

What are the experiences of young people leaving residential or foster care?

## PATHWAYS FOR YOUNG PEOPLE LEAVING CARE: WHAT HELPS?

- This qualitative research explored the priorities for young people leaving foster or residential care
- Two groups of care leavers were identified as having a particularly hard time: asylum seekers and those with disabilities
- Collaborative work with and between young people and professionals is important for understanding the experiences of care leavers

For looked-after children, the transition from care can be a daunting time, as they navigate the complexities of adult life. Government guidance is designed to ensure smooth transitions, but there can be a gap between national and local aspirations, and young peoples' own hopes and priorities.

Exploring transitions from care was a recent focus of the sociology of health and illness cross-cutting theme of the CPRU. As Professor Helen Roberts, medical sociology lead explained, this theme “undertakes research into social aspects of children and young people’s health to inform policy.”

### The need for a qualitative approach

The sociology cross-cutting theme complements other studies, providing narratives which may support or question data from other research designs.

Helen explained: “The ways in which problems are defined has a bearing on the shape of policies and practices. We need to make sure that as well as the ‘hard’ data from our epidemiological colleagues, the evidence base is informed by people on the frontline: those receiving or declining services and those delivering them. Policies may be made nationally, but are implemented (or not) at a local level.”

In addition to offering a qualitative perspective on other CPRU projects, Helen and her colleagues carry out both primary and secondary research.

### What matters to children leaving care?

Recent research carried out under the sociology theme examines issues faced by young people moving on from care. Whilst hard data may identify health and other trends for care leavers, what it can’t do is explore what matters to them.

Helen explained: “People who have grown up in the care system, or who come into the care system as adolescents, are more likely as adults to experience poorer health, mental health difficulties and problems with housing and education often related to their pre-care experiences. They

are more likely than the general population to end up homeless, or in prison. That’s what quantitative data tells us. We know it is not inevitable, and many thrive despite difficulties. But what is going on for them, and what can we learn from them and from practitioners?”

The work set out to explore the importance of health to young people leaving care. Helen outlined the project: “In 2015, we carried out a piece of participatory work with young people aged 16-24 who had recently left care, or were about to, in an inner city borough.

“We were interested in the multiple transitions they were making – housing, education, work, and for those with long-term conditions, transitions from paediatric services to adult care. We spoke to them about their priorities in life, and where health fits in.”

### Health was not the top priority for the care leavers we spoke to

During the first phase of the project, researchers found that two groups of care leavers appeared to have a particularly tough time transitioning: unaccompanied asylum seekers and learning disabled young people.





An experienced clinician told the team: “The group of young people that strike me as being maybe more needy...are the young people with a learning disability. You’ll be a young adult, you’ll be through school, it’ll be very well recognised you have learning needs, [but] if you don’t meet the criteria for getting a service... where do you get your support from?”

So, in the follow-up studies, young asylum seekers and those with learning disabilities were the focus. The results were remarkably consistent between and across groups.

Helen explained: “What we found was that even people with serious health conditions didn’t have health, as we conventionally understand it, at the top of their priorities, despite most being involved with supportive services, with a stable and committed local health team for looked-after children. Interestingly for us as researchers, it was the determinants of health – housing, education, a job – that most concerned the young people we spoke to.”

### **Collaborations with young people and frontline professionals**

Participation matters. And so do meaningful collaborations with people who use services and people who provide them.

Helen said: “We are lucky to have outstanding colleagues in frontline practice, and outstanding research collaborators. They know about childhood disability diversity, ethnicity, gender and migration and are experts in participatory research, with experience in interviewing normally hard to reach groups and searching the literature.

“A term sometimes used for people who help recruit to studies is ‘gatekeepers’. For us, practice colleagues haven’t been gatekeepers,

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but collaborators. The lead worker for the local children’s services participation project and her colleagues don’t just ‘refer’ young people to us: they talk to them about the work we’re doing so that they can make an informed decision about whether to participate. They made space available for interviews and they set up feedback meetings so that the young participants would be the first to know what we were finding out.”

### **Towards integrated working**

At the end of the project, the CPRU produced three reports for the Department of Health: one from the first phase of the care leavers’ transitions project, one from the follow up with care leavers who are refugees and asylum seekers, and one from the follow up with learning disabled care leavers.

The research highlighted positive aspects of current policies and practices, as well as considerable resourcefulness and drive among the young people. But not surprisingly, multiple transitions in health, housing and education can be difficult without the kind of support that young people brought up in a family can usually expect from home. Helen said, “Our findings are confirmatory rather than ‘Eureka’. Policy makers and practitioners know where to focus, but it’s clear that care leavers are still not on a level playing field.



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“At the CPRU we are interested not only in what makes people ill and gets them better, but also in the wider determinants of health: the underlying causes of ill health and what might be done to reduce inequalities. One of the things that this research highlights is the importance of cross-departmental approaches, and we were grateful to our Department of Health Policy colleagues for a meeting where they also involved people from the Department for Education.”

Armed with these and other research findings, policy makers may be better informed to smooth the pathway towards adulthood for the young people most in need, and the young people involved know that their voices are being heard.

## More information

Liabo K., McKenna C., Ingold A., and Roberts H. (2016) Leaving foster or residential care: a participatory study of care leavers’ experiences of health and social care transitions. *Child: Care, Health & Development* doi: 10.1111/cch.12426.

### Acknowledgements

Many thanks to the following for their collaboration on this project:

- Kristin Liabo, University of Exeter
- Anne Ingold, Freelance reviewer
- Caoimhe McKenna, Grazia Manzotti and David Reeves, UCL Great Ormond Street Institute of Child Health
- Hannah Bradby, University of Uppsala

An ethics agreement means that we are not able to name the young people who participated. Our practitioner collaborators prefer to remain anonymous too, to support the anonymity of the location. We are grateful to all of them.

We are a research consortium led from the UCL Great Ormond Street Institute of Child Health (ICH) in partnership with National Children’s Bureau (NCB), the Anna Freud Centre and the Social Care Institute of Excellence (SCIE).

Our aim is to provide evidence for policy and practice for the health and well-being of children, young people and families.

The CPRU is funded by the Department of Health’s Policy Research Programme (2011-2018) as the Policy Research Unit in the Health of Children, Young People and Families. The views expressed are not necessarily those of the Department.