of the child welfare system. Child & Family Social Work 22(2): 981-991 | - non-UK study |
| Radey, Melissa, Schelbe, Lisa, McWey, Lenore M et al. (2016) "It's really overwhelming": Parent and service provider perspectives of parents aging out of foster care. Children and Youth Services Review 67: 1-10 | - non-UK study |
| Randolph, Karen A and Thompson, Heather (2017) A systematic review of interventions to improve post-secondary educational outcomes among foster care alumni. Children and Youth Services Review 79: 602-611 | - Systematic review considered for relevant references |
| Refaeli, Tehila (2017) Narratives of care leavers: What promotes resilience in transitions to independent lives?. Children and Youth Services Review 79: 1-9 | - non-UK study |

| Study | Reason for exclusion |
|--|---|
| Refaeli, Tehila, Mangold, Katharina, Zeira, Anat et al. (2017) Continuity and discontinuity in the transition from care to adulthood. <i>British Journal of Social Work</i> 47(2): 325-342 | - non-UK study |
| Riebschleger J.; Day A.; Damashek A. (2015) Foster care youth share stories of trauma before, during, and after placement: Youth voices for building trauma-informed systems of care. <i>Journal of Aggression, Maltreatment and Trauma</i> 24(4): 339-360 | - non-UK study - no outcomes of interest |
| Rios, Steve J and Rocco, Tonette S (2014) From foster care to college: Barriers and supports on the road to postsecondary education. <i>Emerging Adulthood</i> 2(3): 227-237 | - non-UK study |
| ROSENWALD Mitchell; McGHEE Isa; NOFTALL Raylene (2013) Perspectives on Independent Living Services among resilient youth. <i>Journal of Family Social Work</i> 16(2): 148-163 | - non-UK study |
| ROWNTREE Nancy (2009) From care to University. <i>Children and Young People Now</i> 221009: 18-19 | - not a peer reviewed publication |
| Rome, Sunny Harris and Raskin, Miriam (2019) Transitioning out of foster care: The first 12 months. <i>Youth & Society</i> 51(4): 529-547 | - non-UK qualitative study |
| Rutman, Deborah and Hubberstey, Carol (2016) Is anybody there? Informal supports accessed and sought by youth from foster care. <i>Children and Youth Services Review</i> 63: 21-27 | - non-UK study |

| Study | Reason for exclusion |
|--|---|
| RUFF Saralyn, C. and HARRISON, Kristi (2020) "Ask me what I want": community-based participatory research to explore transition-age foster youth's use of support services. <i>Children and Youth Services Review</i> 108: 104608 | <ul style="list-style-type: none"> - Survey extracted views (not true qualitative) - Non-UK setting |
| Salazar, Amy M, Jones, Kevin R, Emerson, John C et al. (2016) Postsecondary strengths, challenges, and supports experienced by foster care alumni college graduates. <i>Journal of College Student Development</i> 57(3): 263-279 | - non-UK study |
| Salazar, Amy M, Roe, Stephanie S, Ullrich, Jessica S et al. (2016) Professional and youth perspectives on higher education-focused interventions for youth transitioning from foster care. <i>Children and Youth Services Review</i> 64: 23-34 | - non-UK study |
| Schelbe, Lisa, Randolph, Karen A, Yelick, Anna et al. (2018) Systems theory as a framework for examining a college campus-based support program for the former foster youth. <i>Journal of evidence-informed social work</i> 15(3): 277-295 | - non-UK study |
| Schelbe, Lisa (2018) Struggles, successes, and setbacks: Youth aging out of child welfare in a subsidized housing program. <i>Children and Youth Services Review</i> 89: 298-308 | - non-UK qualitative study |
| Schofield, Gillian, Biggart, Laura, Ward, Emma et al. (2015) Looked after children and offending: An exploration of risk, resilience and the role of social cognition. <i>Children and Youth Services Review</i> 51: 125-133 | - no outcomes of interest to this review question |

| Study | Reason for exclusion |
|--|--|
| Schroeder, Joachim (2012) Insecure Identities: Unaccompanied Minors as Refugees in Hamburg. Bulgarian Comparative Education Society: 1-6 | - no methods described |
| Schwartz-Tayri, Talia M and Spiro, Shimon E (2017) 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 34(34): 311-324 | - non-UK study |
| Sensiper, Sylvia and Barragan, Carlos Andres (2017) The Guardian Professions Program: Developing an advanced degree mentoring program for California's foster care alumni. Children and Youth Services Review 82: 329-336 | <ul style="list-style-type: none"> - Intervention description/practice report - no methods described - Non-UK setting <i>[USA]</i> - No outcome of interest reported <i>[non-comparative, descriptive]</i> |
| Seyfried, Shri F, Birgen, Judith, Mann, Kimberly A et al. (2007) Educational resilience among African-American college students who have experienced long-term foster care. Human behavior in the social environment from an African-American perspective., 2nd ed.: 543-561 | - non-UK study |
| Singer, Erin Rebecca, Berzin, Stephanie Cosner, Hokanson, Kim et al. (2013) Voices of former foster youth: Supportive relationships in the | - non-UK study |

| Study | Reason for exclusion |
|---|----------------------------|
| transition to adulthood. <i>Children and Youth Services Review</i> 35(12): 2110-2117 | |
| Skilbred, Dag Tore, Iversen, Anette Christine, Moldestad, Bente et al. (2017) Successful academic achievement among foster children: What did the foster parents do?. <i>Child Care in Practice</i> 23(4): 356-371 | - non-UK study |
| Sulimani-Aidan, Yafit (2017) To dream the impossible dream: Care leavers' challenges and barriers in pursuing their future expectations and goals. <i>Children and Youth Services Review</i> 81: 332-339 | - non-UK study |
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| Zinn, Andrew and Courtney, Mark (2017) Helping foster youth find a job: A random-assignment evaluation of an employment assistance programme for emancipating youth. <i>Child & Family Social Work</i> 22(1): 155-164 | <ul style="list-style-type: none"> - included under a different review question |

Appendix K – Research recommendations – full details

Research recommendation

No research recommendations were drafted following this review

Appendix L – References

Other references

None

Appendix M – Other appendix

No additional information for this review question.