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Young people's experience of social support during the process of leaving care: A review of the literature

Dominic Hiles [a,*], Duncan Moss [a], John Wright [b], Rudi Dallos [a]

[a] School of Social Science & Social Work, University of Plymouth, Drake Circus, Plymouth PL4 8AA, UK
[b] Psychotherapy Department, Plymouth Community Healthcare (CIC), Centre Court, 73 Exeter Street, Plymouth PL4 0AH, UK

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ABSTRACT

This review gathers together and synthesises research relating to young people's experiences of social support during their transition from state care. A systematic approach was used to identify relevant studies published since 2001 and forty-seven were found which met the inclusion criteria. Relevant key themes were identified and consolidated under five overall thematic headings: *The influence of past experiences on social support in the present*, *Supportive relationships during the transition from care*, *Relationships with birth families*, *The crucial role of practical support* and *The lived experience of leaving care*. The results were considered using a number of interconnected psychological theories, and implications for policy, practice and future research are discussed with particular reference to the UK policy context.

1. Introduction

1.1. Overview

Young people enter the care of their local authority in the UK when their parents are unable to provide them with the care they need. A little over half will have experienced abuse (physical or sexual) or neglect (Department for Education [DfE], 2012a). Many will subsequently be supported to return home or to live with a member of their extended family (so called 'kinship care'). Others, particularly those below the age of 4 for whom a return home seems impossible (most commonly due to the nature of abuse or neglect) will be adopted (Table E1, Department for Education, 2012a). However, some will remain 'in care' (or undergo multiple episodes of leaving and returning to care), until they are at least sixteen, most commonly living with foster parents rather than in residential settings (Table E1, Department for Education, 2012a). They are amongst "… the most excluded people in society" (Stein, 2006a, p. 423).

'Outcomes' for care leavers both in the UK and internationally are frequently described as 'poor' across many dimensions, including physical health, mental health, education, employment, offending behaviour, homelessness and substance misuse (Akister, Owens, & Goodyer, 2010; Aldgate, 1994; Broad, 2005; Dixon, 2008; Mendes, Johnson, & Moslehuddin, 2011; Smith, 2011; Vostanis, 2010).

Almost a quarter of UK care leavers will have experienced more than eight placements, leading to disrupted and unpredictable relationships and dislocation (Department for Education, 2012b). This placement instability is associated with poorer educational (Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; O'Sullivan & Westerman, 2007) and mental health (Tarren-Sweeney, 2008) outcomes, as well as a more problematic transition from care (Stein, 2008). Late age of entry to care, a younger age of leaving and having few sources of support upon leaving, are also found to be associated with a more problematic transition (Akister et al., 2010; Stein, 2008).

Yet, despite the difficult circumstances surrounding their entry to care, around a half of those leaving care in the UK are engaged in education, employment, or training by the time they are nineteen (Department for Education, 2012a), many are able to identify positive improvements whilst in care (Morgan, 2012) and most feel that living in care made life better for them (Morgan, 2012). This perhaps becomes lost beneath the polemic, with the dominant discourse being one of negative comparison to their peers (whose other life experiences are rarely comparable).

In seeking the best way to support those both within and leaving care, it is important to understand the pathways to successes as well as those that lead to difficulties. In his review of relevant resilience[1]

* Corresponding author. Tel.: +44 1752 586701.
E-mail address: dominic.hiles@nhs.net (D. Hiles).

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[1] Stein (2008) defines resilience as "… the quality that enables some young people to find fulfilment in their lives, despite their disadvantaged backgrounds, the problems or adversity they may have undergone or the pressures they may experience." However, there is much controversy around the notion of resilience, particularly in respect of whether it represents a personal quality, a process or an outcome (Cohen, Pooley, Ferguson, & Harms, 2011).

literature, Stein (2008) notes that those who most successfully moved on from care were more likely to have had stability and continuity whilst in care, and a gradual transition to leaving, with adequate preparation. They were more likely to have had some educational success before leaving and were actively looking forward to independence. They were also more likely to have had at least one stable relationship, made sense of their family relationships and perhaps maintained on-going contact with their carers, as well as better able to make the most of any support that was offered. These latter findings highlight the importance of social support for those leaving care.

1.2. Social support

Social support can be thought of as a multi-dimensional concept, encompassing support along emotional (*i.e.* empathy, love, trust, caring), instrumental (*i.e.* tangible aid and resources), informational (*i.e.* provision of advice and information) and appraisal (*i.e.* feedback used for self-evaluation) dimensions (House and Kahn, 1985; cited in Boyce, Kay, & Uitti, 1988). Social support arises as a product of social relations, which Antonucci, Fiori, Birditt, and Jackey (2010) note are best understood through adopting a life-span and life-course perspective, emphasising their development and change over time, as well as the influence of personal and situational factors. They advocate using a 'convoy model', highlighting both the dynamic nature of social relations and the influence of past relationships on the development of future relationship networks, making connections to attachment theory research.

Attachment theory posits that our early relationship with our primary caregiver leads to the development of an 'internal working model' of beliefs and expectations in relation to ourselves and others (Bowlby, 1969). This model then underpins our early relationships, and leads to the development of characteristic 'patterns' of relating ('attachment'), which are designed to ensure that our essential needs are met (Ainsworth, Blehar, Waters, & Wall, 1979). Primary amongst these needs is protection from danger (Crittenden, 1999). As we develop and mature, adapting to our changing relational environment, these strategies continue to evolve and expand, often along broad continua consistent with these early attachment patterns, though allowing for the possibility of change (Crittenden, 2005). Thus, the nature of our relationships in the present (particularly those associated with caregiving), is influenced by those that we have had in the past.

Antonucci et al. (2010) outline evidence that social relationships influence physical and mental health, and that the perceived quality of social support (as evaluated by the individual) is the most significant factor in this regard. The mechanisms responsible for these effects are still the subject of debate, broadly between a direct effect model (*i.e.* social support directly improves health, irrespective of stress) and a buffer effect model (*i.e.* social support diminishes the potentially harmful effects of stress) (Orford, 1992). McMahon and Curtin (2012) also highlight the importance of social networks in promoting social integration, social connectedness and identity development, all of which are particularly relevant to care leavers, who are at risk of social exclusion, sometimes as an unintended consequence of well-intentioned attempts to help them (Axford, 2008).

Gordon (2011) outlines five key providers of social support to young people: parents, relatives, other adults, peers and siblings. Those leaving care are likely to have experienced disruption to all these relationships and may do so again upon leaving. Perry (2006) notes that high levels of network disruption amongst care leavers are associated with higher levels of psychological distress and highlights the importance of involvement in multiple networks (*e.g.* birth family, foster family, peer networks) as a protective factor.

1.3. Leaving care

In the UK, young people are able to leave care[2] from the age of sixteen, and in 2011 a little over a third did so before they were eighteen, with almost all of the remainder leaving when they reached eighteen (Table D5, Department for Education, 2012b). Around half of care leavers will then be living independently by nineteen, with most of the remainder either back with family or foster carers, or in some form of supported or transitional housing (Table F3, Department for Education, 2012b). By comparison with their peers (who leave home at a mean age of twenty-four — Johnson quoted in Munro, Lushey, Ward, & National Care Advisory Service, 2011), those in care leave earlier and take on more responsibility, more rapidly, generally without the same breadth and depth of support from family, and against a backdrop of very difficult life experiences (Stein, 2006a).

In recognising this challenge and drawing on research, successive UK legislation has sought to strengthen the support available to care leavers. Under the provisions of the Children (Leaving Care) Act, 2000, chap. 35, the local authority has a duty to both keep in touch with and assist care leavers until the age of twenty-one (or twenty-four if they have entered education or training before the age of twenty-one) (Stein, 2012). In addition, every care leaver should have a comprehensive leaving care plan ('pathway plan') drawn up by the age of sixteen and be assigned a consistent personal advisor for the leaving care process. The Children & Young Persons Act, 2008, chap. 23 further strengthens this by extending the provision of a personal adviser until the age of 25 (for those who wish to resume education or training) and requiring a statutory review to ensure that young persons' views are taken into account, and that they do not need to leave care before they feel ready (Stein, 2012).

1.4. Social support for young people leaving care

Consideration of support, identity, and social and family relationships are intended to be key components of the pathway plan for UK care leavers (Munro et al., 2011) and McMahon and Curtin (2012) emphasise the importance of working directly with young people to derive such information. However, in practice, it is often missing from the plan (Munro et al., 2011).

Nonetheless, Stein (2008) notes the significant positive impact of professional (*e.g.* specialist leaving workers), personal (*e.g.* foster carers) and mentoring support for care leavers. Likewise, research on factors promoting resilience within young people in the wider population emphasises the potential importance of "… a committed mentor or other person from outside the family …", "… strong support networks …", and "… the presence of one unconditionally supportive parent or parent substitute …" (Newman & Blackburn, 2002, p. 11).

In attempting to understand the positive influence of mentors, Dallos and Comley-Ross (2005) draw on both life-stage and attachment theories, suggesting that the young people's experience of developing a consistently positive relationship with their mentor allowed them to develop a sense of trust, which could then be generalised to other new relationships. Stein (2006b) echoes the importance of attachment theory in trying to best understand how to support those leaving care, whilst also highlighting the relevance of focal theory and research on resilience.

[2] That is, in the parlance of the Children (Leaving Care) Act, 2000, chap. 35, someone who is no longer 'looked after' by the local authority, but for whom they still retain some responsibility (the young person would move from being described as 'eligible' to 'relevant' or 'former relevant' in respect of service provision). In practice, leaving care is frequently associated with a change of accommodation, most commonly from living with foster carers or in a residential setting, to living independently, back with extended family or in a variety of different types of 'supported' housing.