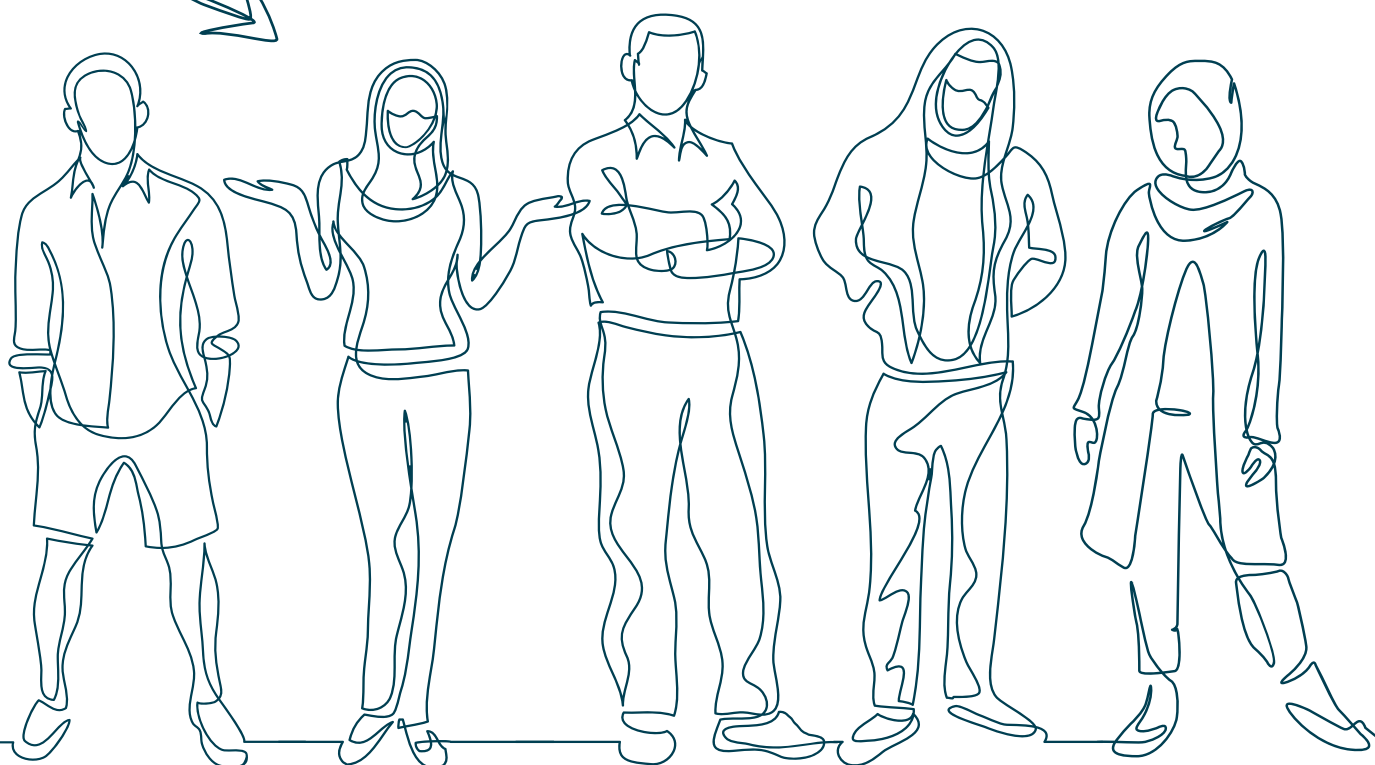


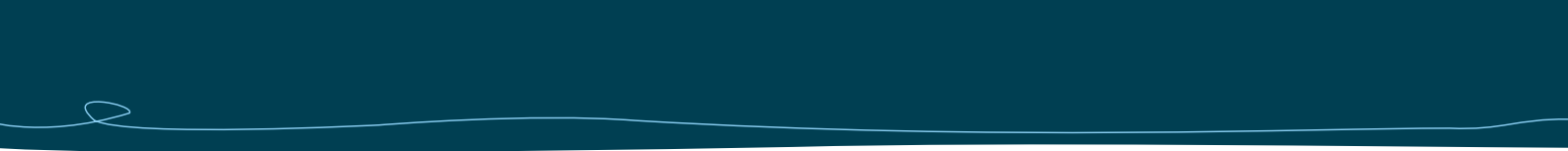
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CARE LEAVERS' TRANSITIONS TO ADULTHOOD IN THE CONTEXT OF COVID-19:

Understanding pathways, experiences and outcomes to improve policy and practice

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EXECUTIVE SUMMARY

Introduction

Every year around 13,000 sixteen to eighteen-year olds in England leave their foster homes or residential care and negotiate the transition to adulthood. They are expected to navigate a number of changes in their lives (setting up home, managing day to day living and their finances and maintaining education, employment or training) at a much younger age than their peers in the general population and without the levels of practical, emotional and financial support that families typically offer their children (Stein, 2006).

The Care Leavers, COVID-19 and Transition from Care (CCTC) study explored how COVID-19 impacted on care leavers' lives and their pathways out of care; examining where young people went, what services and support they received, and how young people got on.

Methodology

The CCTC study was a mixed method study, with four main components.

1. Interviews with leaving care managers

Seventeen local authorities from across England were recruited to take part in the CCTC study. Twenty-two telephone interviews and one virtual focus group were conducted with 33 leaving care managers from these local authorities between March 2021 and June 2021 to obtain their perspectives on the impact of COVID-19 on care leavers' pathways and to explore what measures services had put in place to protect and promote the welfare of care leavers during the pandemic, including what had worked well and what could be better.

2. Analysis of management information system data to understand care leavers' pathways out of care

Each of the 17 Local Authorities were asked to provide pseudonymised quantitative management information system data (demographic, care history and outcome data based on the SSDA903 and OC3 data on all their care leavers aged 16 and 17 who left an Ofsted regulated care placement e.g. foster or residential care) and moved to an unregulated placement, and those who turned 18 between 1 April 2020 and 31 March 2021. Ten local authorities supplied data which yielded a sample of 1338 young people. Each local authority was asked to provide supplementary data on the initial pathway out of care that each young person followed (n=1338); as well their pathway status six months later (n=680; data supplied by six local authorities).

3. Interviews with young people, Personal Advisers and health leads

Six of the CCTC local authorities took part in more in-depth data collection. Interviews were conducted with 32 young people who had left care during the pandemic. Subject to young people's consent, interviews were conducted with young people's leaving care Personal Advisers. Ten Personal Advisers took part in a research interview, which focused on the experiences of 14 individual young people. Seven interviews were conducted with strategic leads from health services.

4. Networked Learning Community

The study established a Networked Learning Community (NLC) to support the research team to interpret the research findings, develop recommendations and tools for practice. There were 20 participants from six local authorities and the group included care experienced young adults, Social Workers and Personal Advisers and operational managers.

Findings

Impact of COVID-19 on care leavers' lives

- **Daily life during COVID-19:** COVID-19 impacted on care leavers' everyday lives including their routine, social life, friendships and sense of autonomy. Young people identified few positives, though a small number of young people had set themselves personal goals or felt it was an opportunity to 'slow down'.
- **Relationships and isolation:** The impact of COVID-19 on young peoples' relationships was highly dependent on their circumstances, living arrangements and support networks. For some, the extra time at home was enjoyable and a chance to further strengthen relationships. Others, especially those living alone in their own flats or in transitional placement accommodation, were very isolated during the pandemic. Worryingly, the findings suggested that some aspects of the pandemic such as restricted social life and seeing limited people, were the reality of some care leavers' lives in more 'normal times' pre-pandemic.
- **Financial impacts and poverty:** The findings highlight the nature and extent of poverty in care leavers' lives and how this had been exacerbated during the pandemic (e.g. loss of work, increased utility and food costs). The increase in income that some care leavers experienced (e.g. Universal Credit uplift, discretionary support from local authorities) had made a tangible difference to their quality of life, but much of the financial support offered was time-limited and there was concern and anxiety about how care leavers would adapt once this was removed.
- **Education and training:** The findings highlight that the move to online or hybrid learning was a mixed experience for young people who were in education or training. Some young people had adapted well to virtual delivery and found this worked well for them. Others struggled to remain motivated and missed face to face interaction with teachers and their peers. Specific barriers to online learning included living with other people and the distractions that this caused and not having Wi-Fi or enough data or access to the right technology. The challenges for unaccompanied asylum young people on English for Speakers of Other Language (ESOL) were particularly highlighted.
- **Employment:** Findings highlighted that many care leavers were working in sectors that had been particularly impacted during COVID-19, and some had lost their jobs because they worked in settings that had to close such as retail or hospitality and/or were on zero-hour contracts. There were concerns about the long-term impacts that the disruption and economic impacts of the pandemic would have on employment, education and training for care leavers and that these have the potential to deepen inequalities that many care leavers already face.

IT'S QUITE INTERESTING THAT WHEN YOU START TALKING TO SOME YOUNG PEOPLE, SOME WILL SAY TO YOU, 'YOU KNOW WHAT? THIS IS WHAT MY LIFE HAS BEEN, I'VE BEEN IN ISOLATION, I'VE BEEN DIFFERENT, I HAVE HAD TO DEAL WITH THESE THINGS ON MY OWN IN THE PAST, YES, I'VE HAD A SOCIAL WORKER, YES, I'VE HAD A PERSONAL ADVISER, BUT I'VE ALWAYS HAD TO MAKE DO WITH WHAT I'VE HAD AND BE ON MY OWN'.
(LEAVING CARE MANAGER)

I LOST MY JOB THROUGH COVID. I WAS WORKING AND I WAS IN COLLEGE, AND I LOST THAT THROUGH COVID. FOR A LOT OF THINGS THERE WAS NOT MUCH I COULD DO BECAUSE I'VE ALWAYS WANTED TO WORK, I'VE ALWAYS DONE STUFF AND I LOST MY JOB THROUGH COVID, THEN I WAS NOTHING I COULD DO AFTER THAT, AND I WAS JUST STUCK.
(SONNY)

Leaving care support during COVID-19

- The COVID-19 pandemic presented many new challenges to local authorities and required everyone to invest significant time and effort in developing creative solutions to support care leavers. This was especially important as many young people already had small networks of support which often, especially for those living alone, reduced further during lockdown periods. Workers, therefore, were a pivotal potential source of support.
- COVID-19 forced changes to the way support was delivered; there was an increase in the frequency of contacting care leavers and a shift to virtual methods. Interviewees provided some examples of creative approaches that Personal Advisers had taken to try and show young people they were not alone and were cared for, e.g., online art groups, quizzes and doorstep deliveries. However, not all care leavers were aware of these or had benefitted from them.
- Overall, care leavers reported the support they received during the pandemic was mixed. Some were very positive valuing the responsiveness and practical help that their workers offered. Others however, felt there was minimal contact, and that they were sometimes left with no or limited help during the pandemic. Looking to the future there were aspects of virtual and creative practice that many managers suggested that they would like to retain.

THE LITTLE HELP THAT I WAS GETTING FROM SOCIAL SERVICES JUST DETERIORATED COMPLETELY. IT JUST ENDED UP LIKE IT WOULD BE PHONE CALLS. NOBODY COULD COME AND SEE US OR ANYTHING. IT'S STILL THE CASE. LIKE I RARELY EVER GET TO SEE MY LEAVING-CARE WORKER.
(STEVEN)

Health and wellbeing in the context of COVID-19

- The additional pressures facing care leavers during the pandemic have increased demand for mental health services at a time when access is further restricted and alternative models of delivery may inhibit engagement (e.g. reduced access to health professionals that young people know and trust, online delivery when young people are in shared accommodation). Every local authority identified mental health support for care leavers as a pressing issue and some signalled that there had been a rise in complex mental health needs within their areas, including an increase in self-harm, suicidal ideation and suicide attempts.
- Young people discussed the challenges they experienced with accessing virtual appointments, including GP and therapeutic services. Challenges included digital poverty and limitations in their technical skills, which prevented them from accessing virtual platforms and paying for expensive telephone calls.
- Findings underlined issues with health support for care leavers, that pre-date COVID-19. Professionals identified the high number and range of organisations involved in health delivery, with wide variations in referral criteria serving as a barrier to understanding what was available and to effective signposting and support for care leavers. Examples of specialist services for children's mental health being suddenly replaced at the age of 18, with mainstream adult mental health services, which were 'very different' and not designed to meet the needs of care leavers. The 'cliff edge at the age of 18', when CAMHS support ends and many young people do not meet the threshold for adult mental health support was highlighted as a particular issue.

IT ALSO FELT REALLY AWKWARD TALKING OVER THE PHONE ABOUT YOUR PROBLEMS. THERE WAS A TIME WHEN I HAD TO GET...MY FOSTER CARER TO LITERALLY BE ON THE PHONE TO THEM TO EXPLAIN SOMETHING BECAUSE I JUST COULDN'T EXPLAIN IT AND PUT IT INTO WORDS. (MIA)


Pathways out of the care system at 16+

Drawing on the statistical analysis of quantitative data supplied by local authorities (n=1338), the study examined care leavers' pathways out of care and any variations in the journeys that different 'sub-groups' of care leavers follow (with reference to individual characteristics, reasons for entry to care and in-care histories) in the context of COVID-19.

The **transitional pathway** (unregulated semi-independent or supported living arrangements e.g., supported lodgings) was the most common initial pathway out of care amongst this cohort of care leavers, who were negotiating the transition to adulthood in the midst of the pandemic. Just under half of the sample followed this pathway (49%). The second most common pathway was the **direct pathway** which involves making the transition straight from care to living more independently in a council or privately rented property or moving into University accommodation; around a fifth (18%) followed this pathway. Fourteen percent of the sample remained with their foster carers, under a Staying Put arrangement post-18 (**extended care pathway**). Under 10% of the sample followed the **birth family** and **complex pathways** (9% and 8%) respectively.

Pathway 1: Direct pathway: transition straight from care to living more independently in a council or privately rented property or university halls/accommodation

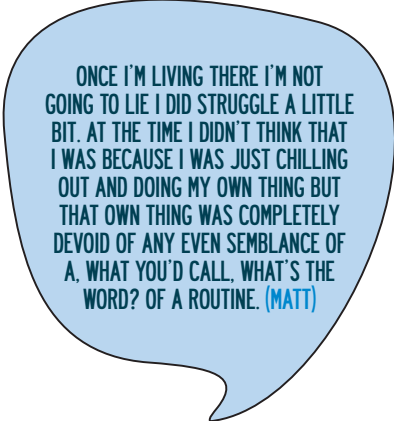
- Around one in five of the young people (18%) in the study sample of 1338 young people negotiated the direct pathway out of care. There was variation in the proportion following this pathway (range: 2% to 39%).
- Statistical analysis showed that the chance of exiting via this pathway was significantly higher for those who entered care later due to family circumstances and lower for children with a disability. Those following the direct pathway group had experienced significantly more placement moves during their time in care than those who followed the extended care pathway. They were less likely to be in education or employment.
- Interview data suggested moving directly from foster or residential care to more independent settings was not that common. Young people who wished to avoid living in shared living arrangements, young people who wanted to live with partners, and young parents were cited as young people who might move straight to independent living, sometimes with a support package in place.
- Leaving care managers identified challenges with facilitating direct moves to independent living (for young people) including a shortage of social housing; variation in practice in relation to whether care leavers were given the 'top banding' or priority in terms of local authority housing; issues with the private sector including high rent costs, deposit requirements and negative perceptions from landlords about care leavers.
- In the qualitative sample, young people we interviewed felt they were managing with living independently and had support from friends or their partners. The young people who were interviewed had generally experienced relative placement stability, and some were explicit that they had wanted to move and to have greater freedom. Two of the three young people who had started University highlighted that it has been a 'massive step' and 'stressful and a huge change', but that they were adjusting.



LOOK I'M READY FOR MY OWN PLACE NOW, I CAN'T FOLLOW YOUNG PEOPLE'S RULES THAT ARE REALLY STRICT. I WANT TO MY OWN PLACE NOW.
(SIMON)

Pathway 2: Transitional pathway: transition from care to semi-independent or supported living arrangements (including Staying Close)

- Just under half (49%) of our sample of 1338 young people followed the transitional pathway. However, there were wide variation in the proportion of young people following this pathway across the local authorities (Range: 27% to 78%).
- Statistical analysis showed male care leavers, unaccompanied asylum-seeking children and those young people who entered care aged 16+ were more likely to follow this pathway. This pathway cohort had lower average placement lengths compared to those in extended care. Those in education were more likely to follow the transitional pathway, which may be linked to high number of asylum seeking children who were 3.63 times more likely to be in education or employment compared to non-asylum seekers.
- Qualitative findings suggest that later entrants to care, unaccompanied asylum-seeking young people and young people who had previously been placed in children's homes were most likely to follow the transitional pathway. Some reflected that those who had had long-term term support from CAHMS may also be more likely to enter semi-independent or supported accommodation when they left care.
- The findings exposed varying models of delivery of transitional placements and arrangements differed in terms of their purpose, design, and length of stay and the level of support provided. When it was perceived to work well, the purpose of semi-independent living was most commonly described as a means to support young people to develop skills in preparation for applying for permanent independent living (social housing or private tenancy), avoiding the cliff edge of care.
- There was acknowledgement of the role and value of supported lodgings provision (although this was sometimes in limited supply). Interviews with young people also highlighted that the majority of these arrangements worked really well, especially when positive and supportive relationships were developed.
- Overall, however, confidence in the quality of semi-independent provision, and its capacity to meet the needs of care leavers, was by no means universal. While some young people were largely content with their placements, other accounts suggested that not everyone was being adequately safeguarded from harm.



ONCE I'M LIVING THERE I'M NOT GOING TO LIE I DID STRUGGLE A LITTLE BIT. AT THE TIME I DIDN'T THINK THAT I WAS BECAUSE I WAS JUST CHILLING OUT AND DOING MY OWN THING BUT THAT OWN THING WAS COMPLETELY DEVOID OF ANY EVEN SEMBLANCE OF A. WHAT YOU'D CALL. WHAT'S THE WORD? OF A ROUTINE. (MATT)

Pathway 3: Birth family pathway: transition from care to return to birth family or other relatives

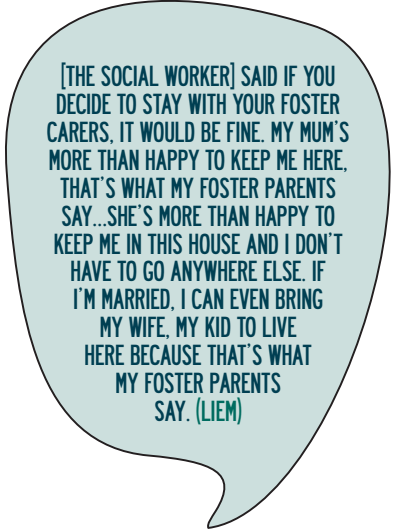
- Just under 1 in ten (9%) of our sample of 1338 followed the birth family pathway. Variation across the 10 local authorities was from 2% to 16%.
- Statistical analysis showed the chance of exiting the care system via this pathway was greater for early leavers (16-17 years) and those in relative or friend foster care. Those following this pathway were significantly less likely to be employment.
- Interview data suggested that leaving care managers felt less well placed to describe patterns or trends surrounding who returned home to birth family, compared to the other pathways out of the care system. There were wide variations in attitudes regarding the opportunities and risks associated with return to birth family.
- Managers also drew attention to the fact that some transitions were planned, whereas others were abrupt and precipitated by young people 'voting with their feet'.
- A few leaving care managers also suggested that some young people had gravitated back to family during COVID-19 lockdown restrictions because they did not want to be separated from them for prolonged periods of time.
- Interviews with young people who returned home to birth family during the pandemic revealed different motivations and levels of satisfaction with arrangements.
- Findings suggest that there is a need for services to pay closer attention to understand the needs and experiences of those returning home in late adolescence or early adulthood and to consider what action might be taken to actively protect and promote the wellbeing of young people who follow this pathway.

SOME YOUNG PEOPLE RETURN HOME BECAUSE IT'S REALLY A PLANNED AND IT'S THE RIGHT THING AND THEY ARE FAMILIES THAT HAVE MADE SIGNIFICANT CHANGES, IT'S VERY MUCH PART OF THAT ESTABLISHED LONGER TERM FAMILY SUPPORT NETWORK FOR THEM, POST CARE.
(LEAVING CARE MANAGER)

WHERE YOUNG PEOPLE ARE SAYING 'I WANT TO GO HOME', I'M SAYING TO THE SOCIAL WORKER, 'WELL WHY NOT SEND THEM HOME THEN? BECAUSE IF THEY'RE ONLY GOING TO GO HOME OVERNIGHT ON THEIR 18 BIRTHDAY WE MIGHT AS WELL TEST IT OUT BEFORE THEN... SO THERE'VE BEEN SOME THINKING ABOUT THAT AND HOW WE WORK WITH BIRTH PARENTS POST 18.
(LEAVING CARE MANAGER)

Pathway 4: Extended care pathway: remaining with former carers under a formal arrangement (for example, Staying Put (England); Continuing Care (Scotland); Going the Extra Mile (Northern Ireland) & When I'm Ready (Wales))

- One in seven (14%) of our sample of 1338 followed the Extended care pathway. There was variation across the 10 local authorities from 5% to 29%.
- Statistical analysis showed the chance of exiting the care system via this pathway was greater for females and young people who entered care when they were younger. The chance of exiting the care system via this pathway was significantly lower for disabled children. This group had longer average placements and were significantly more likely to be in education.
- Interviewees recognised the value of extended care and in some cases described it as the 'optimal' pathway. Extended care was the most common pathway in one local authority and in this area they expressed their commitment to enabling young people to Stay Put and that they endorsed the principle of 'leave care as late as possible'.
- Factors influencing the uptake and use of formal extended care included financial allowances for foster carers post-18 and the attitudes of those involved towards the pathway. Some leaving care managers had concerns that young people missed out on extended care, even when everyone was in favour of this arrangement, due to a lack of funding.
- The quality of relationship between foster carers and young people featured in discussions with managers, Personal Advisers and young people. Young people's decisions were also shaped by their own perspectives on the quality of their relationships with their foster carers.
- The qualitative accounts of young people and professionals highlighted cases in which the pandemic had had a positive impact, for example where families were able to spend more time together, thus strengthening relationships. However, interviews with young people did also draw attention to the fact that some strong and long-term foster family ties have been tested during the pandemic, resulting in changes of pathway.



[THE SOCIAL WORKER] SAID IF YOU DECIDE TO STAY WITH YOUR FOSTER CARERS, IT WOULD BE FINE. MY MUM'S MORE THAN HAPPY TO KEEP ME HERE, THAT'S WHAT MY FOSTER PARENTS SAY...SHE'S MORE THAN HAPPY TO KEEP ME IN THIS HOUSE AND I DON'T HAVE TO GO ANYWHERE ELSE. IF I'M MARRIED, I CAN EVEN BRING MY WIFE, MY KID TO LIVE HERE BECAUSE THAT'S WHAT MY FOSTER PARENTS SAY. (LIEM)

Pathway 5: Complex pathway: typified by having a more challenging transition and a quick succession of housing moves (for example, experiencing homelessness or sofa surfing), or placements in secure settings or adult social care.

- Eight per cent of our sample of 1338 followed a complex pathway out of care. Variation across the 10 local authorities was from 4% to 14%
- The chance of exiting the care system via this pathway was greater for children with a disability, those who entered care as a result of child related factors (need code 'socially unacceptable behaviour') and young people whose final placement was in a children's home. Those who followed the complex pathway were significantly less likely to be in education or employment.
- In this study, young people's pathways were classified under the complex umbrella if they experienced a number of accommodation changes in quick succession (for example experiencing homelessness or sofa surfing), or placements in secure settings, or adult social care. The complex pathway was the least common pathway, but trying to meet the needs of the young people in this group was resource intensive, presented the greatest challenge and worry for services and outcomes were often poor in spite of efforts to intervene.
- Leaving care managers were concerned about care leavers who followed complex pathways from care; these young people tended not to have a safe place to live and lacked stability in their lives. Interviewees described a number of factors that they perceived contributed to experiences of complex transition, highlighting that the legacy of the past and instability in care increased the likelihood of following the complex pathway. Findings revealed that factors contributing to complex transitions from care included:
 - ▶ *Negative prior experiences of support and services:* this group of young people often struggled to maintain accommodation and may be reluctant to access support because they had been let down by services and had adopted a 'survivalist self-reliance'.
 - ▶ *Housing system challenges:* where young people had been evicted or left accommodation in an unplanned way, they were sometimes categorised as 'intentionally homeless' which created difficulties accessing other housing and meant a limited choice of accommodation.
 - ▶ *High thresholds and lack of appropriate accommodation:* meant there could be a scarcity of good quality, specialist age-appropriate accommodation for care leavers (including for those with mental health and or learning impairments).
- For young people who took part in the study who experienced complex transitions from care, the experiences of the absence of 'care' in the system were ever present in conversations. They were largely negative about their care placements, and some had taken steps to leave their foster or children's home earlier than planned. They talked about feeling unprepared to live alone and abandoned by the care system. The perceived failings of children's services weighed all the more heavily for those in this group who lacked wider networks of support.

I WAS NEVER IN CARE, REALLY I NEVER SEEN MYSELF TO BE IN CARE SO EVEN THOUGH I WAS IN THE FOSTER FAMILY, I WAS NEVER ACTUALLY WITH THE FOSTER FAMILY, I WAS ALWAYS ON THE STREET BECAUSE OF THE WAY THAT I WAS PUSHED OUT OF THE FAMILY. (GARY)

What was it like to leave care during COVID-19: Moving on, surviving or struggling in the context of COVID-19?

Stein (2006), drawing on a review of research studies on leaving care, has suggested that broadly speaking young people fall into three 'outcome' groups: 'moving on', 'surviving' and 'struggling' groups. To explore how young people experienced leaving care at 16-18 years of age and how they have negotiated the changes brought about by this transition in the context of COVID-19, the research team reviewed young people's accounts and classified their experiences with reference to Stein's (2006) outcome groups.

The findings showed that 'Surviving' was the most common outcome group, followed by 17 of the 32 young people who participated in interviews. Ten young people were classified as in the 'moving on' group and five were 'struggling'.

PATHWAYS OUT OF CARE - STEIN (2006) OUTCOME GROUPS

'MOVING ON' GROUP

- Stability in and post care
- Gradual preparation and planning
- In education/satisfying job
- Positive and enduring relationships (inc. with past carers)
- Additional challenges in COVID-19 did not de-rail plans

'MOVING ON'
GROUP
31%
10 Young people

'SURVIVING' GROUP

- Instability in care
- Unplanned early move out of care
- Short term job/unemployment
- Self-reliance
- COVID-19 heightened precarity in lives

'SURVIVING'
GROUP
53%
17 Young people

'STRUGGLING' GROUP

- Highest number moves in care
- Abrupt pathways out of care
- Isolation, unemployment and mental health difficulties
- Here and now decision-making
- COVID-19 further confirmed feelings abandoned by care system

16%
'STRUGGLING'
GROUP
5 Young people

Conclusion

Research highlights the persistence of inequalities in health, education and employment over the life course for care leavers (Sacker et al., 2021). Findings from our research also show how in care experiences and placements shape pathways out of the care system at 16 plus, and education and employment outcomes. This serves to highlight that past decisions about where children and young people are placed are not inconsequential and that, as a matter of social justice, the government and wider society should commit to supporting young people negotiate the transition from care well into adulthood. Although, in theory, legal and policy developments signal movement away from 'accelerated and compressed' transitions from care and towards 'gradual and extended' transitions, findings from our research bring into sharp focus that young people's pathways out of care are not akin to those of their peers in the general population; and that poverty and isolation are realities for too many.

Findings from the CCTC study served to highlight the diversity of young people's needs and experiences and wide variations in what formal and informal support was available to them. Going forward it will be important to consider the different types of services and supports that 'sub groups' within the cohort need to mitigate the impact of COVID-19; and to ensure that those with greatest needs are not left out of systems or denied appropriate support, so as to avoid perpetuating the inverse care law (greatest need/least care).

Recommendations

Building on findings from the study, discussions with the CCTC Networked Learning Community and wider research the CCTC study proposes recommendations in 7 key areas to address inequalities in outcomes within the leaving care cohort and between care leavers and the general population. The areas cover actions to: move beyond age-related transitions; reduce poverty; improve health and wellbeing support; support education, employment and training; overcome housing challenges; sustain creative, flexible and relational practice and ways to improve data collected on children in care and care leavers.

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INTRODUCTION



Every year around 13,000 sixteen to eighteen-year olds in England leave their foster homes or residential care and negotiate the transition to adulthood. They are expected to navigate a number of changes in their lives (setting up home, managing day to day living and their finances and maintaining education, employment or training) at a much younger age than their peers in the general population and without the levels of practical, emotional and financial support that families typically offer their children (Stein and Munro, 2008). These 'accelerated and compressed' transitions are highly challenging for young people who have also experienced abuse and neglect, or other adversities during their childhoods (Stein, 2006). The focal theory of adolescence (Coleman and Hendry, 1999) demonstrates that it is much easier to cope with changes in one's life, one at a time. For lots of us, the COVID-19 pandemic and associated restriction have bought this into sharp focus; negotiating multiple abrupt and unforeseen changes in one's life simultaneously has been challenging, even for those of us with strong social networks and supportive communities to lean on.

Research undertaken prior to the pandemic serves to highlight that leaving care is a risk point in young people's lives. Stein (2008) asserts that the journey to adulthood for many care leavers is shorter, steeper and often more hazardous than for other young people. Young people have long voiced their fears and concerns about current arrangements and being 'forced' or 'kicked' out of the system because they have reached a given age rather than because they are ready to leave (Munro et al., 2011; Munro et al., 2012; Ofsted, 2022). Many reflect that they would prefer to move on from care in a 'less absolute' way, for things to be more gradual and for greater consideration to be given to their wishes and feelings (needs and young person led transitions) rather than having decisions imposed because they are approaching legal adulthood (age-related transitions) (Munro et al., 2011; Munro et al., 2012). The absence of a safety net because there is no (or limited) possibilities of moving back to a more supportive environment, if they need or want to, further compounds the stress. Messages from young people also describe how early adulthood can be hard, they can feel isolated and abandoned and there is much to learn and adapt to; financial hardship, precarious housing, shrinking support networks and limited scope to make mistakes without major consequences (Atkinson and Hyde, 2019; Baker, 2017; Glynn, 2021).

Research highlights that care leavers are vulnerable to poor outcomes including poverty, homelessness, mental ill-health and unemployment (Stein and Munro, 2008; Gypen et al., 2017; Mann-Feder and Goyette, 2019). However, it is also important to recognise young people's resilience 'against all the odds' and their own subjective understandings of 'doing well', alongside traditional outcome measures (Bakketeig et al., 2020). Notwithstanding this, it is clear that the health, social and economic impacts of Covid-19 heighten the challenges young people leaving care are likely to face at a stage of life that can be difficult in the best of circumstances.

The CCTC study aimed to understand how COVID-19 impacted on care leavers' lives and whether the pandemic served to further intensify the pressures facing young people leaving care. It explores the impact that COVID-19 had on young people's experiences and transitions; examining where young people went, what services and support they received, and how young people got on.

Aims of the CCTC study

- **What did local authorities do during COVID-19?**
Establish what measures different local authorities have put in place to protect and promote the welfare of care leavers during (and in the aftermath of) the COVID-19 pandemic
- **What were young people's experiences of leaving care in the pandemic?**
Explore how young people experienced leaving care at 16-18 years of age and how they have negotiated the changes brought about by this transition in the context of COVID-19
- **What did everyone think about services and support during COVID-19?**
Obtain care leavers', managers and leaving care Personal Advisers' views on the strengths and limitations of services and (formal and informal) support in the context of COVID-19
- **What does data tell us about care leavers' experiences of care and leaving care?**
Examine care leavers' pathways out of care and any variations in the journeys that different 'sub-groups' of care leavers follow (with reference to individual characteristics, reasons for entry to care and in-care histories)
- **How did care leavers get on?**
Explore young people's progress and outcomes over time (6-12 months) and any variations between 'sub-groups' according to pathways out of care
- **How have young people's health and wellbeing been affected?**
Explore health trajectories, access to and engagement with mainstream and specialist health services and the strengths and limitations of these arrangements in the context of the COVID-19 pandemic
- **Network Learning Community recommendations** - Work in co-production with care leavers, frontline and operational managers through a network learning community to identify measures that might be taken to improve service responses to meet the needs of different 'subgroups' within the leaving care cohort, including those at high risk of poor outcomes

Understanding pathways out of care in the context of COVID-19

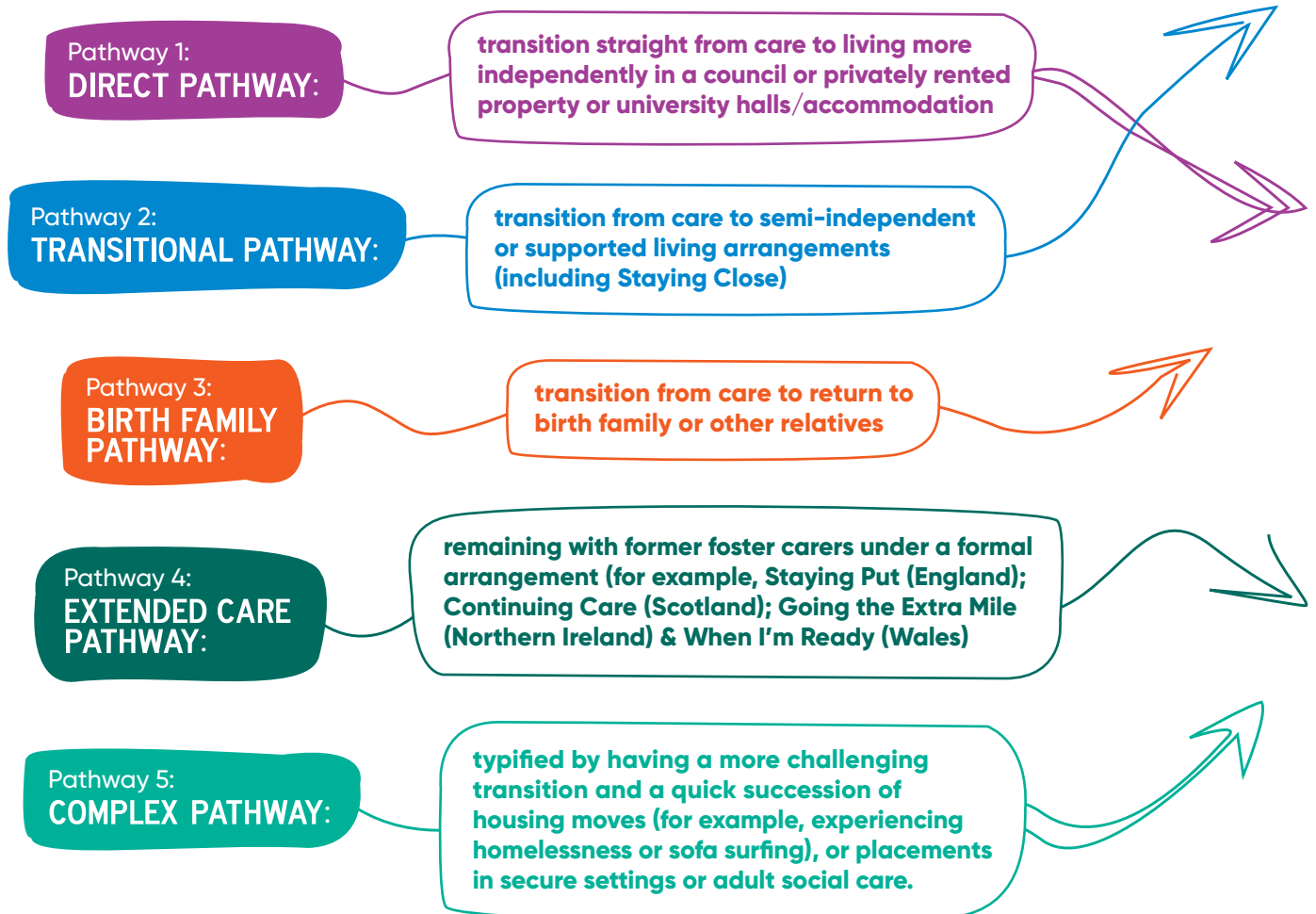
Given the concerns care leavers voice about negotiating the transition from care to adulthood, it is concerning that our national understanding of pathways out of the care system at 16 plus remains limited, and overly reliant on a snapshot data. The looked after children national statistical returns tell us the type of accommodation young people move on to, but they do not facilitate a more nuanced understanding of how individual characteristics, reasons for entry to care or in-care histories may influence young people's destinations. Yet we know that young people's journeys into – and out of – the care system vary considerably depending on pre-care experiences, age of entry, reasons for entry, experiences within placements and their behaviour and needs (Sinclair et. al, 2007).

Based on young people's qualitative accounts Munro and colleagues (2011, 2012) identified three key pathways out of the care system at 16 plus: direct, transitional and complex. Following changes in policies and practices, and in further discussion with academic colleagues, in care and leaving care teams and young people with care experience, these were adapted to capture other typical scenarios resulting in the five classifications, in Figure 1 below.

As outlined, the first '**direct pathway**' involves making the transition straight from care to living more independently in a council or privately rented property. Although students in university halls may live in shared housing arrangements they have also been included in this pathway because they are responsible for maintaining their own tenancies. The second '**transitional pathway**' captures young people who are living in a semi-independent or supported living arrangements, including Staying Close¹. Such arrangements are intended to offer young people support as they acquire the skills that they need to be able to secure and maintain their own tenancies in the future and thus acts as a bridge to independence (National Care Advisory Service/Catch 22, 2009). It is recognised that there are wide variations in the quality of provision under this umbrella and in the nature and extent to which young people are supported in practice (Children's Commissioner, 2020; Fortune and Smith, 2021). The third '**birth family pathway**' involves young people moving in with a birth parent or relatives, which may be planned for with children's services, or an unplanned and abrupt move. The fourth '**extended care**' pathway captures formal arrangements that permit young people to remain in in their 'home' (i.e., the placement that they were living in before the reached legal adulthood, thus avoiding the need to move out and facilitating relational continuity). For example, in England, Staying Put arrangements permit young people to remain living with their former foster carers from 18 until up to 21 years. In Scotland, Continuing Care permits young people to remain in foster care or residential care up to 21 years. The fifth and final pathway has been described as a '**complex pathway**' typified by multiple moves and changes of residence, or placements in secure settings or adult social care.

¹ Staying Close is a programme that aims to improve outcomes for young people transitioning from residential care. It intends to address the 'cliff edge' faced by young people leaving residential care by improving and extending the support provided by care leaver's former residential units during the transition to independent adulthood. There are two core elements to Staying Close: (1) An accommodation offer that aims to provide suitable accommodation close to the young person's previous children's home. (2) A support offer that focuses on maintaining relationships with staff at the young person's previous children's home, thereby providing continuity in support during the transition to independent adulthood (Department for Education, 2022). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066383/LA_Staying_Close_-_Section_31_LA_Determination_Letter_22-23.pdf

Figure 1: Typology of pathways out of the care system at 16+



The CCTC study used these five main pathways as a framework to understand more about the early transition from care in the context of COVID-19. It explored the experiences of young people following these different pathways out of care, looking at services, support and outcomes in the context of COVID-19.

The typology of pathways is designed as a vehicle to support service design, delivery and planning. It is important to recognise the diversity within as well as between the five pathways and to always ensure that young people are active participants in decision-making processes and that their individual rights, needs and circumstances are central.

COVID-19 context and timeline

In response to a new virus, first identified in China, the World Health Organisation declared Coronavirus (COVID-19) to be a pandemic². On 23 March 2020, England went into lockdown to stop the spread of the virus. Emergency measures were put in place to restrict the movement of the entire population; apart from certain key workers, everyone was told to stay at home. All non-essential businesses (including restaurants, gyms and other social venues) had to close, and people were told to work from home unless it was impossible for them to do so. Emergency funding was provided to businesses. Local authorities and charities were also given additional funding during this time.

Most schools and colleges were closed, although a small number remained open to children classed as 'vulnerable' and the children of key workers. In the first few months of the pandemic learning was mainly done online. End of year exams were cancelled, and teacher assessments were used to award final grades.

The initial lockdown period started to ease in mid-May 2020 when England announced the roadmap out of lockdown which over the coming weeks led to the lifting of many restrictions³. In late summer and early autumn, England – like other parts of the world – began to experience a second wave of COVID-19 infections. In September 2020 modified restrictions were introduced including the 'rule of six' and regional tiers.

In November 2020 a second national lockdown was instigated. It was intended as a 'firebreak' to slow the rise in hospital admissions. As December 2020 approached specific guidelines to follow were announced for the Christmas period.

From January to March 2021 there was a third national lockdown with most schools and colleges again only partially open. Across March and July 2021, a new roadmap out of lockdown was followed with gradual 'unlocking steps' followed until 'freedom day' on July 21st 2021.

However, in response to the Omicron variant of the virus from December 2021 to February 2022 'Plan B' measures were put in place (e.g. face masks became mandatory in most public indoor places and NHS COVID-19 passes were needed for certain settings). At the end of February 2022 all remaining restrictions officially ended as the government's plan to 'live with COVID-19' came into force. Over the pandemic period nearly 150,000 people died in England within 28 days of being identified as a 'COVID-19 case by a positive test'⁴.

Throughout the pandemic scientists were developing vaccines for COVID-19. In England the first person received their vaccine in December 2020 and following this the government's vaccine delivery plan was in operation. At first older people, those with health issues and key workers were prioritised. Most care leavers will have had to wait until about June 2021 to be offered their first dose of the vaccine. To date nearly three quarters of the eligible population in England have been fully vaccinated⁵.

² <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

³ https://www.instituteforgovernment.org.uk/sites/default/files/chart-images/timeline-coronavirus-lockdown-december-2021_0.png

⁴ <https://coronavirus.data.gov.uk/details/deaths?areaType=nation&areaName=England>

⁵ <https://ourworldindata.org/covid-vaccinations?country=GBR>

Government guidance on supporting care leavers during COVID-19

Care systems, welfare frameworks and economic contexts can serve to scaffold young people in transition or exacerbate precarity in their lives (Boddy, Bakketeig and Østergaard, 2020). During the early phase of the pandemic, the government in England issued guidance to local authorities about supporting care leavers during COVID-19. It expected local authorities to take account of coronavirus when making decisions about young people and to ensure that no one had to exit the care system during this period, unless they wished to do so, and this was assessed to be in their best interests (Department for Education, 2021). It was also specified that this same principle should be applied in respect of young people in Staying Put arrangements and those due to make a planned move to new accommodation. Moves were to be permitted if this was what the young person wanted, and the setting was safe in relation to COVID-19.

The guidance also recommended that local authorities consider putting the following additional support measures in place:

- using additional government funding for discretionary payments to cover food, utilities and rent if care leavers were struggling financially
- arranging for discretionary payments to be authorised and paid at short notice if necessary
- continuing other forms of financial support for care leavers including setting up home allowances
- allowing visits to take place over the telephone, a video-link or other electronic communication methods, where face to face visits were not possible due to coronavirus (Department for Education, 2021, p.35).

Guidance specified that leaving care Personal Advisers should:

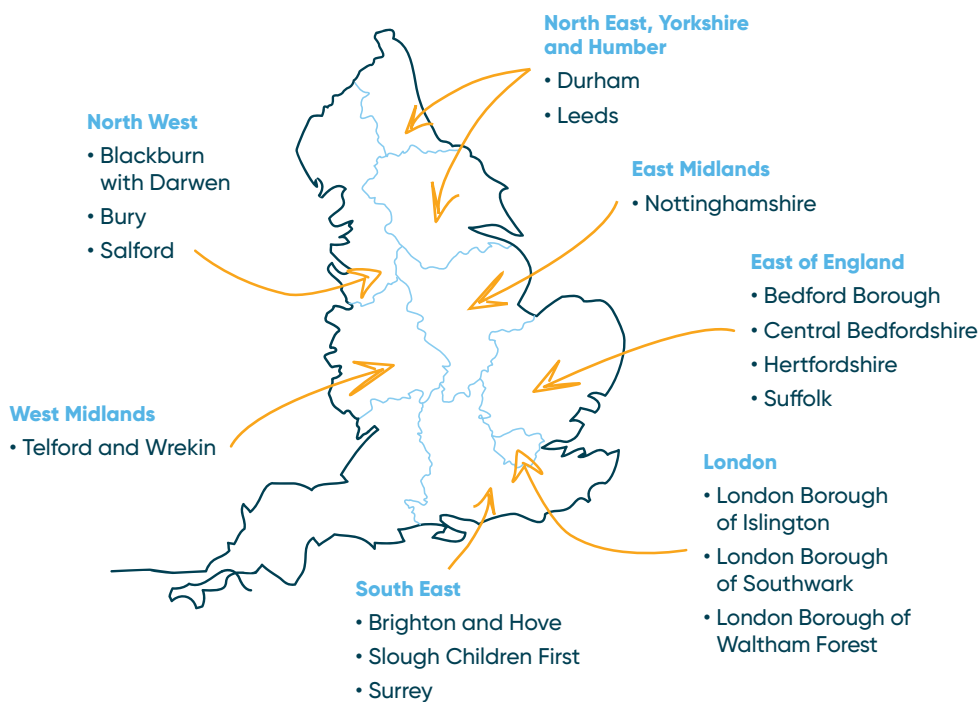
- contact care leavers during the pandemic, including those over 21 who were eligible for support up to age 25, but who were not accessing support before the pandemic
- communicate with care leavers in a way that was most effective for them, including by phone or video
- continue face-to-face contact where reasonably necessary, while following the working safely during coronavirus guidance to protect staff and young people
- assess the right level and frequency of contact with each care leaver
- always consider the wishes and feelings of the young person (Department for Education, 2021, p.35).

METHODOLOGY

The Care Leavers, COVID-19 and Transition from Care (CCTC) study was a mixed method study which aimed to meet the aims outlined in the Introduction (p. 17). There were four main parts to the study.

1. Understanding the impact of COVID-19 on young people's transitions from care and how children's services are responding

Seventeen local authorities from across England were recruited to take part in the CCTC study. A purposive sampling frame was adopted to facilitate inclusion of a spread of authorities by 1) type (London Boroughs, metropolitan districts, unitary authorities, county councils and district councils) and 2) geographical location. The research team also sought to include authorities with different models of health and social care delivery to support young people making the transitions from care to adulthood. The 17 local authorities that participated in the first phase of the research were:



Twenty-two telephone interviews and one virtual focus group were conducted with leaving care managers between March 2021 and June 2021 to obtain their perspectives on the impact of Covid-19 on care leavers' transition pathways and explore what measures have been put in place to protect and promote the welfare of care leavers during the COVID-19 pandemic, including what has worked well and what could be better (see Munro et al, 2021).

Table 1, below provides an overview of participants by role. A total of 33 individuals participated. In four areas more than one representative per local authority took part. The interviews facilitated exploration of similarities and differences in practice between local authorities, as well as enabling us to gather insights from individuals with specialist roles or responsibilities.

Table 1: Number of participants by role

| | Advance Practitioners/ Social Work Consultants | Operational Managers for looked after children 16+ and/or care leavers | Strategic Managers for looked after children 16+ and/or care leavers | Total |
|--------------------|---|---|---|--------------|
| Interviews | 2 | 18 | 5 | 25 |
| Focus group | 0 | 5 | 3 | 8 |
| Total | 2 | 23 | 8 | 33 |

2. Understanding care leavers' pathways out of care

Each of the 17 Local Authorities who took part in the first phase of the study were also asked to provide pseudonymised quantitative management information system data (SSDA903 and OC3 data, plus small amount of supplementary information) on their care leavers aged 16 and 17 who left an Ofsted regulated care placement (e.g. foster or residential care) and moved to an unregulated placement, and those who turned 18 between 1 April 2020 and 31 March 2021. Ten local authorities supplied these data which yielded a sample of 1338 young people.

The management information systems data included gender, ethnicity, primary need code (i.e. reason for entry to care), age at first entry, age at last entry to care, placements and episodes of care and (where applicable) leaving care outcomes data (in touch, education/employment and accommodation status).

Pathways out of care data

In addition to providing routinely collected data, each of the ten local authorities were asked to provide supplementary data on the initial pathway that each young person followed when they left care (n=1338); as well their pathway status six months later (n=680; data supplied by six local authorities). Local authorities were provided with the definitions of each pathway to facilitate this task and they were all invited to systematically allocate each young person an initial pathway. Six local authorities completed this exercise. Four local authorities were unable to do so due to resource constraints. In these four local authorities the initial transition pathway was extrapolated based on the SSDA903 and OC3 data.

Statistical analysis

Categorical variables for all explanatory variables were analysed using chi-square goodness-of-fit analysis and Fisher's exact tests. Adjusted standardised residuals (ASRs) were calculated to indicate the importance of the cell to the ultimate chi-square value, which took account of the overall sample size. Therefore, when reporting the results, the ASR values were used to indicate significance, i.e., ASR values of 3.09 ($p < 0.001$), 2.6 ($p < 0.01$), and 2 ($p < 0.05$) indicated importance, with anything below two deemed non-significant ($p > 0.05$). A binary logistic regression analysis was conducted to determine predictors of each pathway out of care with children's characteristics entered as explanatory variables. In the regression analysis, deprivation of home address was excluded as it would otherwise substantially reduce the sample size and bias the results towards children who had been in care longer. All statistical tests were completed using IBM SPSS Version 27 (IBM, New York, US); two-tailed significance was assumed at $p < 0.05$.

3. Experiences of different pathways, services, support and outcomes in the context of Covid-19

Six geographically diverse local authorities, from the 17 above, took part in additional qualitative data collection.. Interviews were conducted with 32 young people who moved into unregulated placements at age 16-17, or had turned 18 and ceased to be looked after during the pandemic. Subject to young people’s consent, interviews were also undertaken with young people’s leaving care Personal Advisers. Ten Personal Advisers participated and these professionals worked with 14 young people who were interviewed. Seven interviews were also undertaken with strategic and operational leads from health.

Table 2, below provides an overview of which local authorities participated in each phase of the research.

Table 2: Summary of local authority participation in the study

| | Interviews with managers | Management information system data | Interviews with young people, Personal Advisers and Health leads | Participation in the the Networked Learning Community |
|------|--------------------------|------------------------------------|--|---|
| LA1 | ✓ | ✓ | ✓ | ✓ |
| LA2 | ✓ | ✓ | ✓ | ✓ |
| LA3 | ✓ | ✓ | ✓ | ✓ |
| LA4 | ✓ | ✓ | ✓ | ✓ |
| LA5 | ✓ | ✓ | | |
| LA6 | ✓ | ✓ | | |
| LA7 | ✓ | ✓ | | |
| LA8 | ✓ | ✓ | | |
| LA9 | ✓ | ✓ | | |
| LA10 | ✓ | ✓ | | |
| LA11 | ✓ | | ✓ | ✓ |
| LA12 | ✓ | | ✓ | ✓ |
| LA13 | ✓ | | | |
| LA14 | ✓ | | | |
| LA15 | ✓ | | | |
| LA16 | ✓ | | | |
| LA17 | ✓ | | | |

In-depth interviews with young people

Young people in each of the local authorities who negotiated the transition from regulated to unregulated settings aged 16-17, or who ceased to be looked after during the pandemic, were invited to participate in a research interview. The research team shared an accessible information sheet and short film about the study, which was distributed to young people via their leaving care Personal Adviser or Social Worker.

Semi-structured interviews were conducted with 32 young people (Male=19, Female=12, 'Other'=1). Table 3, below provides an overview of the initial pathways out of care for those that took part in the interview stage of the study.

Table 3: Pathways for young people who took part in research interviews

| Initial pathway out of care | Number of young people |
|------------------------------------|-------------------------------|
| TP1 - Direct | 5 |
| TP2 - Transitional | 15 |
| TP3 - Birth family | 2 |
| TP4 - Extended care | 6 |
| TP5 - Complex | 4 |
| Total | 32 |

Interviews were conducted online (using MS Teams or Zoom), on the telephone or face to face between October 2021 and March 2022. Participants were given the choice of how they wanted to take part, provided that this was in line with government guidelines at the time of the interview.

The interviews explored young people's journeys from care to early adulthood, including exploration of continuity and change in a number of life domains including education, employment, finance, health, housing and social networks. The interviews particularly focused on young people's perspectives on the impact that the COVID-19 pandemic has had on their transition and progress, as well as their views on access to, and the strengths and limitations of, formal and informal services and support.

Interviews with Personal Advisers

Leaving care Personal Advisers or Social Workers were invited to participate in a research interview, shortly after each young person was interviewed. These interviews (n=10) took place on MS Teams or by telephone and explored: operational issues surrounding the delivery of services and support for care leavers in the context of COVID-19 and the needs and experiences of the young people who participated in the CCTC study. Ten Personal Advisers took part in a research interview, which focused on the experiences of 14 individual young people. The case specific part of the interview focused upon professionals' perspective on young people's transitions and how their journeys and outcomes had been affected by COVID-19 and the role that birth family, former foster or residential carers and other services and support had played.

Interviews with strategic and operational health leads

Semi-structured interviews were conducted with strategic and operational health leads (n=7) via MS Teams. These explored health trajectories for young people leaving care, access to and engagement with mainstream and specialist health services and the strengths and limitations of these arrangements in more detail. Interviews with strategic leads aimed to enhance understanding of how different transitional arrangements and models of health and social care delivery support or inhibit improved health and wellbeing.

Qualitative data analysis

All interviews were transcribed by an external transcription company and the resulting transcriptions were uploaded into the NVivo computer software for qualitative data analysis.

Interviews were analysed following principles from framework analysis (Ritchie and Spencer, 1994). Framework analysis provides a systematic approach to analysing qualitative data, moving from data management to summarising and finally to interpretation. The approach that was adopted facilitated a systematic process to categorising and organising large volumes of qualitative data. It provided a step-by-step method which is explicit and replicable, which was beneficial in this study with multiple researchers who contributed to the analysis (Gale et al., 2013).

There were five stages to the analysis process (Ritchie and Spencer, 1994):

1. **Familiarisation** – the researchers immersed themselves in the data by reading (and re-reading) each transcript. This helped provide a holistic sense of the data in the interview transcripts.
2. **Developing a thematic framework** – a pilot framework was developed in NVivo to reflect the research questions. The team attended a workshop to discuss emerging themes not captured in the pilot framework and the framework was adapted to capture these emerging themes.
3. **Indexing** – this involved reviewing and annotating transcripts by applying codes to the data that correspond to a particular theme.
4. **Charting** – the data that were indexed were then arranged in charts of key themes. This involved constructing a chart that displays within case and across case extractions of data relating to the headings and subheadings drawn from the thematic framework.
5. **Mapping and interpreting** – each column of the framework was reviewed, and key points were summarised. Patterns and relationships between themes were identified and reviewed in relation to the research questions.

The quotes included in this report were elicited from across the resulting dataset.

4. Networked Learning Community

As part of the CCTC study the research team established a Networked Learning Community (NLC). The core aim of the Networked Learning Community was to support the research team to interpret the research findings, develop recommendations and tools for practice from the study. The NLC was made up of 20 participants from six of the local authorities that participated in the wider research and included:

- Care experienced young adults
- Social Workers and Personal Advisers
- Operational managers

A series of NLC workshops were held between October 2021 and April 2022 to explore emerging findings from the data and generate recommendations on measures that might be taken to improve service responses to meet the needs of young people following different pathways and in different sub-groups within the leaving care cohort.

Ethical approval and data protection

Ethical approval for the study was obtained from the University of Bedfordshire Institute of Applied Social Research Ethics Committee. Approval was also granted by the Association of Directors of Children's Services and local authority research governance committees, where required.

The research team worked closely with local authorities to ensure the necessary data protection procedures were in place prior to the sharing of pseudonymised SSDA903 (looked after children) and OC3 (care leavers) management information system data. This involved putting information sharing agreements in place with each of the local authorities, and completing Data Protection Impact Assessments.

Throughout the report the authors draw on qualitative accounts of the young people who shared their experiences of negotiating the transition from care to adulthood in the context of COVID-19. Pseudonyms have been used and in places, in order to preserve confidentiality, minor details have been changed.

WHAT WERE CARE LEAVERS' EXPERIENCES OF COVID-19?

RESEARCH AIM

Obtain care leavers', social workers' and leaving care Personal Advisers' views on the strengths and limitations of services and (formal and informal) support in the context of COVID-19

Day to day life

Care leavers are not a homogenous group and the rich accounts of the young people who were interviewed served to highlight both commonalities and differences in their experiences. Supportive relationships, or their absence, were weaved throughout young people's accounts. For some, the pandemic presented unexpected benefits, with young people feeling cocooned in the safety of their homes and able to spend more quality time with the people they loved. Yet for others, perceived permanence with long term foster carers was destabilised by fears and uncertainties about the health risks associated with young people travelling to and from college, or meeting up with partners, family or friends. The premature ending of some foster placements precipitated abrupt and unplanned transitions in young people's lives during a period that was already characterised by unprecedented change and heightened pressures. It also necessitated renegotiation of central relationships in care leavers' lives, in parallel with moving and trying to manage day-to-day in the context of COVID-19. In semi-independent and supported accommodation young people had to adjust to socially distancing 'at home'; a marked change from communal living. As a Leaving Care Manager highlighted 'there are further restrictions on some of our young people compared to what the normal population experienced'. Young people's narratives and those of leaving care Personal Advisers also illuminated that some care leavers came to the stark realisation that they did not have family or friends that they could easily turn to and that their lives were markedly different to their peers.

Concern for others permeated many of the care leavers' interviews; many described how they were extra cautious about following the rules strictly to avoid catching COVID-19 and infecting those they lived with, often because there were older or vulnerable people in their household or 'support bubble'. Kareem expressed the importance of caring and looking after one another:

Mia also explained the importance of protecting other members of the family:

"Well because my foster carer's son is really sick and he is really vulnerable... we had so much more pressure on us to make sure we were being safe, to make sure we were using hand-sanitiser, wearing masks and it was just sometimes a bit much. If it happens again, I'll do it all over again for protecting [him] but it was a load." (Mia)

AT FIRST, I THOUGHT IT WAS GOING TO BE QUITE GOOD BECAUSE I THOUGHT IT'S ONLY GOING TO LAST A FEW WEEKS. IT'S GOING TO BE A BIT OF A SUMMER HOLIDAY BUT NO. I THINK FOR THE FIRST WEEK IT WAS ALL RIGHT BUT AFTER THAT IT WASN'T GOOD AT ALL. ABSOLUTELY NO BENEFIT OF IT AT ALL. (SONNY)

IT WAS THE MASSIVE STRESS STAYING IN THE HOUSE ALL DAY AND YOU HAVE TO BE, OTHERWISE YOU'RE GOING TO RISK PEOPLE WHO LIVE WITH YOU, SO YOU HAVE TO CARE, YOU HAVE TO LOOK AFTER THEM AS WELL. (KAREEM)

For those living in more communal settings there were sometimes additional rules that needed to be followed such as wearing masks indoors in shared spaces and sitting at least two meters apart from others. Rules around having to self-isolate after contact with someone with COVID-19 were described as difficult and accounts revealed that this time alone sometimes evoked difficult memories from the past. Mia recalled:

During COVID-19 some care leavers feared that they were going to lose loved ones and others experienced bereavement, grief and loss. Liam said:

"So, my whole family had Covid and my [foster] mum she went to hospital, and it was just really, really bad...it was affecting in terms of...when you can see your whole family is down, so you just, that's a long-term effect in terms of mental...the mental health is just like you always think, you're always stuck between, I'm always stuck in my mind were they are going to die, my mum when she was on her bed and say "I'm going to die, I'm going to die," that's the kind of thing you just never forget about it, you know?" (Liam)

Due to restrictions, young people were sometimes unable to see loved ones in hospital before they died or faced complications when making funeral arrangements.

"He lost his mum during COVID as well and his mum was quite young ... So, he had a lot really to contend with as well as being isolated and not really being able to have a lot of time with friends and family...Bereavement, yeah. Well, he couldn't go to the hospital to see her." (Personal Adviser)

Gilligan and colleagues (2022) also found that bereavement and loss can intensify care leavers' sense of social isolation and re-awaken difficult thoughts surrounding complicated relationships, or lack of contact with birth family.

Impact on relationships and isolation

Trusting and caring relationships matter deeply to young people leaving care and they are important to quality of life and well-being (Baker, 2017). They help care leavers develop self-confidence, self-esteem and contribute to a strong sense of identity and belonging (Care Inquiry, 2013). Relationships are highly individualised and will mean different things to individual young people; principally they are likely to involve their own families, friends, carers and workers⁶. Research suggests that care leavers feel that they can cope with transitions from care if they have a key person that they can rely upon (Parry, 2014; Baker, 2017; Winter, 2015). In this study care leavers spoke about the availability of their relationships in the context of COVID-19.

As outlined above, some relationships were strengthened during the pandemic as some families were able to spend more quality time together. However, this was not universal and COVID-19 placed additional strain within households. For example, one young man explained that there were difficulties in his home due to the behaviour and distress of another foster child who was violent towards other members of the family. Others recalled arguments with those they lived with which were due to the intense nature of living in close proximity and not being able to see and socialise with many other people

HAVING TO SELF-ISOLATE IN MY ROOM AND IT WAS THE WORST THING FOR ME IN THE WORLD. IT SET ME BACK SO MUCH AND BROUGHT BACK A LOAD OF FEELINGS THAT I DIDN'T REALLY WANT TO FEEL. (MIA)

⁶ Stein's (2006) research categorises care leavers' relationships to three main groups: personal (family, kin and foster), professional (support/ key worker) and pseudo-professional (mentor)

Not being able to see parent(s), brothers or sisters, friends or partners for prolonged periods of time weighed heavily on young people's minds and caused worry. Kareem described how hard it was not to be able to see his brothers for over a year. Teegan said:

"It was horrible as well because he [birth father] had a phone but a little Nokia brick so I couldn't Facetime him or anything, it was horrible... Yes, I'm used to obviously just going shopping for him or giving him his medication, just to make sure he's doing okay... I used to do the littlest of things, like literally just give him his tablets. Sort the tablets out until next contact, walk the dog, just little things like that...I understood at the time because I was obviously a bit younger than I am, but obviously I was at an age I understood his health was more important than just me wanting to see him." (Teegan).

The absence of hugs and touch was also upsetting, as Ella reflected:

"I think the worst thing for me was when I was able to go and see my mum, but I wasn't able to actually touch her, give her a hug and that. Obviously, me and my mum went through a lot throughout the 19 years of me being alive and obviously for us to have such a close relationship now and then not being able to actually do anything about it, it took a massive toll on me. It was the [same] with my carer, she come around for my 18th birthday, dropped off my presents and I wasn't able to give her a hug or nothing, so it took a massive toll." (Ella)

Interviews also highlighted the isolation of young people in custody during the pandemic. This was particularly stressed by Paul, who was in prison throughout the first year of the pandemic. He described how he had not been able to see any of his family or friends; and spent long periods of time in isolation due to the restrictions that had been put in place in the prison.

"Actually, visitation stopped. I didn't get to see none of my family or friends for a whole year, a full year and a bit. I had to wait until I came out of jail to see family and friends. Visits were shut down, everything was shut down. Even staff, there was hardly no staff because they had to isolate. Because they wasn't listening to the rules, they was going out we know that. That's why they had to isolate so many times. But there was less staff so that means there's less people to run the prison. So that means less regime, less time to even go out. It was very heavy, it was heavy." (Paul)

A Leaving Care Manager also explained that young people in prison had been "locked down" for prolonged periods of time and had also been restricted from engaging in any form of recreational or educational activity.

"And they were stopped from doing any education, they were locked down 23 hours a day, it was really tight. So, I was really quite concerned and felt that we needed to, they needed to be able to contact us and also be able to respond. And I think those email accounts, it's quite a straightforward option for them. Because they can't always get access to a phone, they have to have credit, and then if they spend too much on a phone to their friend, and it's very easily soaked up." (Leaving Care Manager)

Bateman (2020) highlights that lengthy confinement of young people without meaningful contact and restricted calls to family is contrary to international human rights standards (United Nations, 2015, Rule 44) and is detrimental to the mental health of this vulnerable group of young people.

For care leavers with limited support networks prior to the pandemic, lockdown only served to compound this. Leaving care managers and Personal Advisers were deeply concerned about care leavers who only had small networks of support and who had few physical visits over lockdown, resulting in extended periods of isolation. This appeared to be particularly marked for those whose initial pathway from care was direct (often living on their own) or transitional (living in communal arrangements but often with in-house rules about maintaining a social distance). Karen explained:

"I have really bad anxiety and at the time I was only just kind of getting my anxiety to a good stage...I hated being on my own as well. Because of my past of being locked in my room every day by my dad, I can't be on my own, I hate it and I think I struggled with that. When I couldn't be around [partner's name], or I had to be on my own, I think I really struggled with that... it was really horrible. I just wanted to have people around me, and I just wasn't allowed to be near anybody, and I think that's what I struggled with the most really, it's definitely the fact that I had to be on my own away from everyone else." (Karen)

Helen described avoiding going down a 'dark downward spiral' but explained that 'when you're sad and you're feeling down, living alone is a lot harder and it adds to the worries and uncertainties'.

Leaving care managers and Personal Advisers also highlighted how confronting it could be for young people to realise they lack a reliable and supportive group of people in their lives, as this quote outlines:

"And I think fundamentally, he's realised that the only people in his life are the people that are paid to do a job. Whereas I think probably pre-Covid, at least he'd go out and he'd see his friends a bit more, and I think gradually the friends have dropped off or they're doing their own things perhaps, so I think he probably has felt his isolation far worse throughout this, especially this latter period." (Leaving Care Manager)

Overall, living alone through the pandemic was described as boring and stressful and workers raised concerns that some young people's mental health had deteriorated and/or they were increasingly turning to drugs or alcohol as a coping strategy.

It was also noteworthy that some managers had observed that 'those young people that may previously have been very resilient, their emotional needs were slowly increasing'. However, worryingly, other managers and workers suggested that some aspects of the pandemic such as restricted social life and seeing limited people, were the reality of some care leavers' lives in more 'normal times' pre-pandemic. Other research has come to similar conclusions (Coram Voice, 2021).

"It's quite interesting that when you start talking to some young people, some will say to you, 'you know what? This is what my life has been, I've been in isolation, I've been different, I have had to deal with these things on my own in the past, yes, I've had a social worker, yes, I've had a Personal Adviser, but I've always had to make do with what I've had and be on my own'." (Leaving Care Manager).

THE MAIN WAY IT'S IMPACTED ON CARE LEAVERS IS THEIR MENTAL HEALTH AND SELF-ESTEEM, CONFIDENCE, ISOLATION, LONELINESS AND JUST ABSOLUTELY LOSING THAT DRIVE TO DO WELL IN THEIR LIVES. A LOT OF THEM HAVE BECOME VERY ISOLATED AND QUITE DEPRESSED AND DON'T SEE THE POINT AT THE MOMENT, THAT'S WHAT WE'RE HEARING A LOT OF, "WHAT'S THE POINT?".
(LEAVING CARE MANAGER)

Unaccompanied asylum-seeking young people⁷

Managers in two thirds of the participating local authorities identified that the pandemic had had a disproportionate impact on unaccompanied asylum-seeking young people due to a combination of delays to decisions on immigration status, reduced access to legal advice, barriers to accessing health and education services and isolation which all make resettlement, building new lives and developing social networks more difficult.

Seven out of the 32 young people who took part in this study were unaccompanied asylum-seeking young people. They all talked about the challenges they faced during the pandemic, particularly those who had arrived in the UK just before the pandemic started. The most pressing and ongoing issue for young people who were unaccompanied asylum seekers were ongoing, severe delays to the process for seeking asylum. Immigration rules specify that unaccompanied asylum-seeking children are a priority group, however delays were common pre-COVID-19 and appear to have been further exacerbated. A recent inspection report stated:

"The length of time asylum claimants wait for an initial decision has increased year-on-year since 2011. Claimants who received a decision in 2020 were waiting an average of 449 days, and this rose to 550 days for unaccompanied asylum-seeking children." (Independent Chief Inspector of Borders and Immigration, 2021, p.2).

In the course of our study professionals and young people provided examples of much lengthier waiting times. For example, this Personal Adviser talked about a young person that they have been working with over the last three years who has experienced ongoing delays with the asylum process; they described how this young person has felt "stuck" and unable to move forward with their life:

"I've had a young girl who actually came up to the country and I've worked all way through from her being 17 to now she'll be 20 this year and she still hasn't received that interview from the Home Office. All this is because of the pandemic, and we're just stuck in a stance of not being able to move forward because you can't apply for benefits, because she's got no ID because she hasn't had an interview from the Home Office. She's wanting to move on from supported lodging. She's just stuck and been stuck in the same position for three... she just gets so upset and so anxious and worried because she's, what is my life going to be in the next couple of years because for the past three years I've never moved forward. It's just really heart-breaking because I can't do anything about it." (Personal Adviser)

In addition to the psychological impact that uncertainty about her status has on her mental health, the Personal Adviser noted that the income maintenance rate (£59.20 per week) meant she could not always afford to travel to see people or to go to church. Another Personal Adviser reflected on the detrimental impact that COVID-19 and delays have had for the young people they support:

"I think he's been really affected by COVID because he's an unaccompanied asylum seeker so getting his claim, it's just been a nightmare. It's still ongoing as well. Yeah, because there have been obviously delays with the Home Office interviews. He's been interviewed but he's still, like two years later, waiting to find out." (Personal Adviser)

⁷ Unaccompanied asylum-seeking children (UASC) are young people below the age of 18 years who are making a claim for asylum in their own right, and who have no adult relative or guardian to care for them in this country. Interviews included young people who had 'aged-out' but their immigration status remained unresolved.

It was acknowledged that in the 'waiting game' there were no certainties about the timeframe for decisions, nor the outcomes, leaving young people in limbo awaiting decisions affecting their long-term future. This had knock on effects in terms of where young people could live, their ability to move into employment or education and their day to day lives. As one manager explained:

Adam was living in supported lodgings and studying English for Speakers of Other Languages at Level 2 (ESOL) at the time of interview. He had been waiting for his asylum decision for over two years. As he put it, 'when COVID start, everything was stopped. And it's still the same'. He followed up with his solicitor, who followed up with the Home Office:

R: And I emailed her again, and she just said that, the "Home Office apologise about that, and they will be in contact with me soon." But [I'm] still waiting for that "soon" [laughs]... And whenever I ask her, she just say nothing.

Int: And how does that impact on other areas of your life?

R: I was 17, and now I'm 19. (Adam)

He went onto explain that this prevented him from opening a bank account, getting a driving license, enrolling in further education, and moving into his own property nearer to his friends.

At the time of interview, Liem also explained that he had 'just got rejected by the Home Office, so my mood is really, really down at the moment because of that'. Professionals also raised concerns about meeting the mental health needs of this group:

"Yeah, so they have all this legal stuff going on, where they've been told that they couldn't stay, and we've been working with that, and they would be like, "Well I can't go back," and they start to have suicidal thoughts. It's a very different dynamic in lots of ways." (Leaving Care Manager)

The importance of recognising the specific needs and experiences of unaccompanied asylum-seeking young people was also acknowledged:

"Quite often there's PTSD [post-traumatic stress disorder] presentation, as opposed to developmental trauma, which is more relational trauma, with people that are close to you, like parents, care-givers, are the ones that have been abusive. With some of the young people that are unaccompanied, the trauma and abuse happened on their journeys, as opposed to by their parents or family, it was more on their journey." (Health Lead)

Overall, as the examples above demonstrate, COVID-19 has compounded pre-existing difficulties surrounding immigration processes and heightened their vulnerability during the transition from care to adulthood. Going forward, it will be important for policy and practice to ensure the rights and welfare of young people who are seeking asylum are restored and upheld.



WE CAN'T MOVE THEM ON [FROM SEMI-INDEPENDENT LIVING] BECAUSE THEY HAVEN'T GOT ANY KIND OF RIGHT TO ACCOMMODATION UNTIL THEY'VE GOT THOSE DECISIONS. SO, THEN THEY'RE REMAINING THERE UNTIL COURT COMES WITH A DECISION, WHICH IS JUST TAKING LONGER AND LONGER REALLY. (LEAVING CARE MANAGER)

FINANCIAL IMPACT OF COVID-19 ON CARE LEAVERS' LIVES

Government advice over much of the pandemic was that people should work at home unless this was not possible. Many people who were employed (or self-employed) in sectors such as hospitality, leisure, or arts were unable to work for periods of time. The Government introduced emergency initiatives to support jobs (furlough and self-employment support scheme⁸). For those claiming Universal credit and working tax credit there was a temporary payment increase of £20 per week (around £1000 a year)⁹. The impact of COVID-19 may have been greatest for people already on low wages or living in poverty with a risk of people being further pushed into debt and financial insecurity. This section discusses the financial impacts of COVID-19 on care leavers.

Financial worries dominate care leavers' lives during COVID-19

Pre-pandemic research highlights how money worries permeate care leavers' lives and choices. Living on a very low income, problems with debt or bad credit and a lack of support to develop budgeting skills are all issues young people leaving care report (Children's Society, 2016; Baker, 2017; Munro et al., 2011). Compared to young people in the general population, care leavers experience greater financial pressures; they are twice as likely to report finding it 'quite' or 'very difficult' to cope financially than their peers in the general population (Coram Voice, 2020).

During COVID-19 our findings revealed that financial worries continued to dominate care leavers' lives.

The expectation for many care leavers is that they will begin to claim welfare benefits at age 18. Ordinarily navigating these systems can be confusing and problematic; pre-pandemic others have found that care leavers are over-represented in those sanctioned (Children's Society, 2016). The pandemic exasperated these issues with job centres closed and unreliable access to the internet, some care leavers and their workers struggled to resolve benefits queries. There were examples of benefits system applications that had not been properly set up leading to delays in payment, or overpayments which then needed to be paid back. Steven explained that:

"Because I had just turned 18, I hadn't started my UC [Universal credit] yet and Social Services had stopped giving us the money that you get when you're in care because once you turn 18, they stop giving you money...so I was getting no money. I had a big chance of being on the streets or living in a hotel so that was just so stressful." (Steven)

OTHER TIMES WHEN I FELT LIKE MAYBE UNIVERSITY ISN'T FOR PEOPLE LIKE ME IS WHERE THERE'S JUST SO MANY GENUINE BARRIERS. FINANCIAL HARDSHIP, BECAUSE IT'S JUST SO HARD TO AFFORD CERTAIN THINGS. (HELEN)

⁸ <https://www.gov.uk/guidance/claim-for-wage-costs-through-the-coronavirus-job-retention-scheme> and <https://www.gov.uk/guidance/claim-a-grant-through-the-coronavirus-covid-19-self-employment-income-support-scheme>

⁹ <https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>

A Leaving Care Manager also highlighted that:

"We've got a lot of people who have fallen out of work or have been furloughed and then their Universal Credit payment hasn't matched up in time so then that's meant that their property and their accommodation is in jeopardy then because they haven't paid that, so that's caused a lot of issues for young people." (Leaving Care Manager)

Many of those leaving care during the pandemic described feeling ill-prepared for the reality of living more independently. They often had not had a chance to practice budgeting money or learn about paying different bills. During COVID-19 restrictions, an already difficult time was made even more challenging as people recalled how hard it was to shop for the essentials they needed and long waiting times in receiving payment owed.

"Like I've had to learn council tax and water and electric and gas, yes, from my [partner] because they've not taught me anything. And because they've not taught me anything I was largely in debt. A lot of money debt." (Simon)

Care leavers also talked about having little money after leaving care. Some were living in poverty. They struggled to adequately furnish their homes. Some experienced times when finances were very stretched. There were difficult decisions to be made: what furniture could they do without, did they have enough money to heat their home or sufficient funds for the food they needed? Gary described:

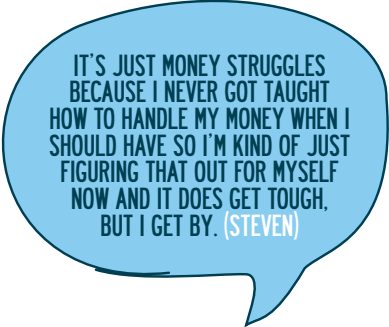
"Living in the cold with no heating, that was the worst as well! ... I'm still working out the pattern for gas and electric where I get paid every two weeks...because the thing is I know I can't afford to put loads and loads of money in the electric because I have to buy food, I smoke and it's going around in circles... Because all of your bills have to be paid first, that's your main objective but once you've paid all your bills there's little skinny bits of money to actually buy what you need." (Gary)

A health lead also highlighted that care leavers do not necessarily have friends who can provide financial support if they encounter difficulties:

"I mean it was impacting financially on some young people, so not being able to work, so not having any money for food and basics, which if you have connections within your family, you would perhaps be able to go to them for that kind of support when you need it. A lot of these young people haven't got that." (Health Lead)

Although several care leavers spoke proudly of their ability to manage their income, several mentioned having gained additional employment to supplement their income and that they were prioritising saving:

"I also know how to budget and stuff, originally it was very difficult because I didn't really know like what I actually spent my money on and what to prioritise but then I've kind of been accustomed to that, I've been able to budget and stuff and like it's more, I feel more adult." (Dan)



IT'S JUST MONEY STRUGGLES BECAUSE I NEVER GOT TAUGHT HOW TO HANDLE MY MONEY WHEN I SHOULD HAVE SO I'M KIND OF JUST FIGURING THAT OUT FOR MYSELF NOW AND IT DOES GET TOUGH, BUT I GET BY. (STEVEN)

COVID-19 added an extra layer of financial pressure onto care leavers' already precarious financial situations. There were some immediate and severe impacts from the pandemic; loss of employment, decrease in income, increased poverty and digital poverty. Young people talked about their increased living costs linked to COVID-19 restrictions and having to stay at home more. There were higher utility and food shopping bills and extra costs associated with increased mobile phone data usage, or purchases to keep themselves entertained at home. As one Leaving Care Manager recalled:

"The shelves were just stripped, weren't they? It was like... I don't know. It was like strange, really. But for young people who are on a very tight budget and often living day-to-day, when they go shopping day-to-day, they can only purchase for that day. And if there's nothing left on the shelves, there was nothing for them to purchase. And the things that were left on the shelves were more expensive, so it immediately affected their day-to-day quality of life." (Leaving Care Manager)

In situations when young people did turn to family when they were in crisis, this could have a detrimental impact on relationships, as Simon explained:

"I've had a fall-out with her because of the pandemic and obviously I owe her quite a bit of money because obviously the pandemic, because I've been struggling and then obviously my PA's [Personal Adviser] meant to be helping me with that, but my auntie had to help me out. So, I'm in debt with my auntie now and I've fallen out with her because no one else has helped me and this lockdown has affected me." (Simon)

Financial help during COVID-19

To off-set some of the extra financial demands during COVID-19 there were some time-limited additional support schemes available. Lots of interviewees talked about the increase in Universal Credit and Working Tax Credit. The additional money amounted to about £80 a month for care leavers. The extra payment was available for 18 months (starting in March 2020 and withdrawn in October 2021)¹⁰. Some local authorities increased the personal allowance payment to other young people who were not claiming Universal credit.

The furlough scheme, whilst not covering lost wages in full, was also available. Those in further education who were ordinarily entitled to free meals should have received food vouchers. In the main these different financial support schemes were described as very helpful to care leavers. As Steven said 'it means I have money to actually spend rather than worrying about buying a loaf of bread'. A Leaving Care Manager explained the approach that they had adopted:

"We think the furlough scheme really supported, and where the furlough scheme came in, what we did alongside it is, if a young person say was struggling with their rent payments because they'd been furloughed and weren't maybe eligible for the housing element of universal credit, we would do some budget planning with them and we would think about whether we needed to give them some assistance in the short term, or use discretionary housing payments as a way to buffer the gap, because the furlough scheme's great but it didn't give them 100% of their wages, so they were still out of pocket." (Leaving Care Manager)

WE HAVE CARE-LEAVERS WHO ARE PARENTS WHO COULDN'T PURCHASE NAPPIES, BABY WIPES, THE ESSENTIAL ITEMS FOR THEIR BABIES. THERE WAS A LOT OF ANXIETY GENERATED THROUGH NOT BEING ABLE TO GET QUICK AND EASY ACCESS TO FOOD AND SUPPLIES.
(LEAVING CARE MANAGER)

THE INCREASE IN UNIVERSAL CREDIT, THE ADDITIONAL £20 A WEEK, WE ACTUALLY THINK THAT BROUGHT OUR CARE LEAVERS OFF OF THE POVERTY LINE, JUST BY THAT £20 A WEEK UNIVERSAL CREDIT.
(LEAVING CARE MANAGER)

¹⁰ <https://lordslibrary.parliament.uk/universal-credit-an-end-to-the-uplift/>

The majority of local authorities reported how they also stepped up their financial support to care leavers during COVID-19; making sure young people had access to digital devices, providing emergency payments, helping with food hampers, bills and assisting with access to benefits and grants. Some respondents felt there was a 'softening' of local authority policy during COVID-19 and services were more flexible and understanding. Daniella perceived that:

"Because of Coronavirus, the whole point of that was I did get the impression that this year, or last year, they would have been more sympathetic to someone saying, "I need financial assistance in a discretionary way because I've had some financial hardship," I think they would be more sympathetic to that than they would at any other time... I just think there's like a general narrative that lots of people have been financially affected by Coronavirus." (Daniella)

Future financial uncertainty and difficulties

Some of the financial support provided during COVID-19 was time-limited. Managers and workers expressed concern and anxiety about how care leavers would adapt once the increased benefit payments were removed, and the furlough scheme ended. For those who have turned 18 during COVID-19 the universal credit uplift of £20 per week was all they had known.

Pre-pandemic many care leavers were already living in poverty. As England moved out of COVID-19 restrictions the worry was that young people would be pushed further into poverty. The increase in income some care leavers experienced had made a tangible difference to their quality of life. It had meant some 'breathing space' and a little more money to buy things they needed. However, continued austerity, a difficult job market, rising cost of living and the drop in income from the removal of the universal credit uplift were expected to hit care leavers hard and professionals described the future financial outlook for care leavers as bleak. In this context, Personal Adviser and leaving care managers' accounts suggested that providing food vouchers, or directing care leavers to food banks was becoming more routine practice:

"He's settled in okay and doing really well except for finances, because they're expensive, property, and you find out how he's surviving now is hands to mouth, where he gets the benefit, he pays the bill, he waits for the next benefit to pay the bill and repeat the cycle. So, for me, what I have to do to help him is provide him with food vouchers, because I know at the end of the last week of every month, I know he's out of cash. So, what I tend to do is try to provide him with food vouchers...He's one of these young person's again where I say the lockdown didn't do too well for him, because he's so, he wants to work but he's so in the home, and I'm trying to get him to come out." (Personal Adviser)

Another Personal Adviser highlighted that for those on the poverty line, 'if you get into a financial rut, it's really hard to drag yourself out of, which, when you're getting pennies a month it's impossible'. Overall, COVID-19 served to expose care leavers' to increased costs and additional financial pressures. These challenges were partially offset by temporary increases in Universal Credit and the furlough scheme. Leaving care services also stepped up their financial support to care leavers. Despite this many care leavers were struggling and austerity and the rising cost of living is likely to hit care leavers hard.

THE YOUNG PEOPLE WHO'D TURNED 18 DURING COVID WERE ONLY USED TO THAT, SO IT WAS VERY MUCH "WE'RE GOING TO TAKE MONEY AWAY FROM YOU". THAT WAS A STRUGGLE FOR THEM. AND IT'S A LOT, THAT'S £80 A MONTH. AND WITH RISING COSTS AND EVERYTHING AS WELL.
(PERSONAL ADVISER)

HEALTH NEEDS, SERVICES AND SUPPORT

Care leavers' emotional and mental health needs

In the last few years there has been increased policy focus upon improving and widening access to care for children and young people needing mental health support (NHS, 2019; Department of Health and Social Care and Department for Education, 2017; 2018). Looked after children have significantly poorer mental health than the most disadvantaged children outside the care system (Meltzer et al., 2003; Ford et al., 2007; Department of Health 2015). Self-reported mental health problems are also elevated during the transition from care and young people can feel abandoned, isolated and disconnected from services (Dixon et al., 2004; Butterworth et al., 2017). Multiple changes during transitions and increased independence can also operate 'as a flash point for worsening mental health' (Smith, 2017, p. 7). It has also been recognised that looked after children and care leavers may face additional barriers to accessing services and that COVID-19 may further widen health inequalities (Department of Health, 2015; Department of Health and Social Care and Department for Education, 2017, 2018; Care Quality Commission, 2021).

In a recent survey one in four young people aged 16-25 leaving the care system reported low life satisfaction (compared to 3% in the general population) (Coram Voice, 2020). Our study findings revealed that just over a quarter (27%) of the sample had Strengths and Difficulties scores in the high range (concern), and a further 11% were in the borderline range, which predicts much greater rates of mental ill-health than low scores¹¹.

Professionals in our study identified care leavers' isolation and mental health as one of their main concerns during the pandemic, but also acknowledged that challenges surrounding the availability of, access to, and engagement in, mental health support during the transition from care to adulthood pre-date COVID-19.

Access to mental health support

Health Leads advocated for a trauma-informed approach to emotional and mental health and outlined the need to explore, understand and support young people's experiences of trauma and its related behaviours of dysregulation and distress. They suggested that knowledge of an individual young person's trauma history and the theory of trauma helped develop an understanding of behaviours and triggers. This allows professionals to consider how to meet these needs in the form of relational support and stability. As one Health Lead explained, care leavers' trauma-responses are often misinterpreted and may be misdiagnosed:

"The frontal lobes don't develop fully until the age of 25 so how can we expect our young people at the age of 18 to just be out there in the big wide world, especially when their frontal lobes have not had that support and nurture and care that they've needed whilst they've been developing... It's a trauma response, it's not a mental health problem that needs anti-depressants quite often, it needs support and care and therapy."
(Health Lead)

¹¹ Strength and difficulties data were only available for a third of young people in the sample (446 out of 1338).

A Health Lead with a therapeutic background discussed the need for a trauma-informed perspective and an understanding of how trauma can manifest in all aspects of a young person's life if their need for emotional support is not met:

"If we don't put their emotional or mental health needs at the centre of all the care planning, then we're not going to get very far.... If you think about what the emotional skills it takes, to connect with an employer, to manage yourself in an interview, to look after your tenancy, to speak to people, all of it requires an ability to regulate. If you're struggling to regulate your emotions, or you're in trauma, how do you function in all those other aspects that we're trying to get these young people to do, or support them to do? Just focussing on, "Have you paid your bills, have you got a job, are you going to college?" is redundant, if they can't regulate themselves, or they're in distress all of the time." (Health Lead)

Whilst acknowledging that trauma would be relevant to most care leavers' emotional needs, they identified specific groups of care leavers who may be at particular risk of experiencing trauma, including unaccompanied asylum-seeking children (one in four of our quantitative sample) and adolescent entrants to care.

Service delivery and thresholds for intervention

'Labyrinthine service structures and interfaces' can often lead to care leavers' complex health needs not being met (Singh and Tuomainen, 2015 p.358). A contemporary policy evidence review outlines the need for increased multi-agency working across health and social care to address the issue of complexity for care leavers (NICE, 2021). However, research also suggests that care leavers' emotional and mental health needs receive minimal attention in the Pathway Planning process (Dixon et al., 2008; Munro et al., 2011; Ofsted, 2022).

Professionals identified the high number and range of organisations involved in health delivery, with wide variations in referral criteria serving as a barrier to understanding what was available and to effective signposting and support for care leavers. A further challenge related to data sharing restrictions and care leavers' rights to confidentiality, preventing partner organisations from sharing information which meant that Personal Advisers were not always aware of escalating health needs, or Accident and Emergency admissions.

Leaving care managers, Personal Advisers and health leads shared examples of specialist services for children's mental health being suddenly replaced at the age of 18, with mainstream adult mental health services, which were 'very different' and not designed to meet the needs of care leavers. They also suggested that there was a service 'cliff edge at the age of 18', when CAMHS support ends and many young people do not meet the threshold for adult mental health support. One Health Lead outlined how GP's universal services were unlikely to fill this gap due to care leavers' complex histories and high needs and the lack of GP resources and expertise.

Health leads discussed how the different referral criteria meant that it was difficult for many young people to access adult services, for example if they did not have a formal mental health diagnosis:

"Their presentation is often very complex...so if they are traumatised, and displaying symptoms of trauma, that's not a mental health need, so they can't access the statutory mental health services. When they haven't got traits that are diagnosable as a personality disorder, or a psychosis for example, they can't access those services." (Health Lead)

Participants discussed further challenges with accessing health services. The first challenge related to how the self-referral process to an emotional and wellbeing adult service was a barrier as care leavers may not have the skills or someone to support them. The second related to the expectation that care leavers could physically access appointments independently, which may not always be an easy process. The impact of missed appointments resulted in some adult mental health services closing care leaver cases immediately due to 'non-engagement':

"These are your appointments, come to our building, come see us,' and what that actually involves for a care-leaver, is managing their money to pay for a bus, getting across the city, finding the location. That's not actually that easy to do... If you offer two appointments and they don't turn up, then you close, you're never going to get to work with the young people that need it." (Health Lead)

These messages echo those from previous studies which have identified gaps in service provision as young people negotiate the transition from care to adulthood and as they move from Child and Adolescent Mental Health Services to Adult Mental Health Services (CAHMS to AHMS) (or cease to be eligible as they do not meet adult service thresholds) and barriers to access (Campbell et al., 2012; Singh et al., 2010; Singh and Tuomainen, 2015; Butterworth et al., 2017; Smith, 2017).

Service delivery in the context of COVID-19

In the context of COVID-19, the Care Quality Commission (2021) acknowledged that services struggled to meet the increased demand for mental health services and that it proved difficult to provide access for care leavers. Participants described how access to services became more difficult, as legal restrictions forced many services to move to a virtual delivery model. Young people discussed the challenges they experienced with accessing virtual appointments, including GP and therapeutic services. Challenges included digital poverty and limitations in their technical skills, which prevented them from accessing virtual platforms and paying for expensive telephone calls. Further difficulties experienced relating to describing physical and emotional health needs online. For example, Mia said:

IT ALSO FELT REALLY AWKWARD TALKING OVER THE PHONE ABOUT YOUR PROBLEMS. THERE WAS A TIME WHEN I HAD TO GET...MY FOSTER CARER TO LITERALLY BE ON THE PHONE TO THEM TO EXPLAIN SOMETHING BECAUSE I JUST COULDN'T EXPLAIN IT AND PUT IT INTO WORDS. (MIA)

Professionals also acknowledged the impersonal nature of services during COVID-19. Challenges related to young people's mistrust of answering calls from unknown numbers, which led to young people missing telephone appointments and referrals then closed due to 'non-engagement'. Challenges were most severe in mental health services where therapists were less able to provide emotional connection and containment to young people. One Personal Adviser described the troubling experience of one of the young women she supported:

SITTING IN HER BEDROOM...RE-LIVING HER TRAUMA, IN HER BEDROOM...THAT TRAUMA WAS THEN TRAPPED IN HER BEDROOM AS IT WAS...SHE WASN'T GOING INTO AN OFFICE AND OFFLOADING IT AND THEN LEAVING. SHE WAS DOING IT ALL AT HOME ALONE. (PERSONAL ADVISER)

A Leaving Care Manager described how young people's living arrangements could also undermine the feasibility of engaging in virtual appointments at times when therapeutic intervention would have been valuable:

"A young person who's placed at home with mum who actually, mum perpetuates the issues, he's not going to want to sit and talk on Facetime to CAMHS while his mum's in the other room listening to him disclosing, 'Well, I'm struggling with my mum's mental health and this is impacting in this way', so he's just completely disengaged." (Leaving Care Manager)

Some participants also highlighted how care leavers who were parents experienced poorer mental health associated with service disruption in the provision of parenting groups, antenatal appointments and early education for children. A Personal Adviser shared an account of a young mother whose experience of domestic abuse and poor mental health, in the context of isolation during the pandemic, led to safeguarding concerns and the removal of her child from her care. Although most care leavers experienced the virtual service delivery as a barrier, a small number, including a young person with a disability, appreciated the new availability of options for appointments that did not require travel.

Young people's experiences during COVID-19

COVID-19 significantly exacerbated care leavers' mental and emotional health needs, with young people reporting that the pandemic heightened their anxiety and resulted in low mood and emotional breakdowns. It had also had an acute impact on those with pre-existing health conditions (Kelly et al., 2020; Roberts et al., 2020). Professionals reported a significant increase in need exacerbated by the impact of lockdown and reduced contact with friends and family and/or professionals.

Young people discussed their experiences of fear related to contracting COVID-19 and infecting others, and being too anxious to leave home or travel on public transport. A young woman who experienced anxiety and fear of contracting COVID-19 when using public transport explained how this led to her having to take time off from work. Another young woman described her experience of chronic headaches and tension due to worry and lack of sleep. A young man discussed the impact of legal restrictions preventing physical contact and leaving the house and fear of contracting COVID-19 on his development of severe anxiety. Harry reflected that:

"It was very restricting and it didn't help when you yourself had a restricted mind on yourself restricting what you believed you could do. I didn't believe I could leave the front door or the back door because I thought that I was going to hurt myself because of how severe the anxiety was, how much it was ruining my body." (Harry)

Young people also described the detrimental impact of isolation and not being able to see friends and family on their emotional and mental health including development of anxiety and depression. Amelia described her experience of isolating in her room alone:

"One of the worse things was definitely being trapped in your own home. ... I think it was the complete feeling of isolation, feeling like you were trapped in the space that you were in...I did struggle with my emotions a lot, and I started to get quite down. I was just isolating myself in my room when I wanted to escape, because I was, "Can't go outside, can't do this, can't do that." I was curled up in my room in a ball and texting my friends...One of definitely the worse parts was not being able to see family." (Amelia)

A young man with a disability discussed the impact of isolation on his mental health in terms of his experiences of stress and depression:

"I don't like to be alone. Because I've got so much...running through my mind at one point in time...to be alone is stressful because it's like deep in life by yourself and you think, "I wish I could just talk to someone" ... when you're on your own and you have certain disabilities, you'll sit on a chair for like two, three, four hours just looking at four different walls, depressing yourself because you've got nobody to talk to or nobody to sit there with you to actually take that ... depression away from you." (Gary)

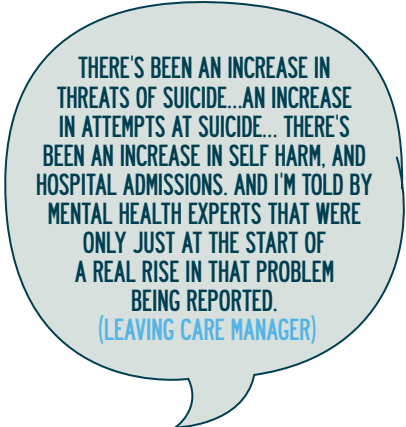
Personal Advisers described how they observed young people becoming withdrawn, unmotivated and introverted as they struggled with not seeing friends and family. One Personal Adviser described the difficulties experienced by young people who did not have any contact with family members and their need for an increased level of support from professionals:

"A lot of them, because they were struggling staying indoors, they're used to going out a lot and have them stay indoors within their accommodation was very difficult for them because a lot of those young people were the ones that didn't have outside family members...that they can keep in contact with to check on them...So, they were the ones who I felt struggled the most and us being corporate parents, they leaned on us quite heavily in terms of support ...And we did see a decrease in their mental health, I would say, definitely." (Personal Adviser)

A small number of professionals drew particular attention to an escalation in self-harm, suicidal ideation and suicide attempts. One Leaving Care Manager shared an overview of her concerning experience during COVID-19:

A Personal Adviser shared how despite 'fighting, fighting for so long' a young woman had been unable to access mental health services despite a significant increase in need over a two-year period, and a Leaving Care Manager described the struggle to access support for a young man who experienced a crisis in mental health:

"Then we had another young person who hit mental health crisis and just trying to get him the help he needed was absolutely horrendous. He found himself homeless on the streets and it just felt like every door we knocked at was a knock back. Eventually, we managed to get him an assessment under the Care Act for his mental health and unfortunately, he's now sectioned and we're trying to work on discharge plans for him with the Section 117 team at the hospital. It's been a long road and it took a lot of effort on our part to keep taking him back to the outreach services so that actually, he would get a service. It took a hell of a lot of effort; we're talking months' worth of effort." (Leaving Care Manager).



**THERE'S BEEN AN INCREASE IN THREATS OF SUICIDE...AN INCREASE IN ATTEMPTS AT SUICIDE... THERE'S BEEN AN INCREASE IN SELF HARM, AND HOSPITAL ADMISSIONS. AND I'M TOLD BY MENTAL HEALTH EXPERTS THAT WERE ONLY JUST AT THE START OF A REAL RISE IN THAT PROBLEM BEING REPORTED.
(LEAVING CARE MANAGER)**

The interviews provided strong evidence of the variation in health services, with participants describing very different care leavers' health services depending on their local authority. Services ranged from specialist mental health, sexual health and nursing for care leavers up to the age of 25 years in some local authorities to others where mainstream adult services were the only option. In order to address the widening 'care gap' specialist initiatives and targeted support, which are tailored to meet the needs of young people with care experiences are needed. One health lead also spoke of a shared professional desire to deliver a consistent and streamlined approach across neighbouring regions and her hope that Integrated Care Systems would support increased collaboration and contribute to reducing the wide variation in service responses between areas.

SPECIALIST INITIATIVES TO SUPPORT THE DELIVERY OF HEALTH SERVICES FOR CARE LEAVERS

Recommendations to improve care leavers' emotional and mental health include multi-agency working, knowledge and information sharing, and partnership working (Children's Commissioner, 2020; NICE, 2021). Some participants shared examples of successful partnership working and the development of specialised initiatives designed to meet care leavers' health needs. Positive examples of information sharing included good links between the Designated Nurse and Accident and Emergency (A&E) Departments and Sexual Health Services. The initiatives included partners from different agencies working together to develop fast-track access to mainstream services and the creation of multi-agency 'Health Hubs'; GPs and Specialist Nurses working with trauma-informed approaches, a specialised emotional wellbeing team and a trauma-informed therapeutic social work service:

- **Care Leaver Health Hubs** – Participants in three areas outlined plans for a partnership across Social Care and Health to provide a 'one stop shop' to support the health of care leavers, including primary mental health workers nurses and social workers. One of the Hubs' focussed upon care leavers who are young parents and included parenting groups, midwifery and infant massage.
- **Trauma-informed support to access GP health services** – The project funds a health link worker, supported by a specialist GP, who provides supervision, to support care leavers' health needs. The health link worker offers mental health consultations and supports care leavers' access to health services e.g. telephone calls with each care leaver to remind them about upcoming appointments.
- **Specialist nurses service offered up to 25 years** – a team of a manager and two specialist nurses who focus on care leavers. The team attends care leaver steering groups, have initiated a data project to identify care leavers, connect with all care leavers post-18 via a 'care leavers letter' and visit care leavers at residential homes for informal drop-ins and group sessions.
- **Transition emotional wellbeing team** – an emotional wellbeing nurse and improvement practitioner identify young people's health needs when they leave care, and provide monitoring and support, with a focus on transitional arrangements from children to adult services and provision of support for mental health needs at transition.
- **Dedicated trauma-informed therapeutic wellbeing and mental health social work service** – team provides therapy to care leavers. It includes a referral, and screening and triage system to identify need, followed by formulation, therapeutic intervention or signposting to a specialist service. It is a flexible service e.g. home visits are offered, transport is provided.

Participants who shared these 'best practice' examples also recounted how they had successfully adapted services during COVID-19. For example, while the specialist nurse team conducted health assessments online, they continued to visit young people in children's homes, as part of their duties to conduct infection swabbing. Similarly, while many therapy appointments moved to be virtual, in the dedicated trauma-informed therapeutic service, mental health support workers continued with in-person face-to-face visits for young people with the highest needs. They also delivered training and coaching to Social Workers and Personal Advisers to help them to support care leavers.

THE IMPACT OF COVID-19 ON EDUCATION AND EMPLOYMENT

Young people aged 16–24 years in the UK were most affected by the pandemic and the employment rate for this group declined the most compared with other age groups (Office for National Statistics, 2021). Large proportions of young people were employed in industries such as wholesale, retail and accommodation and food services activities which were most affected by the pandemic and the measures taken to try and reduce the spread of COVID-19 (Office for National Statistics, 2020). As a result, unemployment and economic inactivity increased by more than 50% in these industries in April to June 2020 compared to the same period the preceding year (ibid). During 2020 there was an increase in young people going into full time education, compared to 2019 (ibid). Many of the care leavers who took part in this research were at key points of transition into work, training, further or higher education during this period and this section explores their lived experiences of navigating the changes precipitated by the pandemic, as well as professional perspectives on the specific challenges that faced young people leaving care.

Impact of COVID-19 on education

The emergence of COVID-19 and the onset of social restrictions saw the closure of education and training settings across England, and a move to virtual learning for most young people in further or higher education. Moving to online learning impacted young people in different ways. Whilst some young people appreciated the opportunity to 'slow down', and some found that online learning was well suited to their learning style and home circumstances, others had limited support to enable them to engage effectively with online learning or were living in environments which made it difficult to engage in online learning.

Challenges associated with educational engagement in the context of COVID-19

The majority of leaving care managers who took part in this research were particularly concerned about the negative impact that COVID-19 has had on young people's engagement and experience of education and training (Munro et al., 2021). Personal Adviser's and young people's accounts also suggested that the move to online or blended learning had been detrimental to some young people's progress and a small number of the young people who participated in interviews said that they had left school or college earlier than planned directly due to difficulties engaging in online learning. For example, Ella left college early because was unable to access the online environment and was experiencing mental health issues:

"I was just finishing school, I was going into college, and I didn't get time to finish my year of college because I ended up getting kicked out due to mental health. I couldn't do it [online learning], I couldn't get on to nothing which is one of the reasons I got kicked out because I struggled, I didn't have no Wi-Fi or laptop or anything like that, so I couldn't do it and they didn't seem to understand that." (Ella)

Other barriers to online learning included living with other people and the distractions that this caused, not having Wi-Fi or enough data, and not having access to the right technology. The reduction in the level of interactions with, and support from, teachers and peers via remote learning also posed a challenge:

"I was in college doing [name of course]. I was aiming to pass it but then obviously I couldn't finish it in college, I had to do it at home on a computer. I found it a bit difficult because I didn't know what to do because when the teachers emailed you stuff or you have like a lesson online, I was always getting confused and muddled up because I'm used to having the teacher with me, telling me and helping me out what to do. I passed it but it was still difficult." (Brona)

Young people who were enrolled on vocational courses which normally include a substantial element of practical learning, may have been particularly impacted when face to face sessions ceased. The unaccompanied asylum-seeking young people who took part in this study had found virtual learning (including English for Speakers of Other Languages - ESOL) especially difficult due to a combination of language barriers and reduced one-to-one support:

"Face-to-face, still struggling with my English, so face-to-face is better because if I don't understand teachers, in classroom my class are asking me what's that, they can't help me because they won't hear, so who knows proper English knows about it. So, they can't help me if it was online class, they won't help me. If I ask as well, I wouldn't understand what's going on. So face-to-face is better." (Fawad)

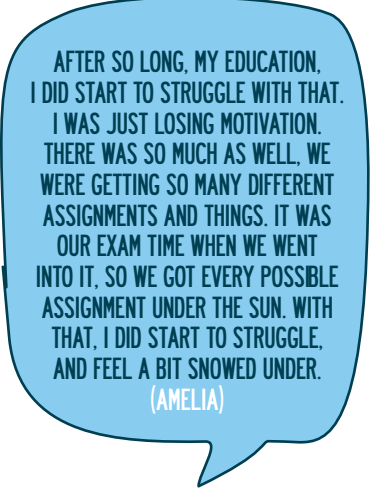
Adam moved to the UK just before the COVID-19 pandemic and was initially unable to enrol in classes to support him with learning English. During the early periods of lockdown, he committed to spending four hours a day teaching himself English using online resources, such as YouTube. He is now enrolled on an ESOL course.

Some young people explained how they had lost motivation to engage with their course when it was being delivered online. There were several reasons for this, including the loss of the day-to-day routine of preparing to go out to school or college, missing the social and fun aspects of going to school or college, as well as the general mundanity of the pandemic which young people were already feeling the effects of.

Transitioning to higher education is often a very important personal milestone for young people leaving care. Many of the leaving care managers who participated in this study outlined how the pandemic has impacted on care leavers' experience of higher education and reported that they have had a unique and challenging experience.

"These care leavers: particularly those residing in Halls of Residence have been markedly isolated... their experience has been so different to previous years' experience, so I think they've been hit quite hard with the COVID impact and have been particularly isolated I think, having that experience and it not looking like they thought it would." (Leaving Care Manager)

This is echoed in research conducted during the pandemic which found that care experienced and estranged students in higher education have faced significant challenges, including a reliance on temporary and part-time work that is no longer available, no alternative home to return to, and lower levels of practical and emotional support (Become et al., 2020).

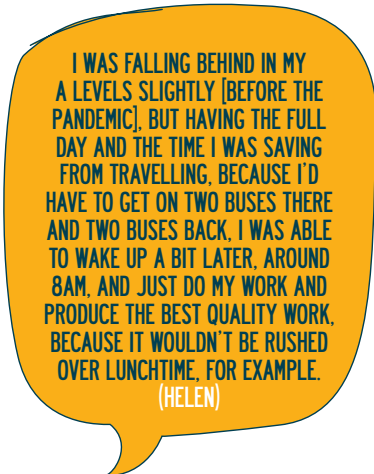


AFTER SO LONG, MY EDUCATION, I DID START TO STRUGGLE WITH THAT. I WAS JUST LOSING MOTIVATION. THERE WAS SO MUCH AS WELL, WE WERE GETTING SO MANY DIFFERENT ASSIGNMENTS AND THINGS. IT WAS OUR EXAM TIME WHEN WE WENT INTO IT, SO WE GOT EVERY POSSIBLE ASSIGNMENT UNDER THE SUN. WITH THAT, I DID START TO STRUGGLE, AND FEEL A BIT SNOWED UNDER.
(AMELIA)

Benefits of online learning during COVID-19

Personal advisers' accounts signalled that, for a few care leavers, the move to online or hybrid learning had been beneficial. This was also mirrored in some young people's accounts; a more 'relaxed' approach to their learning, fewer distractions and/or extra time to focus on their studies were identified as advantages, as these quotes illustrate:

"It was more that it was teacher-assessed grades and I do really well when I'm in the lesson and when I have the time when I know I'm not stressed out. I had extra time and everything but, in the exams, I was always just a few marks off. So, because it was teacher-assessed grades I was able to actually pass which gave me a really big, a lot of pressure off my shoulders." (Mia)



I WAS FALLING BEHIND IN MY A LEVELS SLIGHTLY (BEFORE THE PANDEMIC), BUT HAVING THE FULL DAY AND THE TIME I WAS SAVING FROM TRAVELLING, BECAUSE I'D HAVE TO GET ON TWO BUSES THERE AND TWO BUSES BACK, I WAS ABLE TO WAKE UP A BIT LATER, AROUND 8AM, AND JUST DO MY WORK AND PRODUCE THE BEST QUALITY WORK, BECAUSE IT WOULDN'T BE RUSHED OVER LUNCHTIME, FOR EXAMPLE.
(HELEN)

Impact of COVID-19 on employment

COVID-19 related restrictions had an immediate, significant impact on the labour market with many businesses closing temporarily or permanently, leading to redundancy or furlough conditions as employees could not attend the workplace (McFadden et al., 2020). Some groups continue to be disproportionately economically impacted by the pandemic, especially those from an ethnic minority group, young workers, low paid workers and disabled workers.

This section illustrates how diverse the impacts of COVID-19 have been, depending upon young people's characteristics, the sectors they were working in and their individual responses to changing circumstances brought about by the economic downturn. This captures people finding new employment, working from home, engaging in the furlough scheme, and impact on those working on zero hour/gig economy.

"We saw a slight increase to our NEET (Not in education, employment or training) population by about 1.5%. It was small and it wasn't as big as we expected it to be to begin with, so we think the furlough scheme and things like that actually maintained some employment for some young people. But the increase in NEET was really very much linked to young people losing their jobs, or those care leavers that were on zero-hour contracts, particularly retail, the retail sector was hit quite hard wasn't it, or has been hit quite hard, so those young people in those retail settings lost their jobs, or contractors and things like that lost some. But it was smaller. It was a smaller proportion than we expected." (Leaving Care Manager)

The Coronavirus Job Retention Scheme (CJRS) was introduced by the government as a wage support measure that was designed to protect jobs in the wake of the economic impacts of the COVID-19 pandemic, and to support employers who are facing difficulties to continue paying wages rather than making people redundant. Interviews suggested that the furlough scheme had been beneficial:

"Off the top of my head, I'm thinking of one particular person that has been really well supported throughout and has had access all the way through to furlough payments. And as soon as things then opened back up, has then been able to go back into their job. I don't think I can think of any examples where a young person hasn't been done right by as such from an employer when they've actually been employed and then been made to go on furlough." (Personal Adviser)

However, this was not the case for all young people. Recent economic forecasting suggests that the under 25s have been worst affected by unemployment during the pandemic and that they are over-represented in sectors that have shutdown (Learning and Work Institute, 2021). Generally speaking, participants reflected that many care leavers were working in sectors that had been particularly impacted during COVID-19. Interviewees revealed that some care leavers had lost their jobs because they worked in retail settings, had 'part time jobs in restaurants, bars or clubs' and/or were on zero-hour contracts. As Sonny explained:

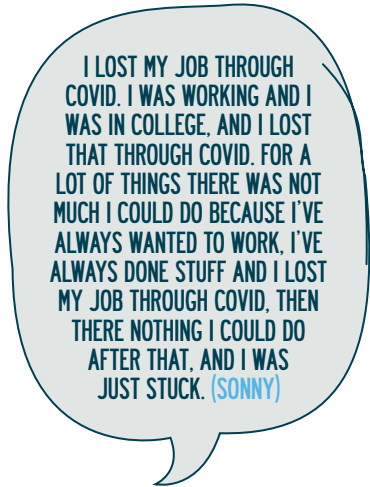
A Personal Adviser also highlighted the impact for those young people who were completing apprenticeships and were subsequently made redundant:

"One young person I worked with lost his apprenticeship. So, he continued to do the theory side of his course throughout the lockdown but was unable to do the practical side. He was furloughed and then in March 2021 when colleges reopened and he was able to pick that back up, his employer was financially impacted and ended his contract. He'd spent a year doing some of his college work for nothing. He couldn't gain a qualification at the end of it. So that was really just sad. He'd done everything that he could, he never missed a day and it kind of felt like for nothing really. So that was a big impact." (Personal Adviser)

Personal Advisers and managers in this study reflected that lots of the young people they work with are in zero-hour contracts, employed in the "gig economy", and in many of the sectors that were shut down at various points over the last two years, which impacted on some of the young people they work with.

"Yes, quite a lot because a lot of the employment, especially with part time jobs were in restaurants, bars, clubs, as well as glass collectors etc and a lot of them have been laid off. A few have been furloughed and then when they went back, I think the impact from the first lockdown, those that had been furloughed and got into that bad habit of being at home and not doing anything, when they did go back for that short period of time when they lifted restrictions, quite a few became unemployed through not attending, ringing in sick, using the excuse of "I don't like to wear a mask, I'm not wearing a mask", because they had to go back and do the mask things and their hours had changed because a lot of the smaller restaurants and the likes of McDonalds were changing the hours because the hours were a lot shorter, that did impact a lot on unemployment, unemployment rates went up without a shadow of doubt within the care leavers." (Leaving Care Manager)

Over the past few years, there has been a growth in the number and range of projects targeted at supported care leavers into employment, education or training (e.g., Department for Education internship scheme, some local authorities' ring-fencing opportunities, third sector schemes). Managers who took part in the study noted that they had seen a reduction in some of these opportunities, particularly during the early phase of the pandemic.



I LOST MY JOB THROUGH COVID. I WAS WORKING AND I WAS IN COLLEGE, AND I LOST THAT THROUGH COVID. FOR A LOT OF THINGS THERE WAS NOT MUCH I COULD DO BECAUSE I'VE ALWAYS WANTED TO WORK, I'VE ALWAYS DONE STUFF AND I LOST MY JOB THROUGH COVID, THEN THERE NOTHING I COULD DO AFTER THAT, AND I WAS JUST STUCK. (SONNY)

Findings also highlighted concerns about the long-term impacts that the disruption and economic impacts of the pandemic might have on employment, education and training for care leavers and that these have the potential to deepen inequalities that many care leavers already face, including disrupted education due to placement moves and barriers to engagement. Supporting care leavers in this area will be a key priority, and it will be particularly important to invest in a wide range of initiatives to support care leavers with education, employment and training that meets their needs. A few leaving care managers underlined the importance of programmes that will support young people to increase their confidence to engage with education, employment and training going forward.

"I was a very keen advocate during COVID of it's all very well focusing on mental health, but if you don't focus on ETE [education, training, employment] at the same time, these care leavers don't have structure, they don't have something to do, they don't have that ability to feel worthwhile, but if you're going to work earning a wage, making friends at work, building a network, that can only help you really and help your mental health." (Leaving Care Manager)

AND OBVIOUSLY SIMILAR FOR SOME OF OUR CARE LEAVERS, THEY LOST THEIR JOBS SO THERE WAS A FINANCIAL IMPACT OF THAT. SOME OF THEM WERE FURLOUGHED, BUT AGAIN, IT'S THEIR ROUTINES OF GETTING UP, GOING INTO WORK, THE SOCIAL ASPECT OF THEIR EMPLOYMENT AS WELL AS THE FINANCIAL ASPECT WAS SIGNIFICANT. (LEAVING CARE MANAGER).

IMPACT OF COVID-19 ON HOUSING AND ACCOMMODATION SUPPORT FOR CARE LEAVERS

Pressing 'pause' on placement moves: rhetoric or reality?

A cross-national survey conducted by the International Research Network on Transitions to Adulthood from Care (INTRAC), to explore the impact of COVID-19 on care leavers' transition from care to adulthood, found that the most common support measure was to 'pause transitions' by postponing young people's exits from care placements (Rafaeli and Munro, 2020). The leaving care managers in the current study welcomed the UK government guidance that young people should be permitted to remain in their current placement during the pandemic. Purposive delays in transitions were perceived to have been advantageous for some young people, who benefitted from an extended period in a stable placement, which offered a little more time to plan for the future as well as relational continuity and support from current carers:

An extended period in a stable placement was also reported to have facilitated further work to prepare and support young people to develop skills for independence:

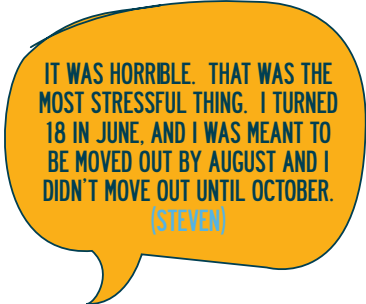
"A lot of our young people have remained within the accommodation that they were in for much longer, if that is the right thing for them... that's been partly because we had a housing bidding suspension for a period during the pandemic and there were lots of people who want housing at the moment, so a backlog. It's meant young people haven't been able to move on as swiftly as they might have liked to although generally, in some ways it's been supportive and helpful for the young people to have a little bit longer, to re-evaluate their decision making and what they're going to do."
(Leaving Care Manager)

However, there were wide variations in local authority practices, which meant that the potential opportunity to remain in placement was not offered to everyone, and where it was offered the data suggested that this was most commonly for a matter of weeks or a few months at most. In this respect, the potential opportunity to move beyond an age-related transition was a marginal gain, arguably providing a short-term reprieve from being moved on, rather than facilitating young-person led transitions and extended care. Moreover, there was only one young person in our interview sample who reported that she was permitted to stay in residential care beyond 18 and she was allowed to stay an extra month ('you take what you can get'). In some local authorities participants outlined that they had offered a little more flexibility, but in others, concerns that placement of young adults in children's homes would be in breach of regulations, meant that young people in these settings were denied the opportunity to stay. Thus, young people with the most complex needs were least likely to be able to benefit from extended care arrangements during lockdown.

SOME YOUNG PEOPLE, WHEN WE LOOK BACK A YEAR AGO: HOW FAR THEY'VE COME HAS BEEN AMAZING AND THAT'S BECAUSE OF TIME THAT COVID'S GIVEN US TO SPEND WITH THEM.
(LEAVING CARE MANAGER)

Whilst some young people who wanted, and would have benefitted from staying longer, were not permitted to do so, the study also revealed that for others the delay was a source of frustration:

Interviews with young people, leaving care Personal Advisers and managers also revealed situations in which young people who were UASC were not able to move into their own tenancies due to prolonged delays in processes asylum applications, leaving them in limbo awaiting decisions affecting their long-term futures.



IT WAS HORRIBLE. THAT WAS THE MOST STRESSFUL THING. I TURNED 18 IN JUNE, AND I WAS MEANT TO BE MOVED OUT BY AUGUST AND I DIDN'T MOVE OUT UNTIL OCTOBER. (STEVEN)

Maintaining accommodation

Leaving care managers reported that maintaining accommodation arrangements was not without challenges and all interviewees identified housing as a major issue affecting care leavers during the pandemic. In cases where young people did not comply with COVID-19 restrictions the consequences for placement stability differed widely depending on placement type and organisational approaches to managing risk. Some carers were exposed to health risks and made personal sacrifices to maintain placements.

"We have had situations where, for example, in supported lodging, the young person was breaching the lockdown rules, which meant then they had to isolate, which then meant that carer wasn't able, for example, to visit their elderly relative. And that happened a few times. It meant that, for months, because of the behaviour of the young person who was in the household, they weren't able to support their own families." (Leaving Care Manager)

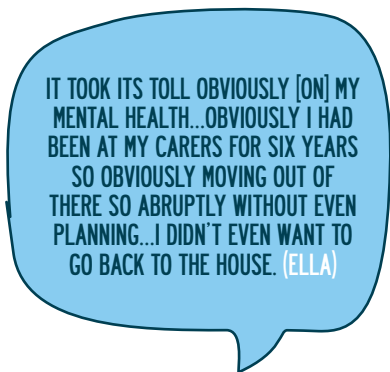
Four of the young people in the interview sample left long-term stable foster placements during the pandemic because foster carers were concerned about their own health and wellbeing, or that of their wider kinship networks. For example, one of the Personal Advisers explained:

"Just prior to turning 18 she was in foster care. Now she had a long-term boyfriend at the time and COVID had just been hitting...She wouldn't adhere to lockdown rules. And the carers said, 'if you're not going to stay in this [placement] is going to have to end.'" (Personal Adviser)

From Ella's perspective this abrupt and unplanned change was unsettling and she went from 'moving in with her boyfriend for three weeks and then it turned into three months'. She said:

In shared accommodation, providers had to assess and manage the risk that non-compliance with restrictions may have on the health of other residents, as well as their staff. Most local authorities reported that providers had been tolerant and had tried to avoid evicting young people, but policies and practices varied. In one area a manager explained that:

"If a young person breached COVID-19 rules or legislation in their temporary accommodation, they were being evicted from their temporary accommodation for breaking the rules, and then that duty to house was being discharged as a result. And we were saying, well that's a legal matter for the police surely to issue a fine or do a bit of, I don't know, restorative justice or whatever it might be, but we definitely saw an increase in young people not being able to stay in temporary accommodation, and greater use of hotel accommodation, greater use of hotels out of area." (Leaving Care Manager)



IT TOOK ITS TOLL OBVIOUSLY [ON] MY MENTAL HEALTH...OBVIOUSLY I HAD BEEN AT MY CARERS FOR SIX YEARS SO OBVIOUSLY MOVING OUT OF THERE SO ABRUPTLY WITHOUT EVEN PLANNING...I DIDN'T EVEN WANT TO GO BACK TO THE HOUSE. (ELLA)

In another area, a leaving care Personal Adviser explained that:

"I was making sure there were no illegal evictions as well. We've all got pretty hot on housing law over the COVID period because there was a lot of people trying to illegally evict them...Homeless when they do that - 'intentionally homeless' because they had a party...Yes a lot of my care leavers do understand if they do something they are taking a risk, but others don't understand the risk they're taking and they can't regulate their behaviours and emotions to do that...I will fight somebody's grandma if it means that my care leavers are going to get treated fairly."

(Personal Adviser)

The majority of leaving care managers reported that accommodation and housing for care leavers has been a very complicated picture throughout the COVID-19 pandemic. The reasons behind this varied depending on the local authority, but for the most part related to suspensions of biddings for council housing, difficulties with access to private rented accommodation for care leavers, combined with a shortage of placements in semi-independence placements due to young people staying longer.

"But for a lot of our districts and boroughs, bidding completely stopped, private rent schemes stopped for a short period of time so all of our young people who were in semi-independent accommodation, were staying there. We made sure that we agreed with all the providers that they would stay here until at least September, that we would pay that, that would be fine and then we'd reassess what was going on in our districts and boroughs." *(Leaving Care Manager)*

Local authorities have a statutory duty to 'take steps to secure, as far as reasonably practicable, sufficient accommodation within the local authority's area which meets the needs of the children [they] are looking after ('the Sufficiency duty)' (Children Act 1989, s. 22G). Managers from a small number of local authorities also signalled that they had seen an increase in the use of Bed and Breakfast accommodation and out of authority placements due to a lack of placement choice. Interviewees explained that this was particularly the case where young people were in very unsafe and precarious situations, or where young people were at risk of homelessness.

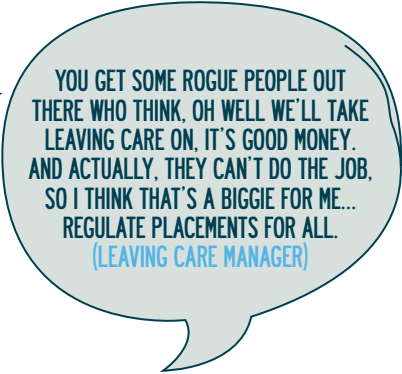
"It's those with the highest risk actually we've found quite difficult because we've still had to move the odd young person for their own safety during COVID-19 and for those, it's been quite difficult because we're not supposed to be moving anybody really and we certainly don't want young people in unsuitable accommodation, but I know we have had to present some as homeless and some have ended up in a B&B, even though we've really pushed for them to not be in that B&B or for it to be a very short period of time. I think it's our highest risk young people that have suffered the most." *(Leaving Care Manager)*

One leaving care Personal Adviser was also highly critical of the provision in their local area, raising concerns about the availability of suitable accommodation and attitudes towards young people with care experience.

"Some of the housing in [area] is very inappropriate. So [the council] will stick these vulnerable young people in places like B and Bs, where it's not very adequate for the young people and they can't manage in these types of environments, but due to the way the system is, it's just like, oh well, this is all that's available so this is where they go...I feel like it's really unfair that the system excludes so many vulnerable young people." *(Personal Adviser)*

It was also highlighted that the quality of unregulated provision for young people aged 16 plus is variable:

Bed and Breakfast accommodation is not 'suitable' accommodation, and it is concerning that some local authorities have reported an increase in its use for the placement of vulnerable young people during the pandemic. The use of out of authority placements is also worrying as it distances young people from their support networks at a time when their emotional resilience is already being tested as a result of the crisis.



YOU GET SOME ROGUE PEOPLE OUT THERE WHO THINK, OH WELL WE'LL TAKE LEAVING CARE ON, IT'S GOOD MONEY. AND ACTUALLY, THEY CAN'T DO THE JOB, SO I THINK THAT'S A BIGGIE FOR ME...
REGULATE PLACEMENTS FOR ALL.
(LEAVING CARE MANAGER)

Re-adjusting and potential housing issues in the longer-term

As the pandemic has gone on local authorities have sought to develop strategies to enable placement moves and acknowledged that postponement of planned housing moves could not be sustained. Managers described a period of 'placement gridlock' with too many bottlenecks in the system.

"I think the worst situation we had, we had over 20 young people who were just waiting for their council tenancy, but for a period of time, there wasn't any bidding at all going on, or any viewings of properties. And then, obviously, we still had the same number of young people turning 18, needing to access...so waiting lists over doubled for a period of time."
(Leaving Care Manager)

Moreover, a few leaving care managers were concerned that the planned removal of the Eviction Ban in June 2021 had the potential to cause a surge in the numbers of care leavers being evicted from independent housing, including council tenancies and privately rented accommodation.

Across the interviews leaving care managers raised deep concerns about the immediate and long-term implications arising from this complicated housing and accommodation situation throughout COVID-19. A situation marked by competition and congestion. Although these were not necessarily new concerns, the shortage of appropriate accommodation was something which services reported they had long grappled with, but the pandemic had deepened these problems and exposed the fragility of the system. Housing pathways for care leavers remained premised on the fact that 'ultimately children keep getting older and need to move'.

"So, for a lot of our young people, if it wasn't for COVID-19, they may otherwise have been evicted by now. So, one of the dangers with that is your people who are in rental arrears, they're really on borrowed time. Because this June [2021] the ban on evictions, is going to be lifted. So, a lot of landlords will now start to action, what they would have done a year ago. It's going to hit us in the very near future, and it's going to hit young people in the very near future. Particularly those who have just moved last year to independence. So that I think that's a problem looming."
(Leaving Care Manager)

WHAT DID LOCAL AUTHORITIES DO TO MAKE SURE CARE LEAVERS WERE SUPPORTED DURING COVID-19?

Past research with young people has found that what makes a difference to them when they are moving towards adulthood is the people around them and the nature of relationships and support (as opposed to 'plans' or 'processes') (Baker, 2017). The qualities that care leavers say they value in workers include someone who is responsive, consistent, reliable, caring and trustworthy. The level and quality of support care leavers receive varies within and between local authorities. Staff turnover, inconsistency, high workloads, poor communication and irregular visits can all inhibit the development of meaningful relationships and the provision of support. Sometimes young people have reflected that their workers seem stressed and have too many demands on their time (ibid).

COVID-19 added extra layers of complexity to leaving care services which were already reported to be over-stretched. Social distancing measures disrupted traditional models of direct social work practice at a time when support needs and anxieties were likely to be heightened. Wider research suggests that in some local authorities the pandemic may have created conditions that have facilitated more relational and humane social work practices (Baginsky and Manthorpe, 2020; Coram Voice, 2020; Featherstone, 2020; Ferguson et al., 2020; Munro, 2020; Pink et al., 2020). The CCTC study examined the delivery of leaving care support during the pandemic from the perspectives of young people, their workers and managers.

Adapted support to care leavers during the pandemic

Services working with care leavers had to quickly adapt and develop new models and approaches to providing support. In the early stages of the pandemic leaving care managers spoke of making assessments (sometimes 'RAG' rating, Red Amber Green) about individual young people, whilst recognising that where they were living, their access to support, health and the quality of relationships would influence what was needed and who should be prioritised for more intensive levels of support.

Local authorities reported adopting measures to try and mitigate the challenges young people were encountering due to COVID-19, as this Personal Adviser outlined:

"[We've done] lots and lots really. I think just anything and everything. I think it was a bit like being a delivery driver dropping off some shopping, getting them gas and electricity sorted, doing all this basic stuff I suppose that maybe other people wouldn't do. All their benefit stuff because I know that the welfare rights worker wasn't allowed to do any home visits. So, you were doing extra stuff on top of your own role I suppose." (Personal Adviser)

Service responses to the crisis situations brought about by COVID-19 that were spoken about by interviewees included:

- Checking in regularly with the young person to see how they were doing and making sure they had everything they needed
- Assisting with applications for Universal Credit
- Providing funds to care leavers in need of urgent assistance
- Purchasing and delivering food and supplying food vouchers
- Distributing laptops and tablets, mobile phones and top-up cards
- Providing one-to-one emotional support
- Creating online groups, and keeping in touch using a variety of social media tools (e.g., WhatsApp and FaceTime)
- Meeting for socially distanced walks
- Helping care leavers to move their belongings to new accommodation

Increased contact in the context of COVID-19

Local authorities reported that they changed the expectations around the level of contact workers had with care leavers. Most introduced policies which required Personal Advisers to contact all young people on a weekly or fortnightly basis, either by phone, text or videocall. Increased virtual contact and support helped professionals see how their care leavers were doing on a more frequent basis than they would have done in pre-pandemic times. Managers reported that the requirement to catch up more often was reviewed on a regular basis with young people and flexed according to their individual needs and in line with the COVID-19 regulations. Personal Advisers identified that these adjustments had advantages:

“There was a lot of things which were better. Things like virtual visits...So I found that when we were doing less visits, I was speaking to the young people more. They probably got more of my time, but I had more time. So that was quite a positive...Again the time we had, the extra time that we had from not doing - tick-box visits is the wrong word - but we've got so many settled young people on our caseloads and because we weren't spending three hours visiting them, it then meant that we had three hours to really concentrate on putting support in place for the young people that need those extra three hours a week.” (Personal Adviser)

Similarly, a number of young people who were interviewed were positive about these arrangements. For example, Fawad suggested that:

“Yes, they were always ringing every week. They did every week, every second week they were calling me first of all and asking me how are you doing...Asking, every second week, how I am doing, enough food, enough health, and she was forcing me to do something, don't just stay in bed...I think it's better and easier as well to call someone. What's going on, just takes five, 10 minutes, so it was good as well.” (Fawad)

Socially distanced face to face visits were maintained where they were assessed as necessary. With time and changing restrictions more opportunities to visit in person opened up again. People recalled doorstep visits wearing masks, socially distanced walks and visits to local parks. In some cases, local authorities kept their office base staffed so that in emergencies young people knew they could see someone from the service if they needed to. Dan explained that:

Personal Advisers also identified that meeting up in this way had facilitated relationship building and signalled to young people that they were not alone:

"So out of something bad, something good came out of it in other words... there was benefit in terms of the relationship building with the young people, in terms of the regular contact, and they see that we're not just there as, they're just a number, they're more like we are family, we are there supporting them. Even weekends ... sometimes we've been calling them, so it's giving that reassurance that we are there. And so, for us, as I said, it was strenuous, but when you look at the bigger picture it was worth it. It was worth it." (Personal Adviser)

Leaving care managers perceived that the increase in contact was welcomed by most young people as it provided a sense of being cared for during a period of isolation and uncertainty. Though for some increased contact from their Personal Adviser was experienced as much more intense than they had previously been used to.

"It's a level of intensity which is not something that certainly young people would have been used to. Initially, there was quite a bit of resistance from them to that because they might only have been having contact with their Personal Advisers, sort of on a six-weekly plus kind of frequency. And then, to go over to weekly, it was quite intensive. But we did have reports back from young people that they were appreciative of that." (Leaving Care Manager).

Creative adaptations to practice

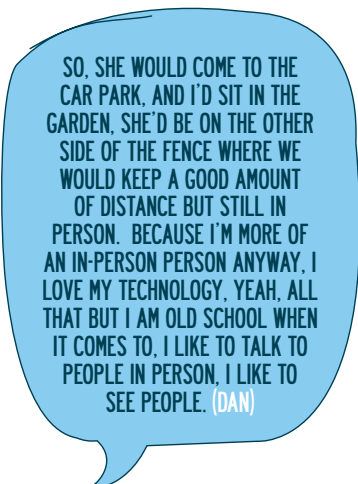
Some leaving care services had also adopted different creative strategies to keep in touch with their young people virtually, including drop-in sessions, quizzes, cooking sessions, exercise classes, candle making and song writing. The examples provided signalled a personalised and relationship-based approach. For example,

"One particular Personal Adviser, she's been sending a little biscuit and a teabag and stuff in an envelope to a care leaver, kind of saying, we'll sit and have a brew together...But little things like that, it means an awful lot, doesn't it, when you think actually, that somebody is sitting at home thinking about me...it's a lovely little thought." (Leaving Care Manager).

In another local authority they explained that:

"They implemented meditation sessions for care leavers and the care leavers actually recorded themselves doing some of the mindfulness and meditation sessions for other people, so we could share it...we had care leavers delivering meditation to us which was really nice." (Leaving Care Manager)

However, not all of the young people knew about these activities and not many of those interviewed in the study recalled taking part. Though those who had taken part in extra activities appreciated the efforts and felt the sessions had helped them.



SO, SHE WOULD COME TO THE CAR PARK, AND I'D SIT IN THE GARDEN, SHE'D BE ON THE OTHER SIDE OF THE FENCE WHERE WE WOULD KEEP A GOOD AMOUNT OF DISTANCE BUT STILL IN PERSON. BECAUSE I'M MORE OF AN IN-PERSON PERSON ANYWAY, I LOVE MY TECHNOLOGY, YEAH, ALL THAT BUT I AM OLD SCHOOL WHEN IT COMES TO, I LIKE TO TALK TO PEOPLE IN PERSON, I LIKE TO SEE PEOPLE. (DAN)

Variations in levels of support

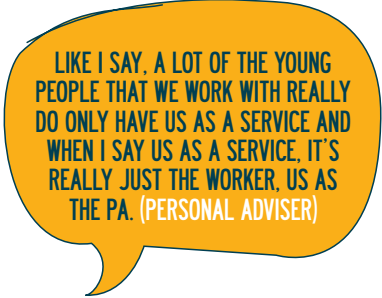
In the absence of informal networks of support workers were clearly a very important potential source of help. Reflecting on the pandemic care leavers in our study had mixed views about the degree to which they had felt supported by their workers. Some were very positive about the help they received praising workers for being available and responsive, as these quotes illustrate:

"We get on so well, if I need anything I can just give her a call day or night and I never really got on with any of my workers and this is the first time I've got along with one." (Brona)


"Me and my PA have got quite a good bond really. Like we never argue, we always talk and things like the, if something needs resolving it's usually resolved quite quickly." (David)

While some young people observed an uplift in services and support during the pandemic, others did not recognise that there had been any changes and were ambivalent or negative because their workers were 'unavailable' or 'unhelpful'. There were some care leavers who felt they did not have the support they needed from their local authority during the pandemic. For example, Steven's experience was that:

Gary also expressed frustration that he was never able to get in contact with his Personal Adviser because 'and his phone's off or you don't want to tell me if you've got a duty social worker there to hear what I've got to say or anything, it's really jarring'.



LIKE I SAY, A LOT OF THE YOUNG PEOPLE THAT WE WORK WITH REALLY DO ONLY HAVE US AS A SERVICE AND WHEN I SAY US AS A SERVICE, IT'S REALLY JUST THE WORKER, US AS THE PA. (PERSONAL ADVISER)



THE LITTLE HELP THAT I WAS GETTING FROM SOCIAL SERVICES JUST DETERIORATED COMPLETELY. IT JUST ENDED UP LIKE IT WOULD BE PHONE CALLS. NOBODY COULD COME AND SEE US OR ANYTHING. IT'S STILL THE CASE. LIKE I RARELY EVER GET TO SEE MY LEAVING CARE WORKER." (STEVEN)

PATHWAYS OUT OF THE CARE SYSTEM AT 16+

RESEARCH AIM

WHAT DOES DATA TELL US ABOUT CARE LEAVERS' EXPERIENCES OF CARE AND LEAVING CARE?

Examine care leavers' pathways out of care and any variations in the journeys that different 'sub-groups' of care leavers follow (with reference to individual characteristics, reasons for entry to care and in-care histories) in the context of COVID-19.

Explore young people's progress and outcomes over time and any variations between 'sub-groups' according to pathways out of the care system.

Over 90% of 18-year-olds in England live with their parents and around half of young adults are still living with their parents at 23 years old (Office for National Statistics, 2021).

Latest government figures show the number of children placed in unregulated placements (i.e. semi-independent living or living independently) was 6,050, down 7% on the 6,500 children in these placements in 2020 (Department for Education, 2021).

Young people in residential care are not permitted to remain in their care placement beyond age 18. Over half (60%) of 18-year-old care leavers who were in foster care prior to leaving care remained with their former foster carers in the year after turning 18. This is around a fifth (19%) of all care leavers aged 18. But between ages 19 to 20 the proportion remaining there drops to just below a third (30%) equating to only 8% of all care leavers recorded as living with former foster carers.

These data illuminate the fact that young people leaving care negotiate the transition to adulthood at a younger age than their peers in the general population, but they leave fundamental questions outstanding: are similarities or differences in young people's journeys from care connected to individual characteristics or organisational culture? Which young people leave early, who is more likely to Stay Put with their foster carer, or to return home?

A central aim of the study was to address this gap in the evidence base and to examine care leavers' pathways out of care and to explore whether there were any variations in the journeys that different 'subgroups' of care leavers followed, with reference to individual characteristics, reasons for entry to care and in care histories.

A further aim was to explore young people's progress and outcomes in the first six to 12 months and explore any variations between care leavers following different pathways.

Findings in this Chapter draw on the statistical analysis of quantitative management information system data that local authorities routinely collect for the looked after children (SSDA903) and care leavers (OC3) statistical returns (Department for Education, 2021). In brief, ten local authorities supplied data on a total of 1338 young people. The sample included those meeting the following criteria between April 2020 and the end of March 2021:

- Former relevant children who turned 18
- Relevant children aged 16 or 17 who left care (ceased to be looked after)
- Eligible children aged 16 or 17 who left Ofsted regulated care placements (i.e. those moving into 'other arrangements' including independent or semi-independent accommodation, or returning to birth family – still looked after children).

Local authorities were also asked to supply additional data on young people's pathways out of the care system at 16 plus. Further information about the statistical analysis undertaken and the findings are presented in full in the methodology and Appendix 1.

This Chapter presents headline messages from the statistical analysis and brings this together with the qualitative interview data as a kind of 'conceptual triangulation' (Sinclair et al., 2007). Bringing the quantitative and qualitative data together facilitates reflections on practice and provides a more nuanced understanding of the relationship between child characteristic, care histories and pathways out of the care system at 16 plus than has hitherto been available in an English context. However, consistent with previous research, wide variations in child welfare practices between local authorities were identified (Sinclair et al., 2007; Biehal et al., 2015).

Different pathways out of care

As Table 4 shows, the **transitional pathway** (unregulated semi-independent or supported living arrangements e.g., supported lodgings) was the most common initial pathway out of care amongst this CCTC study cohort of care leavers, who were negotiating the transition to adulthood in the midst of the pandemic. Just under half of the sample followed this pathway (49%). The second most common pathway was the **direct pathway** which involves making the transition straight from care to living more independently in a council or privately rented property or moving into University accommodation; around a fifth (18%) followed this pathway. Fourteen percent of the sample remained with their foster carers, under a Staying Put arrangement post-18 (**extended care pathway**). Under 10% of the sample followed the **birth family** and **complex pathways** (9% and 8%) respectively.

As noted earlier, the typology of pathways is designed as a vehicle to support service design, delivery and planning. It is important to recognise the diversity within as well as between the five pathways and to always ensure that young people are active participants in decision-making processes and that their individual rights, needs and circumstances are central.

The Table also shows the wide variation in the proportion of young people following each pathway in different local authorities. In LA 2 and LA 6, for example, over three quarters of young people negotiate the transitional pathway. Whereas in LA 3 extended care was the most common pathway (29%) but the proportion of young people following pathways one to four in this local authority is more evenly distributed across the pathways; direct: 17%; Transitional: 27% and Birth family: 13%. Similarities and differences in pathways and local authority practices, drawing on these data and the findings from our interviews are discussed further below.

Table 4: Pathways out of care across all Local Authorities (n=1338).

| Local Authority | P1 Direct (%) | P2 Transitional (%) | P3 Birth family (%) | P4 Extended care (%) | P5 Complex (%) | P6 Other (%)* | TOTAL |
|-----------------|---------------|---------------------|---------------------|----------------------|----------------|---------------|-------------|
| LA1 | 8 (7.1) | 62 (55.4) | 18 (16.1) | 15 (13.4) | 9 (8.0) | 0 (-) | 112 |
| LA2 | 2 (2.1) | 72 (78.3) | 8 (8.5) | 5 (5.3) | 4 (4.3) | 1 (1.1) | 92 |
| LA3 | 30 (16.5) | 49 (26.9) | 23 (12.6) | 53 (29.1) | 8 (4.4) | 19 (10.4) | 182 |
| LA4 | 65 (29.7) | 80 (36.5) | 25 (11.4) | 27 (12.3) | 18 (8.2) | 3 (1.4) | 219 |
| LA5 | 5 (6.3) | 33 (41.8) | 10 (12.7) | 20 (25.3) | 11 (13.9) | 0 (-) | 79 |
| LA6 | 8 (6.3) | 98 (77.2) | 9 (7.1) | 6 (4.7) | 6 (4.7) | 0 (-) | 127 |
| LA7 | 7 (13.7) | 30 (58.8) | 5 (9.6) | 7 (13.5) | 2 (3.8) | 0 (-) | 51 |
| LA8 | 108 (38.8) | 96 (34.5) | 6 (2.2) | 32 (11.5) | 36 (12.9) | 0 (-) | 278 |
| LA9 | 10 (6.8) | 101 (68.2) | 8 (5.4) | 23 (15.5) | 6 (4.1) | 0 (-) | 148 |
| LA10 | 3 (6.0) | 33 (66.0) | 7 (14.0) | 5 (10.0) | 2 (4.0) | 0 (-) | 50 |
| TOTAL | 246 | 654 | 119 | 193 | 102 | 23 | 1338 |
| % | 18.40 | 48.90 | 8.90 | 14.40 | 7.60 | 1.70 | 100% |

*a small number of care leavers in our sample were not assigned a pathway

Table 5: Changes of pathway at 6 months (care leavers in 6 Local Authorities) n=680

| Pathways | Frequency | Percentage (%) |
|---------------------------------------|-----------|----------------|
| No change of pathway | 603 | 88.6 |
| P1: Direct to P2: Transitional | 12 | 1.76 |
| P1: Direct to P3: Birth family | 2 | 0.29 |
| P1: Direct to P5: Complex | 3 | 0.44 |
| P2: Transitional to P1: Direct | 8 | 1.17 |
| P2: Transitional to P3: Birth family | 8 | 1.17 |
| P2: Transitional to P4: Extended care | 4 | 0.58 |
| P2: Transitional to P5: Complex | 2 | 0.29 |
| P3: Birth family to P1: Direct | 2 | 0.29 |
| P3: Birth family to P2: Transitional | 5 | 0.73 |
| P4: Extended care to P1: Direct | 4 | 0.58 |
| P4: Extended care to P2: Transitional | 2 | 0.29 |
| P5: Complex to P1: Direct | 6 | 0.88 |
| P5: Complex to P2: Transitional | 17 | 2.5 |
| P5: Complex to P3: Birth Family | 2 | 0.29 |
| Total | 680* | 100 |

As Table 5 shows the 89% of young people for whom data were available did not change pathway over a six-month period. However, it is possible that they may have experienced accommodation changes within their initial pathway out of care (so lack of change should not be taken as a proxy for stability). Changes that one might have anticipated occurring would include measures to provide additional support to young people on the complex pathway, via the provision of supported accommodation on the transitional pathway; or moving from placements on the transitional pathway (which are typically time-limited) into private or council tenancies on the direct pathway. As Table 5 shows, the most frequent type of movement was for those moving from the complex pathway to the transitional pathway (17 young people) and 8 moved from the transitional pathway and onto the direct pathway. Six young people moved on from extended care within six months, four of whom moved from extended care to the direct pathway (which includes University accommodation). A study of the experiences of care experienced young people going to University found that around 61% of those who had been in foster care made use of Staying Put prior to starting University (Ellis and Johnston, 2020).

Twelve young people moved from the direct pathway to the transitional pathway, and one might hypothesise that these young people had struggled with living independently, thus necessitating placement in settings offering greater support. The data also show movement into and out of birth family placements (12 in and 7 out). It is not possible to determine whether these were planned moves, which young people made because this was their preferred option, or the result of a lack of alternative options. The remainder of the Chapter discusses each pathway, provides a summary of the quantitative findings and brings these together with professionals' practice reflections on who moves where and why.



DIRECT PATHWAY



DIRECT PATHWAY: HEADLINE STATISTICS

18% of the sample followed the Direct pathway

Variation across local authorities: 2% to 39%

The chance of exiting via this pathway was significantly higher for:

- Adolescent entrants (11+ at entry due to family circumstances rather than need code of abuse/neglect)
- White British children
- Asian and White other children
- Chinese children

Children with a (need code of) disability were significantly less likely to follow this pathway

Direct pathway group had had significantly more placement moves during their time in care than those who followed the extended care pathway

This group were significantly less likely to be in education and more likely to be not in employment due to pregnancy or disability

Around one in five of the young people in the study sample negotiated the direct pathway¹² out of care and moved into more independent living arrangements, including council properties, private tenancies, or University accommodation in the midst of the pandemic. Independent tenancies were generally considered to be an 'end goal' and managers suggested that moving directly from foster or residential care to more independent settings was not that common. As one manager put it, 'I don't know many 18-year-olds that are ready to live independently'. However, interviewees did provide examples of circumstances when young people did move directly from care to council or private tenancies. For example, it was acknowledged that young people who had had a negative experience of residential care and who wished to avoid living in shared living arrangements, might move to independent living, sometimes with a support package in place. Young parents were also identified as a group whom might follow the direct pathway.

The statistical analysis showed that the chance of exiting via the direct pathway was significantly higher for adolescent entrants to care (see Appendix 1). In Sinclair and colleagues' (2007) research this policy group tended to enter care due to challenging behaviour and their problems at school. They did not generally want a 'new family' and 'their behaviour often made it difficult for others to commit to them', resulting in placement instability (Sinclair et al., 2007, p. 77-79). This description appears consistent with professional perspectives on the young people following this pathway. As one manager highlighted that:

YOUNG PEOPLE WHO GO DIRECT FROM RESIDENTIAL CARE TO INDEPENDENT. THEY'RE PROBABLY OUR MOST VULNERABLE...IT'S IRONIC THAT THEY'RE PROBABLY THE ONES' THAT WILL GO DIRECT INTO INDEPENDENT...IT'S OUR BIGGEST CHALLENGE (LEAVING CARE MANAGER)

¹² This ranged from 2% to 39% but the qualitative data did not shed light on attitudinal differences or variations in policies and practices that would explain this.

However, it is important not to over generalize and to acknowledge variations in needs and circumstances within as well as between pathways, as this group also includes (among others) care experienced young people attending University and young parents. Indeed, another manager reflected that:

“The ones going into independent, and their own social housing generally have been, there’s two ends of the spectrum on this. They’re either young people who have done really well, have really engaged with support, have enhanced their independence skills...But then on the other end you’ve got people where hostel accommodation doesn’t suit them, where they’ve got complex needs and actually sometimes it’s better to try them in social housing with support rather than put them in a situation that sets them up to fail.” (Leaving Care Manager)

Challenges with the direct pathway

Leaving care managers stressed the difficulties faced when trying to facilitate direct transitions to independent living. Challenges related to landlords accepting tenants in receipt of benefits, as well as affordability issues (especially for those who were not in employment). As with other pathways interviewees also felt many young people need more time to develop independent living skills so cautioned against care leavers following a direct pathway. However, the main challenges were systemic; a shortage of social housing, prioritisation of care leavers for available vacancies and issues with securing private rented accommodation. Problems mentioned by interviewees included high rent costs in the private sector, deposit requirements (which was described as especially difficult for care leavers who do not have easy access to extra financial support) and negative perceptions from landlords about care leavers. Managers explained that strong demand and competition for properties in some areas enabled landlords and letting agencies to pick and choose, often favouring young professionals or students in cities and holiday makers in rural or seaside areas. There was also variation in practice in relation to whether care leavers were given the ‘top banding’ or priority in terms of local authority housing. Interviewees also highlighted those implications of tenancy breakdowns could have a profound impact on young people. In one local authority the manager explained that they tended to make use of private rental options before local social housing:

“With our local housing provider, if they break the tenancy they’re evicted and they can never, ever return, which for us is massive. So, we only ever put them in social housing when we know that they’re going to manage to hold that tenancy because that is their forever home. So, we look at each individual and their skills...We go with what our young people’s needs are.” (Leaving Care Manager)

Interviews also served to highlight wide variations in how many chances young people were given for mistakes and how proactive Personal Advisers were in advocating for care leavers, when they thought decisions were unjust. As one leaving care Personal Adviser reflected:

IT’S JUST A POSTCODE LOTTERY. IF YOU LIVE IN [AREA A] YOU GET IN TROUBLE ONCE FOR SOMETHING AND YOU’RE SLAPPED WITH A COMMUNITY PROTECTION WARNING. WHEREAS IF YOU LIVE IN [AREA B] WHERE IT’S A BIT NICER, YOU DON’T. (PERSONAL ADVISER).

Young people's perspectives on the direct pathway

The young people who were interviewed and that followed the direct pathway had generally experienced relative placement stability (unlike the profile for this group based on the statistical analysis). Five young people were explicit that they had wanted to move and to have greater freedom:

"Look I'm ready for my own place now', I can't follow young people's rules that are really strict. I want to have my own place now." (Simon)

Three of these young people expressed frustration about delays to planned moves due to COVID-19, as one explained:

"It feels like you can't do anything. You feel controlled and it's really horrible. You just want to do your own thing. Because you are under someone else's roof, they are like, 'No you have to...'" (Steven)

Another young woman explained that her immigration status had not been decided and so she was unable to move out of supported lodgings, even though she was keen to do so.

The majority of the young people we interviewed felt they were managing and had support from friends or their partners. Two of the three young people who had started University highlighted that it has been a 'massive step' and 'stressful and a huge change', but that they were adjusting. This period of adjustment is also one that is common for young people in the general population (although care leavers can experience additional challenges in respect of finances, bureaucracy and reduced support and because they cannot necessarily return to their former carers during holidays) (Ellis and Johnston, 2021).

Ella's direct pathway story is atypical but has been included because COVID-19 precipitated an abrupt and unplanned change of pathway.

AGE

HOUSING

REASON FOR CHANGE

17

FOSTER CARE

UNPLANNED/COVID-19 RELATED

17

PARTNER'S PROPERTY/TENANCY

PLANNED HOUSE MOVE

17

PROPERTY WITH HER PARTNER

PLANNED HOUSE MOVE

18

OWN TENANCY

ONGOING

Ella had been living with her foster carers for seven years when the pandemic began. When the country went into lockdown she decided to stay at her 'partner's' for a few weeks so that she was not separated from him. She explained that her foster carer had had the idea that she should move in with him longer term:

IT WAS MY CARER'S IDEA, SHE THOUGHT IT WOULD MAKE IT EASIER ON US BECAUSE LIKE I SAID, I DO STRUGGLE WITH MY MENTAL HEALTH, AND IT WAS A LOT WORSE BACK THEN. AND SHE THOUGHT IT WOULD BE A LOT NICER AND EASIER INSTEAD OF HAVING NOT TO SEE HIM.

Although this suggests that the foster carer thought this was in Ella's best interests, Ella highlighted that it had been difficult for her, as she had not anticipated that staying at her partner's would become a longer-term arrangement at that time. The abrupt and unplanned change took a toll on Ella's mental health and she found it difficult to adjust to this change, which was made harder because she was not able to go out much due to COVID-19 restrictions. She has remained in touch with her former foster carers via WhatsApp, text and phone calls and they also meet up regularly.

A few months after Ella moved in with her partner, they both moved into a different property. Shortly after this Ella's social worker supported her to apply for her own council property. Having moved in she is planning how to decorate it to 'make it her own'.

Before the pandemic Ella had expected to remain living with her foster carers until she was at least 18, but instead she experienced multiple changes in her life in quick succession (moving out of her foster home, moving in with her partner, two further house moves, and being 'kicked out of college'). She reflected that this had taken a toll on her mental health and the COVID-19 restrictions had put a strain on important relationships.

I HAVE MY UPS AND DOWNS AND STUFF AND THINGS LIKE THAT BUT I'M GETTING THERE SLOWLY, I AM GETTING THERE BUT OBVIOUSLY IT'S STILL DIFFICULT TO DO DAY-TO-DAY THINGS...I'M WITH A COUNSELLING SERVICE AT THE MOMENT BUT I'VE NEVER BEEN GOOD WITH THERAPY SORT OF STUFF, SO IT'S YET TO BE SEEN.

Overall Ella concluded:

CHANGES DURING THE PANDEMIC

Unplanned transition from foster care onto the direct pathway

'Kicked out of college due to mental health'

Moved in with partner

Moved into own tenancy

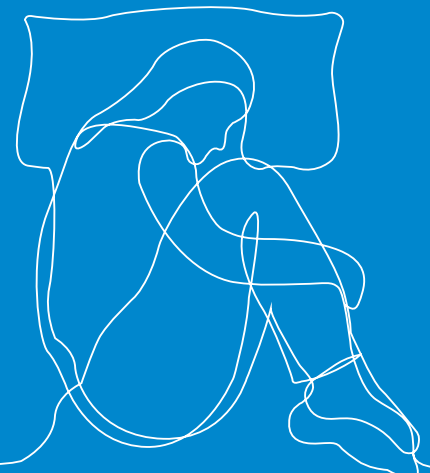
Planned move into a different property with her partner

'a good thing and we've made some decent memories'

Deterioration in mental health



TRANSITIONAL PATHWAY



TRANSITIONAL PATHWAY: HEADLINE STATISTICS

49% of the sample followed the Transitional pathway

Variation across local authorities: 27% to 78%

The chance of exiting the care system via this pathway was greater for:

- 'Other' ethnic groups (2.9 times)

The following groups were significantly more likely to follow this pathway:

- Males
- Unaccompanied Asylum-Seeking Children
- Those young people who entered care aged 16 +

Those in education were significantly more likely to follow the Transitional pathway

Young people seeking asylum were 3.63 times more likely to be in education or employment compared to non-asylum seekers or those with a (need code of) disability

The transitional pathway involves young people leaving their foster or children's home placement to live in one or more supported living arrangements before making the transition to more independent accommodation. Managers in our interviews reflected that these types of placements are intended to support young people to further acquire the skills that they will need to be able to secure and maintain their own tenancies in the future and thus acts as a bridge to greater independence. Staying Close, enables young people previously in residential care 'to live independently, in a location close to their children's home with ongoing support from that home' (Department for Education, 2021, para 59), was also included in this pathway. However, this was in its infancy in our sample local authorities at the time of the study.

Drawing on Government data the Children's Commissioner has drawn attention to the fact that there has been a 69% increase in the use of independent or semi-independent placements since 2012/13 and that one in three of the young people in these settings are unaccompanied asylum-seeking children (Children's Commissioner, 2020). It has been argued that this increase has been driven by the increase in late entrants to care, as well as budgetary pressures on local authorities and a shortage of children's home placements (ibid). Concerns have been raised about the widespread use of these unregulated placements for adolescent entrants to care who typically have complex needs that require therapeutic support (ibid; Article 39; Become, 2022). Research has also found that there has been a rise in the needs of adolescents in the past five years, with social workers significantly more likely to identify concerns in respect of child sexual exploitation, gang affiliation and trafficking (Children's Commissioner, 2019).

Managers' views were that later entrants to care, unaccompanied asylum-seeking young people and young people who had previously been placed in children's homes were most likely to follow the transitional pathway. Several also reflected that young people who had had long-term support from CAHMS may be more likely to enter semi-independent or supported accommodation when they left care. The quantitative analysis did support their perceptions, in so far as those who entered care at 16+ (late entrants) had a greater likelihood of exiting via this pathway. 'Other' ethnic groups were 2.9 times more likely to exit via the transitional pathway. Unaccompanied asylum-seeking children were significantly more likely to follow this pathway. The transitional pathway cohort were also significantly more likely to have lower average placement lengths, compared to those in extended care. Interviews also highlighted the complex needs of late entrants to care:

YOUNG PEOPLE LIVING IN SUPPORTED SHARED ACCOMMODATION TEND TO HAVE MORE ISSUES GOING ON, ANTISOCIAL BEHAVIOUR, CRIMINAL BEHAVIOUR, SO SOME HIGH-RISK YOUNG PEOPLE.
(LEAVING CARE MANAGER)

Sinclair and colleagues' (2007) found that adolescent entrants to care typically have more challenging behaviour than those entering earlier (with the exception of the unaccompanied asylum-seeking population who were found to be less likely to display behaviours that were challenging to carers). This serves to highlight the diverse and complex needs of young people following a transitional pathway and placed in semi-independent settings.

Just under half (49%) of our sample of 1338 young people followed the transitional pathway. However, there was wide variation in the proportion of young people following this pathway across the local authorities (Range: 27% to 78%). As Table 4 shows, in eight out of 10 local authorities, semi-independent settings were the most common destination for care experienced young people negotiating the transition to adulthood during COVID-19. In LA 2 and LA 6 over three quarters of young people followed the transitional pathway (78% and 77% respectively), and it was acknowledged to be the 'prime pathway' by a manager in LA 6. It was not clear whether the heavy reliance on supported accommodation was at the expense of actively involving young people in the decision-making process and offering them the opportunity to follow other pathways. In the two local authorities where the transitional pathway was not the most common, one made greater use of independent arrangements via the direct pathway (LA 8: 39% direct; 35% transitional). The other, made greater use of extended care (LA3: 29% extended care; 27% transitional).


The analysis exposed varying models of delivery of transitional placements and arrangements differed in terms of their purpose, design, length of stay and the level of support provided. Interviewees explained that the support provided in these settings can range from intensive (24/7 staffing) to low (limited number of hours commissioned via floating support or supported lodgings). When it was perceived to work well, the purpose of semi-independent living was most commonly described as a means to support young people to develop skills in preparation for applying for permanent independent living (social housing or private tenancy). Most professionals described this pathway as a way of extending the transition from care, avoiding a 'cliff edge' into living alone and there was value in an 'adjustment' period in terms of level and frequency of support. Some local authorities said that they had longstanding and constructive relationships with providers:

IN TERMS OF SEMI-INDEPENDENT PROVISION, WE DON'T STRUGGLE TO FIND THAT, IT'S LOCAL AND WE KNOW THE ONES THAT ARE MORE NURTURING, AND WE KNOW THE ONES TO AVOID.
(LEAVING CARE MANAGER)

"We've got some really good providers that have been around for a long time and know how we work, and they know how we work, and it's them that go the extra mile for our young people." (Leaving Care Manager)

In some areas there was also an acknowledgement of the role and value of supported lodgings provision (although this was sometimes in limited supply). Interviews with young people also highlighted that the majority of these arrangements worked really well, and that positive and supportive relationships were forged.

Overall, however, confidence in the quality of semi-independent provision, and its capacity to meet the needs of care leavers, was by no means universal and managers, leaving care Personal Advisers and young people themselves did provide examples of inadequate provision, which heightened rather than reduced young people's vulnerability and failed to provide them with the protection that corporate parents have a duty to provide.



SUPPORTED LODGINGS IS VERY SUCCESSFUL, WE'D MUCH RATHER YOUNG PEOPLE GO THROUGH STAYING PUT OR SUPPORTED LODGINGS ROUTES. THEY SEEM TO BE MUCH MORE SETTLED IN FAMILY LIKE ENVIRONMENTS.
 (LEAVING CARE MANAGER)

Challenges with the transitional pathway

Managers and Personal Advisers told us that there were entrenched challenges associated with the transitional pathway, with concerns centring on: the availability of provision offering the right levels of practical and emotional support to meet the needs of the young people placed in these settings; the quality of some semi-independent provision; and the short-term nature of some provision, resulting in placement instability and meaning that young people could still be moved on before they were ready. For example, in one local authority a Personal Adviser explained:

"So, it's not just to do with a lack of accommodation but it's also to do with a lot of supported accommodation again not really being able to meet the needs of young people. So, these supported accommodations are supposed to be set up to be able to support young people with gaining their independent living skills...but they go in and make one or two mistakes and the places just kick them out....And sometime young people may smoke cannabis, they may have mental health issues...but rather than working with the young people to rectify these issues, they give them a warning, give them another warning and kick them out."
 (Personal Adviser)

A health lead also said:

"Hostels are not kind and fuzzy places at all, they can be quite scary and there can be quite a lot of other people dealing with lots of difficult and complex things in their lives." (Health Lead)

A manager in another authority reflected that:

"There needs to be a huge amount of investment in supporting care leavers into more suitable accommodation and that's also for our semi-independent provisions, giving them that base that they can build instead of shoving them somewhere where they're two hours away from their family members because that's the only availability we've got." (Leaving Care Manager)

Concerns were raised that lack of placement choice meant that young people could be placed in accommodation that was unsuitable, at a distance from their support networks, and that increased rather than ameliorated their risk of harm and exploitation:

"We know he's not going to manage in the supported accommodation, he already has gang associates, he's already at risk of exploitation, why put him in an area when we know there's a risk of that from the work, we've done with him...But they will say 'it's the only option so they have to go there'. And a lot of the time you'll get the young person saying I don't want to go there." (Personal Adviser)

Policies and practices governing the age at which young people were moved into semi-independent accommodation differed between local authorities. In some there was an expectation that placement changes would occur in the 17th year, so that by 18 young people would be ready to move into 'total independence'. In other areas, transitions occurred at 18. Expectations about how long young people were permitted to stay in this form of provision also varied between authorities. A manager in one local authority explained:


In contrast, some local authorities offered much greater flexibility and the option of much longer-term placements in semi-independent settings depending on young people's needs and circumstances. For example, a manager in another local said:

"Some are well into their 20s and are still in our supported accommodation... the work is based around transitions into their own properties, that's a plan we're working on quite early on, but we'll spend two, three or four years working towards that end goal." (Leaving Care Manager)

Arguably, the use of semi-independent accommodation options is necessitated because children in care who have experienced trauma and adversity are expected to be ready for adulthood at a much younger age than their peers in the general population. The organisational responses that some local authorities employ appear to normalise off-time (early) transitions¹³ and perpetuate placement instability, which has often been a feature of young people's earlier lives, and which is associated with poor outcomes and detrimental to young people's educational, health and emotional well-being (Rubin et al., 2007; Ward, 2009). The disruption that this can cause was noted by one manager who said:

"They've got three moves in a fairly short space of time which is quite unsettling than then they don't know which other plans they should make, 'Which college should I apply for?', 'What am I going to do?' 'How am I going to see my friends?', How far away am I going to be from my family?' and all those kinds of questions." (Leaving Care Manager)

Ward (2009) highlights how instability and change can have a detrimental impact upon looked after children's sense of self-esteem and identity. She also notes that the pattern of constant change in these young people's lives are also reinforced because they experience transience within placements because other young people are constantly move in and out of these settings too. Glynn's (2021) research with care leavers in Ireland also found that all the young people viewed housing security as a pre-requisite for feeling safe and being able to meaningfully engage in other aspects of life, including education.



WE FIND THAT QUITE A LOT OF OUR 18-YEAR-OLDS ARE NOT READY TO MOVE ON...HENCE WE PUT A PACKAGE IN PLACE TO MOVE THEM INTO SEMI-INDEPENDENT OR SHARED ACCOMMODATION AT 18, FOR A PERIOD OF ANYTHING BETWEEN ONE TO THREE MONTHS. (LEAVING CARE MANAGER)

¹³ Off-time transitions are not in line with age norms or normative model or script of the life course (Modell, 1980).

Young people's perspectives

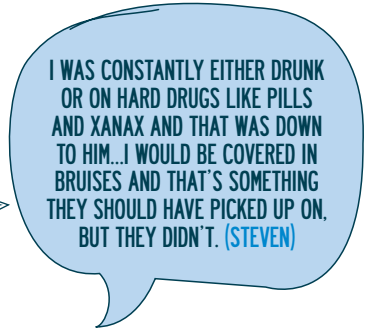
Of the young people who spent time in supported lodgings, all but two were overwhelmingly positive about these arrangements¹³. In the situations that were working well young people had come to feel part of the family, even though there had been no expectations that this would be the case at the outset. Kate described her former foster carers as 'nasty' and that 'not being part of the family was a big thing'. On this basis she explained that she had been 'dead set' on living on her own:

"Before I came here, I was...I was kind of like, if I don't like them then I'm going to go and live on the streets, I don't care anymore...I was completely prepared to pack my bags and go and kick off, be naughty. But I never ever imagined making it to 18 years old alive, well I'm OK, I've got, obviously I suffer with some trauma, but I've got no anxiety and I've got no depression, and everything is slowly being stopped. And I think it's because supported lodging, or at least where I am now...they treat me like their own, they'll do stuff for me that they would do for their own children." (Kate)

Kate's words illustrate the transformative impact that supported lodgings placements in late adolescence may play in some young people's lives. In contrast, Matt's experience in supported lodgings proved less successful as we see in his story.

Interviews with other young people on the transitional pathway suggested that there were wide variations in the quality of provision. Whiles some young people were largely content with where they lived, other accounts suggested that not everyone was being adequately safeguarded from harm. For example, Gary described being threatened with a knife and a setting where 'violence and money-making schemes' were the norm. Steven described his experience of supported accommodation:

"It was a horrible dirty flat, I was worried that at any point somebody was just going to come in and tell me that I needed to pack my stuff...I'd call up ask and I'd just get put through to the duty manager. When I did finally move, I said I don't want to be in this place, I was, 'Can you please look for somewhere else'? And they were like, 'No, it's either here or you're going to be on the streets.'" (Steven)



I WAS CONSTANTLY EITHER DRUNK OR ON HARD DRUGS LIKE PILLS AND XANAX AND THAT WAS DOWN TO HIM...I WOULD BE COVERED IN BRUISES AND THAT'S SOMETHING THEY SHOULD HAVE PICKED UP ON, BUT THEY DIDN'T. (STEVEN)

Steven also reported that he had been abused whilst living in supported accommodation:

Overall, the data serve to highlight wide disparities in the quality of unregulated provision, service offers, and in the extent to which it was meeting the needs of late entrants to care. The United Nations Convention on the Rights of the Child acknowledges that children have provisional, protective and participatory rights ('3 Ps') (Hammarberg, 1990; Wringer, 1995). That is: rights to protection: the right not to be subject to abuse, neglect or exploitation (including Article 19, 21, 32); rights to provision: the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (including Article 24, 27, 28); rights to participation (Article 12, as outlined above).

¹⁴ In one case the young person was placed at a distance from friends and her former foster carers and was lonely because her supported lodging provider was out all day. The other less positive example is Matt's story included in the discussion.

MATT

TRANSITIONAL PATHWAY FOLLOWED BY RETURN TO BIRTH FAMILY

| AGE | HOUSING | REASON FOR CHANGE |
|-----|--------------------|--|
| 17 | FOSTER CARER | FOSTER CARERS UNWILLING TO OFFER STAYING PUT |
| 18 | SUPPORTED LODGINGS | PLANNED RETURN TO BIRTH FAMILY |
| 18 | BIRTH FAMILY | NOT APPLICABLE: ONGOING |

Prior to the pandemic Matt had been settled in a long-term foster placement that he expected to remain in when he turned 18. His foster carers decision not to continue to offer him a placement came as a shock to Matt and he experienced an age-related transition to adulthood. **He explained that:**

THEY SAID THAT ABOUT THREE WEEKS BEFORE MY 18TH BIRTHDAY THEY TOLD ME, "WHEN YOU TURN 18, WE'RE PUTTING IN YOUR 28 DAYS" AND TO BE HONEST I DIDN'T REALLY THINK THAT THEY WERE BEING SERIOUS, I THOUGHT THEY WERE DOING IT TO TEASE ME OR SOMETHING.

Matt's mother was critical of the level of support that her son received from children's services as he negotiated the transition to supported lodgings, and she also worried that that he was denied an active role in the decision-making process.

SO, RATHER THAN GIVING HIM PROPER OPTIONS AND SPEAKING TO HIM, THEY KIND OF BULLDOZED HIM IN TO, "WELL IT'S EITHER THIS OR NOTHING" AND THE OPTION OF MOVING BACK TO ME, I'VE SAID IT REPEATEDLY BUT IT WAS NEVER GIVEN TO MATT AS AN OPTION. AND THEN MATT HAD HAD OTHER PEOPLE SAYING THAT IT WOULDN'T WORK SO HE TOOK THAT AS FACT AND DIDN'T WANT TO RISK IT.

She described how her son was forgotten during the pandemic because his allocated worker was off sick and that as a result he made the transition from a structured and supportive foster placement to living more independently without adequate preparation.

Matt also reflected:

Once his mum and former foster carer identified that the supported lodgings placement was not 'working out' preparations were made for Matt to spend more time with his mum before moving in with her. He is currently living at home and enjoying being able to go out and take part in activities with his brother.

ONCE I'M LIVING THERE I'M NOT GOING TO LIE I DID STRUGGLE A LITTLE BIT. AT THE TIME I DIDN'T THINK THAT I WAS BECAUSE I WAS JUST CHILLING OUT AND DOING MY OWN THING BUT THAT OWN THING WAS COMPLETELY DEVOID OF ANY EVEN SEMBLANCE OF A, WHAT YOU'D CALL, WHAT'S THE WORD? OF A ROUTINE.

CHANGES DURING THE PANDEMIC

Unplanned transition from foster care to supported lodgings (transitional pathway)

Planned transition from supported lodgings to birth family (birth family pathway)

Change of leaving care personal adviser ('she's far more helpful')

Online college course ('stressful' but succeeded in completing)

Unable to go to the gym

The findings illuminated how supported lodgings can (but does not always) open up new opportunities for supportive relationships to flourish and how it can provide young people with a sense of belonging and connectedness. However, interviews also highlighted examples of inadequate or absent care and unregulated placements that failed to protect children from exploitation. The provision, in some areas, of time limited and unsuitable housing options meant that some young people with complex needs were separated from their friends and family, placed in unsafe areas and/or experienced multiple changes of placement, thus undermining, rather than supporting their development and promoting their welfare. Moreover, young people's accounts also suggested that some were denied the right to participate in decisions affecting their lives and to voice legitimate concerns about the standards of care their corporate parents were providing.



**RETURN TO BIRTH
FAMILY PATHWAY**



RETURN TO BIRTH FAMILY PATHWAY: HEADLINE STATISTICS

9% of the sample followed this pathway

Local authority variation: 2% to 16%

The chance of exiting the care system via this pathway was greater for:

- Early leavers (16-17 years)
- Adolescent graduates (entered care under 11) and abused adolescents (entered care aged 11+ due to abuse or neglect)
- Those in relative or friend foster care at entry to care were significantly more likely to follow this pathway

Those following this pathway were significantly less likely to be employment

The Care Inquiry (2013) described support for children returning home or going to live with other family members as the 'Cinderella' transition (p.10). Research has found that reunification to birth family is not always a stable solution and emphasis has been placed on the importance of child- and family-centred approaches to placement in order to: achieve secure change in the issues that led to the child's placement; and support relationships between children and their birth parents and wider kin networks during placement and after return home (Boddy, 2013, p.3).

It is not uncommon for young people in care to seek to renegotiate or renew relationships with their birth parents as they approach early adulthood (Stein and Munro, 2008; Wade, 2006). However, there is a lack of research on how these issues are negotiated between young people and their parents and limited data on the nature, quality and impact that return has on young people in transition and their parents. Ofsted's (2021) latest report on care leavers' view of preparing to leave care identified that some young people returned to family who may be a risk to them, due to fear of living alone, or due to a lack of alternative options.

Analysis of the interview data suggested that leaving care managers felt much less well placed to describe patterns or trends surrounding who returned home to birth family, compared to the other pathways out of the care system. Most local authority representatives suggested that only a small number of their leaving care cohort returned home ('a handful'). The quantitative analysis, presented in Table 4, showed that the proportion of young people following this pathway varied. A mean average of 9% returned home to birth family: this ranged from 2% in LA 8 to 16% in LA 1. In LA 1 18 young people (16%) returned to birth family pathway and this was the second most common destination for their cohort, after the transitional pathway (which 62 young people followed, 55%). Return to birth family was also the second most common exit route in LA 6 and LA 10. However, in LA 6 the percentage of their cohort following this pathway was below average (at 7%), which reflects the fact that 77% of their cohort followed the transitional pathway.

Interview data highlighted wide variations in attitudes regarding the opportunities and risks associated with return to birth family. For example, a manager in one local authority stated they did not actively promote 'return home' (it was led more by individual young people). In contrast, other local authorities talked about their view of families as an asset and potential source of support to young people who may have limited social networks. A number of interviewees stated that the success and stability (or otherwise) of return home was often dependent on whether families had made significant changes; where circumstances remained unaddressed especially in the context of intergenerational abuse there were often concerns about young people's returning home.

Managers also drew attention to the fact that some transitions were planned, whereas others were abrupt and precipitated by young people voting with their feet (see also Munro et al., 2011). Distinctions were drawn between planned transitions and those which were driven by young people's dissatisfaction with the care system, as the quotes below illustrate:

"Some young people return home because it's really a planned [process] and it's the right thing and they are families that have made significant changes, it's very much part of that established longer term family support network for them, post care." (Leaving Care Manager)

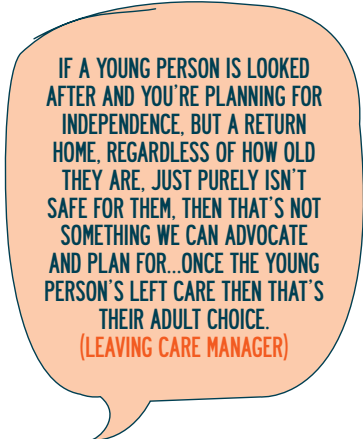
"If they've had an unstable experience of care...[and] they don't have an established relationship with a single person, or an enduring relationship... they might seek somewhere that is less boundaried and see that as return home. They might not wish to attend school or college, there might be some wider things that we're trying to work on that they're not in agreement with and they return home." (Leaving Care Manager)

Past research suggests that leaving care teams do not always give sufficient attention to birth family dynamics and helping young people manage these complex relationships as they move from care to independence, even though for some these relationships will be beneficial and supportive, whilst for others they may be damaging (Munro et al., 2011). Interviews revealed different perspectives on how to respond when young people expressed a desire to return home and when professionals perceived that this was not in young people's best interests. For example, one manager said:

In contrast, some of the local authorities in our study talked about changes in how proactive services were about promoting contact and 'reunification' work in looked after children's teams. As one manager explained:

"There's some work taking place with the Children Looked After side of our service around reintegration, I hate the word, I'd love to call it going home, but there's a piece of work...to try to support young people to go home earlier, because ultimately, they do [go home]." (Leaving Care Manager)

"Where young people are saying 'I want to go home', I'm saying to the social worker, 'well why not send them home then? because if they're only going to go home overnight on their 18th birthday we might as well test it out before then...So there's been some thinking about that and how we work with birth parents post 18." (Leaving Care Manager)



IF A YOUNG PERSON IS LOOKED AFTER AND YOU'RE PLANNING FOR INDEPENDENCE, BUT A RETURN HOME, REGARDLESS OF HOW OLD THEY ARE, JUST PURELY ISN'T SAFE FOR THEM, THEN THAT'S NOT SOMETHING WE CAN ADVOCATE AND PLAN FOR...ONCE THE YOUNG PERSON'S LEFT CARE THEN THAT'S THEIR ADULT CHOICE.
(LEAVING CARE MANAGER)

In another local authority a manager reflected that:

“We need to understand that families are important for our young people, and they will go back, despite what could have happened over the years. And I think we need to have those conversations with young people about. ‘Right, that’s fine but you know you might have an argument with your brother, so what do you think you need to do if that happens, and have you got time out space?” (Leaving Care Manager)

This manager highlighted the importance of this preparatory work to equip young people with the skills to manage tension and conflicts. She also advocated for honest conversations to ‘prepare young people for the realities of what returning home can be like, because I think sometimes families promise the world, young people go back and then actually, life isn’t much different’.

Return home in the context of COVID-19

Interviews with young people who returned home to birth family during the pandemic revealed different motivations and levels of satisfaction with arrangements. Teegan and Matt both returned to birth family because their original transitional pathway had not worked out as planned, with both of them struggling with isolation and Matt getting into a high level of debt. Teegan’s stay with her father was short-term because they argued, and she walked out. Matt was settled and still living with his mum at the time of interview (over 12 months on). A few leaving care managers also suggested that some young people had gravitated back to family during lockdown because they did not want to be separated from them for prolonged periods and because they were very worried about feeling isolated during the pandemic.

“There’s been some young people who have returned back to family unexpectedly, because they wanted to maintain that contact and the COVID restrictions didn’t enable that to happen, so it’s perhaps been a draw for some to return back to family.” (Leaving Care Manager)

Harry’s case study illustrates some of the complexities surrounding birth family placements, the importance of young people’s active participation in decision-making processes and the role and contribution that counselling, and support services can play in promoting upward trajectories and positive change.

HARRY

BIRTH FAMILY PATHWAY FOLLOWED BY TRANSITIONAL PATHWAY

| AGE | HOUSING | REASON FOR CHANGE |
|-----|-------------------------|---|
| 16 | FOSTER CARE | PLANNED MOVE HOME |
| 16 | BIRTH FAMILY | PLANNED MOVE TO SUPPORTED ACCOMMODATION |
| 17 | SUPPORTED ACCOMMODATION | ONGOING |

Harry lived in a foster placement for two years (although he said that he never felt 'at home' with them). He explained that he had repeatedly voiced his wish to return home to live with his mum but that his social worker at the time had ignored his wishes and feelings:

THE FIRST YEAR I UNDERSTOOD, RIGHT, WELL I'VE GOT TO TAKE THIS TIME TO GATHER MY HEAD...AND THEN ALSO AT THE SAME TIME I ALSO NEED TO BE HOME... I HAD RESPECT FOR THE FOSTER CARERS AND I OBVIOUSLY DEVELOPED LOVE AND AFFECTION FOR THEM BECAUSE THEY WERE PARTIALLY BRINGING ME UP...

ME BEING ME AT THAT AGE, EVERY TIME I SPOKE TO MY SOCIAL WORKER AT THE TIME IT JUST WASN'T GOING IN. THAT SOCIAL WORKER WASN'T LISTENING AT THE TIME.

Eventually, Harry and his mum approached a senior manager to emphasise that he wanted to return home and this was agreed. Although Harry was pleased with this outcome, he explained that it was not always easy living at home because his mum has complex mental health needs and he felt responsible for caring for everyone in the household:

I'VE ALWAYS GONE ON THE FACT THAT I WAS ONE OF THE OLDER BROTHERS SO I HAD THE OBLIGATION. THAT'S HOW I'VE ALWAYS LOOKED AT IT, I HAVE AN OBLIGATION TO HELP OUT. I HAVE AN OBLIGATION TO MAKE SURE THAT MY YOUNGER BROTHERS AND SISTERS DON'T TURN OUT TO BE THOSE CHILDREN OR THOSE YOUNG TEENAGERS THAT YOU HEAR OF GROWING UP JUST GOING OUT CAUSING MISCHIEF AND JUST BEING AN ABSOLUTE NIGHTMARE.

During the pandemic Harry's own mental health and wellbeing deteriorated. Harry felt that his new social worker had really listened to his feelings and subsequently supported him to move into supported accommodation at a distance from the family so, that he could focus more on himself.

Harry said he had really benefitted from the move and support from professionals. He reflected that the changes had given him greater control of his life and the space to think about his future:

SHE WAS VERY HELPFUL BECAUSE THAT WAS THE ONE WHO UNDERSTOOD ME FOR ME AND NOT WHAT OTHER PEOPLE HAD EXPLAINED. SHE TOOK HER TIME TO UNDERSTAND ME AS A PERSON TO GET HER OWN UNDERSTANDING.

IT'S GREAT REALLY, WITH THE PROBLEMS WITH MUM, I MOVED OUT TO A HALFWAY ACCOMMODATION THING. IT WAS SUPPORTED LIVING SO THERE WERE MEMBERS OF STAFF THERE. THEY BASICALLY GAVE ME A GOOD REFERENCE AND THEY GAVE ME THE BOOST OF CONFIDENCE... GAVE ME SOME SENSE OF PURPOSE AS WELL. THAT RESULTED IN ME TRYING TO PUT A FOOT IN THE REAL WORLD REALLY. GET A JOB. GET SOME STRUCTURE. NOT JUST BE FLOATING AROUND, SORT OF THING.

CHANGES DURING THE PANDEMIC

Planned transition to birth family from foster care

Improvement in mental health and wellbeing

Planned transition to supported accommodation from birth family

Gained a qualification 'I got a CSCS card so I went and did a CSCS test.'

Finally, Ben returned to birth family following an argument with the foster carers he had been placed with for 10 years. The expectation had been that he would Stay Put into adulthood, but someone saw him out with friends and although they were social distancing, they thought he was in breach of the COVID-19 rules at the time, and told his foster carers. This precipitated an argument and Ben explained that:

“Basically, I ran away to my friend’s, and he gave us a lift to my mum’s...I ended just living with my mum for several months...It was hard because, my mum she was living with her boyfriend and his three kids and then also me in the household.” (Ben)

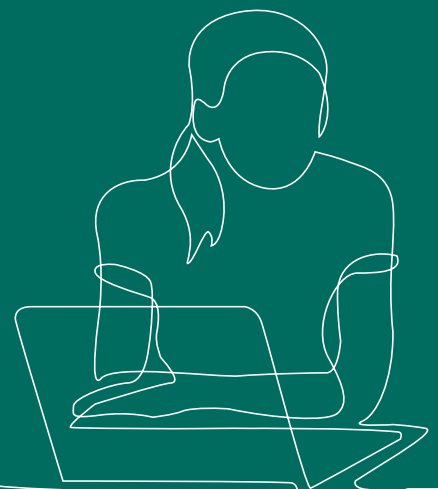
He went onto say:

“I still see them [former foster carers] as family...I think the frustrations of lockdown put a strain on a lot of things...I wish I hadn’t got angry and left because I would be in a lot better place than I am now. Not saying I’m in a bad place, I’m just saying...I think I’d be in a better place.” (Ben)

Discussions surrounding young people’s pathways into and out of birth family placements highlight differences in expectations and lived experiences of ‘going home’ and how these may be influenced by past experiences of quality care (or the lack thereof). Findings also suggest there is a need for services to pay closer attention to understand the needs and experiences of those returning home in late adolescence or early adulthood and to consider what action might be taken to actively protect and promote the wellbeing of young people who follow this pathway.



EXTENDED CARE PATHWAY



EXTENDED CARE PATHWAY: HEADLINE STATISTICS

14% of the sample followed the Extended care pathway

Local authority variation: 5% to 29%

The chance of exiting the care system via this pathway was greater for:

- Females (2.04 times)
- Young people who entered care when they were younger (3.63–4.94 times amongst those aged 0–15 years at entry)

The chance of exiting the care system via this pathway was significantly lower for:

- Children with a (need code of) disability
- Young people at high risk due to missing episodes

This group had experienced less placement instability and longer average placements and were significantly more likely to be in education.

Research globally has highlighted that most young people are not ready to negotiate the transition to independent living at 18 and that they require additional support (Mann–Feder and Goyette, 2019; Mendes and Snow, 2016; Stein and Munro, 2008; Van Breda, 2020). One policy response intended to improve outcomes has been the implementation of extended care measures. Large scale longitudinal evaluations of extended foster care in the United States have found that more time spent in extended foster care was associated with increased educational attainment and employment, increased social support and decreased homelessness and criminal justice involvement (Courtney, Okpych, & Park, 2018; Courtney and Hook, 2017; Dworsky, Napolitano and Courtney, 2013; Hook and Courtney, 2011; Lee, Courtney, and Tajima, 2014; Okpych and Courtney, 2020). The latest findings on the impact of extended care on young people's lives at 23, (after young people have been out of foster care for 2 years or more), showed that each additional year in extended foster care:

- Increased the probability that youth completed a high school credential by about 8%
- Increased their expected probability of enrolling in college by 5–12%
- Increased the number of quarters that youth were employed between their 21st and 23rd birthdays (increased by a little less than half of a quarter for each year in extended care)
- Decreased the odds of being homeless or couch-surfing between the ages of 21 and 23 by about 19%.
- Increased the odds that youth felt they had enough people to turn to for emotional support, tangible support, and advice/guidance (Courtney, Okpych, & Park, 2021, iv).

Van Breda and colleagues (2020) highlight that there are wide variations in how extended care is conceptualised and implemented in different jurisdictions. In some countries extended care is not clearly differentiated from aftercare support, whereas in England the term extended care is used to describe formal Staying Put arrangements. Staying Put was put on a legislative footing in 2014 and introduced a new duty on local authorities to advise, assist and support fostered young people to stay with their foster families when they reach 18, if both parties agree (Children and Families, Act 2014). Scotland is currently the only UK jurisdiction which permits young people to remain in residential care beyond 18. 'Continuing Care' refers to a local authority's duty to provide:

"young people...whose final 'looked after' placement was in foster, kinship or residential care with the same accommodation and other assistance as was being provided by the local authority, immediately before the young person ceased to be looked after (Scottish Government, 2015; Children and Young People." (Scotland Act, 2014).

However, as McGhee (2017) has highlighted:

"Legislation and policy provide only the enabling context and there are inherent complexities involved in delivery and practice. Cultural and organisational pressures, along with the motivations and drivers for individual young people, can result in a chaotic morass of often-contradictory expectations. The danger is that young people's needs, and their right to care and ongoing support, can get lost (p.2)."

It has been suggested that the following may have acted as barriers to higher uptake of extended care such as Staying Put and Continuing Care: resource constraints and insufficient central funding to cover the costs of extended care; reductions in allowances for foster carers post-18; cultural norms surrounding when young people are expected to leave the care system; and gaps in training, knowledge and awareness of the policies (Action for Children, 2020; Dennell, McGhee and Porter, 2022; Fostering Network, 2018; McGhee, 2017).

The management information system data from our 10 local authorities (Table 4) showed a wide variation in the proportion of young people following the extended care pathway (Range: 5% to 29%). In LA 3 extended care was the most common pathway and was followed by 29% of their cohort. Interviews in LA 3 suggested that leaders were committed to enabling young people to Stay Put and that they endorsed the principle of 'leave care as late as possible'. In a further three authorities (LA5: 25%; LA7: 14% and LA9:16%) extended care was the second most common pathway, after the transitional pathway. Again, interviewees perceived extended care was an important, or in some cases, the 'optimal' pathway. As one manager reflected:

"Staying Put would have a better outcome for young people because for that decision to be made by both the foster carer and young person, to stay put, it means there is a very strong relationship and preserving that relationship and then the foster carer helps as a parent would, helps that young person transition into independent living and then they move out, that would be the best possible outcome." (Leaving Care Manager)

The majority of leaving care managers could cite how many of their care leavers were in Staying Put arrangements. Their perspectives on the characteristics and care histories of this sub-group were largely consistent with findings from the quantitative analysis (i.e., that young people who had been in long term stable foster care placements for a number of years were more likely to Stay Put, and that this group were generally in education or training). For example:

“The ones, the young people that have gone into care at, say, maybe five and six and stayed in the same foster care placement, you know, they’re extremely likely to result in Staying Put. Rather than someone who’s come into care later on and haven’t built up those sorts of really quite close relationships over many years. Or, yes, they’ve bounced from one foster placement to another, and not been very settled just before they turn 18: that’s less likely.” (Leaving Care Manager)

“It tends to be the more settled group, those who are more likely to be in full-time education as they turn 18 as well, I would have thought. It’s chicken and egg, isn’t it? Because they’re in a stable placement, they’re more likely to be in education or training of some sort. The fact that they’re in full-time education and they’re doing well makes the placement more likely to work well.” (Leaving Care Manager)

The quality of relationship between foster carers and young people featured in discussions with managers, Personal Advisers and young people. This is consistent with findings from the evaluation of the Staying Put pilots. The majority of foster carers in that study were willing to enter Staying Put arrangements because they saw those in their care as ‘part of the family’ (Munro et al., 2012). Young people’s decisions were also shaped by their own perspectives on the quality of their relationships with their foster carers and whether they ‘felt a sense of belonging and connectedness’ (ibid; Cashmore and Paxman, 2006). In a sense, therefore, extended care could be considered a reflection of how successfully local authorities have provided permanence for young people by offering them a secure stable base, and compensatory care, to help them overcome pre-care adversities. The quote from Liem conveys his sense of family membership, which is one of the features of a secure stable base in adolescence alongside availability – helping young people to trust; sensitivity – helping young people to manage feelings and behaviour; acceptance – building a young people’s self-esteem and co-operation – helping young people to feel effective (Schofield and Beek, 2009). Schofield and Beek (2005) highlight these dimensions contribute to young people’s security, resilience and fulfilment of potential.

“[The social worker] said if you decide to stay with your foster carers, it would be fine. My mum’s more than happy to keep me here, that’s what my foster parents say...She’s more than happy to keep me in this house and I don’t have to go anywhere else. If I’m married, I can even bring my wife, my kid to live here because that’s what my foster parents say.” (Liem)

Lee’s case study also illustrates the strong relationships underpinning his Staying Put arrangement and his confidence that he could turn to this foster mum, dad and siblings for support once he left to go to University.

LEE

EXTENDED CARE FOLLOWED BY DIRECT PATHWAY

AGE

HOUSING

REASON FOR CHANGE

17

FOSTER CARE

NO CHANGE/
STAYING PUT

18

STAYING PUT

PLANNED MOVE TO UNIVERSITY

18

UNIVERSITY ACCOMMODATION

NOT APPLICABLE:
ONGOING

Lee was in a long-term foster care placement with his foster mum, dad and siblings; he continued to live with them throughout the early stages of the pandemic under a Staying Put arrangement.

Lee described how his family were able to spend more quality time together during periods of lockdown. He reflected that his close family relationships with his foster family had helped to mitigate the potential negative effects of the pandemic.

At the start of the pandemic Lee had been in college. He thought that the move to online learning college was positive as he was able to complete his work to a high standard without distractions. Lee achieved the grades that he needed to go to University.

Lee has settled into University accommodation and is enjoying student life. He described himself as quite self-reliant; and confident that he can turn to his foster mum, dad or siblings for support should he need it. He described his transition to adulthood (i.e., turning 18), as a 'normal birthday', as his surroundings did not change:

Lee's leaving care Personal Adviser also reflected how his foster care placement has played a big part in how well he had taken to living more independently:

I WOULD SAY WHEN WE ALL GOT LOCKED DOWN INTO THE HOUSE AND WE COULDN'T LEAVE, IT WAS ACTUALLY GOOD FOR US AS A FAMILY BECAUSE WE HAVE A BIG FAMILY. SO, THERE WAS QUITE A FEW PEOPLE LIVING THERE, THERE WAS ABOUT EIGHT OF US THERE AT THE TIME. SO AS A FAMILY WE ALL GOT CLOSER. WE WERE ALL PLAYING GAMES, HAVING MOVIE NIGHTS, STUFF LIKE THAT TO MAKE IT INTERESTING. OBVIOUSLY BECAUSE THE CIRCUMSTANCES ARE A BIT BAD, SO WHEN IT CAME TO THAT KIND OF STUFF, WE WERE DOING STUFF TOGETHER AS A FAMILY. SO, IN THAT SENSE THAT MADE COVID REALLY FINE I'M NOT GOING TO LIE.

FOR ME AGAIN IT'S REALLY THE THING ABOUT THE CONTACT WITH LA BECAUSE FOR ME IT JUST FELT LIKE I WAS TURNING 18. AND THEN WHEN THEY CAME AND TOLD ME ABOUT ALL THE LEAVING CARE STUFF AND ALL THE STUFF THAT I NEEDED TO KNOW ABOUT, THEY TOLD ME AND THEN THEY JUST LEFT IT UNTIL [PERSONAL ADVISER] CAME. THEY WAS PROPER ON IT ABOUT WHAT I'M ENTITLED TO IN UNI AND STUFF LIKE THAT. BUT WHEN I TURNED 18 IT JUST FELT LIKE A NORMAL BIRTHDAY. LITERALLY I WAS JUST STAYING IN THE SAME PLACE. I DIDN'T REALLY GET THE CHANGE FROM BEING IN CARE TO LEAVING CARE.

...HE HAS A FANTASTIC RELATIONSHIP WITH THEM...YEAH, SO HE IS, IS IT A TESTAMENT? THEY'RE A TESTAMENT TO HIM OR HE'S A TESTAMENT TO THEM? OR MAYBE THEY'RE A TESTAMENT TO EACH OTHER. BUT HIS LEVEL OF INDEPENDENCE IS DEFINITELY COMING FROM THEM. COOKING, FOCUS ON STUDIES, WHATEVER, YEAH

CHANGES DURING THE PANDEMIC

Planning transition to staying put (extended care pathway)

Planned transition from staying put to university accommodation (direct pathway)

Became self employed as a barber

Change from social worker to leaving care Personal Adviser (positive relationship)


Transition from college to university course

Challenges with the extended care pathway

The Fostering Network (2018) have suggested that many young people have to move out of foster care, even when both parties are in favour of this arrangement, due to lack of funding. They found that only 9 out of 19 local authorities they surveyed paid Staying Put allowances at the same rate as pre-18 foster care allowances. Staying Put allowances were found to range from £60 to £413 per week. In this study some leaving care managers also identified this as a barrier to the continuation of placements that they perceived were in young people's best interests in their local authorities. Staffing pressures may also mean that foster carers and young people are not given timely information that they need to make informed decisions (Action for Children, 2020). Interviews revealed variations in how proactive authorities were in discussing the options available to young people and the timing of these conversations. Early planning was perceived to be an enabler to extended care but staff shortages, or local authority practices, meant that this did not always take place (see also, Donnell, McGhee and Porter, 2022).

Previous research suggests that cultural norms can influence conversations about, and uptake of, extended care arrangements (Munro et al., 2011; Donnell, McGhee and Porter, 2022). How the offer is framed, and the timing of such conversations are important. Interviews suggested that there were variations within and between local authorities as to how actively staying put was promoted, and when the options available were explored with young people. In LA 1 and 6, where uptake of extended care was low, it appeared that discussions about Staying Put took place late at 17.5 years or just prior to 18. Attitudes towards unaccompanied asylum-seeking children following the extended care pathways also differed, with some authorities saying that this group did follow this pathway, whereas in others it was considered to be unlikely:

In three local authorities there were no UASC on the extended care pathway. It was unclear whether this was because the service, managers or social workers made assumptions that UASC would not Stay Put, or because of decisions taken by foster carers and young people. As a matter of social justice, young people should be afforded the opportunity to follow the pathways out of care that are right for them, rather than decisions being driven by service need, or assumptions about who tends to follow a given pathway.



THEY'RE NOT IN FOSTER CARE FOR VERY LONG. BECAUSE THEY TEND TO ARRIVE IN THE COUNTRY AROUND ABOUT 16 OR 17, OR WHEN THEY'RE ALMOST 18, SO THERE ISN'T THAT RELATIONSHIP.
(LEAVING CARE MANAGER)

The impact of COVID-19 on extended care pathway

Data from the study suggest that those who benefit from extended care are generally those who have achieved permanence within the care system and experienced 'security, stability, love and a strong sense of identity' (Care Inquiry, 2013, p. 2). The qualitative accounts of young people and professionals highlighted cases in which the pandemic had had a positive impact, in so far as foster families were able to spend more time together, thus strengthening relationships. However, interviews with young people did also draw attention to the fact that some strong and long-term foster family ties have been tested during the pandemic, resulting in changes of pathway. Four young people's accounts revealed that Staying Put plans were not fulfilled because foster carers were concerned that young people's 'coming and going', including attendance at college or meeting up with friends, presented a risk to their health, or that of their wider family networks. The young people concerned experienced additional and unanticipated placement moves, which they had to navigate in the midst of the pandemic and alongside their studies. Interviews with professionals also highlighted that some 'permanent' placements had been tested and/or broke down.

COMPLEX PATHWAY



COMPLEX PATHWAY: HEADLINE STATISTICS

8% of the sample followed the Complex pathway

Local authority variation: 4% to 14%

The chance of exiting the care system via this pathway was greater for:

- Children with a (need code of) disability (3.38 times)
- Those who entered care as a result of child related factors (2.33 times)

The chance of exiting the care system via this pathway lower for:

- Females (0.6 times)

The following were significantly more likely to follow this pathway:

- Young people who were placed in children's home at entry
- Young people whose final placement was in a children's home

Those following complex pathway group were significantly less likely to be in education or employment

In the CCTC study young people's pathways were classified under the complex umbrella if they experienced a number of accommodation changes in quick succession (for example experiencing homelessness or sofa surfing), or placements in secure settings, or adult social care. The complex pathway was the least common pathway, followed by 8% of the sample (range across local authorities 4% to 14%), but trying to meet the needs of the young people in this group was resource intensive, presented the greatest challenge and worry for services and outcomes were often poor in spite of efforts to intervene. Qualitative data on the needs and experiences of disabled young people was limited and so the discussion focuses primarily on young people who followed the complex pathway for other reasons.

Managers identified groups of care leavers who they thought to be at greatest risk of multiple moves and complex transitions, including homelessness. They talked about particular groups of young people who they struggled to place including those with problematic substance misuse, those with a criminal record and behavioural difficulties and those deemed to present with a risk to others. Some care leavers who moved around had problems adhering to tenancy contracts or supported housing agreements. Others referred to young people they worked with who faced issues when leaving prison, wherein the appropriate support and accommodation has not been put in place prior to their release. The statistical analysis found that young people following the complex pathway were at 2.33 times greater likelihood of entering care due to child related factors (i.e., on behavioural grounds) and they were also significantly more likely to be placed in children's homes prior to transition.

Nationally around 14% of children in care are placed in children's homes and those placed in these settings tend to be older and have complex needs (Department for Education, 2021). A recent Ofsted survey (2022) reported that two thirds of the children entered a children's home because of some form of interruption in their previous care: foster placement breakdown (41%), children's home breakdown (15%) or family breakdown (12%). Young people in residential care are less likely to have a primary need code of abuse and neglect, but this may reflect lack of identification of maltreatment pre-admission rather than the absence of maltreatment (Biehal, 2005; Stein, et al., 2009). Research has found that 88% of young people in children's homes had behavioural problems, with three-quarters exhibiting aggression and violence (Berridge, Biehal and Henry, 2012). Incidences of missing from care and involvement with the criminal justice system was also high. Mental ill-health is also prevalent amongst those in children's homes. In Berridge and colleagues' (2012) sample young people 'were nearly six times as likely to have mental health difficulties compared with those in the wider population: 62 per cent of them had clinically significant scores while only one-fifth (had scores within the normal range)' (p. 90).

Challenges with the complex pathway

The complex pathway out of care was marked by multiple moves and changes. Our research revealed that leaving care managers were deeply concerned about the group of care leavers who were experiencing complex pathways from care; these young people tended not to have a safe place to live and lacked stability in their lives. There were many reasons cited as contributing to experiences of complex transition.

Managers recognised that the legacy of the past and instability in care was a good predictor of the likelihood of this continuing post-care ('the cycle repeats'):

"Those that came into care much later, in the adolescent years, are usually the most chaotic young people, they're usually the ones caught up in exploitation, they're usually the ones who are in domestically abusive relationships, who are misusing substances quite heavily and who we find it really hard to find suitable accommodation for because the risks keep going up and up...There's a definite pattern there in terms of when they came into care and also their experience of care...They end up being moved into different foster placements and then residential care, they're also very unsettled because of the amount of transition and change and the different workers they've had." (Leaving Care Manager)

It was recognised that this group of young people often struggled to maintain accommodation and that they were often reluctant to access support because they had been let down by services and had adopted a 'survivalist self-reliance' (Samuels and Pryce, 2006). As one manager put it:

"It's the older the young people come into care, I think the more problematic it is for them to trust people and engage with services. I think they're very wary and I think also that these young people have had to fend for themselves, so they can be quite resentful and not want to follow some of our guidelines." (Leaving Care Manager)

Another manager reflected that:

“For some of our young people who are because of their previous trauma, in real disarray when they’re constantly going around in circles and we’re trying to persuade them to have help and then it gets to a crunch point.”
(Leaving Care Manager)

The reluctance to accept the accommodation or offers of help was a challenge for services and meant that highly vulnerable young people could end up in unsuitable accommodation. For example, in one local authority they explained that those who refused supported accommodation:


Where young people had been evicted or left accommodation in an unplanned way, this also meant that they were at risk that they were categorised as ‘intentionally homeless’ which created difficulties accessing other housing and meant a limited choice of accommodation. In one local authority they explained that they had invested in an intensive outreach programme to work with 16- to 25-year-olds to reduce homelessness, reduce rough sleeping and support young people to maintain accommodation. The service can support young people by going in up to five times a week, including evenings and weekends for up to six months. The service placed emphasis upon building relationships with the young people:

“They can spend two months getting to know the young person and then do four months direct work, so really maintain a good relationship with them, because we see that’s what’s needed. Young people need to build a relationship before they trust you and will open up. It’s a bit of a no brainer really, isn’t it? But our systems aren’t always set up to reflect that.”
(Leaving Care Manager)

Whilst there were positive examples of practice and specific projects seeking to try and improve outcomes for young people following the complex pathway, it was also acknowledged that high thresholds could mean that young people were not always eligible for support that professionals in children’s service thought that they needed. This is in line with previous research which highlights that the range of specialist, age-appropriate accommodation for care leavers with mental health and/or intellectual disabilities is limited. In addition, young people with mental health and disability related needs who do not meet the eligibility criteria for adult services are often excluded entirely from access to specialist care settings (Kelly et al 2016; Butterworth et al., 2017).

Young people’s perspectives

Four young people who were interviewed as part of the study were classified as following the complex pathway. The experiences of this group are captured in the section on ‘struggling’ in the next section. Gary’s case study below also provides an insight into the instability and change this group can experience.



THEY GO THROUGH THE HOMELESS ROUTE, AND THEY’D BE PUT IN TEMPORARY EMERGENCY ACCOMMODATION AND EVEN THAT TAKES A LONG TIME NOW...BECAUSE THE NUMBERS ARE GOING UP IT COULD BE UP TO 10 MONTHS, SO THAT’S NOT IDEAL AT ALL.
(LEAVING CARE MANAGER)

GARY COMPLEX PATHWAY

| AGE | HOUSING | REASON FOR CHANGE |
|-----|---------------------------------------|--|
| 16 | FOSTER CARE | UNPLANNED MOVE TO SEMI-INDEPENDENCE |
| 17 | SEMI-INDEPENDENT PLACEMENT | PLANNED MOVE TO A NEW SEMI-INDEPENDENT SETTING |
| 17 | SEMI-INDEPENDENT PLACEMENT | UNPLANNED MOVE TO BIRTH FAMILY |
| 17 | MULTIPLE MOVES BETWEEN FAMILY MEMBERS | UNPLANNED MOVE TO A FRIEND'S HOUSE |
| 17 | TEMPORARY STAY WITH FRIENDS | OFFERED COUNCIL TENANCY |
| 18 | COUNCIL TENANCY | ONGOING |

Gary walked out of his foster placement to move into semi-independent living at the age of 16. He said that he had not felt like he was 'part of the family' during his time in foster care, and said that he was treated unfavorably, compared to his younger brother. Gary had been heavily involved in gang activity during that time, attributing this to his lack of sense of belonging:

I WAS NEVER IN CARE, REALLY I NEVER SEEN MYSELF TO BE IN CARE SO EVEN THOUGH I WAS IN THE FOSTER FAMILY, I WAS NEVER ACTUALLY WITH THE FOSTER FAMILY, I WAS ALWAYS ON THE STREET BECAUSE OF THE WAY THAT I WAS PUSHED OUT OF THE FAMILY.

Gary then spent time in two different semi-independent living settings over a period of one year before the COVID-19 pandemic, which he then had to leave very suddenly due to concerns for his safety. This led to a period of moving around between family members for six months, followed by spending a few months staying with friends.

SO, IT WAS LIKE COVID, GETTING KICKED OUT OF YOUR HOUSE... IT WAS BASICALLY FLIP-FLOPPING EVERYWHERE. IT WAS BAD... I LIVED WITH MY NAN FOR A COUPLE OF MONTHS, I WENT TO MY UNCLE'S FOR A COUPLE OF MONTHS, I EVEN STARTED LIVING AT MY BOYS FOR A COUPLE OF MONTHS, THAT WAS SO EMBARRASSING, I HAD NOWHERE TO GO AND I WAS LIKE, "YEAH, DO YOU MIND IF I STAY WITH YOU FOR A COUPLE OF WEEKS?" I THOUGHT THE MUM WAS GOING TO GET ANNOYED WITH ME AND BE LIKE, "YOU KNOW WHAT, HE HAS TO GO!"

When he turned 18, Gary was supported by the leaving care service to get his own council tenancy. He has been settled here for the last year, which he is mostly enjoying. He particularly appreciates the freedom and independence that he now has.

SO HE HELPED ME GET THIS PLACE WHICH I AM NOTHING BUT GRATEFUL FOR BECAUSE OBVIOUSLY I'VE ALWAYS WANTED TO LIVE IN MY OWN FLAT SO I'VE GOT A BIT OF SPACE AND I CAN DO WHAT I WANT.

Gary is hoping to set up his own business in the near future:

THIS IS WHAT I WAS THINKING OF DOING, GETTING A CSC CARD [CONSTRUCTION SKILLS CARD] AND JUST BUILDING LIKE A BUSINESS FOR GARDENING, BIKE SHOP LIKE ANYTHING THAT NEEDS TO BE DONE WITH BIKES OR MECHANICS, MULTI-BUSINESS DO YOU KNOW EVERYTHING SO IF SOMEBODY NEEDS THAT DONE, I COULD GO AND DO THAT AND THAT THERE.

CHANGES DURING THE PANDEMIC

Change of leaving care worker

Unplanned move from semi-independence living to birth family

Multiple moves between family members and friends

Planned move to own council tenancy

WHAT WAS IT LIKE TO LEAVE CARE DURING COVID-19: MOVING ON, SURVIVING OR STRUGGLING IN THE CONTEXT OF COVID-19?

RESEARCH AIM

Explore how young people experienced leaving care at 16-18 years of age and how they have negotiated the changes brought about by this transition in the context of COVID-19

Stein (2006), drawing on a review of research studies on leaving care, has suggested that broadly speaking young people fall into three 'outcome' groups. First, young people who were **'moving on'** who had typically experienced stability and continuity in their lives and for whom preparation for leaving care had been gradual and planned. This group were generally in higher education or working in a job they enjoyed and were growing in confidence and self-esteem. Many also benefitted from ongoing contact and supportive relationships with their foster families.

The second, **'surviving'** group were characterized as having experienced more instability in care, tended to leave care earlier than the 'moving on' group. Their transitions from care were often unplanned and precipitated by placement ending. Many in this group continued to experience instability and change, including for example, homelessness and/or short-term employment followed by periods of unemployment. Moreover,

"many in this group saw themselves as 'more tough', as having done things 'off my own back' ...since leaving care. They believed that the many problems they had faced, and often were still coping with, had made them more grown-up and self-reliant – although their view of themselves as independent was often contradicted by the reality of high degrees of agency dependency for assistance with accommodation, money and personal assistance." (Stein, 2006, p. 277).

The final group were **'struggling'** and at the time of leaving care they had complex needs and their life chances were poor. This related to damaging pre-care family experiences, followed by high levels of placement instability (Stein and Carey, 1986; Stein, 2006). This group tended to exhibit emotional and behaviour difficulties, get into trouble and have problems at school. They typically left care earlier and often experienced homelessness or struggled to maintain their accommodation. They were also highly likely to be unemployed, lonely, isolated and to experience mental ill-health. In addition, they often lacked personal support (Stein, 2006).

The CCTC research team reviewed young people’s accounts of their living arrangements, health, wellbeing and education and employment pathways, as well as their access to formal and informal support during the pandemic and classified their experiences with reference to Stein’s (2006) outcome groups. It is important to acknowledge that transition is a process not an event and that for this cohort of young people it occurred in the midst of a human, social and economic crisis namely the COVID-19 pandemic. Drawing on the positive youth development literature, Sanders and Munford (2014) acknowledge the importance of recognising that:

“there are diverse pathways through adolescence and that these pathways reflect the dynamic interplay between each young person’s own individual characteristics and the resources and risks arrayed around them.” (ibid. p.160)

As Table 6 below shows, ‘**surviving**’ was the most common outcome group, followed by 17 of the 32 young people who participated in interviews. Ten young people were classified as in the ‘**moving on**’ group and five were ‘**struggling**’. The most common initial pathway out of the care system for both the ‘movers on’ and the ‘survivors’ was the transitional pathway. Three of the five ‘strugglers’ followed the complex pathway and the remaining two followed the transitional pathway.

Whilst the researchers have applied Stein’s (2006) outcome groups to the qualitative data, these classifications may not align with young people’s or professional perspectives.

Table 6: Outcome groups in the context of COVID-19 and initial pathways out of care (based on young people’s accounts)

| | Direct pathway | Transitional pathway | Birth family pathway | Extended care pathway | Complex pathway | Total |
|---------------------------|-----------------------|-----------------------------|-----------------------------|------------------------------|------------------------|--------------|
| ‘Moving on’ group | 2 | 6 | 0 | 2 | 0 | 10 (31%) |
| ‘Surviving’ group | 3 | 7 | 2 | 4 | 1 | 17 (53%) |
| ‘Struggling’ group | 0 | 2 | 0 | 0 | 3 | 5 (16%) |
| Total | 5 | 15 | 2 | 6 | 4 | 32 |

'Moving on' group

The accounts of ten young people classified as 'moving on' revealed that negotiating the transition from care to adulthood in the context of COVID-19 had presented them with unforeseen and additional challenges, but that these had not de-railed their plans. All of this group had completed their examinations and moved onto University and/or were engaged in a training course or employment that aligned with their interests and future aspirations. Whilst this was the case, the majority of them did acknowledge that online learning and changes in their day-to-day lives, including decreased contact with friends and/or family, and reduced opportunities to engage in leisure activities, had not been easy. For example, looking back to the first lockdown in 2020, Abdul reflected:

"It was kind of like very stressful because we have a college streaming into online like a Teams, so it was very hard to keep up with the studies and on top of and stay all day home, you don't go gym, you don't go out with friends, you don't have any entertainment. So, you've got like online classes and after that they give you assignments to do as well on top and at the end of the year like in general, we had exams as well, so to prepare for that as well." (Abdul)

However, Abdul, also welcomed being able to spend 'time with the family and you just have more time to talk with them and share what you think to know what they think'. This echoes the messages from other young people in the 'moving on' group whose responses demonstrated that they had a 'sense of belong and connectedness' to others in their households and 'felt' part of the family (see Cashmore and Paxman, 2006). In a sense, therefore, navigating the changes precipitated by COVID-19 was largely a family affair, as this quote illustrates:

Two of the three young people in the 'moving on' group who had places at University and who had been in long term stable foster care remained living with their families under Staying Put arrangements until term started. Helen explained that her pathway from her foster carers to a transitional placement had been precipitated by COVID-19:

"My carers were really worried about Covid, and obviously I had to keep going out, and they were quite elderly. So, I didn't want to cross the line of constantly going out and putting them at risk, and they didn't want to stop me from going out in my final year, so I had to move out." (Helen)

However, she welcomed the fact that she was not expected to move out immediately and that she had time to prepare to move into supported lodgings, as a bridge to University. The move was not stress free and Helen commented on the isolation she experienced and having to adjust to an 'empty house' because her supported lodgings provider was out at work most days, but she also embraced the freedom and flexibility this brought her. She also described channeling her worries about 'where am I going to live [next year]?' and used this as motivation to study. However, she also reflected that:

"I think that could have went either way. It could have terrified me to the point where I was just anxious every day and nobody would have known, because I was just alone, obviously I wasn't going in to school. So, I think it could have gone either way, but being the person that I am, I think it pushed me to do better." (Helen)

MY FIRST CHOICE IF I NEEDED TO REACH OUT FOR SUPPORT WOULD BE TO EITHER SORT IT OUT MYSELF, SORT IT OUT WITH MUM, THE FAMILY. BECAUSE WHATEVER I NEED, I CAN SORT OUT OR GET MYSELF, OR GET IT SORTED. I DON'T FEEL LIKE THE FIRST THING I WOULD DO IS CONTACT THE LOCAL AUTHORITY. (LEE)

She also acknowledged the important role that one of her teachers had played in her educational journey earlier in childhood. She explained that their interest in her educational development and referring her for a scholarship, which she subsequently obtained, raised her aspirations and opened up new opportunities.

Having obtained a place on her chosen course at University, Helen has moved into Halls. She has remained in contact with her foster carers and described it as 'a massive relief' that she had the option of spending Christmas with them. Ongoing contact with foster carers, (or mum and dad, or the family as they were usually described), also featured strongly in the accounts of others in this group. The two young people who did not discuss their former care arrangements were overwhelmingly positive about living in supported lodgings. Peter said:

"My supported lodgings provider was like a part of my family, like I said. I felt totally comfortable living with her. She helped me and my brother...Honestly, she was so amazing throughout all the pandemic...It was pretty nice to see that our relationship could grow during a bad time like that." (Peter)

Similarly, Dan, described his supported lodgings provider as 'like an auntie' and having a really positive connection with her. Dan also welcomed how the relationship had evolved and how he had gradually taken on more responsibility for cooking and cleaning in preparation for moving to University. Overall, positive and enduring relationships appeared to provide scaffolding as this 'moving on' group negotiated COVID-19 induced stresses, as well as the rights of passage associated with moving out of home and going to University or entering the world of work.

'Surviving' group

Seventeen young people in the sample were classified in the 'surviving' group; seven of whom followed the transitional pathway. Three followed the direct pathway, two moved from care to live with birth family and another four followed the extended care pathway. Finally, one followed the complex pathway. There was considerable diversity in the needs and circumstances of young people on this pathway, but recurring themes in the narratives of this group included: plans that had been derailed by circumstances outside their control; oscillation between positive and negative turning points. This group often exercised pragmatic agency – focusing on resolving current problematic situations in the present thus hindering long term planning (see also, Mølholt, 2017; Bengtsson et al., 2020). For the UASC young people in this group extensive Home Office delays were a source of major frustration and meant that young people were in limbo awaiting decisions affecting their long-term futures. Young people's accounts also highlighted how COVID-19 had heightened precarity in their lives and precipitated unplanned moves and/or changes in educational or employment, as Kate's story illustrates.

KATE

Kate's care history was characterised by placement instability. At the point of the first lockdown, she was living in foster care. She explained:

SO THAT'S WHEN I WAS WORKING FROM HOME THEN. AND THAT'S WHEN WE WERE AT HOME CONSTANTLY WHICH HAD NEVER HAPPENED REALLY... I THINK TO BE HONEST WITH YOU, THAT'S WHEN EVERYTHING STARTED GOING A BIT LIKE THE WRONG WAY AROUND WITH THAT [FOSTER] FAMILY, IF YOU WANT TO CALL IT THAT. AND WE WERE IN ALL THE TIME, AND THEY WEREN'T LISTENING TO THE [COVID-19] RULES. THEY WERE HAVING FAMILY MEMBERS OVER AND THEY WERE STILL GOING OUT AND DOING WHAT THEY WANTED TO DO...[AND] THAT CAUSED QUITE A LOT OF ARGUMENTS.

Kate was positive about her social worker's intervention and 'felt listened to' and as a result she moved in with her previous respite carers until alternative arrangements could be made. COVID-19 and uncertainty during this time meant that she was signed off from work with anxiety and she was later made redundant. This also meant she was unable to complete her apprenticeship. She said:

I'M STRUGGLING NOW, IT'S KIND OF LIKE THAT ANXIETY SETTLES IN AND THEN EVERYTHING GOES TITS UP REALLY, LIKE YOU THINK OH MY GOD, THIS IS GOING WRONG AND THEN THIS IS GOING WRONG AND THEN ALL OF A SUDDEN BEFORE YOU KNOW IT OVERWHELMS YOU SO MUCH THAT YOU JUST, YOU THINK EVERYTHING'S GOING WRONG AND IT PROBABLY ISN'T, TO BE HONEST. BUT THAT WAS QUITE DIFFICULT, TO BE HONEST.

As this account demonstrates, Kate experienced multiple changes in her life simultaneously, which the focal theory of adolescence (Coleman and Hendry, 1999) identifies is difficult to deal with. However, Kate also reflected that if COVID-19 had not of happened she would not have been moved into supported lodgings.

I'M LIVING WITH SOMEONE CALLED SUSAN AND ROGER AND IT'S TAKEN, OBVIOUSLY, I MEAN I MOVED HERE WHEN I WAS 17 AT THAT POINT, BUT IT TOOK ME UNTIL I WAS 17 TO FIND SOMEWHERE THAT I WANTED TO CALL HOME. PEOPLE THAT WERE NICE AND FRIENDLY AND LIKE WHAT A FAMILY SHOULD BE, THAT KIND OF THING. AND TO BE HONEST, I WOULDN'T CHANGE IT FOR THE WORLD.

Interviews with young people in foster care also served to highlight the important contribution that supportive relationships with their 'family' had played as they navigated day-to-day life in the context of COVID-19. Others in this group had mixed experiences of accessing formal support from services, with some feeling cared for whilst others felt isolated and forgotten (see also Gilligan et al., 2022; Kelly et al., 2020; Roberts et al., 2020).

'Struggling' group

In each of the interviews with young people in the 'struggling' group the legacy of the past and experiences of the absence of 'care' in the system were ever present in conversations. The five young people in this group were largely negative about their care placements, with one likening their children's home to a 'prison'. Gary explained that he walked out of his foster home when he was aged 16 because he 'wasn't really show much love by his foster family' and that he was 'treated like an outcast'. During this period of time, he was also involved in, as he described 'doing stupid stuff', gang activities and selling drugs. Following release from a secure unit at age 15, Steven explained that:

"They [children's social care services] put me into another care home which I didn't want to be in and instead of us going back to the house I used to just sleep in a tent out in the woods because the staff were just horrendous there...They wouldn't let us do anything, so I was like homeless instead. I was on the streets for about five, I think it was five months and then I got put into a semi-independent flat." (Steven)

This 'struggling' group all spoke of limitations of their placements and three of them took steps to leave their foster or children's home earlier than planned. Teegan did remain in care until she reached legal adulthood, but then experienced an age-related transition because she was required to leave the children's home at age 18. She explained:

She also highlighted how ill-prepared she was to live alone and how abruptly the level of support she received from children's services was reduced. She explained that she has a history of self-harm and suicidal ideation which remained when she moved out; "one minute I've got one to one support then the next minute in my own house I've got no one". She subsequently moved in with her dad but following a 'massive argument he wanted us out' and she met someone who offered her a job but because it meant moving to a different area this meant she stopped receiving support from mental health services.

Gary's account also illustrates 'here and now' decision-making to manage life situations and escape unwanted situations (which was a feature of the 'societal outsiders' group in Bengtsson and colleagues (2020) study. Having left his foster placement in an unplanned way Gary was placed in semi-independent accommodation but following an altercation there, 'my cousin robbed someone's phone and they came to my door trying to kill me', he moved out. Because he had nowhere to go, he spent short periods of time with different family members and with his friend.

He described having a 'street identity' and how he was engaged in crime until he decided that, although he was making good money, the violence and risk this might pose to his child in the future meant he had decided to look for a job. This development and the reflective account that Gary offered about his circumstances and plans did suggest progress towards longer-term agency and a desire for a more normative identity.

MY BIRTHDAY IS ON THE 25TH APRIL BUT I LEFT CARE ON THE 26TH APRIL BECAUSE MY BIRTHDAY FELL ON A SUNDAY...IT WASN'T MY CHOICE. IF IT WAS UP TO ME, I WOULD'VE STAYED BUT IT'S JUST THE COURT ORDER, ISN'T IT? I WASN'T READY TO LEAVE AT ALL BECAUSE I HAD MENTAL HEALTH PROBLEMS. THE POLICE WERE TRYING TO GET ME SECTIONED UNDER A SECTION 12 AND I WASN'T READY TO LEAVE CARE AT ALL.
(TEEGAN)

The accounts of the young people in the 'struggling' group also revealed that although they generally sought to convey their survivalist self-reliance, they also felt unprepared to live alone and abandoned by the care system that they had been so keen to leave:

"They give you the bare minimum, knowing you need something else. They say they hope they'll ease you on your way...They don't. As soon as you're in your own place, they drop you, boom, you're doing your own thing." (Darren)

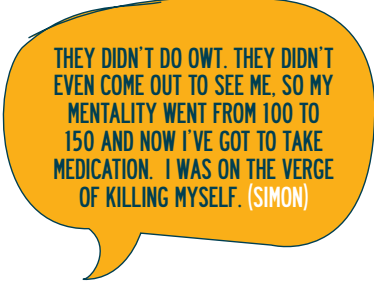
The perceived failings of children's services weighed all the more heavily for those in this group who lacked wider networks of support, as Steven said:

"A lot of kids leaving care have some family and stuff. I don't have...I've not got a mum I can just message like 'Oh, how do I do this? I don't have anything like that. And that's what I need, and I thought that's what a leaving care worker could help us with but it's not really the case." (Steven)

Bengtsson and colleagues (2020) undertook qualitative analysis of interviews with 14 Swedish care leavers aged 16–20 at three data collection points – with an average time from first to last interview of 21 months. They identified three transitional pathways: (1) from care to societal insiders; (2) from care to societal outsiders; and (3) from care to societal in-betweeners. These positions were connected to different dimensions of agency. Agency with long term goals, facilitated by a stable transition to care, was connected to the emergence of the 'insiders', whereas for the 'outsiders' agency oriented towards the short term. Finally:

"Shuttling between those agentic positions, trying to apply long-term agency but experiencing the need for instant and pragmatic decisions, implied a halted transition "in-between" out of home care and independent adulthood." (ibid, p. 1)

The rich reflections of the young people in our study sample served to highlight wide variations in the lived experiences of this group of care leavers and how they adapted over the period from the first lockdown in March 2020 until we spoke with them (from late 2021 to early 2022). They also illuminate variations in the availability of and access to appropriate formal and informal supports to help young people negotiate their pathways out of the care system. Analysis also revealed differences in the degree to which young people perceived they had agency in their lives.



THEY DIDN'T DO OWT. THEY DIDN'T EVEN COME OUT TO SEE ME. SO MY MENTALITY WENT FROM 100 TO 150 AND NOW I'VE GOT TO TAKE MEDICATION. I WAS ON THE VERGE OF KILLING MYSELF. (SIMON)

PATHWAYS OUT OF CARE - STEIN (2006) OUTCOME GROUPS

'MOVING ON' GROUP

- Stability in and post care
- Gradual preparation and planning
- In education/satisfying job
- Positive and enduring relationships (inc. with past carers)
- Additional challenges in COVID-19 did not de-rail plans

'MOVING ON'
GROUP
31%
10 Young people

'SURVIVING' GROUP

- Instability in care
- Unplanned early move out of care
- Short term job/unemployment
- Self-reliance
- COVID-19 heightened precarity in lives

'SURVIVING'
GROUP
53%
17 Young people

'STRUGGLING' GROUP

- Highest number moves in care
- Abrupt pathways out of care
- Isolation, unemployment and mental health difficulties
- Here and now decision-making
- COVID-19 further confirmed feelings abandoned by care system

16%
'STRUGGLING'
GROUP
5 Young people

Care leavers' advice to other care leavers

Care leavers taking part in the CCTC study were asked what advice they would give to other young people preparing to leave care, they said:

- **Don't be worried to ask for help**
- **Speak up about what matters to you**
- **Stay in care if you can**
- **Try doing household tasks when you are younger**
- **Work hard at your studies**
- **Avoid drugs and smoking or drinking too much**
- **Save some money up if you can**
- **Prepare for your move - start buying things you will need**
- **Try not to stress or worry too much**

DON'T LET ANYONE TRY AND SPEAK FOR YOU BECAUSE WORDS CAN GET LOST. JUST BE YOURSELF AND DON'T WORRY TOO MUCH ABOUT THINGS.

I DID A LAUNDRY DAY, I DID AN IRONING DAY, I DID TOILET CLEANING, KITCHEN CLEANING, A BIT OF COOKING, SO I DID ALREADY KNOW THINGS THAT I WANTED TO DO. SO I WOULD SAY ANYBODY LIVING WITH A FOSTER FAMILY THEY SHOULD HELP AROUND FROM AS SOON AS POSSIBLE, AS EARLY AS POSSIBLE, SO THEY COULD BE VERY PREPARED IN MOVING.

THE BEST ADVICE I COULD GIVE IS THAT THEY SHOULD HAVE A JOB, IF YOU HAVE MONEY THEN YOU'RE FINE, YOU CAN DO ANYTHING YOU WANT. ANOTHER ADVICE I CAN GIVE IS THEY SHOULD STAY AWAY FROM DRUGS AND ALCOHOL AND STUFF LIKE THAT. BECAUSE IT'S VERY EASY INNIT, THERE'S NO ONE THERE TO TELL YOU DON'T SMOKE, DON'T DRINK.

I WAS REALLY SHY TO SAY I'M SUFFERING. NOW I'M STRAIGHTFORWARD, I'LL JUST SAY LOOK I'M SUFFERING.

I WAS KIND OF EMBARRASSED ABOUT THE FACT THAT I WAS 18 BUT I STILL HAVE TO HAVE SOME HELP WITH SOME THINGS. SO, DEFINITELY DON'T FEEL EMBARRASSED LIKE I DID BECAUSE THEY'RE REALLY THERE TO SUPPORT YOU AND YOU DON'T HAVE TO FEEL EMBARRASSED THAT YOU NEED THAT HELP.

I'D DEFINITELY TELL THEM TO TAKE AS MUCH SUPPORT AS THEY CAN, AND IF THEY'RE NOT GETTING IT, TO PUSH FOR IT. AT THIS POINT, THE ONLY WAY TO GET IT IS TO JUST PUSH, AND PUSH, AND PUSH, AND TO FIGHT FOR WHAT YOU ACTUALLY NEED.

I PROBABLY WOULD SAY BUY EVERYTHING BEFOREHAND, LITTLE THINGS LIKE A KETTLE, MAYBE SOME CLEANING PRODUCTS, MAKE YOUR OWN LITTLE BASKET AND THEN MOVE IN WITH THAT.

STAY IN CARE AS LONG AS YOU CAN, TRY AND FIND A JOB WHILE YOU'RE THERE

SPEND SOME BUT SAVE SOME OF IT AS WELL BECAUSE I KNOW WHAT WE'RE LIKE, EVEN IF I DID GO BACK IN TIME AND TRY AND SAVE, I'D PROBABLY SPEND IT ALL BUT MY ADVICE WOULD BE JUST TO HAVE FUN AND SPEND SOME OF IT BUT TRY AND SAVE AS MUCH AS YOU CAN BECAUSE WHEN YOU GET INTO SITUATIONS THAT I'M IN NOW, WHERE I'M LIVING BY MYSELF, I WISH I HAD A LITTLE BIT EXTRA MONEY IN THE BANK SO I COULD ACTUALLY SPEND IT ON MYSELF NOW INSTEAD OF BACK THEN.

DISCUSSION: GOOD ENOUGH CORPORATE PARENTING?

Expectations of independence or interdependence?

The United Nations Convention on the Rights of the Child recognises that young people who have been separated from their families are entitled to care and special protection to promote their physical and psychological recovery (Articles 20, 21). The Guidelines for the Alternative Care of Children also acknowledges the importance of:

- **Preparation and planning:** to ensure that youth are equipped with social and life skills to 'assume self-reliance and to integrate fully into the community'
- **The process of transition:** taking into consideration children's gender, age, maturity, and particular circumstances and including counselling and support
- **Providing aftercare support:** including ongoing educational and vocational opportunities and access to social, legal and health services, together with appropriate financial support (United Nations, 2010, p. 19).

In England, the pathway planning process is intended to detail a young person's current and predicted needs in relation to health and development; education, training and employment; emotional and behavioural development; identity; family and social relationships; social presentation and self-care skills; support; family and environmental factors; and accommodation and how these needs will be met (Department for Education, 2022). Legislation has also strengthened and extended young people's entitlement to support from their local authorities, including the option (for those in foster care) to remain living with their former foster carers, under a Staying Put arrangement until age 21. All care leavers are also eligible for continued support from a leaving care Personal Adviser until 21 and have the option of requesting support up to the age of 25 (Children (Leaving Care Act) 2000; Children and Families Act 2014; Children and Social Work Act 2017; Department for Education, 2018). In principle these reforms signal 'that the direction of travel has been away from a cultural norm of accelerated and compressed transitions, with young people leaving care at 16-18 with minimal preparation, planning and aftercare support' and towards greater acceptance that the role of the State as the corporate parent does not cease when young people reach legal adulthood (Munro, 2019, p.72). In theory, this suggests a shift towards a model of delivery that aims to offer extended and gradual transitions to adulthood for young people with care experience, by affording them a little longer in care and/or additional support and time to take on adult roles (which is consistent with wider trends in youth transitions in Western Societies). However, research findings suggest that this is an aspiration rather than consistently embedded in practice, and many young people continue to experience age-related transitions (Munro, Mølholt and Hollingworth, 2016). A recent Ofsted survey found that young people's experiences of preparation for leaving care were varied, that moves were abrupt and more than a third felt they left too early. Further, many were not aware of what support they were entitled to (Ofsted, 2022).

There has been an increase in the use of unregulated accommodation for 16- to 17-year-olds in recent years (Department for Education, 2021). These independent or semi-independent living arrangements, including self-contained flats or in hostels or foyers are not regulated by the quality Inspectorate. The Office of the Children's Commissioner and Article 39 have raised concerns that children placed in these settings are not provided with 'care' and that there are wide variations in the quality and levels of 'support' or supervision provided to young people in these settings (Office of the Children's Commissioner, 2020; Article 39). In a recent High Court ruling Mr Justice Holgate¹⁵ rejected Article 39's view that an unregulated placement – because it was not required to provide 'care' – was legally incompatible with meeting the care needs of any 16- or 17-year-old looked-after child, as such needs could be provided externally to the placement. Caroline Willow, Director of Article 39 reflected:

"Instead of protecting all children, [the government] decided to create a two-tier system where children in care aged 15 and under will always be cared for where they live, and those aged 16 and 17 can go without care in their home." (Article 39, 2022)

These positions serve to highlight differences in perspectives as to whether the role of the corporate parent is to prepare young people with care experience to be independent and self-reliant as soon as possible, or, whether discourse and practice should be reframed to recognise that we are interdependent. Storø (2018) highlights that:

"there is considerable political pressure on child welfare and social workers to enable clients to become self-reliant, to emancipate themselves from helping systems and to be economically self-sufficient. For many welfare professionals, optimal practices are all those aimed at enabling independence among clients leaving care." (p. 104-5).

However, independence is a matter of degree and 'an individual may be independent when it comes to income by having a job and earning a salary, but quite dependent upon other people as friends or family to experience a fulfilling life' (ibid, p.105). The concept of interdependence recognises mutuality and the importance of relationships between people. Findings from research with young people leaving care suggest that relationships and emotional support (interdependence) is highly influential in their leaving care discourses but that services can be inclined to focus more on finance and practical help as a vehicle to promote independence (Munro, Mølholt, Hollingworth, 2016; Mølholt, 2017; Höjer and Sjöblom, 2014). Young people's accounts in this study also suggest that supportive relationships were the anchor that had helped young people navigate the challenges of transition and COVID-19 and that the absence of people who could be relied upon and trusted to offer support left people struggling and focused on the here and now.

¹⁵ <https://www.bailii.org/ew/cases/EWHC/Admin/2022/589.html>

Professional perspectives

Leaving care managers and Personal Advisers highlighted that they were operating in a system in which young people 'turn 18 and are expected to be independent adults'. Many questioned the appropriateness of this orthodoxy because young people in the general population are typically supported by their families well into their 20s (and beyond). For example, one leaving care Personal Adviser said:

"I don't think our young people should even think about being an adult at 18, because I certainly didn't. If I'm honest I'm [age in 30s] and I still think if anything was wrong, I'm like 'mum, sort this out'. So, do we think that our 18-year-olds can do that? Brain development, it's a fact that the brain doesn't mature until you're 25, so why do we think that our 18-year-olds can do these things?" (Personal Adviser)

At the same time, professional accounts revealed that they sought to operate within the confines of the system and that on this basis they did try to equip young people with the practical skills that they would need to manage living 'on their own' from 18. They highlighted that the care system should help compensate and support young people to overcome past traumas, meaning that the expectation of 'independence' at 18 was problematic. In some local authorities, professionals were highly critical of the quality of 'care' provided by corporate parents:

"[The local authority] will stick these vulnerable young people in places like hotels and Bed and Breakfast where it's not adequate for the young people and they can't manage in these types of environments...They break [the placements] down every time, and it's because they're putting them in accommodations with people, from all walks of life, and we're talking about vulnerable 18 year olds...It's a real system error that frustrates me because when they break it down the Council go 'OK, well then we have no duty to house you now and you'll just have to figure it out'...Young people are really just left destitute and it's sad to see." (Personal Adviser)

Another leaving care Personal Adviser reflected:

"Once you get to 18 everything stops, everything just finishes, there's no more support, there's no more care, there's no more effort, and it's just figure it out. And that's when for people like myself, as Personal Advisers, where the struggle really begins because a lot of young people have just been basically babysat until they reach the age of 18 and then all the support just disappears." (Personal Adviser)

Interviews also revealed variations in attitudes and practices concerning the use of semi-independent accommodation post-18. Some areas considered this appropriate and necessary to support their care leavers, whereas others geared their practice towards ensuring that those who are not on an extended care pathway will be able to follow the direct pathway at 18. The latter means short-term and temporary moves in the interim in preparation for independence:

"Young people in residential care are more likely to go into semi-independent...that's just how it goes in our policies and procedures...Once you're 16 and you've formally left education, procedurally you'll go into semi-independence...The majority we are looking to achieve their own accommodation at 18...Generally they achieve independent in terms of 18 and they want that." (Leaving Care Manager)

In the early stages of the pandemic, professionals welcomed Government guidance that stated that local authorities should 'ensure that no one has to leave care during this period' (Department for Education, 2021, p.35). They identified that in some cases purposive delays had been beneficial for young people in their care and offered an extended period of relational continuity and support from current carers (Munro et al., 2021). However, although, in theory, the guidance created an opening for moving beyond age-related transitions, in practice, extensions, where they were granted, were generally short term, rather than something more akin to the pathways typically experienced by young people in the general population. Interviews also revealed a small number of cases where stable placements that had been expected to continue actually came to an end earlier than planned because older foster carers were concerned about their health. The sudden ending of 'permanent' placements, when young people had considered themselves to be 'part of the family' was upsetting for those concerned, as one Personal Adviser explained:

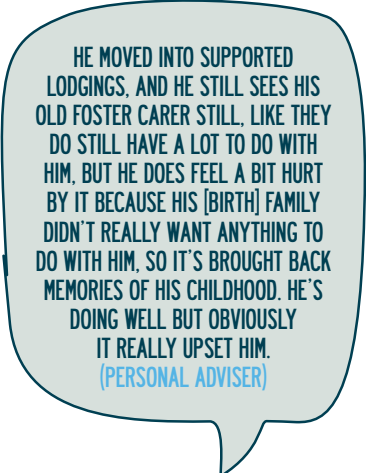
Another leaving care Personal Adviser also provided an example, the sudden death of a supported lodgings carer and the impact this had on two young people she worked with:

"They were living in supported lodgings in a great area. They were both accessing college quite close by, good transport links, knew the area well... So they were happy, the relationship was going well...He had the young people really involved in the gardening and upkeep...Unfortunately he got COVID and passed away. So, that left two young people dealing with not only the death and grieving...but now you're homeless. Not technically homeless, but you're going to have to move from [a home] where you were content." (Personal Adviser)

It is also noteworthy that a number of authorities would not extend placements in children's homes beyond 18 as this is a breach of regulatory requirements – although others were a little more flexible – albeit for relatively short periods. For example, one of the young people who was interviewed described being permitted to stay for an extra month because she was so anxious about leaving residential care during the pandemic. Overall, interviews highlighted that even within the context of COVID-19 off-time (early) transitions for young people with care experience have been normalised and that aftercare supports are not necessarily adequate to meet their needs.

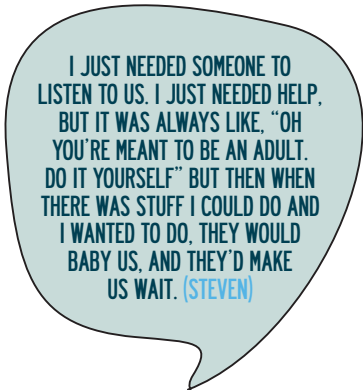
Young people's perspectives

Past research demonstrates that some young people with care experience may express a desire to leave the system because they have a wish to be 'free' and 'independent' and/or because of levels of (dis)satisfaction with their placements and/or relationships with carers and social workers (Munro et al., 2011). Equally, however, young people can object to being 'forced' or 'kicked out' of the system' by virtue of their age (Munro et al. 2011; Munro et al., 2012). The narratives of young people leaving care in the context of COVID-19 were similar.



HE MOVED INTO SUPPORTED LODGINGS, AND HE STILL SEES HIS OLD FOSTER CARER STILL, LIKE THEY DO STILL HAVE A LOT TO DO WITH HIM, BUT HE DOES FEEL A BIT HURT BY IT BECAUSE HIS [BIRTH] FAMILY DIDN'T REALLY WANT ANYTHING TO DO WITH HIM, SO IT'S BROUGHT BACK MEMORIES OF HIS CHILDHOOD. HE'S DOING WELL BUT OBVIOUSLY IT REALLY UPSET HIM.
(PERSONAL ADVISER)

Only four of the young people interviewed were explicit that they had wanted to move to a more independent setting before they reached legal adulthood and in the midst of the pandemic. The narratives of this group revealed dissatisfaction with the placements they were living in at the time. For example, Steven described a member of staff in the care home as 'kind of abusive' but that 'nothing was done about it'. He described his semi-independent accommodation as 'better' even though he was living with a lad who was 'manipulative' and 'filling him with drugs'. He also reflected:



I JUST NEEDED SOMEONE TO LISTEN TO US. I JUST NEEDED HELP, BUT IT WAS ALWAYS LIKE, "OH YOU'RE MEANT TO BE AN ADULT. DO IT YOURSELF" BUT THEN WHEN THERE WAS STUFF I COULD DO AND I WANTED TO DO, THEY WOULD BABY US. AND THEY'D MAKE US WAIT. (STEVEN)

All the young people who had been living in children's homes recounted being told that they were 'not ready' to live on their own. Simon described being given a budget of £5 per day to prepare him for budgeting and to 'prove' he would be able to cope. He explained that this was not enough to get the bus to college and to get lunch and so he 'had to walk nearly an hour every day, just to college, I'd have to set off at like half seven, be there for half eight and start at twenty to nine'. Daniella explained that children's services had originally said that she 'wasn't allowed to move into semi-independent accommodation, because they were saying, "Everyone who's in semi-independent accommodation is very rough', but that when her placement with her relative broke down, she was moved into this setting. She explained children's services did move her from one house to another which she thought was 'based on the culture of the house, who lived there already, and the fact that I didn't have any gang involvement'. Overall, Daniella was fairly positive about her time in semi-independent accommodation and felt that this prepared her for her subsequent move into a property with her partner. In contrast, others in this group suggested that staff in semi-independent settings were negative and focused upon identifying their failings and shortcomings rather than offering support and helping them develop their skills and prepare them to manage living more independently.

Interviews with young people who were not able to Stay Put revealed that social workers and/or carers typically conveyed that they needed to develop their practical skills (cooking, cleaning and managing bills) so that they could be independent at 18. On the whole, young people appeared to accept that this cultural norm because they observed their care experienced peers doing the same and/or because carers or workers told them that they would be moving into different accommodation and levels of support would be reduced:

"They said to me at 16 they said to me you should learn something, you know, because after 18 we're not going to provide you everything so it's better to learn and do something, independence is the future when you're 18." (Fawad)

Abdul had lived with his foster carers for over three years, since he arrived in the UK. He explained that his social worker had told him:

"You're 18 and the family don't want you anymore because you're an adult now and you can live by yourself. So, you have to have your own place and you have to move out. So, I was a bit worried at first how I was going to keep up with the things because of COVID it was hard as well to get a house and things like that, to buy a carpet, a bed and that." (Abdul)

Arguably these discussions and expectations normalise off time (early) transitions which are imposed upon care leavers, rather than initiated when they are ready. Abdul's quote also suggests that the social worker was insensitive to the importance of his relationship with his foster family. Focusing upon the practical at the expense of the relational may also serve to reinforce survivalist self-reliance (Samuels and Pryce, 2008), rather than challenging this, and promoting interdependence. As Mia put it:

"They need to give us more time. I feel like when you are 18, I know you are still in a children's home, residential homes, you have to move out literally on your 18th. Yet most kids, most people that live with their families can get away with loads of stuff and still be okay and have family to fall back on. I don't know I feel like we just need more time actually, we shouldn't have to grow up as soon as we hit 18, whereas other people don't I feel like it's quite rubbish." (Mia)

CONCLUSION

Research highlights the persistence of inequalities in health, education and employment over the life course for care leavers (Sacker et al., 2021). Analysis of data from the Office for National Statistics longitudinal study showed that:

There are stark gradients in the impact of different placements into care. The **inequalities within the cared-for population are as great as the inequalities between the cared-for population and the population in parental care**. There are highly consistent impacts on health, socioeconomic circumstances, family life and living arrangements depending on care arrangements with kinship care having the best outcomes, residential care the least, and foster care lying midway between the two extremes (Sacker et al., 2021, p2).

Findings from our research also show how in care experiences and placements shape pathways out of the care system at 16 plus, and education and employment outcomes. This serves to highlight that past decisions about where children and young people are placed are not inconsequential and that, as a matter of social justice, the government and wider society should commit to supporting young people as they negotiate the transition from care well into adulthood. Although, in theory, legal and policy developments signal movement away from 'accelerated and compressed' transitions from care and towards 'gradual and extended' transitions, findings from our research bring into sharp focus that young people's pathways out of care are not akin to those of their peers in the general population; and that poverty and isolation are realities for too many.

A recurrent message from leaving care managers and Personal Advisers in our study was that young people should not be expected to leave care and be 'independent' at 18. However, working within the confines of the system they had developed policies and practices to try and provide some scaffolding and support to young people, to try and reduce the risks associated with system-driven off-time (early) transitions. The widespread use of semi-independent or supported accommodation on the transitional pathway, which was followed by half the sample, illustrates this. It is important to note, however, that accounts revealed wide variations in the quality of this provision and how long young people were permitted to stay. Indeed, in some local authorities the use of semi-independent placements as a short-term bridge to independence resulted in multiple accommodation moves in quick succession, which is rarely in young people's best interests. The data also revealed that some young people with the most complex needs followed the direct pathway moving into private or council tenancies at an early age, or the complex pathway, with the instability and change that characterised their time in care continuing when they left. In contrast, earlier entrants to care who had benefitted from greater placement stability and a secure stable base in foster care were significantly more likely to follow the extended care pathway.

COVID-19 opened up the opportunity for young people to remain in placement for longer because they were not required to leave their care placements during lockdown. Purposive delays were viewed to be really advantageous for some young people as they offered more time for preparation and planning for the future as well as relational continuity and support from current carers. In practice, however, our study shows the additional time young people tended to remain in placements was relatively short. Moreover, in some local authorities, young people in residential care, who typically have complex needs, were not permitted to stay longer. COVID-19 also served to undermine some previously long-term stable placements leading to abrupt and unplanned transitions in the midst of the pandemic.

Findings from the CCTC study served to highlight the diversity of young people's needs and experiences and wide variations in what formal and informal support was available to them. The additional pressures facing care leavers during the pandemic have increased demand for mental health services at a time when access is further restricted and alternative models of delivery may inhibit engagement (e.g. reduced access to health professionals that young people know and trust, online delivery when young people are in shared accommodation). Every local authority identified mental health support for care leavers as a pressing issue and some signalled that there had been a rise in complex mental health needs within their areas, including an increase in self-harm, suicidal ideation and suicide attempts. Going forward it will be important to consider the different types of services and supports that 'sub groups' within the cohort need to: mitigate the impact of COVID-19; and to ensure that those with greatest needs are not left out of systems or denied appropriate support, so as to avoid perpetuating the inverse care law (greatest need/least care).

RECOMMENDATIONS

Building on findings from the study, discussions with the CCTC Networked Learning Community and wider research, the following recommendations are proposed to address inequalities in outcomes within the leaving care cohort and between care leavers and the general population.

Moving beyond age-related transitions

- To change the dominant practice of off-time (early) transitions from care to adulthood the **Government should consider permitting young people in all placement types to remain in care for longer and extend after care support beyond 25**. Research demonstrates extended care improves outcomes.
- To ameliorate feelings of loneliness and isolation **local authorities should promote the principle of interdependence, help young people to overcome survivalist self-reliance and promote the development of lifelong links and informal networks of support**.

Reducing poverty

- To address poverty in care leavers' lives, **increase the amount of money care leavers receive and ensure that strategies for income maximisation are in place**.
 - ▶ At the national policy level increase the recommended setting up home allowance (Barnardos, 2021), reinstate the Universal Credit uplift payment (YPBMF, 2021), replicate the Scottish and Welsh Government national policy of exempting all care leavers from paying council tax up to age 25 or 26 and explore piloting the Basic Income pilot (Welsh Government, 2022).
 - ▶ Local authorities need to establish or strengthen links with specialist welfare advisers/organisations and or Job Centre Plus advisers. It may be advantageous for these roles to be based in leaving care teams.
- To ensure there is **transparent information about financial support provided by the local authority** make sure that the care leaver offer is up to date, reviewed with care leavers and promoted.
 - ▶ In partnership with care leavers, the government should set out what additional financial elements every local authority should include in their local offer (e.g. WIFI, laptop/mobile phone, TV licence for first year, specified yearly budget for 'hobbies/fun' etc).
 - ▶ Local authorities must ensure that all care leavers feel confident about how much money they will get and how this will change depending upon age and/or circumstances (Ofsted, 2022).

- To **improve care leavers' money management and budgeting skills** support around financial literacy should begin early and continue as young people grow older and their circumstances change.
 - ▶ Ensure financial education is an integral part of care and pathway planning and that there is an expectation that foster carers, residential staff and others are involved. Work in partnership with children in, and leaving, care to identify what they want to know and how they want to develop this essential skill (Coram Voice, 2020; Children Society, 2016).

Improving health and wellbeing

- To provide appropriate support for care leavers' emotional and mental health, Integrated Care Systems and local authorities should **develop a service response pathway specifically aimed at supporting young people's mental health needs at the point at which they leave care and beyond.**
 - ▶ This could include a range of responses from increasing the role and expertise of GPs, specialist mental health practitioners working in leaving care teams, to specialist nurses and a specific mental health service offering trauma-informed therapeutic interventions to all care leavers and training to all social care staff (Appleton et al, 2020; Sacker et al, 2021; Smith, 2017).
 - ▶ Building on the success of the virtual school head, a similar oversight role of a virtual mental health lead could be established with a remit that explicitly extends to care leavers up to age 25. (SCIE, 2017).
- To reduce the complexity of transition between Child and Adolescent Mental Health Services and Adult Mental Health Services, local authorities and partners should **change the way that health services are commissioned so that all services are available to care leavers up to the at least the age of 25** (Children's Commissioner, 2020), providing them with stability and continuity of relationships within the health domain.
 - ▶ This should extend to the development of specialist services or fast-track access for care leavers.
 - ▶ Services need to be designed in partnership with young people to ensure that they are appropriate and accessible.
- To **improve Personal Advisers knowledge and recognition of care leavers' health needs** and to help them to access services when they need them, including if they move area.
 - ▶ Local authorities should increase the focus on health and wellbeing needs in pathway plans, including emotional and mental health.
 - ▶ This would be supported by revising the statutory guidance on 'Knowledge and Skills of Personal Advisers' (Department for Education, 2022, p. 90) to include knowledge of mental health issues (Children's Commissioner, 2020; Ofsted, 2022) and ensuring Personal Advisers receive mental health training.

Supporting education, employment and training

- To **reduce variation within and between local authorities** there needs to be a focus on disseminating best practice and strengthening partnership working.
 - ▶ All local authorities should have specialist roles to support care leavers to secure and sustain employment and education. This work could be supported by the development of regional communities of practice.
 - ▶ Government and others such as Ofsted have a role in promoting and disseminating best practice on supporting care leavers into education, employment or training.
- To ensure **all care leavers are aware of and receive the support available for education, employment and training**.
 - ▶ Local authorities should provide bespoke information, advice and guidance and support care leavers with their individual aspirations for education and employment. It is important to recognise that some care leavers will need additional support to enter or re-enter education, training or employment post pandemic.
 - ▶ The local authority local offer should be updated on a regular basis to include the statutory support available to care leavers, (such as the £2,000 bursary for care leavers in Higher Education), as well as information about general employment support, such as careers support and links to local Jobcentre Plus (JCP).
 - ▶ Local authorities should also include any other support that they, or partners, deliver that is specifically available to care leavers, for example, work-taster opportunities, ring-fenced apprenticeships and jobs.

Overcoming housing challenges

- To **ensure that care leavers have access to suitable and safe accommodation that meets their needs**.
 - ▶ Local authorities should establish the proportion of young people in their cohorts following each of the five pathways and use this information to assess whether their accommodation options for care leavers in the local area are sufficient to meet their needs.
- Local authorities should **review the proportion of 16 to 17 year olds they place in unregulated provision** and seek to:
 - ▶ Reduce the proportion of young people placed in unregulated provision
 - ▶ Embed a culture in which poor quality provision is not tolerated or used
 - ▶ Ensure that the level of care and support afforded to these young people is commensurate with their needs
 - ▶ Establish how young people living in this accommodation feel they are doing and embed robust processes for care leavers to alert their corporate parent when they have concerns.

Sustaining creative, personalised, flexible and relational support

- To **ensure leaving care Personal Advisers have the capacity to deliver high quality, relationship-based practice, leaving care services need to be adequately resourced.**
 - ▶ National government need to invest in leaving care services to reduce inequalities and promote improved outcomes.
 - ▶ Guidance should be issued outlining maximum 'caseloads' for Personal Advisers.
- To meet the individual needs of all care leavers, **leaving care workers should be empowered to work in creative and flexible ways as was observed during the pandemic.**
 - ▶ Consult with young people about how they would like their workers to keep in touch and the frequency of this rather than simply relying on statutory visits (e.g. regular text messages, video calls and walking the dog together).
 - ▶ Continue to do fun things together (e.g. cooking online together, sending art packs and cards in the post).

Improving the data collected about children in care and care leavers

- To **reduce the knowledge gap about the experiences of care leavers, national data collection on children in care and care leavers needs to be improved.**
 - ▶ As a starting point, the Government must ensure there is a more balanced narrative, many of the items are negative (e.g. substance use; convictions).
 - ▶ New items to be added could include: information about how young people feel they are doing; satisfaction with services received; changes in social worker or Personal Adviser; the degree to which young people feel involved in planning.
 - ▶ Development work on additional items should be done in partnership with care leavers.
- To **improve local knowledge about care leavers.**
 - ▶ Local authorities should prioritise fully utilising the data that they already collect to explore young people's needs and pathways out of care. The CCTC study will produce guidance to support this recommendation.

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APPENDIX • STATISTICAL ANALYSIS

This section presents the findings from our statistical analysis. Our research aim was to examine care leavers' pathways out of care and any variations in the journeys that different 'sub-groups' of care leavers follow (with reference to individual characteristics, reasons for entry to care and in-care histories).

Statistical analysis approach

Categorical variables for all explanatory variables were analysed using chi-square goodness-of-fit analysis and Fisher's exact tests. Adjusted standardised residuals (ASRs) were calculated to indicate the importance of the cell to the ultimate chi-square value, which took account of the overall sample size. Therefore, when reporting the results, the ASR values were used to indicate significance, i.e., ASR values of 3.09 ($p < 0.001$), 2.6 ($p < 0.01$), and 2 ($p < 0.05$) indicated importance, with anything below two deemed non-significant ($p > 0.05$). A binary logistic regression analysis was conducted to determine predictors of each pathway out of care with children's characteristics entered as explanatory variables. In the regression analysis, deprivation of home address was excluded as it would otherwise substantially reduce the sample size and bias the results towards children who had been in care longer. All statistical tests were completed using IBM SPSS Version 27 (IBM, New York, US); two-tailed significance was assumed at $p < 0.05$.

Introducing the sample

As discussed in the main report the statistical data used is from the SSDA903 records of 10 local authorities in England. Guidance on the data items local authorities are required to submit annually to government is available¹⁶. Information is collected on children's age, gender, home postcode, main reason for entry to care ('need code'), changes of placement and or legal status ('episode data') and exit codes. 'Outcome data' is also collected for children in care including substance use, whether child is a 'mother'. For care leavers data is centred on education/employment status, type of accommodation and whether the local authority is in touch.

The CCTC study sample consisted of 1,338 young people who met the following criteria between April 2020 and end of March 2021: former relevant children i.e. young person turned 18 in the study period; relevant children i.e. young person aged 16 or 17 who left care (ceased to be looked after) and eligible children aged 16 or 17 who left an Ofsted regulated care placement (i.e. those moving into 'other arrangements' including independent or semi-independent accommodation, or returning to birth family - still looked after children). Local authorities were asked to include all historical placement information for each young person. They were also asked to supply additional data on young people's pathways out of the care system at 16 plus (see methodology for more information).

Demographic details and placement history variables were included in the analysis. Data was recoded e.g. age at entry was classified into groups.

¹⁶ <https://www.gov.uk/government/publications/children-looked-after-return-2021-to-2022-technical-specifications>

Table 1 describes the CCTC sample, in brief:

- There were more males than females (63% vs. 37%)
- Nearly three-quarters of the sample (72%) last entered care aged 12 or over
- About half were recorded as 'other ethnic background'
- The main reason for entry to care was abuse/neglect (38%) followed by family circumstances (28%)
- Two-thirds were voluntarily accommodated (69%) at entry dropping to just over half (55%) at exit
- Upon entering care just over half were in foster care (54%), at exit this had dropped to a third (32%). At entry 30% were in semi-independent/independent arrangements increasing to over half (56%) at last exit.
- There was a wide range of placement changes over care history; with an average of just below 5 placement changes.
- Most had no recorded missing episodes (60%) though a quarter (25%) had 5 or over.
- Under 1 in 10 (7%) had a substance misuse issue.
- About half (53%) were in full or part time education/employment or training but a quarter were not, and a similar proportion no information was available.

Table 1: Characteristics of the sample (n=1338)

| Characteristic at entry | Category | Care entrants (%) |
|-------------------------|--------------------------------------|-------------------|
| Age of entry | 0-2 | 42 (3.1) |
| | 3-6 | 96 (7.2) |
| | 7-11 | 210 (15.7) |
| | 12-15 | 403 (30.1) |
| | 16-18 | 557 (41.6) |
| | Missing/Unknown | 30 (2.2) |
| Gender | Male | 841 (62.9) |
| | Female | 497 (37.1) |
| Ethnicity | White British | 214 (16.0) |
| | White other | 14 (1.0) |
| | Black African/Caribbean | 85 (6.4) |
| | Black other | 53 (4.0) |
| | Asian (Indian/Pakistani/Bangladeshi) | 37 (2.8) |
| | Chinese | 152 (11.4) |
| | Any other ethnic background | 655 (49.7) |
| | Refused | 101 (7.5) |

| | | |
|--|---|------------|
| Index of Multiple Deprivation | 1 – Most Deprived | 54 (4.0) |
| (Home Postcode) | 2 | 77 (5.8) |
| | 3 | 65 (4.9) |
| | 4 | 95 (7.1) |
| | 5 – Least Deprived | 51 (3.8) |
| | Missing/Unknown | 996 (74.4) |
| Reason in Care | Abuse/Neglect | 511 (38.2) |
| | Disability (Child) | 46 (3.4) |
| | Family circumstances | 374 (28.0) |
| | Child related | 60 (4.5) |
| | Absent parenting | 328 (24.5) |
| | Missing/Unknown | 19 (1.4) |
| Unaccompanied Asylum Seeker | Yes | 359 (26.8) |
| | No | 979 (73.2) |
| Policy groups (Sinclair et al., 2007) | Adolescent graduates (looked after <11) | 309 (23.1) |
| | Adolescent entrants (11+ and not abuse) | 341 (25.5) |
| | Abused adolescents (11+ and abuse) | 284 (21.2) |
| | Asylum Seeker | 359 (26.8) |
| | Disabled children | 45 (3.4) |
| Legal status at entry | Accommodation under Section 20 Voluntary care | 926 (69.2) |
| | Care and other legal orders | 340 (25.4) |
| | Missing/Unknown | 72 (5.4) |
| Legal status at exit | Accommodation under Section 20 Voluntary care | 739 (55.2) |
| | Care and other legal orders | 527 (39.4) |
| | Missing/Unknown | 72 (5.4) |
| Year of Entry | 2002/03 | 22 (1.6) |
| | 2004/05 | 19 (1.4) |
| | 2006/07 | 49 (3.7) |
| | 2008/09 | 55 (4.1) |
| | 2010/11 | 87 (6.5) |
| | 2012/13 | 85 (6.4) |
| | 2014/15 | 116 (8.7) |
| | 2016/17 | 176 (13.2) |
| | 2018/19 | 518 (38.7) |
| | 2020+ | 189 (14.1) |
| | Missing/Unknown | 22 (1.6) |

| | | |
|------------------------------------|--|------------------------------|
| Placement Type at Entry | Foster care – Kinship | 107 (8.0) |
| | Foster care – Non-Kinship | 620 (46.3) |
| | Independent/Semi-independent living | 395 (29.5) |
| | Children’s home and other residential settings (regulated) | 131 (9.8) |
| | Other (Z1, T4, T0) | 7 (0.5) |
| | Missing/Unknown | 78 (5.8) |
| Placement Type at Exit | Foster care – Kinship | 102 (7.6) |
| | Foster care – Non-Kinship | 332 (24.8) |
| | Independent/Semi-independent living | 760 (56.8) |
| | Children’s home and other residential settings (regulated) | 111 (8.3) |
| | Other (Z1, T4, T0) | 10 (0.7) |
| | Missing/Unknown | 23 (1.7) |
| Placement Provider at Entry | Parent or other with parental responsibility | 20 (1.5) |
| | LA provision responsibility | 526 (39.3) |
| | Other LA host authority | 11 (0.8) |
| | Other public provision | 20 (1.5) |
| | Private provision | 593 (44.3) |
| | Voluntary/Third Sector | 76 (5.7) |
| | Missing/Unknown | 92 (6.9) |
| Placement Provider at Exit | Parent or other with parental responsibility | 43 (3.2) |
| | LA provision responsibility | 372 (27.8) |
| | Other LA host authority | 6 (0.4) |
| | Other public provision | 30 (2.2) |
| | Private provision | 791 (59.1) |
| | Voluntary/Third Sector | 58 (4.3) |
| | Missing/Unknown | 38 (2.8) |
| Previous Permanence | Adoption | 16 (1.2) |
| | Special guardianship | 11 (0.8) |
| | Residence Order | 5 (0.4) |
| | Unknown | 184 (13.8) |
| | Child has not had a permanence option | 667 (49.9) |
| | Not available | 29 (2.2) |
| | Missing | 426 (31.8) |
| Placement Stability | Number of placement changes | 1-87 (M=4.76; SD=5.83) |
| | Average placement length in Care (Years) | 0-13.53 (M=0.70; SD=0.88) |

| | | |
|-----------------------------------|---|-------------|
| Missing Status | 0 Missing episodes | 803 (60.0) |
| | 1-4 Missing episodes | 186 (13.9) |
| | 5+ missing episodes | 349 (26.1) |
| | Not high risk (<3 In 90 days) | 977 (73.0) |
| | High Risk (>3 in 30 days) | 361 (27.0) |
| Mother | Yes | 32 (2.4) |
| | No | 1306 (97.6) |
| | Missing/Unknown | 7 (0.5) |
| Local authority (in touch) | Yes | 1003 (75.0) |
| | No | 40 (3.0) |
| | Data not available ¹ | 295 (22.0) |
| Substance Misuse Problem | Yes | 94 (7.0) |
| | No | 1244 (93.0) |
| Education Status | Full/Part Time Education | 563 (42.1) |
| | Full/Part Time Training/Employment | 141 (10.5) |
| | Not in employment (Disability/Pregnant) | 54 (4.0) |
| | Not in employment (Other reason) | 254 (19.0) |
| | Data not available ¹ | 326 (24.4) |

¹ OC3 data not available for 16/17-year-olds

The next section presents our findings looking at child characteristics, care history and outcomes in relation to pathways out of care. Our analysis also examines predictors of education and employment.

Age at entry

Chi-square analysis confirmed that there were significant differences between pathway out of care and age at entry ($\chi^2=158.18$, $df=16$, $p<.001$), with children aged 2 years and younger, and 3–6 years, and 7–11 years at entry found to be significantly more likely to leave care via extended care (ASR 2.0, ASR 5.8, ASR 5.8) and significantly less likely to exit to transitional pathway (ASR -3.7, ASR -3.7, ASR -4.3). Children aged 7–11 at entry were also significantly less likely to exit via direct pathway (ASR -2.8) and more significantly likely to exit via extended care pathway (ASR 5.8). Those aged 12–15 at entry were significantly more likely to exit via complex pathway (ASR 2.0), whereby those aged 16 years and older at entry were significantly more likely to follow transitional pathway out of care (ASR 7.9) and significantly less likely to transition birth Family (-4.3) and extended care (ASR -7.1).

Table 2: Characteristics of the sample (n=1338)

| Age at entry | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | P5: Complex | Total | |
|---|------------|--------------|------------------|------------------|-------------------|-------------|-------|------|
| 0-2 | N | 11 | 8 | 6 | 10 | 4 | 39 | |
| | ASR | 1.5 | -3.7 | 1.4 | 2.0 | .6 | | |
| 3-6 | N | 16 | 28 | 11 | 32 | 4 | 91 | |
| | ASR | -.4 | -3.7 | 1.0 | 5.8 | -1.3 | | |
| 7-11 | N | 25 | 73 | 34 | 57 | 16 | 205 | |
| | ASR | -2.8 | -4.3 | 4.1 | 5.8 | .0 | | |
| 12-15 | N | 85 | 180 | 37 | 52 | 40 | 394 | |
| | ASR | 1.4 | -1.7 | .3 | -.9 | 2.0 | | |
| 16years+ | N | 109 | 343 | 28 | 36 | 37 | 553 | |
| | ASR | .4 | 7.9 | -4.3 | -7.1 | -1.4 | | |
| $\chi^2=158.18$, df 1,16, $p<.001$ | | Total | 246 | 632 | 116 | 187 | 101 | 1282 |

*** $p<.001$ ** $p<.01$ * $p<.05$

Gender

Chi-square analysis confirmed that there were significant differences between pathways out of care and gender ($\chi^2=32.44$, $df=1,4$, $p<.001$), with males significantly more likely to leave care via transitional pathway (ASR 4.5) and significantly less likely to follow extended care (ASR -4.6). Females were significantly more likely to transition via extended (ASR 4.6) and significantly less likely to exit via transitional (ASR -4.5).

Table 3: Chi-square comparison of gender and pathways for care leavers

| Gender | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | TP5: Complex | Total | |
|---|------------|--------------|------------------|------------------|-------------------|--------------|-------|------|
| Male | N | 148 | 449 | 66 | 93 | 69 | 825 | |
| | ASR | -1.0 | 4.5 | -1.8 | -4.6 | 1.0 | | |
| Female | N | 98 | 203 | 53 | 100 | 33 | 487 | |
| | ASR | 1.0 | -4.5 | 1.8 | 4.6 | -1.0 | | |
| $\chi^2=32.44$, df 1,4, $p<.001$ | | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Ethnicity

Chi-square analysis confirmed that there were significant differences between pathway out of care and ethnicity of the young person ($\chi^2=176.27$, $df=1$, 28 , $p<.001$). White British children were significantly more likely to transition via direct pathway (ASR 4.0), extended care (ASR 2.1), and complex (ASR 3.1), and significantly less likely to transition via transitional (ASR -6.5). Asian and 'white other' were also more significantly likely to exit via direct. Chinese children were significantly more likely to exit via direct (ASR 2.6) and transitional (ASR 4.5). Children from any other ethnic background were shown to be more significantly likely to exit via birth Family (ASR 2.4) and extended Care (ASR 4.3).

Table 4: Chi-square comparison of ethnicity and pathways for care leavers

| Ethnic Group | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | P5: Complex | Total |
|--|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| White British | N | 62 | 61 | 21 | 42 | 28 | 214 |
| | ASR | 4.0 | -6.5 | .3 | 2.1 | 3.1 | |
| White (other) | N | 9 | 4 | 1 | 0 | 0 | 14 |
| | ASR | 4.3 | -1.5 | -3 | -1.6 | -1.1 | |
| Mixed black ethnic group | N | 5 | 5 | 2 | 2 | 3 | 17 |
| | ASR | 1.1 | -1.6 | .4 | -.4 | 1.5 | |
| Asian or Asian British (Pakistani, Indian, Bangladeshi) | N | 14 | 16 | 0 | 4 | 3 | 37 |
| | ASR | 2.9 | -.7 | -2.0 | -.7 | .0 | |
| Black or black British (African/Caribbean) | N | 20 | 49 | 1 | 6 | 10 | 86 |
| | ASR | 1.0 | 1.6 | -2.7 | -2.2 | 1.3 | |
| Chinese | N | 39 | 95 | 6 | 2 | 1 | 143 |
| | ASR | 2.6 | 4.5 | -2.2 | -4.9 | -3.4 | |
| Any other ethnic background | N | 80 | 323 | 72 | 124 | 50 | 649 |
| | ASR | -6.5 | .8 | 2.4 | 4.3 | -.3 | |
| $\chi^2=176.27$, df 1,28,$p<.001$ | Total | 233 | 589 | 112 | 182 | 96 | 1212 |

Deprivation

Chi-square analysis confirmed that there were significant differences between the pathway out of care and deprivation (based on a home address prior to entry to care) ($\chi^2=34.05$, df 1,16, $p=005$). Children from the most deprived quintile were significantly more likely to follow extended care (ASR 4.8) and significantly less likely to exit via the direct pathway (ASR -2.7).

Table 5: Chi-square comparison of Index of Multiple Deprivation quintile and pathways for care leavers

| Index of Multiple Deprivation | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended Care | P5: Complex | Total |
|--|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| 1 (Most deprived) | N | 8 | 15 | 5 | 20 | 6 | 54 |
| | ASR | -2.7 | -1.3 | 1.2 | 4.8 | -.4 | |
| 2 | N | 19 | 32 | 5 | 11 | 10 | 77 |
| | ASR | -1.2 | 1.2 | .3 | -.3 | .0 | |
| 3 | N | 26 | 23 | 2 | 6 | 8 | 65 |
| | ASR | 1.9 | -.1 | -1.1 | -1.6 | -.1 | |
| 4 | N | 30 | 38 | 5 | 10 | 12 | 95 |
| | ASR | .4 | 1.0 | -.3 | -1.6 | -.1 | |
| 5 (Least deprived) | N | 20 | 14 | 3 | 6 | 8 | 51 |
| | ASR | 1.5 | -1.3 | .0 | -.8 | .7 | |
| X²=34.05, df 1,16, p=005 | Total | 103 | 122 | 20 | 53 | 44 | 342 |

Category of need

Chi-square analysis confirmed that there were significant differences between pathway out of care and need code (i.e., the main reason why a child entered care) ($\chi^2=145.79$, $df=1, 16$, $p<.001$). Children with a need code of abuse/neglect were significantly more likely to transition via birth Family (ASR 5.2), and extended Care (ASR 5.1), and significantly less likely to exit via transitional (ASR -5.2). Children with a disability were significantly more likely to exit via complex (ASR 6.6). Children who entered due to family circumstances were significantly more likely to exit via direct (ASR 3.1). Those with a category need of absent parenting, which is the most common need code applied for UASC, were significantly more likely to exit via transitional (ASR 6.5).

Table 6: Chi-square comparison of category of need and pathways for care leavers

| Category of Need | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended Care | P5: Complex | Total |
|---|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| Abuse/Neglect | N | 87 | 200 | 70 | 103 | 34 | 494 |
| | ASR | -1.0 | -5.2 | 5.1 | 5.1 | -1.0 | |
| Disability (N2) | N | 2 | 20 | 3 | 4 | 15 | 44 |
| | ASR | -2.5 | -.6 | -.5 | -1.0 | 6.6 | |
| Family circumstance (N3, N4, N5, N7) | N | 90 | 184 | 30 | 42 | 27 | 373 |
| | ASR | 3.0 | -.1 | -.7 | -2.1 | -.5 | |
| Child-related (N6) | N | 10 | 27 | 8 | 3 | 10 | 58 |
| | ASR | -.4 | -.5 | 1.3 | -2.1 | 2.7 | |
| Absent Parenting (N8) | N | 57 | 211 | 5 | 36 | 15 | 324 |
| | ASR | -.8 | 6.4 | -5.4 | -2.0 | -2.5 | |
| X²=145.79, df 1,16, p<.001 | Total | 246 | 642 | 116 | 188 | 101 | 1293 |

Asylum seeker status

Chi-square analysis confirmed that there was a significant difference between pathway out of care and asylum seeker status ($\chi^2=63.19$, $df=1,4$, $p<.001$), with asylum seekers significantly more likely to transition via transitional (ASR 6.5) and those who are not asylum seekers significantly more likely to leave via birth family pathway (ASR 6.3).

Table 7: Chi-square comparison of UASC and pathways for care leavers

| UASC Status at entry | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended Care | P5: Complex | Total |
|---|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| No | N | 185 | 424 | 116 | 152 | 81 | 958 |
| | ASR | .9 | -6.5 | 6.3 | 1.9 | 1.5 | |
| Yes | N | 61 | 228 | 3 | 41 | 21 | 354 |
| | ASR | -.9 | 6.5 | -6.3 | -1.9 | -1.5 | |
| $\chi^2=56.53$, $df 1,4$, $p<.001$ | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Policy Groups

Sinclair and colleagues (2007) undertook a study on over 7,000 looked after children to contribute to understand similarities and differences in children and young people's pathways through the English care system. In the context of this study the following policy groups are relevant:

- Young people who were under the age of 11 at first entry to care but who are now older (adolescent graduates).
- Young people who were first looked after when aged 11 or over and not abused (adolescent entrants);
- Young People first looked after when aged 11 or over and with a need code of abuse (abused adolescents); and
- Unaccompanied asylum-seeking children (UASC) (Sinclair et al., 2007, p.67).

The adolescent graduates accounted for the highest proportion of the 11+ care population (26% of the sample). Sinclair and colleagues found that this group tended to have experienced abuse prior to entry to care and to have more complex needs than young entrants (first looked after before the age of 11 and still under ten) but less so than other adolescents (the exception being UASC). Abused adolescents accounted for 9% of their total sample and case studies suggested that this group had higher emotional and behavioral needs and could struggle to settle and integrate into new placements due to repeat rejection and trauma. Adolescent entrants also had high needs although they did not become looked after due to abuse or neglect. Asylum seekers (5% of the total sample) were less likely to exhibit difficult behaviour that carers may find challenging to manage (Sinclair et al., 2007, see p. 73-83).

Chi-square analysis confirmed that there were significant differences between the policy groups and pathways ($\chi^2=213.50$, $df=1, 16$, $p<.001$). Children categorised as adolescent graduates were significantly more likely to transition via P4: Extended care (ASR 9.2), and P3: Birth family (ASR 4.4), and significantly less likely to exit via P2: Transitional (ASR -6.9). Children who entered aged 11+ and were not abused were significantly more likely to exit via P1: Direct (ASR 3.3), with the abused adolescents significantly more likely to exit via P3: Birth family (ASR 2.5). Asylum seekers were significantly more likely to exit via P2: Transitional (ASR 5.9), and disabled children were significantly more likely to exit via P5: Complex (ASR 6.8).

Table 8: Chi-square comparison of Sinclair et al's (2007) policy groups and pathways for care leavers

| Policy Groups | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended Care | P5: Complex | Total | |
|--|---|--------------|------------------|------------------|-------------------|-------------|-------|------|
| Adolescent graduates (first looked after aged less than 11) | N | 47 | 95 | 46 | 93 | 16 | 297 | |
| | ASR | -1.5 | -6.9 | 4.4 | 9.2 | -1.7 | | |
| Adolescent entrants (first look after aged 11+ and not abused) | N | 84 | 176 | 31 | 22 | 26 | 339 | |
| | ASR | 3.3 | 1.0 | .1 | -5.0 | -.1 | | |
| Abused adolescents (first looked after aged 11+ and with a need code of abuse) | N | 52 | 133 | 36 | 34 | 24 | 279 | |
| | ASR | -.1 | -.8 | 2.5 | -1.3 | .6 | | |
| Asylum Seekers | N | 61 | 228 | 3 | 41 | 21 | 354 | |
| | ASR | -.9 | 6.5 | -6.3 | -1.9 | -1.5 | | |
| Disabled children | N | 2 | 20 | 3 | 3 | 15 | 43 | |
| | ASR | -2.4 | -.4 | -.5 | -1.5 | 6.8 | | |
| | χ²=213.50, df 1,16, p<.001 | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Placement Type

Chi-square analysis confirmed that there were significant differences between the pathway and the placement type at entry ($\chi^2=248.63$, $df=1, 16$, $p<.001$). Children who were in a foster placement (relative/friend) at entry were significantly more likely to transition via P3: Birth Family (ASR 4.7) and P4: Extended Care (ASR 5.7). Children who were in semi-independent or independent living were significantly more likely to exit via P1: Direct (ASR 2.2) and P2: Transitional (ASR 7.8), with those in a children's homes more likely to exit via P1: Direct (ASR 2.3) and P5: Complex (ASR 6.9).

Table 9: Chi-square comparison of placement type at entry and pathways for care leavers

| Placement Type at entry | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended Care | P5: Complex | Total | |
|--|---|--------------|------------------|------------------|-------------------|-------------|-------|---|
| Foster placement (Relative/friend) | N | 14 | 28 | 22 | 33 | 7 | 104 | |
| | ASR | -1.6 | -5.0 | 4.7 | 5.6 | -.5 | | |
| Foster placement (Other foster carer) | N | 100 | 284 | 55 | 126 | 42 | 607 | |
| | ASR | -2.4 | -2.5 | .5 | 7.1 | -1.4 | | |
| Semi-independent or Independent living | N | 90 | 263 | 13 | 9 | 20 | 395 | |
| | ASR | 2.2 | 7.8 | -4.6 | -8.0 | -2.6 | | |
| Children's home (Regulated) | N | 34 | 48 | 13 | 2 | 30 | 127 | |
| | ASR | 2.3 | -3.0 | .7 | -4.2 | 6.9 | | |
| | χ²=248.93, df 1,16, p<.001 | Total | 0 | 2 | 4 | 0 | 0 | 6 |

Chi-square analysis confirmed that there were significant differences between the pathway and the placement type at exit ($\chi^2=746.03$, $df=1$, $p<.001$). Children who were in a foster placement (relative/friend) were significantly more likely to transition via P3: Birth family (ASR 15.1), with those in foster care (other) significantly more likely to exit at P4: Extended Care (ASR 17.6). Children who were in semi-independent or independent living were significantly more likely to exit via P1: Direct (ASR 8.0) and P2: Transitional (ASR 10.3) with those in a children's home more likely to exit via P5: Complex (ASR 11.0).

Table 10: Chi-square comparison of Placement type at exit and pathways for care leavers

| Placement Type at exit | | TP1 | TP2 | TP3 | TP4 | TP5 | Total |
|---|--------------|------|------|------|-------|------|-------|
| Foster placement (Relative/friend) | N | 8 | 13 | 49 | 20 | 5 | 95 |
| | ASR | -2.7 | -7.3 | 15.1 | 1.9 | -9 | |
| Foster placement (Other foster carer) | N | 25 | 119 | 19 | 144 | 19 | 326 |
| | ASR | -6.1 | -5.5 | -2.3 | 17.6 | -1.5 | |
| Semi-independent or Independent living | N | 200 | 467 | 31 | 20 | 39 | 757 |
| | ASR | 8.0 | 10.3 | -7.3 | -14.4 | -4.2 | |
| Children's home (Regulated) | N | 13 | 39 | 13 | 3 | 37 | 105 |
| | ASR | -1.8 | -2.7 | 1.3 | -3.5 | 11.0 | |
| $\chi^2=746.03$, df 1,16, $p<.001$ | Total | 0 | 2 | 4 | 0 | 0 | 6 |

Missing status

Chi-square analysis confirmed that there was a significant difference between pathway and missing status ($\chi^2=63.59$, $df=1,8$, $p<.001$). Children who had 5+ missing episodes in their care history were significantly less likely to transition via extended care (ASR -5.3) and significantly more likely to transition via direct pathway (ASR 5.0).

Table 11: Chi-square comparison of UASC and pathways for care leavers

| Missing status | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | P5: Complex | Total |
|---|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| 0 Missing episodes | N | 111 | 384 | 68 | 156 | 61 | 780 |
| | ASR | -5.1 | -.4 | -.5 | 6.5 | .1 | |
| 1-4 missing episodes | N | 39 | 101 | 14 | 16 | 15 | 185 |
| | ASR | .9 | 1.4 | -.8 | -2.5 | .2 | |
| 5+ Repeated missing | N | 96 | 167 | 37 | 21 | 26 | 347 |
| | ASR | 5.0 | -.7 | 1.2 | -5.3 | -.2 | |
| $\chi^2=63.59$, df 1,8, $p<.001$ | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Chi-square analysis confirmed that there was a significant difference between pathway and missing status ($\chi^2=50.00$, $df=1,4$, $p<.001$). Children who were classified as high risk (missing 3 times or more within 30 days) were significantly more likely to transition via direct (ASR 5.0) and significantly less likely to transition via extended Care (ASR -5.7).

Table 12: Chi-square comparison of missing status and pathways for care leavers

| Missing 3 times in 90 days | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | P5: Complex | Total |
|--|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| No | N | 147 | 478 | 81 | 173 | 74 | 953 |
| | ASR | -5.0 | .5 | -1.2 | 5.7 | .0 | |
| Yes | N | 99 | 174 | 38 | 20 | 28 | 359 |
| | ASR | 5.0 | -.5 | 1.2 | -5.7 | .0 | |
| $\chi^2=50.00$, $df 1,4$, $p<001$ | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Placement instability

Univariate analysis revealed a significant difference in the average placement length (years) and pathway [$F(4,1283) = 7.20$, $p <.001$]. Post hoc tests revealed that children who exit via direct ($M=0.52$; $SD=0.53$) and transitional pathways ($M=0.66$; $SD=0.95$) were significantly more likely to have a lower average placement length compared to those who exit extended Care (0.89 ; $SD=0.83$) and Complex (0.94 ; $SD=1.19$). There was also a significant difference in number of placement moves and pathways [$F(4,1277) = 2.63$, $p = 0.03$]. Post hoc tests revealed that children who exit via extended care ($M=4.27$; $SD=3.80$) were significantly more likely to have fewer placement moves compared to those who exit direct ($M=5.47$; $SD=5.16$).

Table 13: Univariate Analyses of Variance (ANOVAs) of pathway by placement length and number of placement moves

| Pathway out of care | Placement Length (Average; years) | Placement Moves (N) |
|--------------------------|-----------------------------------|---------------------------|
| P1: Direct | 0.52 (0.53) ^a | 5.47 (5.16) ^a |
| P2: Transitional | 0.66 (0.95) ^b | 4.44 (6.45) ^{ab} |
| P3: Birth family | 0.75 (0.70) ^{abcd} | 5.80 (5.03) ^{ab} |
| P4: Extended care | 0.89 (0.83) ^c | 4.27 (3.80) ^b |
| P5: Complex | 0.94 (1.19) ^d | 4.82 (7.24) ^{ab} |
| Total | 0.70 (0.88) | 4.77 (5.86) |

NB: Means sharing the same superscript are not significantly different from each other ($p<0.05$)

Strength and Difficulties

Local authorities in England are required to provide information on the emotional and behavioural health of young people in their care. This is collected using the Strengths and Difficulties Questionnaire (Goodman and Goodman, 2012) which is a short validated behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and positive behaviour. SDQ scores were only available for 446 of the 1338 young people in the study sample. Over a quarter (27%) of the young people for whom scores were available were in the high range (concern) which predicts much greater rates of mental ill-health than low scores.

Chi-square analysis confirmed that there were no significant differences between pathway and SDQ score ($\chi^2=12.80$, $df=1,8$, $p>.05$).

Table 14: Chi-square comparison of Strength and Difficulties Questionnaire and pathways for care leavers

| Score | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended care | P5: Complex | Total |
|---|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| Normal (0-13) | N | 45 | 133 | 23 | 56 | 16 | 273 |
| | ASR | -1.6 | 2.3 | -2.0 | 1.3 | -1.6 | |
| Borderline (14-16) | N | 11 | 17 | 8 | 9 | 6 | 51 |
| | ASR | .5 | -1.7 | 1.2 | -.2 | 1.3 | |
| Concern (17-40) | N | 28 | 48 | 17 | 18 | 11 | 122 |
| | ASR | 1.4 | -1.3 | 1.3 | -1.3 | .8 | |
| $\chi^2=12.80$, $df 1,8$, NS | Total | 84 | 198 | 48 | 83 | 33 | 446 |

Substance Misuse

Chi-square analysis confirmed that there was a significant difference between pathway and substance misuse ($\chi^2=24.40$, $df=1,4$, $p<.001$), with those who have substance misuse significantly more likely to follow the transitional pathway (ASR 3.7) and significantly less likely to leave via direct (ASR -4.0) and birth family (ASR -2.1).

Table 15: Chi-square comparison of substance misuse and pathways for care leavers

| Substance Misuse | | P1: Direct | P2: Transitional | P3: Birth Family | P4: Extended care | P5: Complex | Total |
|---|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| Yes | N | 214 | 623 | 105 | 181 | 96 | 1219 |
| | ASR | -4.0 | 3.7 | -2.1 | .5 | .5 | |
| No | N | 32 | 29 | 14 | 12 | 6 | 93 |
| | ASR | 4.0 | -3.7 | 2.1 | -.5 | -.5 | |
| $\chi^2=24.40$, $df 1,4$, $p<.001$ | Total | 246 | 652 | 119 | 193 | 102 | 1312 |

Education and employment

Chi-square analysis confirmed that there were significant differences between the pathway out of care and the education and employment status ($\chi^2=88.50$, $df=1, 12$, $p<.001$). Children who were in education were significantly more likely to transition via transitional (ASR 2.3) and extended care (ASR 5.7). Those not in employment due to disability or pregnancy were significantly more likely to exit via direct (ASR 2.5) and complex (ASR 3.4). Children who were not in employment for other reasons were significantly more likely to exit via birth family (ASR 4.6) and complex (ASR 2.0).

Table 16: Chi-square comparison of education/employment and pathways for care leavers

| | | P1: Direct | P2: Transitional | P3: Birth family | P4: Extended care | P5: Complex | Total |
|--|--------------|------------|------------------|------------------|-------------------|-------------|-------|
| FT/PT Education | N | 57 | 293 | 32 | 142 | 35 | 559 |
| | ASR | -2.9 | 2.3 | -4.7 | 5.7 | -3.6 | |
| FT/PT Training/employment | N | 21 | 66 | 14 | 25 | 14 | 140 |
| | ASR | .8 | -.5 | .2 | -.4 | .4 | |
| Not in employment (Disability/pregnancy) | N | 13 | 19 | 8 | 2 | 12 | 54 |
| | ASR | 2.5 | -2.1 | 1.3 | -3.0 | 3.4 | |
| Not in employment (other) | N | 39 | 116 | 43 | 23 | 31 | 252 |
| | ASR | 1.4 | -1.1 | 4.6 | -4.7 | 2.0 | |
| $\chi^2=88.50$, $df 1,12$, $p<.001$ | Total | 130 | 494 | 97 | 192 | 92 | 1005 |

Logistic regression: Direct Pathway out of care

A binary logistic regression was conducted on exiting via the Direct Pathway, with socio-demographic and placement related variables entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=71.65$, $df=11$, $p<.001$). This model explained 10% of the variation of substance (Nagelkerke R²) and correctly predicted 81.3% of cases (see Table 17, below)

The regression identified a significant difference for ethnicity with other ethnic groups less likely to exit at direct pathway with an odds ratio of 0.44 ($p<.001$). The average placement time was significantly associated with direct pathway, with increased placement length associated with lower likelihood of exit via direct pathway. Children who were at high risk of missing were 1.8 times greater chance of exiting at direct to those not identified as high risk ($p<.001$), and those who had substance misuse were 2.07 times greater chance of exiting at direct pathway compared to those without substance misuse ($p=.01$).

Table 17: Logistic regression analysis of all explanatory variables for Direct pathway out of care

| | B | SE | Wald | Df | Sig | Exp(B) | Confidence Interval | |
|------------------------|-------|------|--------|----|------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Gender | | | | | | | | |
| Female | .047 | .167 | .080 | 1 | .777 | 1.048 | .756 | 1.453 |
| Other ethnic group | -.812 | .196 | 17.216 | 1 | .000 | .444 | .303 | .652 |
| Age at entry | | | | | | | | |
| 0-2 | .225 | .409 | .304 | 1 | .581 | 1.253 | .562 | 2.792 |
| 3-6 | .046 | .336 | .018 | 1 | .892 | 1.047 | .542 | 2.021 |
| 7-11 | -.486 | .282 | 2.977 | 1 | .084 | .615 | .354 | 1.068 |
| 12-15 | -.027 | .192 | .019 | 1 | .889 | .974 | .668 | 1.419 |
| Average Placement time | -.528 | .160 | 10.878 | 1 | .001 | .590 | .431 | .807 |
| Asylum Seekers | .237 | .217 | 1.192 | 1 | .275 | 1.268 | .828 | 1.942 |
| Early Leaver | -.136 | .258 | .279 | 1 | .597 | .873 | .527 | 1.446 |
| High risk missing | .603 | .169 | 12.723 | 1 | .000 | 1.827 | 1.312 | 2.544 |
| Substance misuse | .726 | .257 | 8.000 | 1 | .005 | 2.067 | 1.250 | 3.419 |
| Constant | -.772 | .248 | 9.718 | 1 | .002 | .462 | | |

*B= Standardised Beta coefficients, SE=Standard Error, Exp(B) exponentiated coefficient

Logistic regressions: Transitional pathway out of care

A binary logistic regression was conducted on exiting via the Transitional pathway, with socio-demographic and placement related variables entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=128.07$, $df=11$, $p<.001$). This model explained 13% of the variation of substance (Nagelkerke R²) and correctly predicted 64.3% of cases (see Table 18, below).

The regression identified a significant difference for ethnicity with 'other ethnic group' 2.9 times more likely to exit at transitional pathway ($p<.001$). Younger age at entry was also associated with lower chance of exit via transitional ($p<.001$). Children who were at high risk of missing were 1.5 times greater chance of exiting at transitional compared to those not identified as high risk ($p=.01$).

Table 18: Logistic regression analysis of all explanatory variables for Transitional pathway out of care

| | B | SE | Wald | df | Sig | Exp(B) | Confidence Interval | |
|---|--------|------|--------|----|------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Female | -.198 | .133 | 2.199 | 1 | .138 | .821 | .632 | 1.066 |
| Other ethnic group | .738 | .178 | 17.259 | 1 | .000 | 2.093 | 1.477 | 2.965 |
| Age at entry | | | 41.482 | 4 | .000 | | | |
| 0-2 | -1.676 | .420 | 15.918 | 1 | .000 | .187 | .082 | .426 |
| 3-6 | -1.273 | .274 | 21.538 | 1 | .000 | .280 | .164 | .479 |
| 7-11 | -.988 | .205 | 23.158 | 1 | .000 | .372 | .249 | .557 |
| 12-15 | -.565 | .152 | 13.767 | 1 | .000 | .568 | .422 | .766 |
| Average Placement time | .098 | .074 | 1.761 | 1 | .184 | 1.103 | .954 | 1.275 |
| Asylum Seekers | .162 | .168 | .924 | 1 | .336 | 1.175 | .846 | 1.634 |
| Substance misuse | -.706 | .261 | 7.315 | 1 | .007 | .493 | .296 | .823 |
| Early Leaver | .167 | .203 | .681 | 1 | .409 | 1.182 | .794 | 1.760 |
| High risk missing (>3 times in 30 days) | .400 | .147 | 7.457 | 1 | .006 | 1.492 | 1.120 | 1.989 |
| Constant | -.343 | .210 | 2.673 | 1 | .102 | .710 | | |

*B= Standardised Beta coefficients, SE=Standard Error, Exp(B) exponentiated coefficient, $p<.001^{***}$, $p<.01^{**}$, $p<.05^*$

Logistic regressions: Birth family pathway out of care

A binary logistic regression was conducted on exiting via the birth family pathway, with socio-demographic and placement related variables entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=65.60$, $df=11$, $p<.001$). This model explained 12% of the variation of substance (Nagelkerke R²) and correctly predicted 91% of cases (Table 19).

The regression identified a significant difference for early care leavers, with those who leave care early being found to be 2.45 times greater chance of exiting via birth family, compared to those who did not leave care early. Children who were asylum seekers had a significantly lower likelihood of exiting via birth family with an odds ratio of 0.10.

Table 19: Logistic regression analysis of all explanatory variables Birth Family pathway

| | B | SE | Wald | Df | Sig | Exp(B) | Confidence Interval | |
|---------------------------------|--------|------|--------|----|------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Female | -.090 | .211 | .180 | 1 | .671 | .914 | .605 | 1.383 |
| White British) | .264 | .264 | .995 | 1 | .318 | 1.301 | .776 | 2.184 |
| Age at entry | | | 8.013 | 4 | .091 | | | |
| 0-2 | .800 | .507 | 2.491 | 1 | .114 | 2.225 | .824 | 6.004 |
| 3-6 | .450 | .412 | 1.192 | 1 | .275 | 1.569 | .699 | 3.520 |
| 7-11 | .847 | .314 | 7.276 | 1 | .007 | 2.333 | 1.261 | 4.319 |
| 12-15 | .374 | .291 | 1.648 | 1 | .199 | 1.453 | .821 | 2.570 |
| Average Placement time | .078 | .114 | .464 | 1 | .496 | 1.081 | .864 | 1.351 |
| Asylum Seeker | -2.355 | .613 | 14.767 | 1 | .000 | .095 | .029 | .315 |
| Early Leaver | .894 | .280 | 10.211 | 1 | .001 | 2.445 | 1.413 | 4.230 |
| High risk (>3 times in 30 days) | -.125 | .233 | .290 | 1 | .590 | .882 | .559 | 1.392 |
| Substance misuse | .130 | .348 | .140 | 1 | .708 | 1.139 | .576 | 2.251 |
| Constant | -2.739 | .357 | 58.983 | 1 | .000 | .065 | | |

*B= Standardised Beta coefficients, SE=Standard Error, Exp(B) exponentiated coefficient, $p<.001^{***}$, $p<.01^{**}$, $p<.05^*$

Logistic regressions: Extended care pathway out of care

A binary logistic regression was conducted on exiting via the extended care pathway, with socio-demographic and placement related variables entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=184,65$, $df=14$, $p<.001$). This model explained 25% of the variation of substance (Nagelkerke R²) and correctly predicted 85% of cases (Table 20).

The regression identified a significant difference for gender, with females found to be 2.04 times greater chance of exiting at extended care, compared to males. Younger age at entry was associated with increased likelihood of exiting via extended care. The odds for children aged 0-2 at entry were 3.63 times greater, those aged 3-6 years at entry were 4.94 times greater and those aged 7-11 at entry 4.42 and those aged 12-15 2.65 times greater than those aged (15-16) to exit at P4. Children who were disabled were at significantly lower likelihood of following extended care pathway with an odds ratio of 0.19. Children who were at high risk due to missing episodes were found to be significantly less likely to exit via extended care with an odds ratio 0.16.

Table 20: Logistic regression analysis of all explanatory variables for Extended care pathway

| | B | SE | Wald | df | Sig | Exp(B) | Confidence Interval | |
|--|--------|------|--------|----|------|--------|---------------------|--------|
| | | | | | | | Lower | Upper |
| Female | .713 | .193 | 13.655 | 1 | .000 | 2.040 | 1.398 | 2.977 |
| White British) | -.295 | .231 | 1.642 | 1 | .200 | .744 | .474 | 1.169 |
| Age at entry | | | 16.628 | 4 | .002 | | | |
| 0-2 | 1.289 | .622 | 4.293 | 1 | .038 | 3.629 | 1.072 | 12.286 |
| 3-6 | 1.597 | .549 | 8.471 | 1 | .004 | 4.937 | 1.684 | 14.467 |
| 7-11 | 1.486 | .458 | 10.509 | 1 | .001 | 4.421 | 1.800 | 10.858 |
| 12-15 | .974 | .268 | 13.161 | 1 | .000 | 2.649 | 1.565 | 4.483 |
| Average Placement time | -.003 | .092 | .001 | 1 | .977 | .997 | .833 | 1.194 |
| Policy groups (Sinclair et al., 2007) | | | 8.055 | 3 | .045 | | | |
| Adolescent entrants (looked after aged 11+ not abused) | -.889 | .471 | 3.566 | 1 | .059 | .411 | .163 | 1.034 |
| Abused adolescents (11+ and abuse) | -.489 | .428 | 1.308 | 1 | .253 | .613 | .265 | 1.418 |
| Disabled Children | -1.686 | .683 | 6.086 | 1 | .014 | .185 | .049 | .707 |
| Early Leaver | -2.108 | .735 | 8.236 | 1 | .004 | .121 | .029 | .513 |
| Low risk missing (<3 times in 30 days) | -1.867 | .299 | 38.958 | 1 | .000 | .155 | .086 | .278 |
| Constant | -2.201 | .495 | 19.778 | 1 | .000 | .111 | | |

Logistic regressions: Complex pathway

A binary logistic regression was conducted on exiting via the complex pathway, with socio-demographic and placement related variables entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=44.41$, $df=13$, $p<.001$). This model explained 10% of the variation of substance (Nagelkerke R²) and correctly predicted 92.1% of cases (Table 21).

The regression identified a significant difference for gender, with females found to be less likely to exit via complex pathway with an odds ratio of 0.60. Children who were disabled or entered care due to child related characteristics were more likely to follow a complex pathway with an odds ratio of 3.38 and 2.33 respectively.

Table 21: Logistic regression analysis of all explanatory variables for Complex Pathway

| | B | SE | Wald | df | Sig | Exp(B) | Confidence Interval | |
|---------------------------------|--------|------|--------|----|------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Female | -.380 | .241 | 2.483 | 1 | .115 | .684 | .426 | 1.097 |
| White British | -.509 | .261 | 3.798 | 1 | .051 | .601 | .360 | 1.003 |
| Age at entry | | | 5.346 | 4 | .254 | | | |
| 0-2 | .004 | .598 | .000 | 1 | .994 | 1.004 | .311 | 3.241 |
| 3-6 | -1.023 | .618 | 2.742 | 1 | .098 | .359 | .107 | 1.207 |
| 7-11 | -.206 | .384 | .287 | 1 | .592 | .814 | .383 | 1.728 |
| 12-15 | .233 | .272 | .735 | 1 | .391 | 1.262 | .741 | 2.150 |
| Average Placement time | .208 | .116 | 3.231 | 1 | .072 | 1.232 | .981 | 1.546 |
| Category of Need | | | 18.974 | 4 | .001 | | | |
| Disability | 1.218 | .440 | 7.678 | 1 | .006 | 3.382 | 1.428 | 8.007 |
| Family circumstance | .039 | .283 | .019 | 1 | .890 | 1.040 | .597 | 1.810 |
| Child related | .847 | .427 | 3.941 | 1 | .047 | 2.333 | 1.011 | 5.385 |
| Absent parenting | -.585 | .383 | 2.333 | 1 | .127 | .557 | .263 | 1.180 |
| Early Leaver | -.591 | .443 | 1.777 | 1 | .183 | .554 | .232 | 1.320 |
| High risk (>3 times in 30 days) | -.045 | .257 | .030 | 1 | .861 | .956 | .578 | 1.582 |
| Constant | -2.045 | .369 | 30.758 | 1 | .000 | .129 | | |

Logistic regression: Education and Employment

A binary logistic regression was conducted to determine predictors of education and employment. A dummy variable was created which represented (0) children who have not gone into education/employment who are not disabled or a mother and (1) all children that went into full or part-time employment or education. Child characteristics were entered as explanatory variables. This model was significant, i.e., the probability of obtaining this chi-square statistic given that the null was true ($\chi^2=150.64$, $df=14$, $p<.001$). This model explained 24% of the variation of going into education and employment (Nagelkerke R²) and correctly predicted 77.5% of cases (Table 22).

The regression identified a significant difference for age at entry, with lower age at entry to care (0-11) linked to an increased chance of being in education or employment. The odds for children aged 0-2 at entry were 2.78 times greater, those aged 3-6 years at entry were 2.46 times greater and those aged 7-11 at entry 1.83 times greater than those aged (15-16) to be in education or employment.

The findings also confirmed a significant difference found for gender (when holding all other independent variables constant). Females were shown to be significantly more likely to be education or employment with an odds ratio of 2.36 ($p<.001$).

Children with a need category of 'child related factors' were significantly less likely to be in education or employment ($p=.04$) with an odds ratio of 0.41. Children who were at high risk of missing were significantly less likely to be in education and employment ($p<.001$) with an odds ratio of 0.35. Asylum seekers were shown to be 3.63 times more likely to be in education or employment compared to non-asylum seekers ($p<.001$).

Table 22: Logistic regression analysis of all explanatory variables for education and employment

| | B | SE | Wald | df | Sig | Exp(B) | Confidence Interval | |
|---|--------|------|--------|----|------|--------|---------------------|-------|
| | | | | | | | Lower | Upper |
| Female | .858 | .191 | 20.14 | 1 | .001 | 2.36 | 1.62 | 3.43 |
| White British | .321 | .275 | 1.36 | 1 | - | 1.38 | .80 | 2.37 |
| Age at entry | | | 10.90 | 4 | .028 | | | |
| 0-2 | 1.021 | .523 | 3.81 | 1 | .051 | 2.78 | 1.00 | 7.74 |
| 3-6 | .898 | .391 | 5.28 | 1 | .022 | 2.46 | 1.14 | 5.29 |
| 7-11 | .606 | .286 | 4.51 | 1 | .034 | 1.83 | 1.05 | 3.21 |
| 12-15 | .057 | .225 | .07 | 1 | NS | 1.06 | .68 | 1.65 |
| Average time placement (Years) | .271 | .157 | 2.97 | 1 | NS | 1.31 | .96 | 1.78 |
| Category of Need | | | 9.30 | 4 | .054 | | | |
| Disability | 1.427 | .814 | 3.08 | 1 | NS | 4.17 | .85 | 20.55 |
| Family circumstance | -.127 | .216 | .35 | 1 | NS | .88 | .58 | 1.35 |
| Child related | -.897 | .442 | 4.12 | 1 | .042 | .41 | .17 | .97 |
| Absent parenting | .311 | .366 | .72 | 1 | NS | 1.37 | .67 | 2.80 |
| Early Leaver | -.622 | .266 | 5.46 | 1 | .019 | .54 | .32 | .91 |
| Asylum Seeker | 1.288 | .342 | 14.14 | 1 | .000 | 3.63 | 1.85 | 7.09 |
| High risk missing (>3 times in 30 days) | -1.051 | .192 | 29.84 | 1 | .000 | .35 | .24 | .51 |
| Constant | -1.512 | .290 | 27.109 | 1 | .000 | .220 | | |

*B= Standardised Beta coefficients, SE=Standard Error, Exp(B) exponentiated coefficient

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Further information:

<https://www.beds.ac.uk/goldbergcentre/research/goldberg-current-research/cctc>

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"BECAUSE I'VE NEARLY GOT EVERYTHING I EVER WANTED IN LIFE. I'VE ALWAYS WANTED TO MOVE AWAY FROM WHERE I WAS LIVING. WHERE I'M AT NOW, I'VE ALWAYS WANTED TO BE WITH SOMEONE THAT ALWAYS CARES AND LOVES ME AND HELPS ME DO EVERYTHING INSTEAD OF DOING EVERYTHING ON MY OWN."

"I THINK MOST PARENTS ARE PROBABLY A LOT MORE SYMPATHETIC AND ACCOMMODATING WITH THEIR CHILDREN THAN THE LOCAL AUTHORITIES ARE WITH CARE LEAVERS. AND I UNDERSTAND THAT THAT CAN'T BE LIKE A LIMITLESS THING, BUT YOUNG PEOPLE LEAVING HOME MAKE MISTAKES."

I WANT TO MOVE AND GET A NEW JOB. I'M JUST WANTING TO ENJOY LIFE FOR A LITTLE BIT, GET TO DO THINGS THAT I HAVEN'T BEEN ABLE TO DO DEFINITELY WHILE LOCKDOWN'S BEEN ON. IN THE SUMMER TIME, GO TO THE SEASIDE WITH MY FAMILY AND HANG OUT WITH FRIENDS MORE