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Review E1: The effect of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people

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1.1 About the SchARR Public Health Collaborating Centre

The School of Health and Related Research (SchARR), in the Faculty of Medicine, Dentistry and Health, University of Sheffield, is a multidisciplinary research-led academic department with established strengths in health technology assessment, health services research, public health, medical statistics, information science, health economics, operational research and mathematical modelling, and qualitative research methods. It has close links with the NHS locally and nationally and an extensive programme of undergraduate and postgraduate teaching, with Masters courses in public health, health services research, health economics and decision modelling.

SchARR is one of the two Public Health Collaborating Centres for the Centre for Public Health Excellence (CPHE) in the National Institute for Health and Clinical Excellence (NICE) established in May 2008. The Public Health Collaborating Centres work closely with colleagues in the Centre for Public Health Excellence to produce evidence reviews, economic appraisals, systematic reviews and other evidence based products to support the development of guidance by the public health advisory committees of NICE (the Public Health Interventions Advisory Committee (PHIAC) and Programme Development Groups).

1.2 Contribution of Authors

Emma Everson-Hock was the systematic review lead and Emma Everson-Hock and Roy Jones were reviewers on the project. Louise Guillaume developed and undertook literature searches. Alejandra Duenas was the economic modeller. Elizabeth Goyder and Jim Chilcott were the senior leads.

1.3 Acknowledgements

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1 Executive summary

1.1 Background

In 2008, the Department of Health made a referral to NICE (National Institute for Health and Clinical Excellence) and SCIE (Social Care Institute for Excellence) to develop joint public health programme guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people (LACYYP). The present systematic review is the first in the series of three effectiveness reviews on this topic.

Local Authorities maintain financial and moral responsibility for looked after young people (LAYP) up to the age of 21 (or 24 if in education or training by the age of 21) (Reid, 2007). For the year ending 31 March 2008, 5100 young people ceased to be looked after on their 18th birthday, and 2000 ceased to be looked after at the age of 16 (Department for Children Schools and Families, 2009). Because young people leaving care are less likely to have family support (material or emotional) and bonds that may have been developed with regular or long term carers may be broken (Aldgate, 1994; Wade & Dixon, 2006), and because LAYP typically leave care earlier than the general population of young people leave home (Aldgate, 1994), their transition to adulthood is likely to be more difficult than for young people not looked after by the state. Care leavers are more likely to have poorer outcomes than children in the general population, particularly in terms of education, employment, substance misuse, offending behaviour, parenthood and housing and homelessness.

Leaving care is an important transition point, then, in the lives of LAYP, and may present an opportunity for providing support or intervention aimed at easing the transition, and improving their short, medium and long-term outcomes. Transition support services (TSSs) delivered during the young person's time in care, whether provided by local authorities, carers or other agencies, generally attempt to aid the transition to independence/adulthood for LAYP ageing out of care. Typically, TSSs contain elements of informal and formal instruction on the basics of daily living (e.g. money management, housekeeping, healthy lifestyle) and preparation for self-sufficiency, such as concrete and motivational preparation for finding and maintaining employment and/or successfully completing further education (Cook, 1988; Foreman et al., 2005).

Current practice in the UK regarding the transition of LAYP to independence and adulthood can vary considerably, however increasing support is being provided by

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LAs. Specialist provision in the form of TSSs was developed and implemented following the Children Act 1989, however the precise nature of the provision varied considerably between and within LAs, therefore the Children (Leaving Care) Act 2000 instigated a drive towards consistency in provision by improving preparation and delaying the transition to adulthood in LAYP (Wade & Dixon, 2006). The main focus of UK TSS provision appears to be support for education/employment/training, provision of accommodation, financial support and availability and provision of health care, however the variation in service provision, models, resources and outcomes still remains, making TSS provision in the UK a 'lottery' (Broad, 2005), and many LAYP leave care without accessing any TSSs (Dixon & Stein, 2002). Thus, given the importance of improving the outcomes of LAYP making the transition to adulthood and also the current inconsistencies in service provision in the UK, with many LAYP not receiving any service provision, there is a need to synthesise the available evidence on this subject.

1.2 Purpose of the review

This review aimed to identify and synthesise evidence on the effectiveness of support services for transition to adulthood/leaving care (TSSs) that are delivered towards the end of care for looked after young people (no age limit applied) on their adult outcomes. The outcomes considered were: education, employment, substance misuse, criminal and offending behaviour, parenthood, housing and homelessness and health. The following research question was addressed:

What is the effectiveness of support services for transition to adulthood/leaving care for improving a range of adult outcomes for looked after young people, compared with no intervention or usual care?

1.3 Methods

Fifteen key databases were searched by Janet Clapton from SCIE using search terms drawn up by the SchARR systematic reviewers and the SchARR and SCIE Information Specialists (see Appendices 1 and 2). Once papers had met inclusion criteria, the reference lists of these papers were searched by hand and citation searching was undertaken on all such papers. The Programme Development Group was also consulted for relevant literature.

Retrieved citations were screened according to the inclusion and exclusion criteria (i.e. studies reporting the effectiveness of TSSs compared with no intervention or

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usual care on the adult outcomes of LAYP – see Section 3.2). Exclusion was undertaken initially at title and/or abstract and then full paper level. Overall, 2580 articles were rejected at the title stage, 276 articles were rejected at the abstract stage and 171 were examined for potential inclusion in the review. Of these, 164 were excluded at full paper stage and seven were included (see QUOROM diagram in Appendix 4).

Information was extracted and papers were classified according to the main variables analysed. Data were only synthesised if the outcomes defined were sufficiently similar across studies to make such a synthesis meaningful. Study quality was assessed using the checklists and guidance provided in the NICE CPHE Methods Manual (National Institute for Health and Clinical Excellence, 2006) and studies were graded with ++, + or – as recommended by NICE. Study quality did not determine inclusion into or exclusion from the review.

1.4 Results

From 171 potentially relevant papers, a total of seven cohort studies were identified as meeting inclusion criteria. Of these, five were retrospective cohort studies (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+) and two were prospective cohort studies (Austin, 1993+; Biehal et al., 1995-). Included studies involved TSSs delivered to young people aged between 15 and 19 who were about to leave full-time care. The majority of identified studies (six) were conducted in a United States (US) setting, with one UK study (Biehal et al., 1995-).

The range of TSS components reported by each study varied considerably between the studies and even between different TSSs covered by the same study. The amount of detail reported also varied, with many studies simply describing generic characteristics of TSSs, making it difficult to describe the TSSs in this review. Age of LAYP at delivery, whether the intervention was targeted or universal and which LAYP received which components within each study was difficult or impossible to ascertain from most studies. From the information provided, it is possible to extrapolate some of the commonalities, differences and details on delivery of the TSSs.

Some TSS components appear to be common across many studies, as would be expected, whereas other TSS components were only reported by one or two studies. The precise contents of many of these components were not described in detail, making it difficult to judge the similarity of TSS content across studies or even across

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different TSSs reported within the same paper. The majority of TSSs reported on were provided by the local authority or agencies working for the local authority, with some being provided by private providers and a voluntary agency. Most studies did not report any information as to who delivered the TSSs, although one study reported involvement from a range of different staff. Study populations were similar in that the LAYP were aged around 16-18 at the time of intervention, and also in that the study population was sampled from a mixture of urban and rural locations, however the nature of selection and recruitment of the study sample appeared to vary considerably across studies.

Of the seven included studies, one study was rated ++ (Cook et al., 1991++), three were rated + (Austin, 1993+; Georgiades, 2005a+; Scannapieco et al., 1995+) and three were rated as – (Biehal et al., 1995-; Lemon et al., 2005-; Lindsey & Ahmed, 1999-), based on the NICE CHPE checklists (National Institute for Health and Clinical Excellence, 2006). Considerable inconsistency in the methodological quality of the studies was observed, as well as the quality of reporting.

In order to synthesise the findings of the seven included studies the ways of measuring or conceptualising each outcome were compared across studies and those judged as being sufficiently similar across studies were synthesised. Education, employment, criminal/offending behaviour, pregnancy and parenthood, housing and homelessness and health were sufficiently similarly measured across studies for the data to be integrated within this review; the measures of drug and alcohol misuse were not sufficiently similar for the data to be synthesised.

1.4.1 Evidence statements

Evidence statement 1: Education

There is moderate evidence of a mixed effect from four retrospective US cohort studies to suggest that LACYP who received TSSs were more likely to complete compulsory education with formal qualifications than those who had not received this TSS (Cook et al., 1991++, NS ; Georgiades, 2005a+, ES=1.73 ; Lindsey & Ahmed, 1999-, NS; Scannapieco et al., 1995+, p<0.05), whereas one prospective US cohort study reported a non-significant finding in favour of the comparison group (Austin, 1993+, NS).

Evidence statement 2: Current employment

There is moderate evidence of a positive effect of TSSs on current employment from one prospective (Austin, 1993+, NS) and two retrospective US cohort studies (Georgiades, 2005a+, ES=.53; Lindsey & Ahmed, 1999-, NS), although one retrospective US cohort study reported no difference between those who had and had not received TSSs on current employment (Cook et al., 1991++, NS).

Evidence statement 3: Employment history

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment history. Two retrospective US cohort studies (Cook et al., 1991++, SNR; Scannapieco et al., 1995+, $p < 0.05$) reported that those who had received TSSs were more likely to have a better employment history than those who had not received TSSs, whereas one prospective UK cohort study reported that those who had received TSSs were less likely to have taken an employment/academic career path than those who had not received TSSs (Biehal et al., 1995-, SNR).

Evidence statement 4: Employment at case closing

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment at case closing. Two US cohort studies, one prospective (Austin, 1993+, NS) and one retrospective (Scannapieco et al., 1995+, $p < 0.05$) reported that those who had received TSSs were more likely to be employed at case closing than those who had not received TSSs, whereas one retrospective US cohort study reported that those who had received TSSs were less likely to be employed at case closing than those who had not received TSSs (Lemon et al., 2005-, $p < 0.05$).

Evidence statement 5: Crime/offending behaviour

There is moderate evidence of a mixed effect with regard to the effect of TSSs on crime/offending behaviour. One retrospective US cohort study reported that those who had received TSSs were less likely to have a problem with the law (Lemon et al., 2005-, NS) and one retrospective cohort study reported that those who had received TSSs were more likely to have a problem with the law (Cook et al., 1991++, SNR) than those who had not received TSSs. One retrospective US cohort study (Georgiades, 2005a+) found no difference between those who had and had not received TSSs on never being arrested. Those who had received TSSs were less likely to have been arrested for serious crimes but more likely to be arrested for moderate crimes than those who had not received TSSs (ES=-.15), however those

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who had received TSSs were less likely to receive short jail sentences and more likely to receive long jail sentences than those who had not received TSSs (ES=-.46) (Georgiades, 2005a+).

Evidence statement 6: Parenthood

There is moderate evidence for a positive effect of TSSs on parenthood from one prospective (Austin, 1993+, NS) and two retrospective US cohort studies (Cook et al., 1991++, SNR; Georgiades, 2005a+, ES=.72), in that those who had received TSSs were less likely to be parents than those who had not received TSSs.

Evidence statement 7: Housing/living independently

There is moderate evidence for a positive effect of TSSs on housing and independent living from one prospective UK cohort study and five retrospective US cohort studies, in that those who had received TSSs were more likely to have a place to live (Biehal et al., 1995-, SNR; Cook et al., 1991++, SNR) and were more likely to be living independently (Austin, 1993+, $p < 0.05$; Georgiades, 2005a+, ES=.32; Lindsey & Ahmed, 1999-, $p < 0.05$; Scannapieco et al., 1995+, $p < 0.05$) than those who had not received TSSs.

Evidence statement 8: Homelessness

There is moderate evidence of a mixed effect with regard to the effect of TSSs on homelessness. Two retrospective US cohort studies reported that those who had received TSSs were less likely to have had a homeless episode at discharge (Cook et al., 1991++, SNR) or to have ever been without a place to sleep (Lemon et al., 2005-, NS) than those who had not received TSSs, however two retrospective US cohort studies reported no difference no difference between those who had and had not received TSSs on homelessness (Georgiades, 2005a+, ES=-.15; Lindsey & Ahmed, 1999-).

Evidence statement 9: Mental health

There is evidence of mixed quality to suggest little evidence of effect of TSSs on mental health outcomes. Three retrospective US cohort studies reported no difference on general satisfaction (Cook et al., 1991++, SNR), life satisfaction (Lemon et al., 2005-) and depression (Georgiades, 2005a+, ES=.03), however one retrospective US cohort study reported that those who had received TSSs were more likely to be hopeful about the future than those who had not received TSSs (Lemon et al., 2005-, $p < 0.05$).

1.4.2 Applicability to the UK

The majority of studies included in this review were conducted in the US, with only one UK study (which reported very little quantitative data) and this will have implications for the applicability of the review findings to the UK context. The only UK study to be included in this review reported very little quantitative data with no statistical comparisons (Biehal et al., 1995-). The findings from this review are based on studies that are small and furthermore some of the studies have been outdated by current legislation (e.g. the studies from the 1990s will not have considered the recommendations of the Children's (Leaving Care) Act 2001) so therefore the study conclusions may not reflect current policy and practice. The small number of studies reviewed and their poor methodological quality and rigour are also of concern when considering the applicability of the findings of this review.

1.5 Discussion

As described above, it is commonly reported that care leavers experience poor outcomes compared with children and young people who have not been looked after, including reduced chances of employment, poor educational attainment, greater vulnerability to homelessness, poor health, and a greater likelihood of living in poverty (Aldgate, 1994; Reilly, 2003). TSSs generally aim to support care-leavers in making the transition from the care system to independent living. However, the interventions identified in the course of this review – including their component parts, and the way in which they were delivered or implemented – varied considerably. Furthermore, the quality and detail of the reporting of some of the included studies was poor, making it difficult to ascertain any detail.

1.5.1 Education

The reviewed studies' comparison group figures are comparable with recent UK statistics, which report that of the 8,300 LAYP aged 16 years or over who ceased to be looked after during the year ending March 2008, 3,900 (47%) had at least 1 GCSE or GNVQ and 610 (7%) had at least 5 GCSEs at grade A*-C (Department for Children Schools and Families, 2009). Similarly, a UK study of 106 care leavers reported that just under one-quarter (23%) were in full-time or part-time education (Wade & Dixon, 2006). Government statistics report that 400 (7%) of LAYP aged 19 years were in higher education (studies beyond A level) and 1,600 (28%) were in education other than higher education (Department for Children Schools and

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Families, 2009). Thus it seems that TSSs can have a positive effect on educational outcomes among former LAYP.

1.5.2 Employment

More studies reviewed suggest that LAYP who receive TSSs are more likely to be in employment (than those not receiving TSSs) than suggest the reverse, however the findings are nevertheless mixed and the use of different measures of employment status complicates the picture. Because of such measurement differences between the studies and also because employment figures vary considerably for both TSS and non-TSS participants between groups it is difficult to draw comparison between the studies reviewed and non-UK data. It is unclear from the reporting in included studies as to why there is an overall apparent benefit of TSSs on employment outcomes. Possible explanations are that it is due to an employment component within TSSs, a job placement through the TSS or as a function of improved educational attainment as a result of the TSS, although further research investigating the mediating and moderating factors for this relationship is warranted.

1.5.3 Substance misuse

As stated in Section 4.3, the measures of drug and alcohol misuse in the included studies were not similar enough to justify synthesising the data on this outcome, and an examination of general trends in substance misuse in the included studies presents a picture of mixed effect. Interestingly, the findings of the two US studies (Cook et al., 1991++; Georgiades, 2005a+) appear to be closer than the UK study (Biehal et al., 1995-) to the picture painted by recent UK statistics on drug and alcohol misuse by former LAYP.

1.5.4 Offending behaviour

The evidence from this review on offending behaviour suggests mixed evidence of effectiveness (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-), making it difficult to infer whether or not TSSs make a positive difference on this outcome, although there may be confounding factors involved. Inconsistent findings in terms of offending behaviour are also reported among care leavers in general. For example, two US studies have reported that 8% (McMillen & Tucker, 1999) and 48% (Ryan et al., 2007) of former LAYP were involved in criminal activity.

1.5.5 Parenthood

According to three US included studies, those receiving TSSs were less likely to be young parents compared with those LAYP not receiving such services (72% vs 54%, 59% vs 52%, 75% vs 25% were not parents, respectively) (Austin, 1993+; Cook et al., 1991++; Georgiades, 2005a+). The comparison group figures appear to be generally higher than young parenthood figures reported in the general population of former LAYP. For example, two studies report young that 33% of former LAYP in the UK (Cameron, 2007) and 15% of former LAYP in the US (McMillen & Tucker, 1999) were parents or expectant parents at the point of transition from care.

1.5.6 Housing and homelessness

There is evidence of mixed effect from the studies included in this review as to whether TSSs reduce the risk of homelessness (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-), but evidence of some effect to suggest that LAYP who receive TSSs are more likely to have a place to live and to be living independently (Austin, 1993+; Cook et al., 1991++; Georgiades, 2005a+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+) (see Appendix 3). This is important, because research suggests that housing and homelessness are pertinent issues among former LAYP, with around 15% experiencing homelessness in the months following their transition from care (Biehal et al., 1994; Stein, 2000).

1.5.7 Health

General health was not reported in any of the studies included in this review, however, any component included by TSSs on maintaining a healthy lifestyle, such as advice on shopping and cooking, as reported by two US studies (Cook et al., 1991++; Lemon et al., 2005-) and advice on accessing healthcare, as reported by two US studies (Austin, 1993+; Cook et al., 1991++), would be expected to have a beneficial effect. Three US studies included in this review examined mental health outcomes, however the findings of this review indicate no evidence of effect of TSSs on these outcomes (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-) (see Appendix 3). This could be because this issue may be better addressed by services that are delivered after leaving care.

General health, healthcare access and health behaviour among those making the transition from care to adulthood are also important issues that warrant greater attention in studies assessing the effectiveness of TSSs. Low levels of care leavers report seeing health professionals (43% in a UK survey reported regular contact,

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(Cameron, 2007)), however high numbers of previous LAYP report engaging in unhealthy behaviours such as smoking (67% in one study, (Cameron, 2007); 73% in another (Goddard & Barrett, 2008)).

1.5.8 Conclusions

As was reported by previous studies (Collins, 2001; Lemon et al., 2005-; United States General Accounting Office, 1999), few formal evaluations of existing TSSs have been conducted. Most evaluations were based on specific agency programs and therefore have been small-scale, exploratory, non-random, retrospective and without comparison groups. Thus, although useful for programme planning, their utility for demonstrating programme effectiveness is highly limited. While randomised controlled trials may not be appropriate in this context due to the ethical implications of withholding a potentially valuable intervention to a population of need, future studies should evaluate the effectiveness of TSSs on adult outcomes of interest using more rigorously designed studies, for example by conducting quasi-experimental prospective cohort studies where a new approach is trialled in some regions and not in others.

Taken as a whole, the evidence considered by this review suggests that transition support services can have a beneficial effect on the adult outcomes for LAYP, in particular for education, employment, parenthood and housing. However the lack of detail on the individual components of interventions and services in the included studies makes it difficult – if not impossible – to assess the impact of individual components. The period of time before young people leave care is an opportunity for carers and the state to make a positive impact on their lives and outcomes; further research to develop and evaluate TSSs is greatly needed. In addition, future research and development could helpfully assess the needs of different groups of looked after children and young people for these types of services and interventions.

2 Introduction

2.1 Background

In 2008, the Department of Health made a referral to NICE (National Institute for Health and Clinical Excellence) and SCIE (Social Care Institute for Excellence) to develop joint public health programme guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people (LACYP). In order to identify specific factors and outcomes of pertinence to LACYP in the literature, a correlates review was conducted, which led to the production of three effectiveness reviews focused on LACYP, examining the effectiveness of: (1) transition support services; (2) training and support for carers, professional and volunteers; and (3) improving access to services, on the outcomes of LACYP. The present systematic review is the first in the series of three effectiveness reviews.

Local Authorities maintain financial and moral responsibility for looked after young people (LAYP) aged between 16 and 21 years and this assistance may be extended up to the age of 24 if they had entered education or training before the age of 21 years, as well as a duty to advise and befriend such young people (Reid 2007). LAYP who leave care between the ages of 16 and 18 years old are commonly referred to as ageing out of care, however for the purpose of this review all LAYP leaving care up to the age of 24 during the transition to adulthood and independence will be referred to as ageing out of care or care leavers.

For the year ending 31 March 2008, 8,300 young people aged 16 years and over ceased to be looked after by the state, with 5100 (61%) ceasing to be looked after on their 18th birthday, and 2000 (24%) ceasing to be looked after at the age of 16 (Department for Children Schools and Families, 2009). Research indicates that the transition to independent living and adulthood for young people leaving care is likely to be more difficult than for young people who are not looked after by the state, for a number of reasons. Firstly, they are less likely to have family support (material or emotional) to help them make the adjustment into living independently, working or embarking on further education, and bonds that may have been developed with regular or long term carers may be broken (Aldgate, 1994; Wade & Dixon, 2006). There is evidence to suggest that some foster carers continue to provide help and support after a young person has left care, although this is done on an informal, voluntary basis and is not standard practice (Wade & Dixon, 2006). Secondly, looked-after young people tend to leave care earlier than the general population of

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young people leave home, meaning that they must take on the financial, organisational and emotional responsibilities of living independently at a younger age (Wade & Dixon, 2006).

Care leavers are more likely to have poorer outcomes than children in the general population, such as reduced chances of employment, poor educational attainment, greater vulnerability to homelessness, poor health and greater likelihood of living in poverty (Aldgate, 1994). For example, adults who were previously long-term LACYP have a higher risk of poor mental health, drug use, antisocial behaviour and poor educational attainment, accompanied by a corresponding greater risk of unemployment, compared with the general population (Social Exclusion Unit, 2003). The risk of becoming a young parent is also greater than in the general population among former-LACYP, with a quarter of all former LACYP and 40% of females being parents by the age of 20 (Meltzer, 2003). Since such outcomes as education, employment, substance misuse, offending behaviour, parenthood and housing and homelessness appear prominent in the literature, these will be focused on in this review.

A recent UK research study involving discussion groups of young people who had left care and a postal survey of another group of young people that had left or were preparing to leave care reported that independence is perceived as being one of the best things about leaving care (Morgan, 2006). This was the view of a large number of young people attending the discussion groups and was confirmed by 40% (30) of questionnaire respondents. A common theme was the lack of preparation for leaving care received, with many of the young people interviewed expressing concern that they had not been shown how to do things properly, or had received little preparation on how to make their own decisions (Morgan, 2006). Given that independence is highly valued by care leavers according to the same study, it is imperative that they receive the proper training and support during the transition from care to adulthood in order to help them develop the skills need to maintain a high level of independence.

A US study of 105 adults that were previously LAYP reported that the vast majority had some exposure to independent living training during their time in care (Reilly, 2003). Examples of such training reported were: parenting skills (47%), money management (67%), housekeeping (72%) and job seeking (73%). In this study 63% of the sample were employed, 54% rated their health as very good/excellent, 41% had spent time in jail and 38% had children of their own. According to this study, multiple placements while in care and lower education levels were correlated with

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more difficult post-discharge functioning, while training, services, positive support networks and job experience in care were associated with more positive adjustments (Reilly, 2003).

Leaving care is an important transition point, then, in the lives of LAYP, and may present an opportunity for providing support or intervention aimed at easing the transition, and improving their short-, medium- and long-term outcomes. There are several examples in the research and practice literature of attempts to do precisely this: transition support services (TSSs) delivered during the young person's time in care, whether provided by local authorities, carers or other agencies, generally attempt to aid the transition to independence/adulthood for LAYP ageing out of care. Specific types of TSS reported by studies included in this review are independent living programs (ILPs), which are typically delivered in the United States (US) and leaving care services (LCSs), which have been delivered and evaluated in the United Kingdom (UK). Typically, TSSs contain elements of informal and formal instruction in the basics of daily living (e.g. money management, housekeeping, health lifestyle) and preparation for self-sufficiency, such as concrete and motivational preparation for finding and maintaining employment and/or successfully completing further education (Cook, 1988; Foreman et al., 2005). A review of international research on young people leaving care suggests that TSSs can potentially make a positive contribution to specific outcomes for care leavers, work well in assisting care leavers in finding accommodation, helping young care leavers out of homelessness and also successfully assist care leavers with life skills (Stein, 2006).

Although there is no single definition or format in the literature, US author Cook outlines four phases of TSSs, specifically referring to ILPs (Cook, 1988):

- Phase one: informal learning, where basic living skills are acquired by observing family members and repeating their methods or techniques with new skills being introduced when required by daily living.
- Phase two: formal learning, where basic living skills are taught through formal instructions and activities, often with someone outside the family providing the instruction.
- Phase three: supervised practice, where the young person involved has the opportunity to practice all the skills that have been formally and informally learnt.

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- Phase four: self-sufficiency, where the young person lives independently as an adult without the benefit of a 'safety net'.

Current practice in the UK regarding the transition of LAYP to independence and adulthood can vary considerably, however increasing support is being provided by LAs. For instance, while the overall numbers of LACYP have been declining in recent years, the number of 16-year-olds being looked after increased from 5100 in 2004 to 5800 in 2008 (Department for Children Schools and Families, 2009). Nevertheless, as mentioned earlier, LAYP typically make the transition to independent living at a younger age than young people in the general population (Wade & Dixon, 2006). Specialist provision was developed and implemented in the form of TSSs (specifically, LCSs) following the Children Act 1989, however the precise nature of the provision varied considerably between and within LAs, therefore the Children (Leaving Care) Act 2000 instigated a drive towards consistency in provision by improving preparation and delaying the transition to adulthood in LAYP (Wade & Dixon, 2006). The main focus of UK TSS provision appears to be support for education/employment/training, provision of accommodation, financial support and availability and provision of health care, however the variation in service provision, models, resources and outcomes still remains, making TSS provision in the UK a 'lottery' (Broad, 2005). Many LAYP leave care without accessing any TSSs. For example in a survey of service provision in Scotland, although 77% of LAs provide TSSs, over half of young people (61%) had not received one (Dixon & Stein, 2002).

Thus, given the importance of improving the outcomes of LAYP making the transition to adulthood and also the current inconsistencies in service provision in the UK, with many LAYP not receiving any service provision, there is a need to synthesise the available evidence on this subject.

2.2 Purpose of the review

This review aimed to identify and synthesise evidence on the effectiveness of support services for transition to adulthood/leaving care (TSSs) that are delivered towards the end of care for LAYP (no age limit applied) on their adult outcomes. The outcomes primarily considered were: education, employment, substance misuse, criminal and offending behaviour, parenthood, housing and homelessness and health. The following research question was addressed:

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What is the effectiveness of support services for transition to adulthood/leaving care for improving a range of adult outcomes for looked after young people, compared with no intervention or usual care?

The cost effectiveness literature was also identified and reviewed (i.e. existing economic evaluations/models) within the area of focus, and this will be presented in a separate report.

3 Methods

3.1 Search strategy

The strategy adopted for this review combined systematic review searching undertaken by Janet Clapton, Information Specialist at SCIE with more targeted searches undertaken by SchARR. This approach was considered to be appropriate because SCIE have considerable expertise in this area, having developed a database of records relating to looked after children and young people. SCIE also have access to certain specialist databases that are not commonly available, most notably ChildData. In addition, SCIE have a great deal of knowledge and expertise around developing search strategies for social care literature, which the SchARR review team were keen to utilise.

The substantive proportion of searches for this review, then, were carried out by information specialists at SCIE. Where appropriate, additional targeted searching was undertaken by the SchARR information specialist.

3.1.1 SchARR searching

In addition to the systematic search outlined in section 3.1.2 below, searches of reference lists and citation searches were conducted on all relevant papers included in a previous correlates review of factors associated with outcomes for looked after children and young people. Following a sift of references supplied by SCIE (outlined below), the reference lists of papers included in the review were searched by hand, and citation searching was undertaken on all included papers. Citation searching was undertaken in Web of Science Cited Reference Search and Google Scholar (which covered all papers) and was not limited by date, language, place of publication or study type. This process resulted in 45 retrieved citations, of which none were included.

3.1.2 SCIE searching

An extensive search for references relating to the population of LACYP was undertaken by Janet Clapton for this project (see Appendix 1). This search strategy was externally validated by an independent information specialist (Alan Gomersall, of the Evidence Network).

Fifteen key databases were searched using terms relating to LACYP (the search strategies for each database with search dates are in Appendix 1). Searches were limited to 1990 onwards and were not restricted by language, study type or place of

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publication. Records were downloaded into Endnote (reference management software). The total number of records retrieved through this population search was 20,000.

This Endnote population database of LACYP was then searched using terms relating to this review (see Appendix 2). The search terms for this review were drawn up by the SchARR systematic reviewers and the SchARR and SCIE information specialists, based on the papers included in the correlates review and knowledge of the review area.

Terms for transition or support or housing were searched for in the database. Endnote automatically truncates search terms therefore no truncation was required. The search output from the Endnote population database was supplied as an RIS (Research Information Systems) file, which was then imported into Reference Manager for sifting by the systematic reviewers.

3.1.3 Other search activities

Consultation with the Programme Development Group (PDG) was undertaken in order to identify key literature, with an emphasis on grey literature. References provided by PDG members were imported into Reference Manager and sifted by the systematic reviewers. Six papers were identified in this way, of which none met the inclusion criteria.

3.1.4 Inclusion and exclusion procedure

As described within the NICE methods for development of public health guidance (National Institute for Health and Clinical Excellence, 2006), retrieved citations were screened according to the inclusion and exclusion criteria described in Section 3.2 below, in order to exclude irrelevant material. Exclusion was undertaken initially at title and/or abstract and then full paper level. Study selection was made by one reviewer, however a random selection of abstracts and full papers (71 records or 16% of the records whose abstracts were inspected) were sifted independently by two reviewers (ESEH and RJ). No differences were found between reviewers. Overall, 2580 articles were rejected at the title stage, 276 articles were rejected at the abstract stage and 171 were examined for potential inclusion in the review. Of these, 164 were excluded at full paper stage and seven were included (see QUOROM diagram in Appendix 4). A full reference list of included papers is supplied in Appendix 7.

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A number of potentially relevant studies investigating the effects of transition support on the adult outcomes of LAYP were excluded at the full paper review stage (of which there are 164 to date; see Appendix 8 for a full list), for a number of reasons. Full details are available in the QUOROM diagram in Appendix 4. The reasons for excluding papers were:

1. No data were reported (47 studies)
2. No intervention was reported (47 studies)
3. The study was qualitative (18 studies)
4. Non-comparative studies containing no pre-test measures of adult outcomes of LAYP (14 studies)
5. No adult outcomes were reported (9 studies)
6. It was not possible to obtain a copy of the paper (8 studies)
7. The population were not LAYP/former LAYP (7 studies)
8. The intervention reported was not TSS (7 studies)
9. The study was a review (4 studies)
10. The same data were used as reported elsewhere (we chose the most comprehensive report) (3 studies)

Studies obtained at full paper stage and then excluded are listed in Appendix 5 with the reason for exclusion, and the references for these are listed in Appendix 8.

3.1.5 Cost effectiveness review and economic model

The systematic reviewers and economic modeller sifted papers from the database supplied by SCIE for potential inclusion in the cost effectiveness review, and 301 references were identified in this way. Targeted searches for model parameters were also undertaken in Web of Science, Medline, NHS EED and Econlit, from which 348 references were retrieved. The effectiveness evidence base identified within this review was used in economic modelling, which is the subject of a separate report.

3.2 Inclusion and exclusion criteria

The following inclusion criteria were applied to retrieved citations in order to identify relevant studies for inclusion:

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Population

The population comprised LAYP and/or adults who were previously looked after as children and/or young people. No age limits at the time of intervention were applied.

Intervention

The focus was on support services designed to assist and prepare looked after young people for the transition from foster/residential care to independent living or some form of community care, delivered or commenced while the LAYP was still in care. After-care services were therefore not included in this review.

Comparison

The comparison group comprised LAYP or former LAYP in receipt of usual care/no intervention.

Outcomes

All outcomes reported were considered here for relevance, but the following adult outcomes were of particular interest: housing, alcohol/drug misuse, educational attainment, employment, criminal/offending behaviour and physical, mental and sexual health. Also considered were other outcomes (such as LAYP's own children being taken into care) related to successful transition (as reported by studies).

Other

Only English language papers have been included.

Study types

Study types to be considered were: randomised controlled trials, non-randomised controlled trials, case control studies, prospective cohort studies, retrospective cohort studies and non-comparative studies. Since this review is an effectiveness review, qualitative studies have been excluded. Qualitative studies will be reported in a separate review, undertaken by EPPI-Centre.

3.3 Study quality

Study quality was assessed using the checklists and guidance provided in the NICE CPHE Methods Manual (National Institute for Health and Clinical Excellence, 2006), which assesses studies according to various aspects of design, sampling, measurement, analysis and reporting. Studies were graded with ++, + or – as recommended by NICE (see Table 1). Greater consideration was given to the

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performance of the study on criteria fundamental to the robustness of the findings. No studies were excluded from the review on the grounds of quality. Study quality was assessed by both reviewers and there was no disagreement on the grading of studies.

Table 1: Study quality

Grade	Criteria
++	All or most of the criteria have been fulfilled. Where they have not been fulfilled the conclusions are thought very unlikely to alter.
+	Some of the criteria have been fulfilled. Those criteria that have not been fulfilled or adequately described are thought unlikely to alter the conclusions.
–	Few or no criteria have been fulfilled. The conclusions of the study are thought likely or very likely to alter.

3.4 Data extraction and data synthesis

Information was extracted and papers were classified according to the main variables analysed. Because of the variation in variables, methods and measures used, it was not possible to conduct a meta-analytical review. The ways that each study measured each outcome variable were compared across studies in order to identify the outcomes that were similar enough to be usefully combined within the review, as detailed in Table 6. Data were only synthesised in the results if the ways of measuring each outcome variable were sufficiently similar across studies to make such a comparison meaningful (highlighted in bold in Table 6).

3.5 Applicability to the current UK context

Country of origin of all included studies was noted, and applicability is discussed in section 4.6.

4 Results

4.1 Summary of included studies

From 171 potentially relevant papers, a total of seven cohort studies were identified as meeting inclusion criteria: five retrospective cohort studies (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+) and two prospective cohort studies (Austin, 1993+; Biehal et al., 1995-). A full reference list of included studies is supplied in Appendix 7. The majority of identified studies were conducted in a US setting, with one UK study (Biehal et al., 1995-). The characteristics of the studies are summarised below in Section 4.2 and in Appendix 7, and displayed in full in the evidence table in Appendix 3. Full references for included studies and excluded studies are provided in Appendices 7 and 8, respectively. The effects of TSSs on adult outcomes are presented in Section 4.3.

4.2 Intervention characteristics

The range of TSS components reported by each study varied considerably between the studies and even between different TSSs covered by the same study. The amount of detail reported also varied, with many studies simply describing generic characteristics of TSSs, which makes describing the TSSs in this review difficult. Age of LAYP at delivery and whether the intervention was targeted or universal was difficult or impossible to ascertain from most studies, as was which LAYP received which components within each study. From the information provided, it is possible to extrapolate some of the commonalities, differences and details on delivery of the TSSs (see Tables 2, 3 and 4).

Table 2: Intervention components by study

Component	Austin	Biehal	Cook	Georgiades	Lemon	Lindsey	Scannapie co
Life skills training/support	✓					✓	✓
Counselling youths	✓						
Specific/individual planning	✓	✓		✓ (IL)		✓	✓
Employment/job skills advice	✓			✓ (IL)	✓	✓	✓
Job placement	✓		✓				
Health advice/health care access advice	✓		✓				
Training for foster carers	✓						
'Trainer'/supported accommodation provided		✓	✓		✓		
Links with local housing agencies		✓					
Drop-in centre		✓					
Money management			✓	✓ (IL)	✓		
Obtaining credit			✓				
Consumer skills			✓				
Family planning			✓				
Home management (cooking, shopping, housekeeping)			✓		✓		
Education advice/assistance			✓		✓		
Housing advice			✓				
Advice about obtaining legal assistance			✓				
Advice on locating/using community resources			✓	✓ (IL)		✓	
Advice on socialisation			✓				
Decision-making/problem-solving				✓ (IL)			
Financial assistance (contingent upon employment/education)				✓ (SIL)	✓	✓	
Resource referral							✓

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Table 3: TSS providers by study

Delivery	Austin	Biehal	Cook	Georgiades	Lemon	Lindsey	Scannapieco
Local authority/agencies	✓	✓		✓		✓	✓
Private providers	✓						
Voluntary agency		✓					
In-house services	✓						
Subcontracted services	✓						

Table 4: TSS delivery personnel by study

Delivery personnel	Austin	Biehal	Cook	Georgiades	Lemon	Lindsey	Scannapieco
Project workers		✓					
Care staff		✓					
Generic social workers		✓					
Specialist social workers		✓					✓

Table 5: Population characteristics by study

Characteristic	Austin +	Biehal -	Cook ++	Georgiades +	Lemon -	Lindsey -	Scannapieco +
Year	1993	1995	1991	2005	2005	1999	1995
Country	US	UK	US	US	US	US	US
Sample size	195	74	810	67	216	76	90
Design	Prospective	Prospective	Retrospective	Retrospective	Retrospective	Retrospective	Retrospective
Age at start	≥16	16-19	≥16	≥15 / ≥16	<18	NR	≥16
Age at follow-up	+1 yr	+18-24 mo	+36 mo	18-21	<34	18/19 (M)	19 (M)
Urban / rural	U&R	U&R	U&R	NR	U&R	U&R	NR
Recruitment	Standard discharge report	All LAYP leaving care in each area	Random sample of case records	All LAYP leaving care in the area	University survey	All LAYP leaving care in each area	Whole population using case records
Response rate	24%/41% at 1 yr	40% at T3	Results weighted	40.1%	28.5%	27.6%	100%

Some TSS components appear to be common across many studies, as would be expected. Support and advice on employment and job skills featured in five out of the seven studies (Austin, 1993+; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+), as did elements of developing specific or individual plans for the LAYP (Austin, 1993+; Biehal et al., 1995-; Georgiades, 2005a+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+). Life skills training and/or support was reported as being a component in three studies (Austin, 1993+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+), as was supported accommodation, such as 'trainer' flats (Biehal et al., 1995-; Cook et al., 1991++; Lemon et al., 2005-), advice on locating and using resources in the community (Cook et al., 1991++; Georgiades, 2005a+; Lindsey & Ahmed, 1999-) and providing financial assistance, which was mostly contingent upon employment, educational attainment or both (Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-).

Other TSS components, however, were only reported by one or two studies. For example, only two studies reported including a job placement, advice on health and health care access (Austin, 1993+; Biehal et al., 1995-), advice or training in home management skills such as cooking, shopping and housekeeping and education advice and/or assistance (Cook et al., 1991++; Lemon et al., 2005-) as TSS components. Similarly, only one study reported including each of the following TSS components: counselling the youths, providing training for the foster carers (Austin, 1993+), links with local housing agencies, a drop-in centre (Biehal et al., 1995-), advice on obtaining credit, purchasing and running a car, family planning, housing, obtaining legal assistance, socialisation (Cook et al., 1991++) and referral to various resources (Scannapieco et al., 1995+). The precise contents of many of these components were not described in detail, making it difficult to judge the similarity of TSS content across studies or even across different TSSs reported within the same paper.

The majority of TSSs reported on were provided by the local authority or agencies working for the local authority (Austin, 1993+; Biehal et al., 1995-; Georgiades, 2005a+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+) (see Table 3). TSSs were also provided by private providers (Austin, 1993+) and a voluntary agency (Biehal et al., 1995-). One study reported that TSS were provided both in-house and were subcontracted, within different geographical areas examined (Austin, 1993+). Two studies did not report any detail as to who provided TSSs (Cook et al., 1991++;

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Lemon et al., 2005-). Likewise, most (five) studies did not report any information as to who delivered the TSSs (Austin, 1993+; Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-) (see Table 4). In one study TSSs (four separate TSSs) were delivered by a one or a combination of project workers, care staff, generic social workers and specialist TSS social workers (Biehal et al., 1995-), and another study reported that specialist TSS social workers delivered the TSS (Scannapieco et al., 1995+).

Study populations were similar in that the LAYP were aged around 16-18 at the time of intervention, and also in that the study population was sampled from areas that included a mixture of urban and rural locations. However the nature of selection and recruitment of the study sample appeared to vary considerably across studies (see Table 5). Three studies recruited from the total population of LAYP who were in the process of leaving care in the locations of interest (Biehal et al., 1995-; Georgiades, 2005a+; Lindsey & Ahmed, 1999-), one study used case records to obtain data from the whole population in the location of interest (Scannapieco et al., 1995+), another study randomly selected a sample of case records from which to obtain data (Cook et al., 1991++), another study recruited from all LAYP with a standard discharge report (Austin, 1993+) and another study surveyed university students who had previously been LAYP (Lemon et al., 2005-).

In the US prospective study, there was considerable attrition from start to follow-up; 76% of TSS participants and 59% of comparison group participants were lost to follow-up (Austin, 1993+) (see Appendix 3). In the UK prospective study, attrition was not reported, as no intent to treat analysis was undertaken and so only the sample size at T3 was reported and used as a basis for comparison (Biehal et al., 1995-). Attrition is not applicable to retrospective studies since participants are only sampled at the 'end point' of the study.

4.3 Effectiveness of transition support services on adult outcomes

In order to synthesise the findings of the seven included studies the ways of measuring or conceptualising each outcome were compared across studies (see Table 6), and those judged as being sufficiently similar across studies (highlighted in bold in Table 6) were synthesised. The measures of drug and alcohol misuse were not sufficiently similar for the data to be synthesised, however this outcome will be examined in the discussion (see Section 5.3). Three studies examined drug and alcohol misuse, which was variously measured as no problem vs. a perceived

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problem, ever use of drugs and alcohol, use of alcohol in 30 days prior to the interview and frequency of drug and alcohol use (often, sometimes, never) (see Table 6). Summaries of all study characteristics and results are documented in Appendix 6.

Table 6: Measurement used for outcomes by each study

Outcome	Austin (1993)	Biehal (1995)	Cook (1991)	Georgiades (2005)	Lemon (2005)	Lindsey (1999)	Scannapieco (1995)
<i>Education</i>	<p>Education – less than high school at discharge</p> <p>Education – high school/GED/Vo-tech at discharge</p> <p>Education – less than high school at 1 year</p> <p>Education – high school/GED/Vo-tech at 1 year</p>	<p>Attainment (good [≥5 GCSEs grades A-C], fair [1-4 GCSEs A-C], poor [low grades/none])</p> <p>Attendance at school/ college (good, poor)</p>	<p>Completed high school</p>	<p>Mean years of education completed</p> <p>Education (no HS diploma or GED, HS diploma or GED, college education)</p>	<p>Age when began college</p> <p>How well system prepared them for college (extremely well, fairly well, not well at all)</p>	<p>Completed high school or GED</p> <p>Completed technical/vocational program or some college</p> <p>Currently enrolled in educational programme</p> <p>Currently in college</p>	<p>High school graduate</p>
<i>Employment</i>	<p>Unemployed at discharge</p> <p>Employed part-time/summer/full-time at discharge</p> <p>Unemployed at 1 year</p> <p>Employed part-time/summer/full-time at 1 year</p>	<p>Career paths (work/academic route, insecure route)</p>	<p>Maintained job >1 year</p> <p>Employment status at time of interview</p> <p>Ever employed since discharge</p>	<p>Employed full-time</p> <p>Employed part-time</p> <p>Unemployed</p> <p>Mean job income per month</p> <p>Job seeking skills score</p> <p>Job maintenance skills score</p>	<p>Had a job immediately after discharge</p>	<p>Employed full-time</p> <p>Employed part-time</p> <p>Hours worked per week</p> <p>≥1 month's unemployment since leaving care</p> <p>Mean number of unemployment episodes</p> <p>Mean length of longest unemployment episode</p>	<p>History of employment (rate)</p> <p>Employed at case closing</p>
<i>Substance misuse (inc. alcohol)</i>		<p>Drug/alcohol use (good [no problem], poor [perceived problem])</p>	<p>Ever used hard drugs</p> <p>Ever drunk alcohol</p> <p>Drunk alcohol</p>	<p>Drug use (often, sometimes, never)</p> <p>Alcohol use (often, sometimes, never)</p>			

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Outcome	Austin (1993)	Biehal (1995)	Cook (1991)	Georgiades (2005)	Lemon (2005)	Lindsey (1999)	Scannapieco (1995)
			in 30 days before the interview				
<i>Crime (offending behaviour)</i>		Offending (no offences, 1/few minor offences, persistent/serious offences)	Had a problem with the law since discharge	Ever arrested Crime arrested for (murder/ assault/battery, shoplifting/ trespassing, drug sale/driving under the influence) Time spent in jail (<1 month, 1-12 months)	Since discharge from foster care, ever had a problem with the law		
<i>Pregnancy & parenthood</i>	Fathered/mothered child at discharge Not fathered/mothered child at discharge		Avoid early parenting Birthed or fathered a child	No children 1-3 children			
<i>Housing & homelessness</i>	Living arrangement (parent/relative/ foster parent/other, by self/with friend)	Housing outcomes (good, poor) Sustaining a tenancy (good, poor)	Living by self Having a place to live at discharge Homeless episode since discharge	Current residence (relatives/foster parents/ friends, currently in jail, own/rent independent accommodation) Homelessness (never, 1-3 nights, >3 nights)	Ever been without a place to sleep	Living independently ≥1 episodes of homelessness	Living on own at case closing
<i>Health (mental, physical, sexual)</i>	Self-esteem		Access health care General satisfaction	Unprotected sex with a stranger (often, sometimes, never)	Happy with life these days (very, somewhat, not		

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Outcome	Austin (1993)	Biehal (1995)	Cook (1991)	Georgiades (2005)	Lemon (2005)	Lindsey (1999)	Scannapieco (1995)
				Depression (often, sometimes, never) Anger control (often, sometimes, never)	very Hopeful about the future (very, somewhat, not very)		

NB. Measures highlighted in bold were judged as being sufficiently similar for comparison across studies (thus substance misuse was not compared)

Table 7: Summary of findings

Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
Education	<ul style="list-style-type: none"> • IG more likely to leave high school with qualifications than CG (55% vs. 48%, NS in regression analysis) (Cook et al., 1991++) • IG more likely than CG to have a high school diploma or general educational development (GED) credential (53% vs. 15%) and college education (31% vs. 0%) (ES=1.73) (Georgiades, 2005a+) • IG fared better than CG on high school/GED education (37% vs. 18%, NS) (Lindsey & Ahmed, 1999-) • IG fared better than CG on high school education (50% vs. 13%, $p<0.05$) (Scannapieco et al., 1995+) 		<ul style="list-style-type: none"> • IG less likely than CG to have high school diploma/GED (8% vs. 16%) (Georgiades, 2005a+) • IG less likely than CG to have a high school/GED/vocational technical education at discharge (44% vs. 58%) and at 1 year post-discharge (59% vs. 79%) (NS) (Austin, 1993+)
Employment	<ul style="list-style-type: none"> • IG fared better than CG on current unemployment (50% vs. 37%, NS) and employment at discharge and 1 year (31% vs. 25%, NS) (Austin, 1993+) • IG fared better than CG on ever-employment (92% vs. 80%, significance not reported); IG fared marginally better than CG for maintaining a job (36% vs. 31%, significance not reported) (Cook et al., 1991++) • IG fared better than CG on full-time (22% vs. 8%) and part-time (51% vs. 0%) employment and unemployment (27% vs. 92%) (ES=.53) (Georgiades, 2005a+) • IG fared better than CG on employment (41% vs. 22%, NS) (Lindsey & Ahmed, 1999-) • IG fared better than CG on employment history and at case closing (52% vs. 26%, $p<0.05$) (Scannapieco et al., 1995+) 	<ul style="list-style-type: none"> • No difference between IG and CG on current employment (84% vs. 86%, NS) (Cook et al., 1991++) 	<ul style="list-style-type: none"> • IG fared worse than CG on employment immediately after discharge (58% vs. 74%, $p<0.05$) (Lemon et al., 2005-) • IG fared worse than CG on employment/academic career path (20% vs. 43%, significance not reported) (Biehal et al., 1995-)
Crime/offending behaviour	<ul style="list-style-type: none"> • IG fared better than CG on being arrested for serious crimes (24% vs. 38%) but fared worse than CG on being arrested for moderate crimes (32% vs. 0%), with no difference for petty crimes (24% vs. 23%) (ES=.37) (Georgiades, 2005a+) • IG fared marginally better than CG on having a problem 	<ul style="list-style-type: none"> • No difference between IG and CG on never being arrested (89% vs. 92%) (Georgiades, 2005a+) (ES=-.15) 	<ul style="list-style-type: none"> • IG fared marginally worse than CG on having a problem with the law since discharge (27% vs. 20%, significance not reported) (Cook et al., 1991++) • IG fared better than CG on short jail

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Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
	with the law since discharge (12% vs. 16%, NS) (Lemon et al., 2005-)		sentences (17% vs. 69%) but worse than CG on long jail sentences (34% vs. 23%) (ES=-.46) (Georgiades, 2005a+)
Parenthood	<ul style="list-style-type: none"> • IG fared better than CG on parenthood at discharge (28% vs. 46%, NS) (Austin, 1993+) • IG fared marginally better on parenthood at discharge (41% vs. 48%, significance not reported) (Cook et al., 1991++) • IG fared better than CG on young parenthood (25% vs. 75%, ES=.72) (Georgiades, 2005a+) 		
Housing	<ul style="list-style-type: none"> • IG fared better than CG on independent living at discharge (31% vs. 13%, NS) and at 1 year (50% vs. 17%, $p<0.05$) (Austin, 1993+) • IG fared better than CG on increase in proportion of IG with good housing outcomes from T1 to T3 (70% to 86%), whereas CG stayed the same (78% to 78%) (significance not reported) (Biehal et al., 1995-) • IG fared better than CG on having a place to live on discharge (82% vs. 67%, significance not reported) (Cook et al., 1991++) • IG fared better than CG on independent living (82% vs. 55%, ES=.32) (Georgiades, 2005a+) • IG fared better than CG on living independently (68% vs. 49%, $p<0.05$) (Lindsey & Ahmed, 1999-) • IG fared better than CG on living on own at case closing (36% vs. 4%, $p<0.05$) (Scannapieco et al., 1995+) 		
Homelessness	<ul style="list-style-type: none"> • IG fared better than CG on having a homeless episode on discharge (23% vs. 32%, significance not reported) (Cook et al., 1991++) • IG fared marginally better than CG on ever having been without a place to sleep (16% vs. 23%, NS) (Lemon et al., 2005-) 	<ul style="list-style-type: none"> • No difference between IG and CG on homelessness (15% vs. 17%, ES=-.15) (Georgiades, 2005a+) • No difference between IG and CG on homelessness (52% vs. 53%, NS) (Lindsey 	

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Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
Mental Health	<ul style="list-style-type: none"> IG fared better than CG on being more hopeful about the future (86% vs. 73%, $p < 0.05$) (Lemon et al., 2005-) 	<p data-bbox="1189 280 1550 304">& Ahmed, 1999-)</p> <ul style="list-style-type: none"> No difference on general satisfaction in regression analysis (figures and significance not reported) (Cook et al., 1991++) No difference between IG and CG on depression (42% vs. 39% often, 25% vs. 28% sometimes, 33% vs. 33% never, $ES = .03$) (Georgiades, 2005a+) No difference between IG and CG on life satisfaction (36.3% vs. 43.1% very happy, 53.8% vs. 46.8% somewhat happy, 10.0% vs. 10.1% not very happy, NS) (Lemon et al., 2005-) 	

NS = not significant (statistically); IG = intervention group; CG = comparison group; ES = effect size measured using Cohen's d (a small effect is around .3, medium around .5 and large .8 or higher); GED = general educational development credential

4.3.1 Education

Five US studies measured the effect of TSSs on a range of education outcomes (see Table 7). Overall, the evidence seems to suggest a favourable effect of TSSs relative to no intervention/usual care. Four studies indicated that those who had received TSSs were considerably more likely to leave high school (in the US) with qualifications. This effect was not significant in two studies (Cook et al., 1991++; Lindsey & Ahmed, 1999-) and significant ($p < 0.05$) in one study (Scannapieco et al., 1995+), with the remaining study reporting a large effect size ($ES = 1.73$) (Georgiades, 2005a+). One study that found that those who had received TSSs were more likely to leave high school with qualifications also conversely found that these LAYP were also more likely to have no high school diploma or general educational development credential (GED) but were more likely to have a college education (Georgiades, 2005a+). One study indicated that those who had received TSSs were less likely than the comparison group to have a high school/GED/Vo-tech (vocational technical) education at discharge from care and at 1 year post-discharge, however this was not significant (Austin, 1993+).

4.3.2 Employment

All seven studies reported the effect of TSSs on employment outcomes (see Table 7). Overall, the evidence seems to suggest a favourable effect of TSSs relative to no intervention/usual care. Five US studies indicated that those who had received TSSs had more positive employment outcomes. This effect was not significant in two studies (Austin, 1993+; Lindsey & Ahmed, 1999-) and significant in one study ($p < 0.05$) (Scannapieco et al., 1995+). A further study reported a medium effect size ($ES = .53$) (Georgiades, 2005a+) and the remaining study did not report significance data (Cook et al., 1991++). Two studies (one US and one UK) indicated that those who had received TSSs were less likely to have had a job immediately post-discharge ($p < 0.05$) (Lemon et al., 2005-) or to follow a work-related career path (which is characterised by full time employment and stable training such as education, as opposed to an insecure career path, characterised by unemployment, unstable training or casual work; significance not reported) (Biehal et al., 1995-). One US study also found no difference between those who had and had not received TSSs on current employment at follow-up (Cook et al., 1991++).

4.3.3 Criminal and offending behaviour

Three studies reported the effect of TSSs on criminal and offending behaviour outcomes (see Table 7). Overall, the evidence suggests mixed effects of TSSs relative to no intervention/usual care. Two US studies indicate a favourable effect for those receiving TSSs, in that those receiving TSSs were less likely to be arrested for serious crimes and more likely to be arrested for moderate crimes, although the effect size was small ($ES=.37$) (Georgiades, 2005a+), and in that those receiving TSSs were less likely to have had a problem with the law since discharge, although this was not significant and 'problem with the law' was not defined (Lemon et al., 2005-). Georgiades and colleagues also reported no difference between those receiving and not receiving TSSs on never being arrested and also that those receiving TSSs were more likely to have had longer jail sentences ($ES=-.46$) (Georgiades, 2005a+). Another US study reported that those who had received TSSs were marginally more likely to have had a problem with the law since discharge, although the significance of this difference between the groups was not reported (Cook et al., 1991++).

4.3.4 Parenthood

Three US studies reported the effect of TSSs on whether or not the young person had become a parent (see Table 7). The evidence overall suggests a favourable effect of TSSs on young parenthood, in that those receiving TSSs were less likely to be young parents (i.e. by their early 20s). This effect was not significant in one study (Austin, 1993+), had a large effect size in another (Georgiades, 2005a+) and the significance of this effect was not reported in the third study (Cook et al., 1991++).

4.3.5 Housing and homelessness

Five US studies and one UK study reported the effect of TSSs on housing arrangements at and/or following discharge (see Table 7). The evidence suggests a favourable effect of TSSs, in that those who received TSSs were more likely to have a place to live and to be living independently, which was significant in three US studies (Austin, 1993+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+), had a small effect size in one US study ($ES=.37$) (Georgiades, 2005a+) and the significance of this effect was not reported in one US study, although the effect was present for up to one year post-discharge (Cook et al., 1991++) and one UK study (Biehal et al., 1995-). Interestingly, the UK study reported that the proportion of TSS participants with good housing outcomes increased from 70% at T1 to 86% at T3

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(18-24 months after leaving care), whereas the proportion of the comparison group with good housing outcomes remained at 78% across both time points, although no significance data were reported (Biehal et al., 1995-).

Four studies reported the effect of TSSs on homelessness (see Table 7). Overall, the evidence demonstrates a mixed effect. One US study indicated that those receiving TSSs were less likely to have had a homeless episode on discharge, although the significance of this effect was not reported (Cook et al., 1991++), and another US study indicated that those receiving TSSs were marginally less likely to have ever been without a place to sleep, although this effect was not significant (Lemon et al., 2005-). However, two US studies indicated little or no effect of TSSs on homelessness with a small effect size ($ES=-.15$) (Georgiades, 2005a+) and not significant ($p>0.05$) (Lindsey & Ahmed, 1999-).

4.3.6 Health

Health outcomes were not widely reported in the literature, however three studies reported the effect of TSSs on mental health-/depression-related outcomes general satisfaction, happiness with life and hope for the future (see Table 7). Overall, there is little evidence of effect of TSSs relative to no intervention/usual care. Three US studies indicated little or no effect of TSSs on general satisfaction, which was not significant in one study (Lemon et al., 2005-), with the significance of this effect not reported in the other study (Cook et al., 1991++), or how happy with life the former LAYP felt, with a very small effect size ($ES=.03$) (Georgiades, 2005a+), however the Lemon and colleagues study also indicated that those who had received TSSs felt more hopeful about the future ($p<0.05$) (Lemon et al., 2005-).

4.4 Study quality

As stated previously, all seven included studies were cohort studies, with five retrospective cohort studies and two prospective cohort studies. One study was rated ++ (Cook et al., 1991++), three were rated + (Austin, 1993+; Georgiades, 2005a+; Scannapieco et al., 1995+) and three were rated as – (Biehal et al., 1995-; Lemon et al., 2005-; Lindsey & Ahmed, 1999-) on the basis of the NICE CHPE checklists (National Institute for Health and Clinical Excellence, 2006). Although there was inconsistency in the quality of reporting and the methodological quality of the studies, some general trends were observed. In most cases, the objectives, aims and hypotheses were clearly stated, eligibility criteria and the type of analysis conducted were considered, methods of data collection were clearly stated, biases were

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assessed at least qualitatively (in particular through discussion of study limitations) and the findings were related back to the target population. Conversely, many studies did not adequately address “selection in” to the study, neither did they report numbers of participants who were eligible/not eligible or consenting/not consenting and the reasons for this, and likewise sample size was rarely justified. For the most part, missing data was neither reported nor included in the analysis (with one exception), and with one exception the reliability and validity of measures were not reported. Most studies acknowledged potential confounders, however few accounted for these in the analyses, and longitudinal analysis methods were rarely used. Appendix 7 displays the included studies along with details of study quality.

4.5 Evidence statements

Evidence statement 1: Education

There is moderate evidence of a mixed effect from four retrospective US cohort studies to suggest that LACYF who received TSSs were more likely to complete compulsory education with formal qualifications than those who had not received this TSS (Cook et al., 1991++, NS ; Georgiades, 2005a+, ES=1.73 ; Lindsey & Ahmed, 1999-, NS; Scannapieco et al., 1995+, $p<0.05$), whereas one prospective US cohort study reported a non-significant finding in favour of the comparison group (Austin, 1993+, NS).

Evidence statement 2: Current employment

There is moderate evidence of a positive effect of TSSs on current employment from one prospective (Austin, 1993+, NS) and two retrospective US cohort studies (Georgiades, 2005a+, ES=.53; Lindsey & Ahmed, 1999-, NS), although one retrospective US cohort study reported no difference between those who had and had not received TSSs on current employment (Cook et al., 1991++, NS).

Evidence statement 3: Employment history

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment history. Two retrospective US cohort studies (Cook et al., 1991++, SNR ; Scannapieco et al., 1995+, $p<0.05$) reported that those who had received TSSs were more likely to have a better employment history than those who had not received TSSs, whereas one prospective UK cohort study reported that those who had received TSSs were less likely to have taken an employment/academic career path than those who had not received TSSs (Biehal et al., 1995-, SNR).

Evidence statement 4: Employment at case closing

There is moderate evidence of a mixed effect with regard to the effect of TSSs on employment at case closing. Two US cohort studies, one prospective (Austin, 1993+, NS) and one retrospective (Scannapieco et al., 1995+, $p < 0.05$) reported that those who had received TSSs were more likely to be employed at case closing than those who had not received TSSs, whereas one retrospective US cohort study reported that those who had received TSSs were less likely to be employed at case closing than those who had not received TSSs (Lemon et al., 2005-, $p < 0.05$).

Evidence statement 5: Crime/offending behaviour

There is moderate evidence of a mixed effect with regard to the effect of TSSs on crime/offending behaviour. One retrospective US cohort study reported that those who had received TSSs were less likely to have a problem with the law (Lemon et al., 2005-, NS) and one retrospective cohort study reported that those who had received TSSs were more likely to have a problem with the law (Cook et al., 1991++, SNR) than those who had not received TSSs. One retrospective US cohort study (Georgiades, 2005a+) found no difference between those who had and had not received TSSs on never being arrested, those who had received TSSs were less likely to have been arrested for serious crimes but more likely to be arrested for moderate crimes than those who had not received TSSs ($ES = -.15$), however those who had received TSSs were less likely to receive short jail sentences and more likely to receive long jail sentences than those who had not received TSSs ($ES = -.46$) (Georgiades, 2005a+).

Evidence statement 6: Parenthood

There is moderate evidence for a positive effect of TSSs on parenthood from one prospective (Austin, 1993+, NS) and two retrospective US cohort studies (Cook et al., 1991++, SNR; Georgiades, 2005a+, $ES = .72$), in that those who had received TSSs were less likely to be parents than those who had not received TSSs.

Evidence statement 7: Housing/living independently

There is moderate evidence for a positive effect of TSSs on housing and independent living from one prospective UK cohort study and five retrospective US cohort studies, in that those who had received TSSs were more likely to have a place to live (Biehal et al., 1995-, SNR; Cook et al., 1991++, SNR) and were more likely to be living independently (Austin, 1993+, $p < 0.05$; Georgiades, 2005a+, $ES = .32$;

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Lindsey & Ahmed, 1999-, $p < 0.05$; Scannapieco et al., 1995+, $p < 0.05$) than those who had not received TSSs.

Evidence statement 8: Homelessness

There is moderate evidence of a mixed effect with regard to the effect of TSSs on homelessness. Two retrospective US cohort studies reported that those who had received TSSs were less likely to have had a homeless episode at discharge (Cook et al., 1991++, SNR) or to have ever been without a place to sleep (Lemon et al., 2005-, NS) than those who had not received TSSs, however two retrospective US cohort studies reported no difference no difference between those who had and had not received TSSs on homelessness (Georgiades, 2005a+, $ES = -.15$; Lindsey & Ahmed, 1999-).

Evidence statement 9: Mental health

There is evidence of mixed quality to suggest little evidence of effect of TSSs on mental health outcomes. Three retrospective US cohort studies reported no difference on general satisfaction (Cook et al., 1991++, SNR), life satisfaction (Lemon et al., 2005-) and depression (Georgiades, 2005a+, $ES = .03$), however one retrospective US cohort study reported that those who had received TSSs were more likely to be hopeful about the future than those who had not received TSSs (Lemon et al., 2005-, $p < 0.05$).

4.6 Applicability to the UK

The majority of studies included in this review were conducted in the US, with only one UK study (which reported very little quantitative data) and this will have implications for the applicability of the review findings to the UK context. From work in the UK and US, a literature review suggested that there are parallels operating between the UK and US perspective in respect to adolescents aging out of care (Aldgate, 1994). The educational systems in the UK and US differ; for example the age of leaving compulsory education is 18 in the US (i.e. graduating from high school) but 16 in the UK (i.e. following GCSEs). It should also be noted that although the only UK study to be included in this review provided a lot of detailed background information on the running of the TSSs in each location studied, this study reported very little quantitative data, and no statistical comparisons were made (Biehal et al., 1995-).

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The findings from this review are based on studies that are small and furthermore some of the studies have been outdated by current legislation (e.g. the studies from the 1990s will not have considered the recommendations of the Children's (Leaving Care) Act 2001), thus the study conclusions may not reflect current policy and practice. Recent changes to the economic climate and employment situation within the UK may have implications for the applicability of the findings of this review. The small number of studies reviewed and their poor methodological quality and rigour are also of concern when considering the applicability of the findings of this review.

5 Discussion

As described above, it is commonly reported that care leavers experience poor outcomes compared with children and young people who have not been looked-after, including reduced chances of employment, poor educational attainment, greater vulnerability to homelessness, poor health, and a greater likelihood of living in poverty (Aldgate, 1994; Reilly, 2003). TSSs generally aim to support care-leavers in making the transition from the care system to independent living. However, the interventions identified in the course of this review – including their component parts, and the way in which they were delivered or implemented – varied considerably. Furthermore, the quality and detail of the reporting of some of the included studies was poor, making it difficult to ascertain any detail, and common expected comparisons, such as gender differences, were also absent from the reporting. Variation in the length of follow-up between studies (which ranged from 6-12 months to 8 years and possibly longer; see Table 5) and even within the same study (e.g. (Georgiades, 2005a+; Lemon et al., 2005-)) make it difficult to draw any firm conclusions about the effectiveness of TSSs at improving a range of adult outcomes. It is unlikely that the duration of follow-up for most studies was long enough to be meaningful when examining the impact of TSSs on outcomes such as employment.

One US study reviewed here reported that the majority of participants (65% to 73%) in the various TSSs found participation in the TSS was helpful (at least to some extent) in preparing them for independent living (Lindsey & Ahmed, 1999-), however in other studies reviewed the perceived benefit of TSSs by participants seems less clear-cut. For example, in another US study reviewed, only 17.5% (14) of TSS participants reported feeling well-prepared for independent living compared with 32.1% (32) of non-participants, with 37.0% (30) of TSS participants reporting that they mainly learnt independent living skills from the TSS and 43.2% (35) saying they learnt independent living skills mainly from foster/residential home carers (of non-participants, 50.4% (57) reported mainly learning independent living skills from foster/residential home carers) (Lemon et al., 2005-).

Describing a TSS and its different components was problematic in this review. Very often, the included studies reported very little detail on the contents of a TSS more generally. Indeed, one US study included in the review reported that the scope and nature of TSSs varied greatly from state to state and county to county (Lemon et al., 2005-). Similarly, another study that analysed data from four TSSs reported that the small sample size and the high degree of variability between the TSSs made analysis

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problematic (Lindsey & Ahmed, 1999-). Another study highlighted barriers to the development of a TSS, for example problems due to bureaucracy and the co-ordination needed to initiate such a project (Austin, 1993+).

5.1 Education

Evidence presented in this review indicates that LAYP in receipt of TSSs are more likely complete their compulsory education with formal qualifications, with most reporting that around 50% successfully completed formal education, with the comparison groups typically being lower (55% vs. 48%, 53% vs. 15%, 37% vs. 18%, 50% vs. 13%) (Cook et al., 1991++; Georgiades, 2005a+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+). The comparison group figures compare with recent UK statistics, which report that of the 8,300 LAYP aged 16 years or over who ceased to be looked after during the year ending March 2008, 3,900 (47%) had at least 1 GCSE or GNVQ and 610 (7%) had at least 5 GCSEs at grade A*-C (Department for Children Schools and Families, 2009). Similarly, a UK study of 106 care leavers reported that just under one-quarter (23%) were in full-time or part-time education (Wade & Dixon, 2006). Government statistics report that 400 (7%) of LAYP aged 19 years were in higher education (studies beyond A level) and 1,600 (28%) were in education other than higher education (Department for Children Schools and Families, 2009). Thus it seems that TSSs can have a positive effect on educational outcomes among former LAYP.

5.2 Employment

More studies included in this review suggest that LAYP who receive TSSs are more likely to be in employment (than those not receiving TSSs) than suggest the reverse, however the findings are nevertheless mixed and the use of different measures of employment status complicates the picture. Because of such measurement differences between the studies and also because employment figures vary considerably for both TSS and non-TSS participants between groups (i.e. between 0% and 86% of non-TSS participants and between 20% and 100% of TSS participants, depending on the study and measure; see Appendix 3), it is difficult to draw comparison between the studies reviewed and UK data. Nevertheless, it can be useful to examine current UK employment figures among former LAYP, and again this presents a picture of considerable variation. For example, a UK study of 52 leaving care teams and of 6,953 young people affected by the Children (Leaving Care) Act 2000 reported that 29% were not in employment, which the author notes compares well to earlier figures recorded by the same team, prior to reorganisation of

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UK TSSs following the Children (Leaving Care) Act 2000, from 1994 (49% not in employment) and 1998 (51.5% not in employment) (Broad, 2005). Another UK study of 106 former LAYP reported that over two-fifths (44%) were unemployed (Wade & Dixon, 2006), while another UK study put this figure at 67% (Goddard & Barrett, 2007).

It is unclear from the reporting in included studies as to why there is an overall apparent benefit of TSSs on employment outcomes. It may be that this is the result of an employment component within the TSS (e.g. help with CV, advice on job seeking/interview techniques, driving lessons or employment-contingent financial aid). On the other hand, it could be a result of TSS participants' improved likelihood of attaining educational qualifications. It is also possible that the inclusion of a job placement within TSSs resulted in improved employment outcomes, although this is unlikely to be the case, since the only two studies to include a job placement (see Table 2) reported a benefit that was not significantly different between groups (i.e. 50% vs. 37%, (Austin, 1993+); 36% vs. 31%, (Cook et al., 1991++)). Further research should investigate mediating and moderating variables for any effect of TSSs on adult outcomes.

5.3 Substance misuse

As stated in Section 4.3, the measures of drug and alcohol misuse in the included studies were not similar enough to justify synthesising the data on this outcome, and an examination of general trends in substance misuse in the included studies presents a picture of mixed effect. For example, the UK study reported that none of the young people included in the study (in both groups) had any problem with alcohol (which was not defined by the authors, other than to suggest that a problem was perceived by either the young person or their social worker) (Biehal et al., 1995-), while one US study reported that 23% of TSS participants often/sometimes used alcohol, compared with 26% of non-participants (Georgiades, 2005a+). Another US study reported that 82% of TSS recipients drank alcohol compared with 69% of non-participants, although this outcome was not well-defined (Cook et al., 1991++). It should, however, be borne in mind that the UK study was conducted in the 1990s before changes to the licensing laws and the availability of cheap alcohol, and that the US has different licensing laws to the UK.

Two US studies reported that TSS participants were more likely to use drugs. According to one US study, TSS participants were more likely to use 'hard' drugs

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(e.g. heroin, crystal meth, crack cocaine) than non-participants (53% vs. 39%,) (Cook et al., 1991++). Another US study reported that ILP participants were more likely to often or sometimes use drugs (11% vs. 8%) (Georgiades, 2005a+). The UK study could not draw any firm conclusions about drug use between TSS recipients and non-recipients due to the small numbers involved (Biehal et al., 1995-). The reasons for apparently greater drug misuse among TSS recipients than non-recipients were not explored by any studies, which makes inference difficult. For example, it may be possible that the young people involved were using drugs prior to leaving care, or that TSS recipients in the US studies had more disposable income than non-recipients due to improved employment status.

Interestingly, the findings of the two US studies (Cook et al., 1991++; Georgiades, 2005a+) appear to be closer than the UK study (Biehal et al., 1995-) to the picture painted by recent UK statistics on drug and alcohol misuse by former LAYP. For instance, regarding alcohol misuse, one UK study reported that almost one-quarter (24%) of care leavers described their consumption of alcohol and illicit drug use as a problem (defined as at such level as to cause difficulties in everyday life, either currently or in the past) (Cameron, 2007). A small study carried out in the UK (Broad, 1999a) reported that 81% (39) of former LAYP (85% of whom were aged 17-21 years) drank alcohol to some extent, with 26% of these drinking heavily. Similarly, another UK study reported that nine (17%) out of 52 young care leavers who answered a question on alcohol use reported consuming 20 or more units of alcohol per week (Goddard & Barrett, 2008). Regarding drug misuse, a recent UK study reported that of 68 respondents to the question on drugs, 32% (22) reported using drugs, with the majority (18) reporting that they used only cannabis (Goddard & Barrett, 2008), although 'drug use' was not well-defined by the authors.

5.4 Offending behaviour

The evidence from this review on offending behaviour suggests mixed evidence of effectiveness (see Table 7 and also Appendix 3) (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-), making it difficult to infer whether or not TSSs make a positive difference on this outcome. There may be confounding factors involved (factors that can affect the outcome that are not taken into account in the study), such as substance misuse, unemployment or living in a socially deprived area.

Inconsistent findings in terms of offending behaviour are also reported among care leavers in general. For example, a US study of 294 adolescent males aging out of

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foster care reported that 52% were non-offenders, 21% were desisters (short-term offenders) and 27% were chronic offenders (long-term offenders) (Ryan et al., 2007). The authors suggested their results indicated that adolescents leaving the child welfare system encounter a number of obstacles towards establishing independence, predominantly not being enrolled in school and placement instability. Conversely, another US study described 8% of their sample of 252 youths who aged out of care has having criminal involvement (McMillen & Tucker, 1999).

5.5 Parenthood

According to three US included studies, those receiving TSSs were less likely to be young parents compared with LAYP not receiving such services (72% vs. 54%, 59% vs. 52%, 75% v. 25% were not parents, respectively) (Austin, 1993+; Cook et al., 1991++; Georgiades, 2005a+). The comparison group figures appear to be generally higher than young parenthood figures reported in the general population of former LAYP. For example, 33% of 80 care leavers in a UK study were or had been pregnant or were an expectant or actual father (Cameron, 2007). Fifteen percent of 252 youths who aged out of care in a US study were either pregnant / soon to be or already parents, and the authors reported that just over 20% of females in the sample left care pregnant or as a parent (McMillen & Tucker, 1999).

5.6 Housing and homelessness

There is evidence of mixed effect from the studies included in this review as to whether TSSs reduce the risk of homelessness (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-; Lindsey & Ahmed, 1999-), but evidence of some effect to suggest that LAYP who receive TSSs are more likely to have a place to live and to be living independently (Austin, 1993+; Cook et al., 1991++; Georgiades, 2005a+; Lindsey & Ahmed, 1999-; Scannapieco et al., 1995+) (see Appendix 3). This is important, because research suggests that housing and homelessness are pertinent issues among former LAYP. For example, a study of England, Northern Ireland and Ireland care leavers reported that 15% of England care leavers and 23% of Northern Ireland care leavers experienced homelessness at some point within six months of leaving care (Stein, 2000). A review of care leavers highlighted their vulnerability to homelessness (Aldgate, 1994), while a UK survey of care leavers reported that 15% were homeless within three to nine months of either moving to independence or being legally discharged (Biehal et al., 1994).

5.7 Health

General health was not reported in any of the studies included in this review, however, it is possible that any component included by TSSs on maintaining a healthy lifestyle, such as advice on shopping and cooking, as reported by two US studies (Cook et al., 1991++; Lemon et al., 2005-) and advice on accessing healthcare, as reported by two US studies (Austin, 1993+; Cook et al., 1991++) (see Table 2), would be expected to have a beneficial effect. Three US studies included in this review examined mental health outcomes, however the findings of this review indicate little evidence of effect of TSSs on these outcomes (Cook et al., 1991++; Georgiades, 2005a+; Lemon et al., 2005-) (see Appendix 3). This is could be because this issue may be better addressed by services that are delivered after leaving care.

The mental health needs of LAYP and in particular young people making the transition from the care system to adulthood are a pertinent issue. A leaving care research study reported that since new legislation in 2000 there has been little or no improvement in health care provision and comments from leaving care teams were recorded about the lack of appropriate mental health services (Broad, 2004). In a small study of UK care leavers, 17% (8) of the sample interviewed had a long term mental illness or disorder (Broad, 1999a). This study also reported on the need for (and dissatisfaction with) mental health services, with 31% (15) of the sample having been referred or self-referred for help with mental health problems, such as attempted suicide or eating disorders, since the age of 15 or 16. Of those that did take up the mental health referral, only 23% (3) felt that the service was helpful (Broad, 1999a).

General health, healthcare access and health behaviour among those making the transition from care to adulthood are also important issues that warrant greater attention in studies assessing the effectiveness of TSSs. A UK study of 80 care leavers reported that 31% had seen a health professional within two weeks of their study interview date and only 43% described themselves as having regular contact with health professionals (every three months or more frequently) (Cameron, 2007). Just over two-thirds (67%) of these care leavers were habitual smokers. In another recent UK study of care leavers, 73% (51) reported being a smoker, and when asked about things that impacted the most on their health, 21 of 53 respondents to the question cited smoking as a major factor (Goddard & Barrett, 2008).

5.8 Placement history and readiness for independent living

Only three US studies included in this review compared TSS participants and non-participants on demographic and/or placement characteristics (Georgiades, 2005a+; Lemon et al., 2005-; Scannapieco et al., 1995+), with only two reporting no statistically significant differences between TSS recipients and non-recipients (Georgiades, 2005a+; Scannapieco et al., 1995+). The remaining study reported that TSS recipients were more likely to have been placed in a non-relative or group home than non-recipients ($p=0.001$) (Lemon et al., 2005-), which can be considered a confounding factor in that because of this placement difference TSS recipients may have been predisposed to have less favourable outcomes than non-recipients. For the most part it seems that the LAYPs' extent of readiness for independent living can determine whether or not they are referred (or self-referred) to a TSS, and such selection bias will almost certainly confound the impact of any TSS on outcomes such as education, employment, offending behaviour, parenthood, housing and homelessness and health, plus the impact of any mediating factors such as readiness for independent living, which would be expected to be worse in those with greater need who participate in TSSs. For instance, in only one US study included in this review the participants were asked how well-prepared they felt for independent living when emancipated: 17.5% (14) of TSS recipients reported being well-prepared compared with 32.1% (35) of non-recipients (Lemon et al., 2005-). This suggests that those who received TSSs were less ready for independent living in the first place. Furthermore, those who received TSSs had a higher average number of placements than those not receiving TSSs (3.92 vs. 2.85, $p=0.038$) (Lemon et al., 2005-). Very few studies appeared to control for confounding factors such as demographic characteristics, placement history and readiness for independent living, with the exception of one study that explicitly stated controlling for baseline demographic and placement history characteristics in regression analyses (Austin, 1993+). Indeed, none of the studies reviewed (nor other research on TSSs) have reported reasons for referral/self-referral to TSSs, and this may have the potential to impact on the effects of TSSs on outcomes of importance. Thus such selection and confounding may go a long way towards explaining some of the discrepancies in findings across the studies reviewed.

The transition to adulthood for looked after young people requires a range of skills, knowledge, and the confidence to put these skills into effect. A study analysing responsibility, self-care, supportive environment and employment as dimensions of

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independent living readiness reported that school performance, mental health problems and number of placements were some of the significant predictors of those dimensions (Inglehart, 1994). The study reported that the location of the placement could also be a factor in differentiating the needs and readiness of looked after adolescents, as the family environment of a foster family home may offer more individual attention, support and opportunities for learning life skills than a residential or group home placement (Inglehart, 1994). How well-prepared a LAYP is for independent living will depend on many variables, such as the skills, abilities and understanding of the LAYP, type of placement and placement stability. Another study stated that a TSS is only appropriate for youths who are developmentally ready for intensive training and practice in life skills, while those with large developmental gaps are not suited for the expectations placed on LAYP engaged in a TSS (Maluccio et al., 1990). The authors expressed a need for TSS co-ordinators, social workers, foster parents and the youths themselves to work together to evaluate each youth's potential for success.

5.9 Gaps in the evidence

This review did not identify any studies meeting inclusion criteria that focused on LAYP from ethnic minorities, unaccompanied young asylum seekers or LAYP with disabilities. Certainly for LAYP with disabilities, the lack of research on services to assist with the transition to adulthood has been highlighted before (Harris et al., 2003). Indeed, the authors reiterate the need for research to be carried out in England and Wales on specific groups of care leavers, while a US study states the need for greater attention to be paid to foster youth with disabilities (Geenen et al., 2007). A small (n=28) UK study of disabled care leavers reported that 'There are a number of young disabled people (often with learning difficulties) who leave children's services in an abrupt and unplanned way, with little continuing support to cope in the mainstream community as young adults' (Rabiee et al., 2001, page 62).

In addition, this review was also unable to identify relevant studies where the foster placement was a residential care home. Indeed, a recent study commented that 'There has been far less research in recent years on populations of children in residential care than on foster care' (Schofield et al., 2007, page 636). Focusing research on residential care settings is of major importance, especially considering that residential care was the final care placement for a large proportion of young people ageing out of care in England (52.5%), Northern Ireland (40.0%) and Ireland (44.6%) (Stein, 2000).

5.10 Conclusion

As was reported by previous studies (Collins, 2001; Lemon et al., 2005-; United States General Accounting Office, 1999), few formal evaluations of existing TSSs have been conducted. Most evaluations were based on specific agency programs and therefore have been small-scale, exploratory, non-random, retrospective and without comparison groups. Thus, although useful for programme planning, their utility for demonstrating programme effectiveness is highly limited. While randomised controlled trials may not be appropriate in this context due to the ethical implications of withholding a potentially valuable intervention to a population of need, future studies should evaluate the effectiveness of TSSs on adult outcomes of interest using more rigorously designed studies, for example by conducting quasi-experimental prospective cohort studies where a new approach is trialled in some regions and not in others.

Taken as a whole, the available literature suggests that TSSs do have a beneficial effect on the adult outcomes of LAYP, in particular for education, employment, parenthood and housing. However the lack of detail on the individual components of interventions and services in the included studies makes it difficult – if not impossible – to assess the impact of individual components. The period of time before young people leave care is an opportunity for carers and the state to make a positive impact on their lives and outcomes; further research to develop and evaluate TSSs is greatly needed. In addition, future research and development could helpfully assess the needs of different groups of looked after children and young people for these types of services and interventions, as we know already that this group is not homogenous (e.g. Biehal et al., 1994; Reilly, 2003; Stein, 2000).

6 Acknowledgements

The development of this review has been informed by the extensive scope development work already undertaken by colleagues at NICE and SCIE. Colleagues at NICE and SCIE provided extensive input both to the searching strategy and the identification of relevant evidence and to the development of this review through provision of feedback on earlier drafts. We would particularly like to thank Janet Clapton of SCIE for conducting an extensive search for references relating to this review. We would also like to thank colleagues at NICE for their guidance and feedback. We are also grateful to Jo Cooke of SchARR for her advice and guidance.

Appendix 1: Search strategy for population

The following section provides information on the keywords and search strategy for each database and web source searched as part of the scoping study. All searches were limited to publication years 1990-2008, in English language only.

The keywords used in the searches, together with a brief description of each of the databases searched, are outlined below.

The following conventions have been used: (ft) denotes that free-text search terms were used and * denotes a truncation of terms. (+NT) denotes that narrower subject terms have been included (where available).

Applied Social Sciences Index and Abstracts (ASSIA)

(searched via CSA Illumina 27/08/08)

ASSIA is an index of articles from over 500 international English language social science journals.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 foster care (+NT)
- #4 adoption (+NT)
- #5 kinship care (ft)
- #6 (children (+NT) or adolescents (+NT) or young people (+NT))
- #7 residential care (+NT)
- #8 #6 and #7
- #9 group homes (+NT)
- #10 #6 and #9
- #11 care orders
- #12 special guardianship (ft)
- #13 leaving care (ft)
- #14 care leaver*
- #15 secure accommodation
- #16 unaccompanied asylum seeking child* (ft)
- #17 placement (ft) and #6
- #18 or (#1-#5) or #8 or #10 or (#11-#17)

Australian Family and Society Abstracts

(searched via Informit 13/11/08)

- #1 child* (ft)
- #2 adopt* (ft) or foster* (ft)
- #3 #1 and #2
- #4 residential childcare
- #5 looked after children
- #6 #3 or #4 or #5

British Education Index (BEI)

(searched via Dialog 11/11/08)

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BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

- #1 looked after children (ft)
- #2 child* looked after (ft)
- #3 child* in care (ft)
- #4 orphan* (ft)
- #5 orphans
- #6 adopted children
- #7 foster (ft)
- #8 foster care or foster children
- #9 residential child care (ft)
- #10 residential care and (child* (ft) or children)
- #11 care order* (ft)
- #12 special guardian* (ft)
- #13 care leav* (ft)
- #14 leav* care (ft)
- #15 secure accommodation (ft)
- #16 unaccompanied asylum seeking child* (ft)
- #17 placement* (ft) and (child* (ft) or children)
- #18 (#1-#17)

Campbell Collaboration C2 Library

(searched 14/10/08)

The Campbell Collaboration Library of Systematic Reviews contains systematic reviews and review protocols in the areas of education, criminal justice and social welfare. The Education and Social Welfare sections were browsed but no relevant records were found.

CERUK Plus

(searched 11/11/08)

The CERUK Plus database provides access to information about current and recently completed research, PhD level work and practitioner research in the field of education and children's services.

- #1 (looked after children) or (care leavers)

ChildData

(searched via NCB Inmagic interface, 01/09/08)

ChildData is the National Children's Bureau database, containing details of around 35,000 books, reports and journal articles about children and young people.

- #1 children in care
- #2 looked after child* (ft)
- #3 child* looked after (ft)
- #4 orphans
- #5 foster care or foster carers or foster children
- #6 kinship care

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- #7 adoption or adopted children
- #8 residential care or residential care staff
- #9 group home* (ft)
- #10 children's homes
- #11 care orders
- #12 special guardianship
- #13 leaving care
- #16 care leaver* (ft)
- #17 unaccompanied asylum seeking child* (ft)
- #18 placement
- #19 or (#1-#18)

Cochrane Library

(searched via Wiley Interscience 09/09/08)

- #1 child, institutionalized (+NT)
- #2 looked after child* (ft)
- #3 child* in care (ft)
- #4 child, orphaned
- #5 orphanages
- #6 foster home care
- #7 kinship care (ft)
- #8 adoption (+NT)
- #9 residential child care (ft)
- #10 group homes (+NT)
- #11 care order* (ft)
- #12 special guardianship (ft)
- #13 care leaver* (ft)
- #14 secure accommodation (ft)
- #15 unaccompanied asylum seeking child* (ft)
- #16 or (#1-#15)

Cumulative Index to Nursing and Allied Health Literature (Cinahl Plus)

(searched via EBSCO Host 29/08/08)

CINAHL Plus provides indexing for 3,802 journals from the fields of nursing and allied health.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 "orphans and orphanages" (+NT)
- #4 foster home care (+NT)
- #5 kinship care (ft)
- #6 adoption
- #7 residential child care (ft)
- #8 special guardianship (ft)
- #9 leaving care (ft)
- #10 care leaver* (ft)
- #11 secure accommodation (ft)
- #12 unaccompanied asylum seeking child* (ft)
- #13 or (#1-#12)

EMBASE

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(searched via Ovid SP 05/09/08)

The Excerpta Medica database (EMBASE) is a major biomedical and pharmaceutical database. There is selective coverage for nursing, dentistry, veterinary medicine, psychology, and alternative medicine.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 orphanage (+NT)
- #4 foster care (+NT)
- #5 adoption (+NT) or adopted child (+NT)
- #6 residential home (+NT) and (child* or adolescen* (ft))
- #7 group homes (ft) and (child* or adolescen* (ft))
- #8 children's homes (ft)
- #9 care orders (ft)
- #10 special guardianship (ft)
- #11 leaving care (ft)
- #12 care leaver* (ft)
- #13 secure accommodation (ft)
- #14 unaccompanied asylum seeking child* (ft)
- #15 or (#1-#14)

Health Management Information Consortium (HMIC)

(searched via Ovid SP 03/09/08)

The Health Management Information Consortium (HMIC) database is a compilation of data from two sources, the Department of Health's Library and Information Services and King's Fund Information and Library Service. Topic coverage is on health services.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 children in care
- #4 orphans
- #5 disabilities (+NT)
- #6 (foster care or foster children or foster parents) (+NT)
- #7 kinship care (ft)
- #8 (adoption or adopted children or adoptive parents) (+NT)
- #9 residential child care (+NT)
- #10 children's homes (ft)
- #11 care orders
- #12 special guardianship (ft)
- #13 former children in care or care leavers
- #14 secure accommodation
- #15 unaccompanied asylum seeking child* (ft)
- #16 placement (ft) and children (+NT)
- #17 or (#1-#16)

International Bibliography of the Social Sciences (IBSS)

(searched via EBSCO Host, 05/09/08)

- #1 looked after child* (ft)
- #2 children in care

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- #3 orphanages
- #4 orphans
- #5 (foster care or foster child* or foster parent) (ft)
- #6 kinship care (ft)
- #7 adopted children
- #8 residential child care (ft)
- #9 children's homes (ft)
- #10 care order* (ft)
- #11 special guardianship (ft)
- #12 leaving care (ft)
- #13 care leaver* (ft)
- #14 secure accommodation
- #15 unaccompanied asylum seeking child* (ft)
- #16 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15

JSTOR

(searched 14/11/08)

JSTOR is an international archive of journal articles and grey literature.

- #1 children in care (ft)

Medline

(searched via Ovid SP 27/08/08)

MEDLINE is the primary source of international literature on biomedicine and health care.

- #1 looked after children (ft)
- #2 child* in care (ft)
- #3 looked after child* (ft)
- #4 child, orphaned (+NT)
- #5 orphanages (+NT)
- #6 foster home care (+NT)
- #7 kinship care (ft)
- #8 adoption (+NT)
- #9 residential child care (ft)
- #10 special guardianship (ft)
- #11 leaving care (ft)
- #12 secure accommodation (ft)
- #13 unaccompanied asylum seeking child* (ft)
- #14 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13
- #15 child (+NT) or adolescent
- #16 group homes (+NT)
- #17 #15 and #16
- #18 #14 or #17

PsycInfo

(searched via Ovid SP 05/09/08)

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PsycInfo contains more than 2.5 million records on psychological and behavioural science.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 orphans (+NT)
- #4 orphanages (+NT)
- #5 foster children (+NT) or foster care (+NT) or foster parents (+NT)
- #6 kinship care (ft)
- #7 adoption (child) (+NT)
- #8 adopted children (+NT)
- #9 residential child care (ft)
- #10 care orders (ft)
- #11 special guardianship (ft)
- #12 leaving care (ft)
- #13 care leaver* (ft)
- #14 secure accommodation (ft)
- #15 unaccompanied asylum seeking child* (ft)
- #16 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15
- #17 child (+NT) or adolescent
- #18 group homes (+NT)
- #19 #17 and #18
- #20 #16 or #19

Social Care Online

(searched 21/08/08)

Social Care Online is the Social Care Institute for Excellence's database covering an extensive range of information and research on all aspects of social care. Content is drawn from a range of sources including journal articles, websites, research reviews, legislation and government documents and service user knowledge.

- #1 looked after children
- #2 children looked after (ft)
- #3 child* in care (ft)
- #4 foster care (+NT)
- #5 foster children
- #6 adoption (+NT)
- #7 adopted children
- #8 residential child care
- #9 care orders
- #10 special guardianship
- #11 leaving care
- #12 care leaver* (ft)
- #13 secure accommodation and (children or young people)
- #14 unaccompanied asylum seeking child* (ft)
- #15 placement and (children or young people)
- #16 Or (#1-#15)

Social Services Abstracts

(searched via CSA Illumina 02/09/08)

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Social Services Abstracts is an international database covering social work, social welfare and social policy.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 orphans
- #4 foster care or foster children
- #5 adoption (+NT)
- #6 adopted children (+NT)
- #7 residential care (ft) and (children (+NT))
- #8 children's homes (ft)
- #9 special guardianship (ft)
- #10 care leaver* (ft)
- #11 secure accommodation (ft)
- #12 unaccompanied asylum seeking child* (ft)
- #13 placement and (child (+NT))
- #14 Or (#1-#13)

Social Work Abstracts

(searched via Ovid SP 03/09/08)

Social Work Abstracts covers material published in primarily US-based journals with social work relevance.

- #1 looked after child* (ft)
- #2 child* in care (ft)
- #3 orphan* (ft)
- #4 foster* (ft)
- #5 kinship care (ft)
- #6 adoption (ft)
- #7 residential child care (ft)
- #8 children's homes (ft)
- #9 care orders (ft)
- #10 special guardianship (ft)
- #11 care leaver* (ft)
- #12 leaving care(ft)
- #13 secure accommodation (ft)
- #14 unaccompanied asylum seeking child* (ft)
- #15 placement and (child* (ft))
- #16 Or (#1-#15)

Zetoc

(searched via British Library 03/09/08)

Zetoc provides access to the British Library's electronic table of contents of journals and conference proceedings. This search interface which has quite limited functionality

- #1 looked after children (ft)
- #2 foster care (ft) and health (ft)
- #3 adopted children (ft) and health (ft)
- #4 residential child care (ft)
- #5 children's homes (ft)

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- #6 special guardianship (ft)
- #7 care leaver (ft)
- #8 care leavers (ft)
- #9 secure accommodation (ft)
- #10 placement (ft) and children (ft) and care (ft)
- #11 or (#1-#10)

Appendix 2: Transition terms

Transition terms

Leaving care

Adulthood

emancipat

self sufficien

independent

self care

care leav

Housing terms

supported lodging

hostel

hous

accommodation

flat

Support terms

housing officer

aftercare

floating support

Appendix 3: Evidence Table

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>Authors: Austin</p> <p>Year: 1993</p> <p>Citation: An evaluation of Pennsylvania's independent living program for youth.</p> <p>Aim of study: Assess the effects of independent living services by comparing youths who have and have not received such services.</p> <p>Study design: Prospective cohort study</p> <p>Quality score: +</p> <p>Applicability: US-based study, therefore may</p>	<p>Source population/s: Youth in the process of leaving care in 9 counties in Pennsylvania</p> <p>Eligible population: Data at discharge was obtained from the standard discharge report (i.e. for all youth), then followed up a year later using the tracking information provided in the discharge report</p> <p>Selected population: Youths in foster care placement aged ≥16, who were enrolled in an ILP) between 1 Jan 1988 & 31 Dec 1989, completing their ILP up to 31 Dec 1990.</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: ILP content varied across counties but typically involved the following:</p> <ul style="list-style-type: none"> • Assisting youths towards independence by providing life skills, supporting transitions, filling service gaps or involving other agency members. • Counselling youths to recognise their individual needs, accounts provided (6 counties) • Specific planning provided (5 counties) • Many typically include advice on/assistance with employment, job skills, job placement, health & life skills training • Some of the ILPs also provided training for foster parents • Recruitment onto the ILP was via C&Y caseworkers, school guidance counsellors, probation officers, judges, DHS caseworkers & private provider youth workers • Delivery personnel vary by county, some are part-time, some are full-time • Run by mixture of agencies and 	<p>Primary outcomes: Employment at discharge (unemployed vs. employed part-time/summer/full-time) and 1 year; education at discharge (less than high school vs. high school/GED/Vo-tech) and 1 year; parenthood at discharge (yes vs. no); living arrangement at discharge (parent/relative/foster parent/other, by self/with friend) and at 1 year.</p> <p>Secondary outcomes: Self-sufficiency index (public assistance + education completed + employment status + living arrangement) at discharge and at 1 year</p>	<p>Primary outcomes: At discharge, the ILP group were less likely to be unemployed (69% vs. 75%) (and conversely more likely to be employed; 31% vs. 25%), less likely to have at least a high school education (44% vs. 58%), less likely to be a parent (28% vs. 46%) and more likely to be living by themselves/ with a friend (31% vs. 13%), although none of these differences were significant ($p>0.05$). None of these variables made a significant contribution in logistic regression for group.</p> <p>At 1 year post-discharge, the ILP group were significantly more likely to be living by themselves/with a friend (50% vs. 17%; $p<0.05$). The ILP group were less likely to be unemployed (50% vs. 63%) (and conversely more likely to be employed; 50% vs. 37%) and less likely to have at least a high school education (59% vs. 79%) although none of these</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> • Convenience sample of programs & youths – may not be representative • Selection bias, especially at 1-year follow-up, on some measures • Nominal & ordinal variables may violate statistical assumptions • Small sample size <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> • Self-report data – possibility of social desirability bias • Very little longitudinal data analysis • Unequal attrition between groups (76% vs. 59%)

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>have limited applicability to UK context, & the study is at least 16 years old, which also limits applicability</p>		<p>private providers, mixture of in-house & subcontracted services</p> <ul style="list-style-type: none"> • 9 counties in Pennsylvania • Formal session hours of contact vary from 2-6.5 per week • 4 ILPs were open-ended; the fixed length ILPs ranged between 20 & 30 weeks' duration <p>Control/comparison/s description: Did not receive independent living services</p> <p>Sample sizes: Total n=195 Intervention n=136 (32 at 1-year follow-up) Control n=59 (24 at 1-year follow-up)</p>	<p>Follow-up periods: At discharge & 1 year post-discharge</p> <p>Methods of analysis: Chi-square, multivariate logistic regression analysis, controlling for youth demographic & foster care characteristics at discharge</p>	<p>differences were significant ($p>0.05$). None of these variables made a significant contribution in logistic regression to any of these variables.</p> <p>Education completed and employment status at discharge affected education completed and employment status at 1 year (significance level not reported).</p> <p>Secondary outcomes: There were no significant differences in self-sufficiency index at discharge or 1 year post-discharge ($p>0.05$)</p> <p>Attrition details: 104 participants in the ILP group and 35 participants in the comparison group were lost to follow-up.</p>	<p>Evidence gaps and/or recommendations for future research: Undertake another outcomes-based study now that ILPs are more established</p> <p>Source of funding: Pennsylvania Department of Public Welfare (awarded under contract)</p>
<p>Authors: Biehal</p> <p>Year: 1995</p> <p>Citation: Moving on: young people and leaving care</p>	<p>Source population/s: UK, urban & rural settings</p> <p>Eligible population: All young people aged</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: Receiving key worker support from 4 leaving care schemes</p> <ul style="list-style-type: none"> • City (vol), City (ssd), County & District • Delivered by keyworkers, 	<p>Primary outcomes: Good/fair/poor educational attainment (based on GCSE grades); Work/academic route career path; Offending – no/1 or</p>	<p>Primary outcomes: Work/academic route career path taken by 20% of LCS group and 43% of comparison group. Good housing outcomes increased from 70% to 86% in the LCS group but remained the same (78%) in the comparison</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> • Broad definition of leaving care (LACYF who moved from a care placement to

Review E1: The effect of support services for transition to adulthood/leaving care on the adult outcomes of looked after young people

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>schemes. London: HMSO</p> <p>Aim of study: Evaluate ways in which different types of leaving care schemes (LCS) in 3 local authorities (4 schemes) helped LACYP to make transitions</p> <p>Study design: Prospective cohort study (survey)</p> <p>Quality score: -</p> <p>Applicability: UK data makes it applicable to the UK context, however the study is at least 14 years old, which limits applicability</p>	<p>16-19 leaving care were eligible for the initial survey (T1) and 91% of these participated. For the final sample 18-24 months after leaving care (T3; n=53), the eligible sample were all those of the original sample who were contactable.</p> <p>Selected population: Young people aged 16-19 years leaving care in the 3 local authorities (stratified random samples of all those leaving care)</p>	<p>sometimes social workers</p> <p>City (vol):</p> <ul style="list-style-type: none"> Accommodation-based service – shared trainer flats for 20 young people + intensive support to prepare them to live independently (mix of individual & group support) Delivered by 1 project leader & 4 project workers, linked with housing agencies Run by a voluntary agency Large metropolitan district Frequency of support not reported 12-18 months of support <p>City (ssd):</p> <ul style="list-style-type: none"> Universal service offered to any young person preparing to leave care/already living independently Helps prepare the young people, arranging accommodation, providing practical support Includes a 4-bed semi-independence unit Delivered by 1 unit manager, 2 senior care staff & 7 care staff Run by the Social Services Department Large metropolitan district Frequency and duration of support not reported 	<p>few minor offences/persistent or serious offences; Good housing outcomes (permanent tenancy, supported accommodation, other transitional accommodation considered acceptable to the young person, staying with relatives by choice) at T1 and T3 (18-24 months post-LCS)</p> <p>Secondary outcomes: None</p> <p>Follow-up periods: 3 data collection points (T1, T2, T3) over 2 years</p> <p>Methods of analysis: Descriptive</p>	<p>group from T1 to T3. No significance data reported. No other numerical data reported comparing LCS with comparison group.</p> <p>Secondary outcomes: None</p> <p>Attrition details: Not reported – no intent to treat analysis was conducted and only the T3 sample size was reported and only those who had completed T3 measures were compared.</p>	<p>independent accommodation as well as those discharged)</p> <ul style="list-style-type: none"> Initial (T1) questionnaires completed by social workers not LACYP <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> Very little numerical data reported, especially comparing leaving care services group with comparison group. No statistical significance of comparisons reported. <p>Evidence gaps and/or recommendations for future research: Improved</p>

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
		<p>County:</p> <ul style="list-style-type: none"> • Range of accommodation options: directly managed hostels, supported lodgings, dispersed hostel ('floating support') & agreements with housing associations • Support varies in intensity according to need (like accommodation type), no group work or informal services • Delivered by 1 team leader, 4 'generic' social workers, 2 'accommodation' social workers & 5 'project' workers who manage hostels & dispersed scheme • Funded & managed by social services • In a large urban & rural area, scheme run from a city centre • Frequency and duration of support not reported, likely to vary according to need <p>District:</p> <ul style="list-style-type: none"> • 'Community-based' approach involving a drop-in centre for young people living independently alongside structured individual support programmes, plus a supported lodgings scheme & links with housing associations 			<p>monitoring of outcomes for care leavers by services</p> <p>Source of funding: Department of Health</p>

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
		<ul style="list-style-type: none"> Delivered by 1 project leader & 3 quarter (equivalent) project staff Run by a voluntary agency in partnership with social services Small local authority (1 large town & 7 smaller towns), project based in principal town Frequency and duration of support not reported <p>Control/comparison/s description: Young people in the same areas not receiving leaving care support</p> <p>Sample sizes: Total n=74 Intervention n=42 Control n=32</p>			
<p>Authors: Cook (Westat Inc.)</p> <p>Year: 1991</p> <p>Citation: A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth. Department for</p>	<p>Source population/s: USA (nationally representative sample)</p> <p>Eligible population: Random sample of case records abstracted from county clusters from 8 states with a mix of a substantial</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: Received independent living programs/services:</p> <ul style="list-style-type: none"> Incorporating any of 23 skill areas: money (how to budget, open bank account, balance chequebook; 55% received); credit (obtaining credit card; 15% received); consumer (skills related to buying a car & obtaining car insurance; 16% received); health (getting health 	<p>Primary outcomes: Ability to maintain a job for ≥1 year; educational status; ability to access health care; cost to community; avoiding young parenthood; overall satisfaction; availability of social network; composite measure of independent living.</p>	<p>Primary outcomes: Regression findings: No significant difference for any vs. no skills training. Better outcomes were found for greater numbers of skills taught, but not random increases in numbers. Skills in 5 core areas (1, 2, 3, 7 & 8) increased probability of accomplishing outcomes. There were positive effects of some skill training areas on specific outcomes, but no skill area was consistently</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> Services were not made available to some youth and not others on a systematic basis (i.e. this was based on the agency's decision) Time frame of the

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>Health and Human Services.</p> <p>Aim of study: Evaluate the impact of independent living services on outcomes for older youth discharges from foster care, specifically:</p> <ul style="list-style-type: none"> • Does the receipt of any skills training improve outcomes vs. no training? • Does the receipt of at least one skill in a service category vs. no training in that category improve outcomes? • Are outcomes incrementally improved with receipt of 	<p>number/an average number/a few IL service initiatives</p> <p>Selected population: Aged ≥16, discharged during the study time period, been in care for ≥1 month and/or were adjudicated dependent. Sample adjusted to reflect population, to minimise selection bias (including nonresponse adjustment)</p>	<p>insurance & health care; 30% received); family planning (making decisions about birth control 46% received); home management (preparing meals, choosing nutritionally good food, doing housekeeping & shopping; 66% received); employment (how to find a job; 45% received); education (finding opportunities for training & education; 45% received); housing (finding a place to live; 30% received); legal (obtaining legal assistance; 23% received); community (locating community resources; 43% received); socialisation (how to make friends, setting & achieving goals, telling other people how you feel, expressing your opinion, making decisions; 70% received)</p> <p>Accommodation-based service – shared trainer flats for 20 young people + intensive support to prepare them to live independently (mix of individual & group support)</p> <ul style="list-style-type: none"> • Not specified who delivered the ILPs • Conducted throughout US • Frequency and duration of support not reported 	<p>Secondary outcomes: Employment status at time of interview; ever employed since discharge; homeless episode since discharge; ever used hard drugs (marijuana, hashish, cocaine, crack, PCP, ice, heroin, crystal meth); ever drunk alcohol; drunk alcohol in 30 days before interview (% yes) had problem with the law since discharge; living by self; ever birthed or fathered a child.</p> <p>Follow-up periods: Unclear – 6-12 months? 36 months?</p> <p>Methods of analysis: 5 regression models were fit: 1. None vs. any skills training 2. Total number of services</p>	<p>beneficial.</p> <p>Comparing the groups, the ILP group fared marginally better on maintaining a job for ≥1 year (36% vs. 31%), completing high school (55% vs. 48%) and avoiding young parenthood (59% vs. 52%). Figures for overall satisfaction were not reported.</p> <p>Secondary outcomes: No difference on employment status (84% vs. 86%). The ILP group fared marginally better on ever being employed since discharge (92% vs. 80%), having a homeless episode since discharge (23% vs. 32%), having a place to live at discharge (82% vs. 67%) and ever having birthed or fathered a child (41% vs. 48%), and marginally worse than comparison on ever using hard drugs (53% vs. 39%), ever drinking alcohol (82% vs. 69%), drinking alcohol in last 30 days (54% vs. 43%), having a problem with the law since discharge (27% vs. 20%) and living by self (12% vs. 23%). No statistical comparisons were</p>	<p>study did not allow for the delay in federal funding for IL services, so does not directly address the effects of services provided by this specific policy-driven funding</p> <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> • Significance data not reported for comparisons and reporting of statistics is unclear • Retrospective data give no indication of longitudinal effects • Follow-up period is unclear – seems to be 6-12 months for some outcomes and 36 months for others

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>multiple skill categories?</p> <p>Study design: Retrospective cohort study</p> <p>Quality score: ++</p> <p>Applicability: US-based study, therefore may have limited applicability to UK context, & the study is at least 18 years old, however adjusting and weighting the data to represent a national sample increase the applicability of the findings.</p>		<p>Control/comparison/s description: Did not receive independent living programs/services</p> <p>Sample sizes: Total n=810 (out of a sample of 1644, which was weighted to represent 34600 youth) Intervention n=547 (/1100) Control n=263 (/544)</p>	<p>3.Program approach consisting of 5 core areas (1, 2, 3, 7 & 8)</p> <p>4.Program approach consisting of 10 skill areas (1-9, 12)</p> <p>The 12 areas of training (for each outcome)</p>	<p>made.</p> <p>Attrition details: N/A as retrospective, however only 810 out of sample of 1644 participated (547/1100 intervention, 263/544 comparison)</p>	<p>Evidence gaps and/or recommendations for future research: Target skills towards the outcomes they were intended to improve</p> <p>Source of funding: US Department for Health and Human Services</p>
<p>Authors: Georgiades</p> <p>Year: 2005</p>	<p>Source population/s: USA, mean age 20</p> <p>Eligible</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: Subsidised IL (SIL) programme, ILP, aftercare.</p>	<p>Primary outcomes: Education (HS diploma or GED, college); employment (full-time, part-time,</p>	<p>Primary outcomes: ILP group were more likely to have a high-school diploma/GED than comparison group (53% vs. 15%) but also slightly more</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> • Small sample (esp. non-IL

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>Citation: A multi-outcome evaluation of an independent living program. Child and Adolescent Social Work Journal, 22, 417-439</p> <p>Aim of study: To compare attendees & non-attendees of ILPs on adult outcomes</p> <p>Study design: Retrospective cohort study (survey: Daniel Memorial Independent Living Assessment, DMILA)</p> <p>Quality score: +</p> <p>Applicability: US-based study, therefore may have limited</p>	<p>population: All young adults aged 18-21 eligible for transition (IL) services in Florida District 11 were eligible, if contactable (attempted contact via foster parents, caseworkers, ILP, social service agencies, criminal records, Medicaid & existing respondents).</p> <p>Selected population: Young adults aged 18-21 eligible for transition (IL) services in Florida District 11. 40.1% of those eligible completed the study, therefore there is a risk of sampling bias. Self-report data introduces the risk of social desirability bias.</p>	<p>IL:</p> <ul style="list-style-type: none"> • For LACYP aged 15+ • Includes life skills training classes (employment, money management, community resources, communication, decision-making/problem-solving), following referral by case-worker & based on individual assessment (DMILA). • No detail reported as to who delivered the ILP • Run by the Florida Department of children Families (DCF) in District 11, Florida • Frequency and duration of support not reported <p>SIL:</p> <ul style="list-style-type: none"> • For LACYP aged 16+ • Allows them to live in an approved setting & receive a monthly stipend for living expenses (subject to school attendance & performance, part-time work & participation in supervision by the Department). • No detail reported as to who delivered the ILP • Run by the state DCF in District 11, Florida • Frequency and duration of 	<p>unemployed); ever arrested (never arrested, for murder, assault, battery; for shoplifting, trespassing; for drug sale or DUI); time in jail (<1 month, 1-12 months); current residence (relatives/ foster parents, jail, own/rent independent housing); homelessness (never, 1-3 nights, >3 nights); depression (often, sometimes, never)</p> <p>Secondary outcomes: None</p> <p>Follow-up periods: Up to 8 years post-discharge (exact follow-up period not specified)</p> <p>Methods of analysis: t-tests, chi-squared, used ES (Cohen's <i>d</i>) instead of <i>p</i>-value (as less dependent on sample</p>	<p>likely not to (16% vs. 8%), and more likely to have a college education (31% vs. 0%) (ES=1.73).</p> <p>ILP group were more likely to be in full-time (22% vs. 8%) or part-time (51% vs. 0%) employment rather than unemployment (27% vs. 92%) (ES=.53).</p> <p>The ILP group were more likely to be living on their own or renting independent housing (82% vs. 55%) and were less likely to be living with relatives/foster parents (16% vs. 27%) or be in jail (2% vs. 18%) (ES=.37).</p> <p>The ILP group were less likely to have children (25% vs. 75%) (ES=-.72).</p> <p>There was no difference between the groups on never being arrested (89% vs. 92%). Of those who were, the ILP group were less likely to have been arrested for murder, assault or battery (24% vs. 38%) and more likely to have been arrested for drug sale or DUI (32% vs. 0%) with no difference for shoplifting or trespassing (24% vs. 23%), but the effect size was very small (ES=-.15). ILP group were less likely to</p>	<p>group)</p> <ul style="list-style-type: none"> • IL group mostly SIL p's (so results mostly descriptive of these) • Lack of random assignment • Current contact info provided by foster parents & community professionals – sampling bias • Self-report data – possibility of social desirability bias <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> • Retrospective data give no indication of longitudinal effects • The mix of ILP types makes it difficult to separate effects by type • The exact follow-up period was not

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>applicability to UK context, however it is a recent study, which increases applicability</p>		<p>support not reported</p> <p>Aftercare:</p> <ul style="list-style-type: none"> • Voluntary, for those aged 18-21 • Includes individual assessment &/or referrals to services, to complement own self-sufficiency efforts • Can include housing & utility payment assistance. • Run by the state DCF in District 11, Florida • Frequency and duration of support not reported <p>Control/comparison/s description: Non-attendance of an ILP</p> <p>Sample sizes: Total n=67 Intervention n=49 (SIL=40; SIL+aftercare=4; IL=4; IL+aftercare=1) Control n=18</p>	<p>size). (Small effect = .3, medium effect = .5, large effect ≥.8.) Compared all IL respondents with comparison group.</p>	<p>have spent <1 month in jail (17% vs. 69%) but were more likely to have spent 1-2 months in jail (34% vs. 23%) but this was not significant (ES=.03). There was no difference on homelessness (15% vs. 17%, ES=-.15) or depression (42% vs. 39% often, 25% vs. 28% sometimes, 33% vs. 33% never, ES=.03).</p> <p>Secondary outcomes: None</p> <p>Attrition details: Not reported</p>	<p>specified nor accounted for</p> <p>Evidence gaps and/or recommendations for future research: Theoretical basis for research; research with long follow-up periods; identify risk and protective factors associated with each outcome; consider the influence of demographic characteristics</p> <p>Source of funding: Not reported</p>
<p>Authors: Lemon, Hines & Merdinger</p> <p>Year: 2005</p> <p>Citation: From foster care to</p>	<p>Source population/s: Students of higher education in the USA</p> <p>Eligible population:</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: Enrolled in an ILP while in care.</p> <ul style="list-style-type: none"> • Difficult to quantify as the study was not measuring the effects of one ILP in one place. • Commonly offered services teach 	<p>Primary outcomes: Had a job immediately after discharge; ever had a problem with the law since discharge; ever been without a place to sleep; happy with</p>	<p>Primary outcomes: ILP group less likely to have had a job immediately after discharge (58.4% vs. 73.8%, $p<0.05$). ILP group more likely to be very hopeful about the future (86.4% vs. 73.0%) and comparison group more likely to be</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> • Nonprobability sampling limits generalisability • ILP & comparison groups were

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>young adulthood: the role of independent living programs in supporting successful transitions. Children and Youth Services Review, 27, 251-270</p> <p>Aim of study: Compare former foster youth who were enrolled in an ILP with those who were not.</p> <p>Study design: Retrospective cohort study (survey)</p> <p>Quality score: -</p> <p>Applicability: US-based study, therefore may have limited applicability to UK context,</p>	<p>Nonprobability purposive sampling from 9 California college (higher education) sites selected to represent certain characteristics (location, no. of foster youth, size of university population). From campus financial aid records. Mailed survey with \$10 gift certificate reward.</p> <p>Selected population: Young people who were wards of the court until age 18 (verified by records), excluding those >34 years old (as ILPs would not have been implemented when they were in care), mean age 21.63 (ILP) & 23.96 (comparison). 28.5% response rate. Possible</p>	<p>self-sufficiency skills including money management, job readiness & retention, housekeeping & nutrition, & may include transitional living arrangements, educational assistance & direct financial assistance.</p> <ul style="list-style-type: none"> • No detail reported as to who delivers ILPs • No details as to who ran the ILPs attended by respondents • Frequency and duration of support not reported <p>Control/comparison/s description: Not enrolled in an ILP while in care</p> <p>Sample sizes: Total n=194 Intervention n=81 Control n=113</p>	<p>life these days (very, somewhat, not happy); hopeful about the future (very, somewhat, not hopeful)</p> <p>Secondary outcomes: None</p> <p>Follow-up periods: Not mentioned</p> <p>Methods of analysis: Descriptive statistics Bivariate statistical tests</p>	<p>somewhat hopeful about the future (12.3% vs. 27.0%) ($p<0.05$).</p> <p>The ILP group were marginally less likely to have had a problem with the law (12.3% vs. 15.9%) or to have been without a place to sleep (16% vs. 23%) but these differences were not significant.</p> <p>There were no differences reported on being happy with life. 36.3% and 43.1% of the ILP and comparison groups respectively reported being very happy, 53.8% and 46.8% respectively reported being somewhat happy and 10.0% and 10.1% respectively reported being not very happy ($p=0.609$).</p> <p>Secondary outcomes: None</p> <p>Attrition details: N/A</p>	<p>different on race, number of placements, kinship care and tutoring in high school</p> <ul style="list-style-type: none"> • ILP group may have been more 'at risk' for poorer outcomes in the first place • All p's indicated they were taught a number of IL skills by their carer <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> • Potential for selection bias & social desirability bias due to self-report methods • Retrospective data give no indication of longitudinal effects <p>Evidence gaps and/or</p>

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>however it is a recent study, which increases applicability. Limited applicability to LACYP overall as only those LACYP in higher education participated.</p>	<p>selection bias through response rate & use of exclusively higher education population & potential social desirability bias.</p>				<p>recommendations for future research: Research into factors associated with ILP referral.</p> <p>Source of funding: Not stated</p>
<p>Authors: Lindsey & Ahmed</p> <p>Year: 1999</p> <p>Citation: The North Carolina Independent Living Program: a comparison of outcomes for participants and non-participants. Children and Youth Services Review, 21, 389-412</p> <p>Aim of study: Compare ILP</p>	<p>Source population/s: USA population of care leavers, mean age 19 (ILP) & 18 (comparison) in two counties in North Carolina (one urban, one rural)</p> <p>Eligible population: Stratified cluster sampling (metropolitan/rural). All those in sampled areas were approached: ILP participants who had exited foster care between</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description: North Carolina ILP (varies between counties):</p> <ul style="list-style-type: none"> • Included cash incentives for educational attainment; encouraged to work & funded for work-related expenses; programmes & info on accessing financial resources in the community (some ILPs) • In some counties ILPs are structured with monthly group meetings & living skill activities, whereas others provide individual services • Delivered by ILP staff members • Administered by each county • Specific frequency and duration of support not reported but likely to 	<p>Primary outcomes: Completed high school or GED; employed (full-time, part-time); living independently; ≥1 episode of homelessness since leaving care</p> <p>Secondary outcomes: None</p> <p>Follow-up periods: 1-3 years after leaving care</p> <p>Methods of analysis: Descriptive statistics, t-tests. Maximum margin of</p>	<p>Primary outcomes: ILP group were more likely to have completed high school or GED (37% vs. 18%) and be employed full-time (41% vs. 22%), however these differences were not significant. The ILP group were significantly more likely to be living independently (68% vs. 49%; $t=2.40$, $p<0.05$). There were no differences between the ILP and comparison groups on having ≥1 episode of homelessness since leaving care (52% vs. 53%).</p> <p>Secondary outcomes: None</p> <p>Attrition details: N/A</p>	<p>Limitations identified by author:</p> <ul style="list-style-type: none"> • Results may have been affected by age difference (ILP participants slightly older than nonparticipants) • Small sample size • Difficulty in locating participants, suggesting possible selection bias • Concomitant variation (shared variance) among

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>participants & non-participants on housing, education, employment & financial self-sufficiency.</p> <p>Study design: Retrospective cohort study (survey)</p> <p>Quality score: -</p> <p>Applicability: US-based study, therefore may have limited applicability to UK context, & the study is at least 10 years old, which also limits applicability.</p>	<p>July 1992 & July 1995 (275 youth).</p> <p>Selected population: Eligible youth who were contactable (137 youth). Response rate was 27.6% of eligible youth. Potential selection bias through response rate & potential social desirability bias.</p>	<p>vary</p> <p>Control/comparison/s description: Random sample of other former LACYP</p> <p>Sample sizes: Total n=76 Intervention n=44 Control n=32</p>	<p>error (in generalising findings to population) calculated at +/- 5.5%</p>		<p>education, employment, housing stability & financial assistance</p> <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> • Potential for selection bias & social desirability bias due to self-report methods. • Determining whether or not a respondent had participated in the ILP or not; inconsistencies between ILP participants identified by staff and perceptions of youth regarding their participation in the ILP • Retrospective data give no indication of longitudinal effects

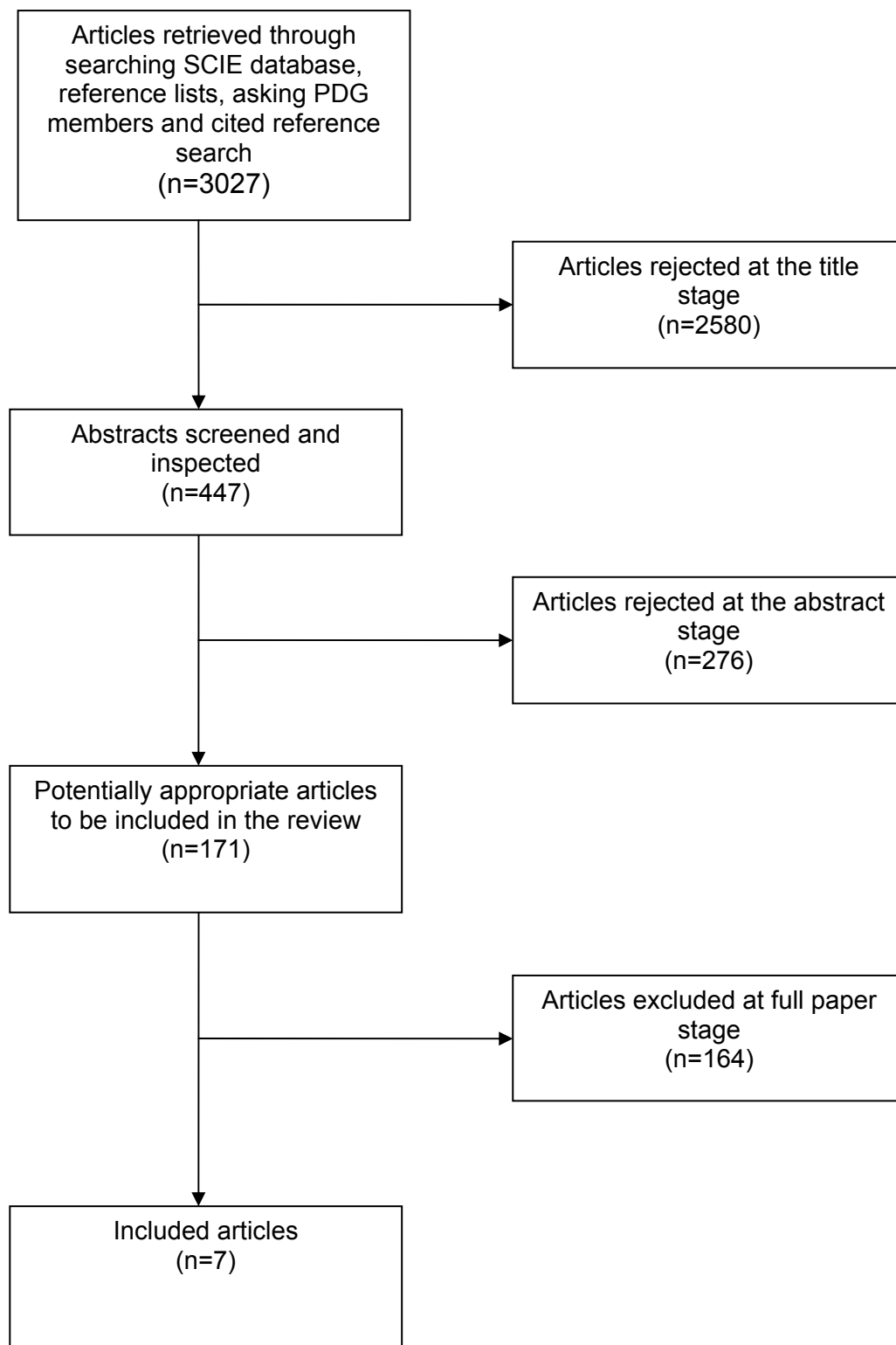
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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
					<p>Evidence gaps and/or recommendations for future research: Development of a standardised plan for ongoing, longitudinal evaluation of the North Carolina ILP</p> <p>Source of funding:</p>
<p>Authors: Scannapieco, Schagrin & Scannapieco</p> <p>Year: 1995</p> <p>Citation: Independent living programs: do they make a difference? Child and Adolescent Social Work Journal, 12(5), 381-389.</p>	<p>Source population/s: Care leavers in the USA, aged 19.3 (ILP) & 19 (comparison) at emancipation</p> <p>Eligible population: All foster children eligible for the ILP aged ≥16, between 1988 & 1993, in care for ≥6 months. All case records were selected.</p>	<p>Method of allocation: N/A</p> <p>Intervention/s description:</p> <ul style="list-style-type: none"> Independent living program, which included at least some of the following components: ≥twice-monthly meetings with ILSW; personal counselling; advocacy; resource referral; life skills instruction & practice (employment, education, daily living skills, other skills necessary to achieve self-sufficiency); participation in a group Delivered by specialist independent living social workers (ILSWs) with lower caseloads 	<p>Primary outcomes: High school graduate; history of employment (rate); employed at case closing; living on own at case closing</p> <p>Secondary outcomes: None</p> <p>Follow-up periods: Not known</p> <p>Methods of analysis: Independent t-tests</p>	<p>Primary outcomes: ILP group were more likely to have graduated from high school (50% vs. 13%; $p<0.05$), to have a history of employment (100% vs. 71.7% rate; $p<0.05$), be employed at case closing (52.3% vs. 26.1%; $p<0.05$); and be living on their own at case closing (36.4% vs. 4.3%, $p<0.05$).</p> <p>Secondary outcomes: None</p> <p>Attrition details: N/A</p>	<p>Limitations identified by author: None stated</p> <p>Limitations identified by review team:</p> <ul style="list-style-type: none"> Case record data may introduce bias as only the data recorded is available (i.e. potential for reporting bias by record-keepers) Retrospective

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Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
<p>Aim of study: Are there differences in outcomes between children who experienced the ILP and those who did not?</p> <p>Study design: Retrospective cohort study (case record analysis)</p> <p>Quality score: +</p> <p>Applicability: US-based study, therefore may have limited applicability to UK context, & the study is at least 14 years old, which also limits applicability.</p>	<p>Selected population: Whole of eligible population (i.e. 100% response rate) using existing case records. Potential for reporting bias by record-keepers.</p>	<p>(≤15), who coordinates with community resources develops an independent living plan with the youth, with involvement from family, peers & foster care providers</p> <ul style="list-style-type: none"> Administered by the Adolescent Services Unit in Baltimore County, Maryland (state-supervised locally-administered social services system) Twice-monthly meetings with ILSWs, but specific frequency and duration of personal support not reported <p>Control/comparison/s description: Regular foster care (RFC)</p> <p>Sample sizes: Total n=90 Intervention n=44 Control n=46</p>	<p>Chi-squared tests (ILP v RFC)</p>		<p>data may lead to bias in longitudinal effects</p> <p>Evidence gaps and/or recommendations for future research: None stated</p> <p>Source of funding: Not stated</p>

Appendix 4: QUOROM diagram



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Appendix 5: Studies excluded after review of full paper

Author	Reason for exclusion
No author (1998a)	No data reported
No author (1999)	No data reported
(Ajayi, 2006)	No data reported
(Ayasse, 1995)	No data reported
(Barth, 1986)	No data reported
(Bonnerjea, 1990)	No data reported
(Broad, 1999b)	No data reported
(Campbell, 1998)	No data reported
(Carrington, 1994)	No data reported
(Cathcart, 1998)	No data reported
(Cathcart, 1996)	No data reported
(Child Protection and Juvenile Justice, 2000)	No data reported
(Children's Society, 1992)	No data reported
(Collins, 2004)	No data reported
(Cook & Sedlak, 1995)	No data reported
(Davies, 1991)	No data reported
(Department Of Health, 2008)	No data reported
(Downey, 1990)	No data reported
(Festinger, 1995a)	No data reported
(Festinger, 1995b)	No data reported
(First Key, 1998)	No data reported
(Hahn, 1995)	No data reported
(Harding & Luft, 1995)	No data reported
(Hayes, 2002)	No data reported
(Hollander et al., 2007)	No data reported
(Hutson, 2008)	No data reported
(Jackson et al., 2003)	No data reported
(Kahan, 1992)	No data reported
(Kirkwood, 2007)	No data reported
(Maluccio et al., 1990)	No data reported
(Mann-Feder, 2007)	No data reported
(McBriar et al., 2001)	No data reported
(McKillip, 1995)	No data reported
(Mech & Leonard, 1988)	No data reported
(Mech & Rycraft, 1995)	No data reported
(Mitchell, 1994)	No data reported
(Moore, 1995a)	No data reported
(Morison-Murphy, 1995)	No data reported
(Naccarato, 2006)	No data reported
(Sanders, 2002)	No data reported
(Sims, 1988)	No data reported
(Stein et al., 2001)	No data reported
(Stein, 2004)	No data reported
(United States General Accounting Office, 1999)	No data reported
(Valios, 2007)	No data reported
(Westland, 2002)	No data reported
(White, 1998)	No data reported
(Abrahams & Lobstein, 1993)	No intervention
(Alexander, 1995)	No intervention

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Author	Reason for exclusion
(Allard et al., 2004)	No intervention
(Barn et al., 2005)	No intervention
(Barth, 1990)	No intervention
(Bhui, 1900)	No intervention
(Biehal, 1995)	No intervention
(Biehal et al., 1994)	No intervention
(Biehal & Wade, 1996)	No intervention
(Biehal, 1992)	No intervention
(Broad, 2003a)	No intervention
(Broad, 2004)	No intervention
(Broad, 1994)	No intervention
(Broad & Robbins, 2006)	No intervention
(Broad, 1999c)	No intervention
(Broad, 2003b)	No intervention
(Buchanan, 1999)	No intervention
(Cameron, 2007)	No intervention
(Choca et al., 2004)	No intervention
(Cook, 1988)	No intervention
(Courtney & Barth, 1995)	No intervention
(Department Of Health, 2001)	No intervention
(Dixon & Stein, 2005)	No intervention
(English et al., 1994)	No intervention
(Estrada & Jones, 2004)	No intervention
(First Key, 1996)	No intervention
(Garnett, 1992)	No intervention
(Geenen et al., 2007)	No intervention
(Goddard & Barrett, 2008)	No intervention
(Harding, 2005)	No intervention
(Harrington, 2006)	No intervention
(Jackson et al., 2005a)	No intervention
(Jackson et al., 2005b)	No intervention
(Jones et al., 1998)	No intervention
(Leitch, 1995)	No intervention
(Mech, 1994)	No intervention
(Mech et al., 1995)	No intervention
(National Childrens Bureau, 2006)	No intervention
(Penzerro, 1995)	No intervention
(Prince's Trust, 2002)	No intervention
(Rabiee et al., 2001)	No intervention
(Reid, 2007)	No intervention
(Reilly, 2003)	No intervention
(Schofield et al., 2007)	No intervention
(Silva-Wayne, 1995)	No intervention
(Stein & Munro, 2008)	No intervention
(Wheal, 2005)	No intervention
No author (2005a)	Qualitative study
No author (2005b)	Qualitative study
No author (1998b)	Qualitative study
(Banks, 2002)	Qualitative study
(Barn, 2002)	Qualitative study
(Broad, 1999a)	Qualitative study

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Author	Reason for exclusion
(Georgiades, 2005c)	Qualitative study
(Hai & Williams, 2004)	Qualitative study
(Harris et al., 2003)	Qualitative study
(Hines et al., 2005)	Qualitative study
(Horrocks, 2002)	Qualitative study
(Kufeldt & Stein, 2005)	Qualitative study
(McMillen et al., 1997)	Qualitative study
(Morris, 2002)	Qualitative study
(Muller et al., 2003)	Qualitative study
(National Foster Care, 2000)	Qualitative study
(Petr, 2008)	Qualitative study
(Stein, 1990)	Qualitative study
(Brickman et al., 1991)	No pre-test adult outcomes
(Christenson, 2003)	No pre-test adult outcomes
(Fanshel, 1995)	No pre-test adult outcomes
(Giffords et al., 2007)	No pre-test adult outcomes
(Mallon, 1998)	No pre-test adult outcomes
(Martin, 1995)	No pre-test adult outcomes
(Mauzerall, 1983)	No pre-test adult outcomes
(Moore, 1995b)	No pre-test adult outcomes
(Morison-Murphy & Feigenbaum, 1995)	No pre-test adult outcomes
(Smit, 1995)	No pre-test adult outcomes
(Timberlake et al., 1987)	No pre-test adult outcomes
(Valios, 2000)	No pre-test adult outcomes
(Waldinger & Furman, 1994)	No pre-test adult outcomes
(Wiener & Johnson, 1995)	No pre-test adult outcomes
(Beavan et al., 1995)	Not LAYP/former LAYP
(Cameron et al., 2007)	Not LAYP/former LAYP
(Clark, 1995)	Not LAYP/former LAYP
(Greim, 1995)	Not LAYP/former LAYP
(Herman et al., 1995)	Not LAYP/former LAYP
(Rhodes, 1995)	Not LAYP/former LAYP
(Wiener & Mincy, 1995)	Not LAYP/former LAYP
(Austin, 1995)	Not adult outcomes
(Cook & McClerklin-Motley, 1995)	Not adult outcomes
(English et al., 1995)	Not adult outcomes
(Johnston, 1995)	Not adult outcomes
(Lynch, 2008)	Not adult outcomes
(Rycraft & Pryde, 1995)	Not adult outcomes
(Uzoebo et al., 2008)	Not adult outcomes
(Vernon, 2000)	Not adult outcomes
(Waldinger & Furman, 1995)	Not adult outcomes
(Allen, 2003)	Not TSS
(Burke, 1991)	Not TSS
(Clayden & Stein, 2005)	Not TSS
(Harker et al., 1999)	Not TSS
(Joseph Rowntree Foundation, 2005)	Not TSS
(Morgan, 2006)	Not TSS
(Rashid, 2004)	Not TSS
(Collins, 2001)	Study was a review
(Donkoh et al., 2006)	Study was a review

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Author	Reason for exclusion
(Montgomery et al., 2006)	Study was a review
(Naccarato & DeLorenzo, 2008)	Study was a review
(Alexander, 1999)	Unobtainable
(Baker et al., 2000)	Unobtainable
(Bond, 2002)	Unobtainable
(Hampshire County Council, 2007)	Unobtainable
(Moore and Associates, 1900)	Unobtainable
(Simmons J, 1990)	Unobtainable
(Westat, 1988)	Unobtainable
(Westat, 1991)	Unobtainable
(Cook, 1994)	Data reported elsewhere
(Georgiades, 2005b)	Data reported elsewhere
(Scannapieco, 1996)	Data reported elsewhere

Appendix 6: Summary of study characteristics and outcomes

Study	Country	N	Outcomes reported	Direction of effect	Significance (<i>p</i> -level)	Quality ++, +, -
(Austin, 1993+)	USA	195	Employment	IG fared better than CG on unemployment and employment at discharge and 1 year	NS	+
			Education	IG fared worse than CG on education level at discharge and at 1 year	NS	
			Parenthood	IG fared better than CG on parenthood at discharge	NS	
			Housing	IG fared better than CG on independent living at discharge and at 1 year	NS at discharge, <i>p</i> <0.05 at 1 year	
(Biehal et al., 1995-)	UK	74	Employment	IG fared worse than CG on employment/ academic career path	Not reported	-
			Housing	IG fared better than CG on increase in proportion of IG with good housing outcomes from T1 to T3, whereas CG stayed the same	Not reported	
(Cook et al., 1991++)	USA	810	Education	IG fared better than CG for education	NS	++
			Employment	No difference between IG and CG on current employment; IG fared better than CG on ever-employment; IG fared marginally better than CG for maintaining a job.	NS in regression (not reported for ever-employment)	
			Mental health	Figures were not reported; no difference in regression analysis.	NS	
			Housing	IG fared better than CG on having a place to live on discharge	Not reported	
			Homelessness	IG fared better than CG on having a homeless episode on discharge	Not reported	
			Parenthood	IG fared marginally better on parenthood at discharge	Not reported	
Crime/offending behaviour	IG fared marginally worse than CG on having a problem with the law since discharge	Not reported				
(Georgiades, 2005a+)	USA	67	Education	IG fared better than CG on high school/GED and college education	ES=1.73*	+
			Employment	IG fared better than CG on employment and unemployment	ES=.53*	

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Study	Country	N	Outcomes reported	Direction of effect	Significance (p -level)	Quality ++, +, -
			Crime/offending behaviour	No difference between IG and CG on never being arrested. IG fared better than CG on being arrested for serious crimes but fared worse than CG on being arrested for moderate crimes, with no difference for petty crimes. IG fared better than CG on short jail sentences but worse than CG on long jail sentences.	ES=.37* for reasons of arrest; ES=-.46* for jail sentences	
			Parenthood	IG fared better than CG on young parenthood	ES=-.72*	
			Housing	IG fared better than CG on independent living.	ES=.32*	
			Homelessness	No difference between IG and CG on homelessness	ES=-.15	
			Mental health	No difference between IG and CG on depression	ES=.03	
(Lemon et al., 2005-)	USA	216	Employment	IG fared worse than CG on employment immediately after discharge	$P<0.05$	-
			Crime/offending behaviour	IG fared marginally better than CG on having a problem with the law since discharge	NS	
			Homelessness	IG fared marginally better than CG on ever having been without a place to sleep	NS	
			Mental health	No difference between IG and CG on life satisfaction; IG fared better than CG on being more hopeful about the future	NS for life satisfaction; $p<0.05$ for hope for the future	
(Lindsey & Ahmed, 1999-)	USA	76	Education	IG fared better than CG on high school/ GED education	NS	-
			Employment	IG fared better than CG on employment	NS	
			Housing	IG fared better than CG on living independently	$P<0.05$	
			Homelessness	No difference between IG and CG on homelessness	NS	
(Scannapieco et al., 1995+)	USA	90	Education	IG fared better than CG on high school education	$P<0.05$	+
			Employment	IG fared better than CG on employment history and at case closing	$P<0.05$	
			Housing	IG fared better than CG on living on own at case closing	$P<0.05$	

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