Care leavers' views about transition: a literature review.

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Care leavers' views about transition: a literature review.

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Care leavers’ views about transition: a literature review

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Journal of Children's Services

Abstract

Purpose – *Considerable attention has been given to the vulnerability of young people leaving care in the United Kingdom (UK) in their transition to adulthood. To date, however, there has been limited focus on the perceptions of care leavers about what factors enable and inhibit effective practice.*

Design/methodology/approach – *This systematic literature review sought to elicit the views of UK care leavers in identifying barriers and facilitators to the process of transition to adulthood. Qualitative studies in the care-leaving field were identified, of which seven met inclusion criteria and were included in the final synthesis.*

Findings – *The findings yielded a range of facilitators, including authentic and consistent relationships with those acting in the role of corporate parent; and flexible systems, which accommodated personal readiness for leaving care. Barriers included insufficient recognition of, and a lack of support for, the psychological dimensions of transition, exacerbated by insufficient support networks.*

Research limitations/implications – *This literature search yielded seven qualitative papers, some with small sample sizes, meaning that the findings may not be representative of a wider population or directly relevant to international contexts.*

Practical implications – *Suggestions for enhancing the transition process are suggested. In particular, the potential usefulness of an 'interdependence' transition approach for UK care leavers is proposed.*

Originality/Value – *This study analyses qualitative data, thus constituting a response to policy calls for care leaver views to be central to transition processes.*

Key Words *Barriers, Care leavers, Facilitators, Leaving care, Transition to adulthood*

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Introduction

Previous research has indicated that UK care leavers, on entering adulthood, are at heightened risk of homelessness, custody, sexual exploitation, becoming NEET (Not in Education, Employment or Training), mental health issues, social exclusion, and death in early adulthood (Greenwood, 2017; Stein, 2005; The Centre for Social Justice, 2015). Furthermore, low participation rates for care leavers in education and training equate to reduced opportunity when entering an overburdened youth labour market (Jackson & Cameron, 2012; Stein, 2005). Despite this, a small amount of research indicates that some care leavers go on to further and higher education, which brings them enhanced employment prospects (Jackson & Martin, 2002; Harrison, 2017). Since the Children (Leaving Care) Act of 2000, there have been positive shifts in the legislative landscape to extend statutory protection to 25 years, an acknowledgement that care leavers are often catapulted into “instant adulthood” without the necessary skill set and support network (Stein, 2008, p. 41). Nevertheless, evidence suggests that practice related to transition to adulthood remains largely age, rather than needs-driven (Hiles et al., 2014; Munro, et al., 2011). With many care leavers remaining unprepared for adulthood, poor outcomes for this vulnerable but by no means homogenous group have persisted (Stein, 2006; The Centre for Social Justice, 2015).

The changing pattern of youth transitions can be seen to further disadvantage care leavers’ transition to adulthood. Pathways to adulthood have become increasingly complex since the 1980s (Furlong, Cartmel, Biggart, Sweeting, & West, 2003). The emergence of a so-called ‘boomerang’ generation, a media-coined term capturing a state of fluctuating between dependence and independence, is characterised by increased youth dependency on family; and slower and more gradual transitions to adulthood (Goldfarb, 2014). Recent statistics suggested many young people are now living with

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3 their parents into their twenties and thirties (The Office for National Statistics, 2016).

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5 By contrast, care leavers do not have the option of retreating to a familial safety net,

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7 having been denied the secure base that provides an emotional springboard into

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9 independence (Stein, 2004). Unlike their peers, care leavers are often required to

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11 navigate simultaneous changes at transition to adulthood, sometimes having to manage

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13 a number of concurrent life events (e.g. leaving care, managing a tenancy, entering the

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15 workplace etc.). Stein (2008) describes the “compressed and accelerated transitions to

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17 adulthood” (p. 39) faced by care leavers, who can often be denied sufficient time and

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19 support to navigate and adjust to these multiple transitions.
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24 25 *Barriers and facilitators*

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27 Recent policy advisory documents and governmental reports have emphasised potential

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29 factors influencing and affecting effective transition practice. In terms of issues, one

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31 barrier reported by care leavers is the inadequacy of pathway planning (Munro et al.,

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33 2011; The Centre for Social Justice, 2015, 2016). A pathway plan is a statutory

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35 document that follows the care leaver through the transition process, documenting their

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37 needs across multiple domains (Department for Education [DfE], 2010). Another is the

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39 perceived shortage of suitable independent or semi-independent living arrangements

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41 (The Centre for Social Justice, 2014; DfE, 2017). This concern has also been echoed

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43 within literature, with access and availability varying across local authorities, perhaps

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45 due to the level of interworking between leaving care and housing teams (Dixon et al.,

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47 2006; Hiles et al., 2014). Many care leavers report the abrupt loss of a support network

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49 and subsequent onset of loneliness or depression, perhaps due to a lack of support to

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51 address their emotional needs on leaving care (House of Commons Education

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53 Committee, 2016; The Centre for Social Justice, 2015). A lack of input around practical
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issues such as budgeting advice and cooking is another reported barrier in the transition to independent living (Harris, 2009; The Centre for Social Justice, 2013).

Conversely, the Right2BeCared4 report (Munro et al., 2011) identified supportive and consistent relationships with professionals including social workers and involvement in decision-making processes as facilitative. Care leavers valued the process of preparing their pathway plan, when reflective of their current circumstances and goals. Flexible and available support, which could be readily accessed at any stage of the transition process, was valued. A report involving discussion groups with 88 care leavers highlighted further facilitators (Ofsted, 2012). One third of participants reported that issues could have been ameliorated via additional budgeting advice, easier access to important documents (e.g. passports), and availability of emotional support. A small number reported that continued contact with foster carers helped their transition to adulthood, providing an ongoing social network.

Rationale and aims of the current study

A key strand to recent legislative changes has been the call for increased self-advocacy for care leavers when planning for transition (Stein, 2008). The Care Leavers Regulations (DfE, 2010) as well as guidance from The United Nations Convention on the Rights of the Child (General Assembly of the United Nations, 2009) advocated that care leavers should have greater choice and control when planning for transition to adulthood. Recent evidence, however, has suggested that care leavers can be peripheral to preparing for adulthood processes (Dixon et al., 2006; Munro et al., 2011). Moreover, the lack of qualitative studies conducted with care leavers in the UK has made it difficult to identify what care leavers perceive to be barriers or facilitators to the transition process (Parry & Weatherhead, 2014). This current literature review responds

to this participation agenda by focusing on care leavers' perspectives about barriers and facilitators to successful transition to adulthood.

Method

Search strategy

The study was focused on a single country (the UK), as it was envisaged that it would be difficult to draw conclusions across different countries, given their diverse contexts and care systems. An extensive, systematic search of the following electronic databases was carried out: PsycINFO, Education Resources Information Centre (ERIC), Applied Social Sciences Index and Abstracts (ASSIA) and Web of Science. A review of the University of Manchester's library catalogue was also conducted. Key search terms were: care leavers, leaving care, UK, preparing for adulthood, transition to adulthood on leaving care, and transition for care leavers. Searches were conducted between June 2016 and January 2017. Inclusionary parameters were devised and all of the included studies met the following criteria: (1) published after The Children (Leaving Care) Act of 2000; (2) participants were young people who were care leavers; (3) involved face-to-face individual interviews with care leavers; (4) adopted a dominant qualitative paradigm with priority given to the perspectives of care leavers through interview; (5) included empirical data which included direct quotes from care leavers; (6) written in English; (7) focused solely on the UK context; (8) primary focus on preparing for independence or transition from care; (9) subjected to peer review in an academic journal. In focusing on the voices of care leavers, it was hoped that the following research question could be addressed:

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What do UK care leavers report as barriers and facilitators in the transition to adulthood?

Outcomes of systemic search

Initial screening of 68 articles yielded a large number of studies undertaken in non-UK contexts, reflecting increased international focus on preparing care leavers for adulthood (Jackson & Cameron, 2012) and suggesting avenues for further review, beyond the scope of this paper. The systematic search identified eight qualitative studies, of which seven met the inclusionary criteria. One article was excluded on the basis that it did not adopt transitioning to adulthood as its primary focus (Pinkerton & Rooney, 2014). A descriptive overview of the studies can be found in Table 1.

Figure 1 shows the data screening process, documenting how the final seven studies were selected. The current review adopted a systematic search strategy that was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher, Liberati, Tetzlaff & Altman, 2009). The PRISMA guidelines have been widely used in many systematic literature reviews and help to ensure that the review process is transparent and replicable. All studies that met inclusion criteria were coded for quality using a bespoke framework developed from criteria taken from Spencer, Ritchie, Lewis and Dillon (2003) and Henwood and Pidgeon (1992). This checklist included the following criteria and one point was awarded for the presence of each: appropriateness of the research design; clear sampling rationale; well-executed data collection; analysis close to the data; emergent theory related to the problem; evidence of explicit reflexivity; comprehensiveness of documentation; negative case analysis; clarity and coherence of the reporting; evidence of researcher-participant negotiation; transferable conclusions and evidence of attention

to ethical issues. A qualitative study was categorised as 'low' quality if a total score of 0-4 was achieved; 'medium' quality studies were rated at 5-8 points and 'high' quality achieved 9-12 points.

Six out of the seven studies, having been scrutinised using the framework for qualitative evaluation, were found to be of high quality. The decision to ultimately include the one medium quality paper (Amaral, 2011) was taken on the basis that all care leaver voices were still considered valid, pertinent and worthy of inclusion. Moreover, data from the Amaral (2011) study appeared consistent with data from the high qualities studies.

INSERT FIGURE 1 HERE

Participant data, that is, verbatim quotes, were then subjected to thematic analysis (Braun & Clarke, 2006), using an inductive approach to identify key themes related to barriers and facilitators in preparing for adulthood. Inductive codes were initially developed by the first author and subsequently reviewed and amended by the second author. Fourteen themes and fifty-eight codes were initially identified. These were refined to eight main themes and thirty-seven subthemes through discussion and constant checking of the data.

Findings

Study design

The seven included studies comprised of exploratory, qualitative research designs. Semi-structured interviews were used in five of the studies (Adley & Jupp Kina 2014; Amaral 2011; Butterworth et al., 2016; Driscoll 2013; Matthews & Sykes 2012). Informal interviews were used in Horrocks's (2002) study while in-depth biographical interviews were employed in Roger's (2011) study.

Sample

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Study samples ranged from five to thirty-five participants. Participants across studies ranged in age from 16 to 23, although precise ages were not specified in two of the studies (Horrocks, 2002; Rogers, 2011). With the exception of two studies (Matthews & Sykes, 2012; Driscoll, 2013), participants were recruited either from one local authority or area (e.g. central Scotland) within both urban and rural UK contexts.

Focus

All seven studies considered particular aspects of leaving care, namely: the emotional support available to care leavers (Adley & Jupp Kina, 2014); factors motivating care leavers to engage with services (Amaral, 2011); care leavers’ experience of transition between child and adult health care services (Butterworth et al., 2016); health priorities of care leavers (Matthews & Sykes, 2012); and care leavers’ transition trajectories and access to support (Rogers, 2011). Two papers viewed care leavers’ experiences from the theoretical lenses: of resilience (Driscoll, 2013) and life-course theory (Horrocks, 2002) respectively.

Emergent key themes and subthemes are shown in Table 2. These will now be discussed in turn. The findings section is structured around the eight emergent themes, with barriers and facilitators included under each theme. It is noted that there is some overlap within the differing sections, particularly relating to the role of personalisation and flexibility for young people preparing to leave care.

***INSERT TABLE 2 HERE**

Pathway planning – barriers

“A day is a long time, let alone six months. Six months between each pathways plan. If I had my way I’d have them re-assessed every 2-3 months.”
(Butterworth et al., 2016, p. 7) (Participant seven, unnamed).

Pathway planning is the statutory planning process, which involves the documentation of an over-arching plan to support care leavers throughout their respective transitions. Care leavers in the Butterworth et al. (2016), Driscoll (2013) and Matthew and Sykes (2012) studies described pathway planning as a largely bureaucratic, depersonalised ‘tick-box exercise’ which did not secure meaningful engagement in preparation for adulthood. Participants reported incomplete and outdated pathway plans, which for a small number were initiated on the cusp of leaving care (Matthew & Sykes, 2012; Rogers, 2011). Some participants in Driscoll’s (2013) and Butterworth et al.’s (2016) studies, and all five care leavers interviewed by Rogers (2011) concluded that those overseeing the pathway planning process appeared to only be fulfilling a contractual obligation, as opposed to showing genuine interest. Inconsistent staffing and coordination amongst professionals influenced this perception (Butterworth et al., 2016; Driscoll, 2013). Additional barriers included frequent personnel changes and perceived shortcomings around the frequency and nature of contact with (past or present) social workers or aftercare advisors (Amaral, 2011; Butterworth et al., 2016; Driscoll, 2013; Rogers, 2011).

All seven studies highlighted the nature of care throughout transition planning as insufficiently consistent or coordinated. Four papers identified that care leavers did not feel emotionally prepared for transition to adulthood, with priority given to practical rather than emotional support during pathway planning (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011).

Additional inconsistencies were highlighted for those who had experienced transition between child and adult mental health services (Butterworth et al., 2016; Horrocks, 2002). All but one participant reported poor coordination, with some placed on long waiting lists before moving to a new team where they were expected to forge relationships with other professionals.

Pathway planning – facilitators

“[...] like contact the GP themselves ‘cos normality it is the carer or guardian that has to do it. And I think they should have a bit more independence’ (Matthews & Sykes, 2012, p.402) (Participant 4, female)

Timing and flexibility around support was valued by care leavers during pathway planning. For example, one care leaver regretted dismissing an offer of practical cooking support, and subsequently “ate toast and jam most days and nicked my housemates’ food” (Rogers, 2011, p. 421). Others declined untimely ‘one off’ offers of cooking and budgeting support, which were not then presented again (Adley &

Jupp Kina, 2014; Rogers, 2011). Instead, care leavers requested supported opportunities for practical experience of being independent before leaving care (e.g. making their own medical appointments) (Butterworth et al., 2016; Matthew & Sykes, 2012). Others wanted offers of support from social care to be renewed several times (Adley & Jupp Kina, 2014; Rogers, 2011). Flexibility extended to wanting the choice to change aftercare advisors if the relationship was poor (Butterworth et al., 2016).

Some care leavers in Amaral's (2011) paper indicated that support offered by keyworkers attached to supported living placements helped to strengthen their independence skills. Care leavers' willingness to accept support within caring and consistent relationships was discussed in six of the papers, and is a possible facilitator to supporting preparations for adulthood. Care leavers also proposed possible solutions for those facing transition between child and adult mental health services, including: joint working visits between care coordinators, greater clarity around mental health support and for information about treatment options and diagnosis to be delivered in an accessible, non-intimidating manner.

Support and motivation – barriers

“I probably would have sorted myself out a lot earlier if I'd had someone there who gave a crap about what was happening” (Rogers, 2011, p. 423)

All five care leavers in Rogers' (2011) paper were attending college, but a lack of adult support and perceived interest in their long term goals affected their motivation and ability to achieve to their potential. Matthew and Sykes (2012) identified the need for support figures to "push" care leavers to focus on their health needs (p. 401). Findings also highlighted how the absence of personalised support impacted on the initiation of good health care routines or completion of educational pathways (Butterworth et al., 2016; Matthews & Sykes, 2012).

Support and motivation - facilitators

"I'm gonna stick something out now and make her proud" (Driscoll, 2013, p. 145) (Charlotte, aged 19)

Care leavers in Driscoll's (2013) study identified that educational success was facilitated by foster carers or other interested individuals, such as teachers, going above and beyond in their roles. Two care leavers in Driscoll's (2013) study were grateful that carers had pushed them to apply themselves at GCSE (General Certificate of Secondary Education) when they had lacked motivation. Two more had dropped out of college on entering independent living, but later returned to education once back in supported accommodation, attributing these arrangements as influential. Nonetheless, the view that support figures were instrumental to care leavers' autonomy and motivation was not shared across all papers. Some care leavers preferred the "reduced surveillance" (Butterworth et al., 2016, p.6; Horrocks, 2002) and freedom of an aftercare model, associated with an enhanced sense of control, autonomy and responsibility.

Second chances – barriers

For a small number of care leavers, a lack of flexibility on the part of training and/or education settings thwarted opportunities for a second chance (Driscoll, 2013). For example, despite applying to college with sufficient qualifications, John's application was rejected due to his criminal record and he remained unemployed.

Second chances – facilitators

“Eh don't want to make the same mistakes as ah made last time, ah want to learn frae them and make a go o'it this time” (Amaral, 2011, p. 8) (Dean)

Two studies identified second chances as instrumental in enabling care leavers to pursue preferred training and/or career goals (Amaral, 2011; Driscoll, 2013). Despite underachieving in GCSE exams, all seven care leavers in Driscoll's (2013) study demonstrated self-determined attitudes towards pursuing future goals. Descriptions suggested that most were motivated to engineer a counter-narrative to a past where they had not achieved academically or vocationally. Some attributed their lack of achievement to living in non-supportive environments. Others recognised that encouragement from supportive adults had been a motivating force. However, personal complications sometimes impeded success, which meant that flexibility around admissions to academic institutions and/or places of employment was seen as vital in facilitating second chances. Driscoll (2013) exemplified this through the experience of Anabel. By allowing her to continue with her A-levels despite underperforming at GCSE level, Anabel's school supported her longer-term goal of going to university.

Second chances for care leavers in Amaral's (2011) paper were associated with time to reflect on the past, a desire to have better outcomes for oneself or one's children, and learning from previous experiences. As they matured, past reflections

gave care leavers an enhanced sense of autonomy and a desire to take charge, despite past difficulties.

Emotional/psychological readiness for leaving care – barriers

“I don’t think I had any health needs when I came out of care, ‘cos my depression happened *after* [...] I guess it happened when I moved into my own place, and I was alone, I had to deal with it” (Matthews & Sykes, 2012, p.402) (Participant 3, female)

A lack of emotional readiness for independence was identified as problematic in four papers, with some care leavers describing their reaction, in a similar fashion to the young person above, in terms of declining mental health and coping abilities after leaving care. A greater number described diminishing or lost support networks as undermining readiness for independence (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011). In two studies, care leavers attributed their lack of readiness to their emotional needs not being prioritised during transition planning (Adley & Jupp Kina, 2014; Rogers, 2011). Adjusting to the level of autonomy required on independence was a hurdle for a small number of care leavers (Adley & Jupp Kina, 2014; Matthews & Sykes, 2012).

Isolation was understood by care leavers as having no one to check in on them or to lean on in times of need (Adley & Jupp Kina, 2014; Horrocks, 2002; Rogers, 2011). Care leavers were sometimes taken by surprise by the sudden nature of transition (Matthew & Sykes, 2012; Rogers, 2011), while others linked increased isolation to dwelling on past negative experiences, which affected their emotional well-being (Adley & Jupp Kina, 2014).

Emotional/psychological readiness for leaving care – facilitators

“I think [you need] more help with the emotional, psychological stuff when you’re first living on your own. Just someone checking in on you, or giving you a call. I didn’t get *any* of that.” (Rogers, 2011, p. 418) (Care leaver, unnamed)

Some care leavers sought more intensive support in the early stages of transition on the basis that this earlier phase could be more challenging (Adley & Jupp Kina, 2014). However, some felt they would have a better idea of what support might be required after some experience of independent living, thus highlighting the need for flexibility and personalisation around transition support (Adley & Jupp Kina, 2014; Rogers, 2011). Someone expressing genuine interest by ‘checking in’ on them or giving them a call was appreciated (Adley & Jupp Kina, 2014; Rogers, 2011), while other recommendations included professionals spending time with them to identify gaps in their support network before leaving care (Adley & Jupp Kina, 2014).

Self-reliance and the ‘help’ paradox – barriers

“I used to have the attitude I can do it on my own, but you can’t do it on your own” (Adley & Jupp Kina, 2014, p. 5).

Some care leavers recognised the limitations of self-reliance (Adley & Jupp Kina, 2014; Amaral, 2011; Driscoll, 2013); and found increased openness to support unburdening. A number of care leavers in Amaral’s (2011) study reflected how getting older or leaving care had increased their willingness to accept support, thus individual maturity levels came to bear as a potential barrier.

Self-reliance was sometimes a deliberate rejection of perceived authoritarian styles of help (Amaral, 2011; Driscoll, 2013). A small number of care leavers were adamant that they were not going to be told what to do and rejected support. This stubborn self-reliance was generally in response to a perceived failure on the part of professionals to take a collaborative, person-centred approach to their transition or

because professionals were perceived as not having initiated support or contact (Driscoll, 2013; Horrocks, 2002).

Adley and Jupp Kina's (2014) study highlighted that some care leavers rejected help as a means of dissociating themselves from the care system, a theme reiterated by Amaral (2011). Others reported a perceived lack of self-efficacy around help seeking or feeling ashamed to ask. Initiating social care support requests was sometimes a challenge, leading to the recommendation that social workers approach care leavers with offers of help in the first few instances (Adley & Jupp Kina, 2014; Butterworth et al., 2016). Horrocks (2002) and Rogers (2011) acknowledged the contradiction between seeking personalised support from social workers or leaving care workers, whilst also avoiding them if care leavers did not perceive that the adults would meet their needs.

Self-reliance and the 'help' paradox - facilitators

"I've got my own mentor, that's me" (Driscoll, 2013, p. 143) (Dean, care leaver aged 20)

Four studies highlighted the theme of self-reliance (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Driscoll, 2013; Horrocks, 2002). Care leavers in Butterworth et al's (2016) study tended to regard their self-reliance as a strength: "I've had to learn how to deal with it myself" (p. 4). A few understood self-reliance as a protective mechanism against the perceived absence of care or fear of rejection (Butterworth et al., 2016; Driscoll, 2013). Care leavers saw self-reliance as a personal strength in helping them survive independently in and beyond care (Driscoll, 2013).

Equipping social workers with greater insight into the dynamics behind care leavers' help acceptance or refusal responses, was seen as facilitating more person-centred, flexible approaches to supporting transition.

Transitioning to adulthood – barriers

“[...] it was like I’d been in a bubble for three years, and here’s the real world, hope you like it, sort of thing” (Butterworth et al., 2016, p. 5)

Care leavers in the Butterworth et al. (2016), Horrocks (2002) and Rogers (2011) studies described transition in terms of “instant adulthood” (Stein, 2008, p.41). Transition, as experienced by all five care leavers in Rogers’s (2011) study, was a singular time point rather than a gradual process - described as instant severance from support and something around which they had little control. By example, one care leaver reported receiving a letter in the post informing her of the termination of (unspecified) support (Matthew & Sykes, 2012). Care leavers reported being troubled by the lack of practical information provided around transition. Mark, a care leaver in Amaral’s (2011) study, was unsettled by the lack of updates and forewarning from his social worker around his impending accommodation move. However, many were updated, expressing a preference to be kept informed about the practical details around transition (Amaral, 2011; Butterworth et al., 2016).

The majority of care leavers in Adley and Jupp Kina’s (2014) paper said that whilst they felt prepared, and even eagerly anticipated independence, the reality was not as expected. Others described independence as something of a shock (Adley & Jupp Kina, 2014; Roger, 2011). Being autonomous involved shouldering responsibility for all aspects of daily life, including cooking and cleaning, whilst juggling college or job demands without support. Some care leavers felt transition planning did not prepare them for the reality of life beyond care (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Matthews & Sykes, 2012). Predominantly, this was attributed to care leavers’ perceived instantaneous expulsion from care and shrinkage in their support networks.

Transitioning to adulthood – facilitators

“I think [you need] more help with the emotional, psychological stuff when you’re first living on your own. Just someone checking in on you, or giving you a call. I didn’t get *any* of that.” (Rogers, 2011, p. 418)

Balanced against the above narratives, were suggestions that over time, some were able to adapt to some of the practical and emotional demands of independence (Adley & Jupp Kina, 2014; Horrocks, 2002).

Some care leavers in Adley and Jupp Kina’s (2014) study suggested more intensive support initially, while others, felt that support needs would only become apparent once they had experienced independence, again highlighting the role of flexibility and personalisation when supporting individual care leavers.

Accommodation arrangements contributed to some care leavers’ perceptions of readiness for independent living. Care leavers in Amaral’s (2011) paper pinpointed support offered by keyworkers attached to supported living accommodation as strengthening their independence skills. Staff availability was central to this, with staff being on hand to provide advice.

Lack of skills – barriers

“[...] all the work you’ve done when you were with under 18 its just gunna go to waste cause, you’re gunna crumble if you have challenges, you’re not going to have anyone to help you with that you’ve never faced before [...]” (Butterworth et al., 2016, p. 6)

The ability to manage money was sometimes a barrier to successful independent living (Adley & Jupp Kina, 2014; Matthews & Sykes, 2012; Rogers, 2011). Some care leavers used their social welfare allowance to go out with friends, ran out of money, or were unable to afford food. For others, a perceived lack of self-management skills was a barrier to thriving independently, with anxiety expressed around having to take charge and direct things themselves. This was invariably linked to low self-efficacy around coping and a perceived lack of support. A few responded to independence by abdicating responsibility and living a carefree lifestyle.

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2
3 Reluctance to take charge was evident in ambivalent responses to managing daily
4 living tasks. Care leavers spoke of craving structure and a figure to ground them after
5 leaving care, wanting an overseer to “take that motherly role to check up on us”
6
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8 (Adley & Jupp Kina, 2014, p. 5; Rogers, 2011).
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11
12 Professionals’ perceptions of care leavers’ mental health difficulties and
13 relevant support was highlighted as problematic (Butterworth et al., 2016). Care
14 leavers saw the need for more in-depth training to enhance professionals’ knowledge.
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20 21 **Corporate parenting model – barriers**

22
23 “[...] jis need tae have an understandin’ [...] don’t think aboot their joab but
24 they need actually tae ‘hink aboot he young person’s need” (Calum) (Amaral,
25 2011, p. 5)
26

27
28 Care leavers (Butterworth et al., 2016; Driscoll, 2013; Rogers, 2011) emphasised the
29 contractual nature of support offered by social care describing it as time-limited,
30 infrequent and impersonal. Care leavers were therefore suspicious of professional
31 support and tended to resent or reject it (Butterworth et al., 2016; Rogers, 2011).
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38 Amaral (2011) found continuity of care facilitated transition to independence,
39 while frequent personnel changes led some care leavers to conclude that forging these
40 relationships was not worthwhile; each new figure becoming “just a face”
41
42
43
44 (Butterworth et al., 2016, p. 5).
45

46
47 There was a perception that support offered by the corporate parent was on an
48 age, rather than needs basis. Care leavers in Butterworth et al.’s (2016), Driscoll’s
49 (2013) and Horrocks’s (2002) studies regarded this age-driven system as
50 uncompromisingly harsh. Driscoll (2013) exemplified this through the experience of
51 John who, despite valuing the relationship with his keyworker who was “more like a
52 friend”, was told that she would stop working with him “right” on his “eighteenth
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birthday” (p. 144). The inflexibility of these arrangements was interpreted as setting care leavers apart from their peers who were not suddenly cut off from the familial safety net because they had reached a particular age (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Horrocks, 2002).

Corporate parenting model – facilitators

“[...] keep in touch and see how I’m getting on” (Amaral, 2011, p.5)

Care leavers highlighted the value of professionals showing genuine interest in their personal journey when preparing for adulthood (Amaral, 2011). Factors facilitating engagement with transition support included: concerned and available professionals; a personal connection; and support which did not feel contractual.

Discussion

To the authors’ knowledge, this is the first systematic literature review to bring together qualitative studies to highlight the barriers and facilitators around transitioning to adulthood, as defined by care leavers. Consistent with past literature, studies within this review all broadly acknowledged Stein’s (2008) view that care leavers, relative to their peers, experienced a “compressed and accelerated transition to adulthood” (p. 53), for which many felt ill-prepared. Care leavers understood this in terms of both limited practical skills and psychological readiness for leaving care (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Horrocks, 2002; Matthews & Sykes, 2012; Rogers, 2011). Other than those living semi-independently (Amaral, 2011), care leavers described being catapulted towards independence and struggling to cope with feelings of isolation. The emergent emphasis on unmet emotional support needs highlighted the relevance of Dima and Skehill’s (2011) hypothesis to a UK context: the view that psychological dimensions of those leaving care can be “neglected” during transition (p. 2537).

Care leavers in this review, particularly in the Horrocks (2002) and Rogers (2011) studies, experienced transition from care as an instantaneous, age-driven process, over which they had limited choice or control. These findings again aligned with Stein's (2004; 2008) analysis of the compressed nature of transition, experienced through care leavers having to navigate multiple, simultaneous changes without sufficient time to adjust. With the exception of Amaral's (2011) study, care leavers described inadequate planning to address transitioning to adulthood, including a lack of opportunity to revisit support or skills.

Findings suggested that self-sufficiency – transitioning to adulthood with minimal or inconsistent support – is expected of UK care leavers. Self-sufficiency within this review took various forms of “instant adulthood” (Stein, 2008, p. 41), although it should be noted that self-sufficiency constituted a deliberate choice by some UK care leavers who, perceiving a lack of adequate or available support, chose to disengage with or reject support.

The importance of reliable relationships for care leavers during transition is consistent with past literature (Ofsted, 2012; Pinkerton & Rooney, 2014). Supportive relationships motivated care leavers with regards to their education, training or personal goals and health needs (Amaral, 2011; Driscoll, 2013; Matthews & Sykes, 2012). Reports of past support were replaced by testimonies of diminishing or lost support networks upon leaving care. Despite the generally negative reports however, this review was able to draw out qualities of a relationship that made care leavers more open to support and less inclined towards “survivalist self-reliance” (Samuels & Pryce, 2008, p. 1199). Facilitators to supportive relationships during the transition process included: availability of professionals; a genuine concern for the young

person; and support that was not perceived as contractual (Amaral, 2011; Butterworth et al., 2016; Driscoll, 2013; Matthews & Sykes, 2012; Rogers, 2011).

Research findings were reasonably balanced between barriers and facilitators although it should be noted that care leavers tended to speculate on aspects potentially facilitative to the transition process, rather than reporting what had actually worked. A key facilitator was flexible support from the corporate parent, thereby accommodating personal readiness for transition. Personalised forms of support bolstered care leavers' motivation to both engage with support and pursue personal goals. However, inconsistent or unavailable support was commonplace. This sometimes precipitated self-reliance on the part of care leavers, at times, equating to rudderless forms of independence.

A model for interdependence

Care leavers' transition-related preferences within this review resonated with an interdependence approach previously described by Propp, Ortega and NewHeart (2003). These authors proposed 'interdependence' – a state envisaging social connectedness and availing of support as and when needed – as a transition approach in direct challenge to ideas that self-sufficiency should be the end goal for care leavers on entering adulthood. This approach built on Stiver's (1991, p.11) notion of interdependent living defined as: a "blending of self-sufficiency and dependency" involving "a process of counting on other people to provide help in coping physically and emotionally with the experience and tasks encountered in the world when one has not [yet] sufficient skill, confidence, energy and or time." Accordingly, Propp et al., (2003) envisaged that interdependent living for care leavers would be operationalised through social support, community connections and supportive relationships.

1
2
3 In alignment with this approach, care leavers in this review described a
4
5 preference for interdependence-informed approaches based on the ability to access
6
7 ongoing support dependent on need. The potential utility of Propp et al.'s (2003) ideas
8
9 within a working framework for approaching transition for UK care leavers is now
10
11 explored. At this stage, it should be noted that while Propp et al., (2003) proposed an
12
13 interdependence model of practice, this represented more of a position statement,
14
15 rather than an operable practice process. Nevertheless, the following section will
16
17 begin to explore its possible use in informing dimensions of support in UK practice.
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19
20

21
22 Firstly, this current review recognised a disconnect between an accelerated
23
24 time frame for independence and the psychological adjustment period involved in
25
26 leaving care. There was a strong inference that existing UK transition models for care
27
28 leavers fail to recognise that practical and psychological aspects of transitions do not
29
30 necessarily happen simultaneously, with potentially separate time frames required for
31
32 each. Contrastingly, Propp et al.'s (2003) interdependence approach stressed the role
33
34 of support in empowering care leavers to cope both “physically and emotionally”
35
36 during transition (p.263), thus acknowledging the multiple dimensions of transition.
37
38 Interdependence, an approach for which UK care leavers expressed a preference,
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40 therefore involved recognition of the need for flexibility and sufficient time for
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42 individual care leavers to adjust to the differing dimensions of leaving care with
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44 support.
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49 Most care leavers within this review reported struggling to function
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51 autonomously without support. Propp et al.'s (2003) approach again highlighted a
52
53 helpful alternative, emphasising the need for a gradual and supported move towards
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55 autonomy. The interdependence approach stressed the value of care leavers “counting
56
57 on other people” (p.263). For UK care leavers, the ability to do so was facilitated by
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experiencing relationships built upon genuine concern; and availability and consistency from those acting in the role of corporate parent, including personal advisers and social workers. For a few, an outcome of receiving this type of support was enhanced motivation for personal goals. That a corollary of interdependence-informed practice within the context of this study was enhanced engagement with education, training and employment goals may therefore hold promise for challenging the stubbornly stagnant NEET statistics in the care leaving population (DfE, 2017). Differences between existing independence transition models as defined by UK care leavers and an interdependence approach are summarised below in Figure 2. Ultimately, UK care leavers wanted to be able to *count* (but not depend) on reliable others during a (gradual, not instantaneous) journey to independence.

INSERT FIGURE 2 HERE

Limitations and future directions

This systematic review study is not without its limitations. Firstly, while the focus on UK studies allowed for a sharpened focus, aggregating views across differing international care systems and contexts was not possible within the scope of this single paper. It is recognised that this may limit the transferability and international application of findings. However, recent research points to similarities in findings among the views of care leavers across countries and welfare regimes, suggesting that the findings here may have international relevance and resonance (Mendes & Snow, 2016).

In accordance with the search criteria, only seven peer-reviewed studies were located, although these represented diverse contexts and foci. The relatively small samples sizes (N= 5-35) could be seen as another limitation, although arguably this

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2
3 allowed for more in-depth consideration and representation of personal testimonies
4
5 and individual voices. The choice to exclude non peer-reviewed academic journals
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7 undoubtedly excluded the voices of care leavers featured in a range of non-peer
8
9 reviewed reports such as those by The Centre of Social Justice (2013; 2014; 2015).
10
11 Yet the rationale for doing so often related to the lack of clarity around sample and
12
13 data analyses, suggesting that these studies lacked the rigour of peer-reviewed
14
15 publications. The approach adopted by Baker (2017) in a recent review on the topic of
16
17 care leavers' transitions utilised a broader search strategy. It included studies
18
19 featuring a range of research designs and employing differing methodologies, which,
20
21 while possibly yielding a wider and richer data set, did not fit with the primarily
22
23 qualitative focus of this current review. Nevertheless, on reflection, it seems possible
24
25 that had the search strategy within this existing review been more flexible and
26
27 included studies with a wider range of methodologies, the findings may have
28
29 illuminated even more barriers and facilitators.
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35
36 Suggested areas for future research include establishing a practice framework
37
38 for corporate parents to support the operationalisation of interdependence-informed
39
40 transition practice for UK care leavers. Since the completion of this review, a
41
42 framework has been developed for use within an educational psychology practice
43
44 context, within which multiagency working with social care practitioners would form
45
46 a crucial part of effective practice (Atkinson, Hyde & Kelly, in press; Hyde &
47
48 Atkinson, in press). The framework offers corporate parents recommendations for
49
50 practical application of interdependence-orientated support across preparing for
51
52 adulthood key areas (e.g. paid employment, good health, community involvement and
53
54 independent living) with a view to preparing care leavers as early as possible for
55
56 adulthood.
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Conclusion

This systematic literature review has begun to redress a research gap by foregrounding care leavers' experience of transition to adulthood. In doing so, it has supported the view that care leavers' subjectivity, their nuanced and individual views, are instrumental in enabling better insight into the factors that are facilitative to the transition process (Rooney, 2013; Rooney & Pinkerton, 2014). This review has highlighted that often transition can be an abrupt, non-personalised process whereby individuals are jettisoned into self-sufficiency without sufficient preparation (Stein, 2012). Psychologically, many care leavers' coping abilities were undermined by the requirement to assume such high levels of autonomy on leaving care without adequate support. Future studies might consider how a model of transition to adulthood based on an interdependence framework (Propp et al., 2003) could improve outcomes for care leavers.

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Figure 1 Screening process

Table I Studies overview				
<i>Study</i>	<i>Article</i>	<i>Focus</i>	<i>Sample size, gender, age, location</i>	<i>Methodological approach</i>
1	Adley & Jupp Kinda (2014)	Level of emotional support available to care leavers	6 care leavers 18-21 years Gender not specified but sample diverse in terms of gender and race. Recruited through a leaving care team in an urban local authority in England	Semi-structured interviews; phenomenological analysis
2	Amaral (2011)	Factors bolstering care leavers' engagement with leaving care services	35 care leavers 16-23 years Gender not specified Recruited via throughcare and aftercare services in central Scotland	Semi-structured interviews; thematic analysis
3	Butterworth et al., (2016)	Care leavers' experience of transition between health care services	12 participants with suspected mental health needs either with service contact (6) or without (6) 10 female; 2 males 18-22 years One local authority in the West Midlands	Semi-structured interviews; thematic analysis

4	Driscoll (2013)	A resilience framework is applied to care leavers	4 male, 3 female, all White British 16-20 years Location not specified, but care leavers said to have come from a range of places	Semi-structured interviews; grounded theory approach
5	Horrocks (2002)	Life course theory applied to care leavers	1 male, 1 female Location not specified	Informal interviews; ethnographic in orientation
6	Matthews & Sykes (2012)	Health priorities of care leavers and the impact of transition on their health	9 participants (six care leavers and three in the process of leaving care). 2 males; 4 females 17-21 years Two, two-tier rural local authorities in England	Semi-structured interviews; interpretative phenomenological analysis
7	Rogers (2011)	Care leaver transition trajectories and access to available support.	5 young people plus interviews with college and university student support staff) 3 females; 2 males (all in post-16 education) South East of England	In-depth biographical interviews; thematic analysis

Table II	Themes and subthemes	
<i>Emergent Themes</i>	<i>Subthemes</i>	
	<i>Facilitators</i>	<i>Barriers</i>
Pathway Planning	Flexibility around support Consistent relationships Chances to experiment with being independent	Pathway planning as impersonal and bureaucratic Lack of consistent and coordinated care
Support and Motivation	Supportive living environments associated with educational engagement Support figures influencing motivation to engage with education or health More autonomy and control without support	
Second Chances	The role of flexibility Past support figures Time to reflect	
Emotional / psychological readiness for leaving care	Flexibility around support	Declining mental health and coping abilities Emotional needs overlooked Sudden loss of support network and isolation Level of autonomy required
Self-reliance and the 'help' paradox	Personal strength (up to a point) Professionals' understanding the dynamics of 'saying no'	Rejection of authoritarian styles of help Self-reliance as self-protection Lack of self-efficacy / shame around help seeking

		Dissociating oneself from the system Habit
Transitioning to adulthood	Differing support needs at transition Keeping care leavers 'in the loop'	Instant adulthood The idea of independence versus the reality Not prepared for the reality of independence Accommodation arrangements
Lack of Skills		Self management skills and resilience Budgeting difficulties Perceived lack of professional skill
Corporate parenting model	Personal connection Continuous care Personalised support	Contractual nature of support Age rather than needs dependent arrangements

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Figure 2 Independence versus interdependence approaches

Independence	Interdependence
Expectations of self-sufficiency	Available support from concerned and genuine adults
Rudderless forms of independence	Transition as a process
Instant adulthood	Personalisation and flexibility
Loss of, or reduction in support network(s)	Maintained support networks
Inconsistent support and support gaps	Multiple dimensions of transition (e.g. logistical, psychological and emotional)