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The effect of provisions on the mental health of care leavers: A systematic review.

Abstract

Purpose

Care leavers are identified as a vulnerable group within UK society and unsurprisingly more susceptible to mental health problems. Research highlights inadequacies among UK Government provisions combined with poorer outcomes for care leavers. This paper aims to measure the effectiveness of provisions on mental health when transitioning from the care system to adulthood.

Design/methodology/approach

A systematic review was conducted to identify and highlight the inadequacies of provisions in place to aid a care leavers transition and the effects on their mental health. Of the 211 studies identified from the search, six studies met the eligibility criteria and were deemed eligible by the researcher, for further exploration of themes.

Findings

The findings identified feeling isolated, training given to care professionals and caregivers, collaboration, lack of preparation and support and access and gaps in provisions as the 5 key themes. The overarching theme of interconnectedness and interplay between subthemes, mental health and a care leavers transition is strongly presented throughout. Many participants within the individual studies reported negative findings illustrating the weaknesses of provisions and the negative effect on their mental health. Furthermore, the findings emphasise the unique nature of everyone's experience transitioning out of the care system.

Originality/Value

This study supports the argument for an increase in attention from the UK Government and policy makers to improve the quality and quantity of support for a population often underserved and marginalised, especially in terms of reducing poorer mental health outcomes.

Summarised implications of the research for policy and practice

The current UK Government national and local policies for the provision of young adults leaving the care system and transitioning to independence, is inadequate. This study identifies inadequacies and calls for the UK Government to address these in their current policies and to minimise poorer mental health outcomes.

Keywords - Care leavers, Mental health, Policies, Provisions, Leaving care

Introduction

Background

The World Health Organisation (WHO) (2018) defines mental health as “a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively” (para.2). As of 2020, the WHO identified nearly 1 billion individuals diagnosed with at least one mental health disorder, with an alarming 75% not receiving suitable treatment (WHO, 2020). In the UK, the NHS estimates one in four adults experience symptoms of mental illness, and one in ten children (NHS, 2021). This has increased due to the coronavirus-19 pandemic; with 21% of adults in Great Britain reporting symptoms of depression, compared to 10% prior to the pandemic (Office for National Statistics (ONS), 2021). Additional statistics identify multiple populations who pose a higher level of vulnerability to mental illnesses, such as the prison population, members of the LGBTQ+ community, ethnic minority groups, carers, and care leavers (Department of Health and Social Care, 2014; Mental Health Foundation, 2020).

Care Leavers, Policy and Provisions

The Children (Leaving Care) Act 2000 states a care leaver is an individual who “has been looked after by a local authority for a prescribed period, or periods amounting in all to a prescribed period, which began after he reached a prescribed age and ended after he reached the age of sixteen” (line 15). In the UK, a care leaver will be placed under one of four categories: eligible child, relevant child, former relevant child, or a qualified leaver. Types of care include residential care, foster care and care received in residential settings (NSPCC Learning, 2022). Local authorities within the UK are responsible for conducting a needs assessment to be carried out during and after transitioning out of care. Due to an increased risk of requiring mental health support, it is essential the pathway plan contains appropriate provisions and support (Local Government Association, 2017). The Department for Education (DfE, 2013) highlight current provisions such as a team of mental health workers dedicated to support care leavers and health organisations working alongside local authorities to improve provisions and undergo frequent inspections (DfE, 2015). However, the Care Leaver Strategy (DfE, 2013) identifies the lack of awareness of this vulnerable population and this lack of insight potentially explains the absence of adequate effort within the Government when improving provisions.

Following legislative amendments, the Children and Social Work Act 2017 states care leavers in England are now eligible to work alongside a personal advisor until the age of 25. Increasing the age of eligibility suggests the Government agree vast improvements are required. Care leavers across the UK are given the opportunity to stay with their foster carers after their 18th birthday as part of the ‘Staying Put’ scheme (HM Government, 2013). Action for Children (2020) highlight the impact of Government cuts on the ‘Staying Put’ scheme despite positive outcomes. Munro et al (2022) found only 14% of the sample remained with their foster family through the ‘Staying Put’ scheme indicating a lack of funding and availability. A lack of funding is the forefront of Action for Children’s (2020) report as they emphasise the importance of increased funding to allow care leavers to maintain a supportive home environment whilst

learning to become independent over a longer period. Similarly, 'Staying Close' offers care leavers continuous support despite leaving residential care (Lepper, 2016). According to Local Government Association (2017) the scheme emphasises the importance of meeting care leavers needs through fast tracked appointments, working with charities and frequent liaising with the appropriate services. The Care Leaver Covenant (2016) is a national inclusion programme providing accessible support for care leavers concerning employment, education, living independently and mental health. On a smaller scale, Barnsley Metropolitan Borough Council (2022) operate a hub providing accessible support to care leavers, whereas Leeds City Council offer free gym access to care leavers until the age of 21, to promote wellbeing and mental health (Leeds.Gov.UK, 2021). Offering free gym access reflects findings from an ever-growing body of research, as exercise is closely linked to positive mental health and wellbeing (Mikkelsen et al., 2017; Mandolesi et al., 2018).

A pilot study funded by Islington council, offers care leavers free broadband for up to the first 12 months of living independently, with the aim of keeping individuals connected, subsequently helping individuals to combat feeling isolated (Puffett, 2021). The scheme is supported by research (Hamilton et al, 2015; Simpson, 2020), as care leavers present significantly higher levels of loneliness (Lepper, 2020). Furthermore, simple everyday tasks such as applying for jobs and accessing educational materials require the use of broadband, therefore indicating the importance of implementing such schemes. Birmingham City Council offer similar financial support unlike Leeds City Council, Newcastle-under-Lyme Council and Liverpool City Council (Care Leaver Local Offer, 2022). When comparing provisions provided by councils within the UK, Newcastle-under-Lyme Council appeared to offer minimal support and Middlesbrough Borough Council was ranked inadequate by Ofsted (Care Leaver Local Offer, 2022). Comparing provisions delivered by northern and southern councils within England illustrates the differences in resources and indicating potential political influences. The Care Leaver Local Offer (2022) website does not provide an insight specifically into mental health provisions; however, the comparison tool helps to illustrate the disadvantages of allowing councils freedom in decision making. Munro et al (2022) does however state that all local councils pinpointed mental health as an area for concern following the coronavirus pandemic due to restricted access and inhibited engagement.

According to Healthy London Partnership (2020), most local councils within London promote specialised provisions catering to care leavers needs, however, provisions are not linear or transparent and regional and local disparities in resources are evident. Localities are affected by Government grants, council tax and business rates, for example Central government grants (including retained business rates) were cut 37% in real terms between 2009/10 and 2019/20, from £41.0bn to £26.0bn (Atkins and Hoddinott, 2022). Their research indicates differences in team sizes, referrals criteria and the inclusion of care leavers and recommend an in-depth evaluation of care leavers needs, along with highlighting the drastic need for improvement of provisions. The report is useful as it contains an example of positive practice present in local authorities, providing examples to neighbouring areas.

Mental Health and Care Leavers

During the short transition period, care leavers are very likely to encounter difficulties concerning housing, finances, education, employment, and impact on their mental health (Havlicek, Garcia and Smith, 2013; Häggman-Laitila, Saloekkilä and Karki, 2020). Typically, children enter the care system due to abuse and neglect (Courtney, Valentine and Skemer, 2019), where they are more likely to have encountered Adverse Childhood Experiences (ACEs), subsequently having a detrimental affect later in life (Simkiss, 2019). Therefore, it is not uncommon to learn that care leavers are perceived as extremely vulnerable (Oakley, Miscampbell and Gregorian, 2018). A Barnardo's report (2017) discovered that 46% of care leavers displayed mental health needs in the opinion of their personal advisor, and one in four care leavers reported a mental health crisis since transitioning to independence. Further findings indicate 65% of care leavers with mental health needs were not receiving adequate help. Conclusions from the report suggest insufficient knowledge among professionals, lack of effective services, resulting in a substantial number of unmet needs. After reviewing the data, Barnardo's (2017) suggest several changes on a local level will help initiate a positive change. Their ideas include incorporating mental health workers into a care leavers support network, along with creating services specific to their needs.

Likewise, investigating care leaver provisions and mental health outcomes internationally is crucial in delivering a high level of services. Stein and Dumaret (2011) compared the mental health of care leavers in England and France. Findings show a higher probability of mental health problems when ageing out of care in comparison to the general population. Strahl et al's (2020) findings support this as care leavers across the world reported difficulties concerning their mental health. Crane, Kaur and Burton (2014) emphasised the importance of collaboration between relevant agencies when addressing a care leavers mental health issue in Australia. International research focusing on care leavers is limited rousing SOS Children's Villages (2018) to conduct a report, investigating how care leavers from 12 countries cope with challenges, with findings highlighting the importance of extended support after the care leavers 18th birthday.

Returning the focus back to the UK, Young (2020) reported a deterioration in care leavers mental health due to the coronavirus lockdowns. Care leavers reported a decline in their mood, self-harming and feeling isolated. Who Cares Scotland (2022) found 70% of participants across 28 local authorities reported having no access to mental health services along with further training for professionals. All participants felt that their experiences during the transition out of the care system had negatively impacted their mental health, and they lacked the necessary support. Ofsted (2022) found most care leavers felt isolated, lacked knowledge in where to receive mental health support and had no plans made to support their mental health during the transition period. One care leaver stated they had been ignored by professionals when asking for support with their mental health. Furthermore, the transition from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) was reported to be insufficient. The difficult transitional period from CAMHS to AMHS is supported by previous research (Broad et al, 2017; Hill, Wilde and Tickle, 2019). Young Minds (2020) support the previous point of disparities between councils as different areas provide different levels of transitional support.

Rationale and aims of the study

The aim of this study, therefore, is to highlight the experiences of young adult care leavers and identify the need for improvements to current policy and provisions. Specifically, we are interested in minimising poor mental health outcomes in young adults in their personal journey from leaving care, to a life of independence. In the following section we provide a review of the literature, we present five themes and one overarching theme, that emerged from the analysis. We further discuss the findings in relation to care leavers, mental health, and current provisions, leading to implications for changes to current policy and practice.

Methods

Literature reviews were undertaken between [June 2021 and August 2021]. Following recommendations from Dundar and Fleeman (2017) and LJMU Discover, seven electronic databases (CINAHL, Medline, Child Development and Adolescent Studies, LJMU Discover, PsychINFO, ProQuest Central and Web of Science) were searched for relevant literature. The population chosen consists of young adults who can also be referred to as adolescents, adults, young persons, and juvenile. The same can be said for terminology concerning adults that have been in care, who are formally referred to as a care leaver, but other terminology includes looked after children or children in care when referring to the individual as a minor still in the care system. The search syntax contained Boolean operators and a wildcard to ensure a successful search. Each individual search was combined using 'OR' as the Boolean operator. Then when the overall search was conducted 'AND' was used to generate the finalised list of literature to review (See table 1). Aside from database searches, manual searches and examining reference lists appeared to be very useful. Despite being rather time consuming, the alternative approaches seemed important as it reduces the risk of missing suitable literature due to terminology disparities. The results produced so far, highlighted Mike Stein and Emily Munro to be an expert within the field of care leavers and mental health, therefore a specified search on the LJMU Discover was deemed necessary.

Table 1- Search syntax

| Database | Interface | Syntax |
|---|------------------|---|
| <i>CINAHL</i> | EBSCOhost | ((TI ("mental health" OR "mental illness" OR "wellbeing") OR AB ("mental health" OR "mental illness" OR "wellbeing")) AND (TI ("looked after children" OR "care experienced" OR "care leaver") OR AB ("looked after children" OR "care experienced" OR "care leaver")) AND (TI ("provision*" OR "polic*") OR AB ("provision*" OR "polic*")) |
| <i>Medline</i> | EBSCOhost | ((TI ("mental health" OR "mental illness" OR "wellbeing") OR AB ("mental health" OR "mental illness" OR "wellbeing")) AND (TI ("looked after children" OR "care experienced" OR "care leaver") OR AB ("looked after children" OR "care experienced" OR "care leaver")) AND (TI ("provision*" OR "polic*") OR AB ("provision*" OR "polic*")) |
| <i>Child Development and Adolescent Studies</i> | EBSCOhost | ((TI ("mental health" OR "mental illness" OR "wellbeing") OR AB ("mental health" OR "mental illness" OR "wellbeing")) AND (TI ("looked after children" OR "care experienced" OR "care leaver") OR AB ("looked after children" OR "care experienced" OR "care leaver")) AND (TI ("provision*" OR "polic*") OR AB ("provision*" OR "polic*")) |
| <i>LJMU Discover</i> | LJMU Discover | ((Abstract/Description ("mental health" OR "mental illness" OR "wellbeing") AND (Abstract/Description ("looked after children" OR "care experienced" OR "care leaver") AND (Abstract/Description ("provision*" OR "polic*")) |
| <i>PsycINFO</i> | ProQuest | ((TI ("mental health" OR "mental illness" OR "wellbeing") OR AB ("mental health" OR "mental illness" OR "wellbeing")) AND (TI ("looked after children" OR "care experienced" OR "care leaver") OR AB ("looked after children" OR "care experienced" OR "care leaver")) AND (TI ("provision*" OR "polic*") OR AB ("provision*" OR "polic*")) |
| <i>ProQuest Central</i> | ProQuest | ((TI ("mental health" OR "mental illness" OR "wellbeing") OR AB ("mental health" OR "mental illness" OR "wellbeing")) AND (TI ("looked after children" OR "care experienced" OR "care leaver") OR AB ("looked after children" OR "care experienced" OR "care leaver")) AND (TI ("provision*" OR "polic*") OR AB ("provision*" OR "polic*")) |
| <i>Web of Science</i> | Clarivate | ((Topic ("mental health" OR "mental illness" OR "wellbeing") AND (Topic ("looked after children" OR "care experienced" OR "care leaver") AND (Topic ("provision*" OR "polic*")) |

Scoping Review

Initially, a scoping review was conducted as they have been identified by Munn et al (2018a) to help scope a wide range of literature, identify keywords and search terms used within the field, and identify gaps in the relevant literature. Applying Arksey and O'Malley's (2005) framework, aided the development of the current research question "*Do the provisions in place affect a care leavers mental health?*". Citation chaining and Google searches were conducted to discover grey literature including Government Acts and Local Authority provisions. Following the proposed steps produced a comprehensive range of relevant literature and uncovered disparities surrounding key word definitions. Failing to acknowledge disparities could have led to identifying irrelevant literature or a lack of literature. The scoping review produced a significant amount of relevant literature, equipping the author to progress onto the next stage of the systematic review. Performing a scoping review helped determine which mental illnesses would be included, as there are a wide range of mental health disorders. Findings identified a manageable number of studies focusing on mental health in its entirety, rather than independent disorders.

Inclusion and Exclusion Criteria

Amir-Behghadami and Janati (2020) emphasise the importance of carefully composing an inclusion and exclusion criteria to ensure significant levels of reliability and homogeneity. As suggested by Munn et al (2018b), the PEO framework was employed to help develop an inclusion exclusion criterion (See Table 2).

Table 2 – PEO Summary

| | |
|-------------------|---|
| Population | Young adults who are currently leaving or have left the care system and professionals guiding them through the transition |
| Exposure | Provisions put in place to aid an individual's transition to independence |
| Outcome | The effect on a care leavers mental health |

Studies were included if they: a) have been published within the last 15 years (2006-present); b) international studies; c) include participants under 18 (as care leavers can be as young as 16) or leaving care professionals; d) include any provision that is aimed at aiding a care leaver; e) qualitative or mixed method studies and; f) are written in English or other languages translated to English, subsequently reducing risk of language bias (Cherry and Dickson, 2017). Furthermore, the inclusion of care leaver professionals provides insight into the legal aspect of a care leavers transition which is important to understand in great depth. Provisions included in the current review can focus on one aspect of a care leavers transition or aid the transition holistically. As well, the inclusion of both single focused provisions and multi-focused provisions indicates to researchers and policy makers the strengths and limitations of each format. Identifying pros and cons are valuable when investigating implications of research on policy and practice. Studies were excluded if they: a) solely focused on children currently in care; b) quantitative and c) focus on the criminalisation of care leavers. Qualitative data according to Sutton and Austin (2015) allows for the researcher to gain

valuable insight. Due to the nature of a care leavers transition it is crucial to listen to and understand their thoughts, feelings, and experiences. Therefore, it is not surprising to the researcher that the studies included in the current review have employed a phenomenological approach. Learning about care leavers is essential as their experiences are rare and indescribable to the general population. Ziakas and Boukas (2014) support researchers (Grossoehme, 2014; Renjith et al., 2021) in criticising the phenomenological approach for relying on a participant's interpretation of their experiences. Relying on the participants perceptions limits the studies ability to generalise its findings, subsequently producing poorer levels of external validity. However, the author aims to identify phenomena rather than deliver inferences, therefore confidently including the phenomenological approach. Furthermore, Sims-Schouten and Hayden (2017) identify a gap in the literature for further qualitative research to match the vast amount of quantitative research. It is also important to point out that unlike research of a similar nature (Côté et al, 2018), the current review does not require participants to have been in care for a certain time. Disregarding time spent in care is important as all transitions to independence are challenging, therefore necessary to investigate and understand.

The application of an inclusion/exclusion criteria reduces personal bias of the researcher (Butler, Hall and Copnell, 2016) helping to produce a robust review, which is essential as only one author was involved in initial screening results. To further ensure a reduction in bias, titles and abstracts were screened twice several weeks apart, along with a second screening of full texts. Another screening allowed for any disagreements to be considered and settled. The author was interested in studies that focused on the primary outcome, which was a care leavers mental health, because of the provisions in place when transitioning out of care. Secondary outcomes included employment, accommodation, education, training, relationships, and finances. Recording secondary outcomes was important as the scoping review strongly indicated provisions can have a linear and nonlinear effect on a care leavers mental health (Melkman, 2017; Power and Raphael, 2017). For example, provisions failing to successfully address homelessness, subsequently leads to a negative effect on the care leavers mental health (Kelly et al, 2016; Stephenson, 2020).

Screening and Selection

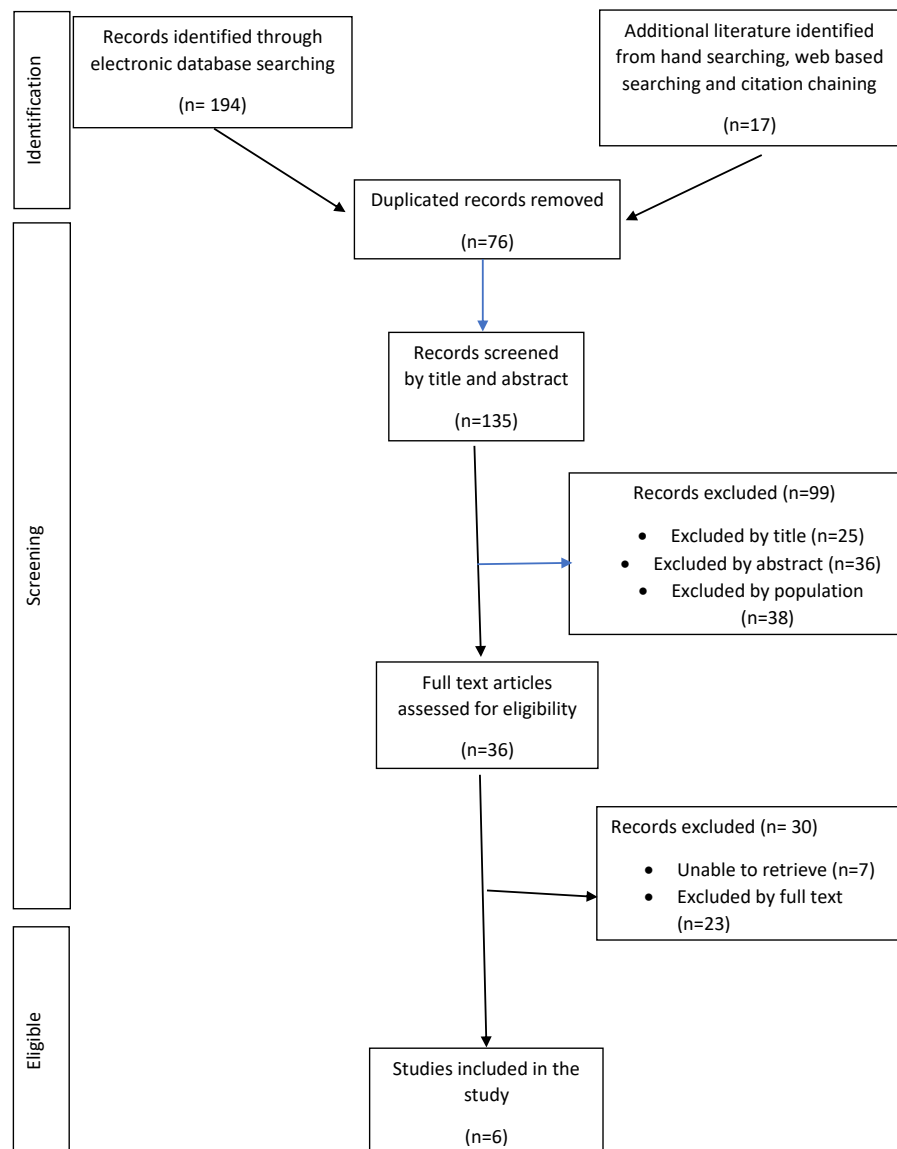
Firstly, all references were assessed, and duplicated results were manually removed and recorded. Following the steps recommended by Levett (2021), an initial screening stage was conducted by applying the inclusion/exclusion criteria to the title and abstracts of the literature to determine the level of relevance. Any full text pieces unable to be obtained were excluded from the selection process. Each full text paper was read thoroughly, then the inclusion/exclusion criteria was applied (see table 3).

Table 3 - Screening and selection tool

| | |
|----------------|---|
| Stage 1 | Deduplicate references |
| Stage 2 | Initial screening of titles and abstracts of literature |
| Stage 3 | Gain access to full text literature of potential references |
| Stage 4 | Screen full text literature to decide eligibility for inclusion in the review |

An adaptation of the PRISMA flowchart (Page et al., 2021) illustrates the authors progression through the screening and selection stage (see figure 1).

Figure 1 - PRISMA Flowchart presenting the assessment of eligibility.



Data Extraction

The researcher manually conducted the data extraction phase then Microsoft Excel was employed to manage the data extracted. Following this, the researcher independently developed and completed the data extraction table. The finalised data extraction table was unable to identify answers for the age of participants in three studies and the gender ratio of participants in another study. After much deliberation, despite three missing answers both categories were still deemed necessary to be included within the data extraction table. To reduce errors, a second session extracting data took place several weeks later and differences were adapted and resolved.

Care leaver definition and eligibility (Child Law Advice, 2021).

| Type of care leaver | How to qualify | What they are entitled to |
|------------------------|---|---|
| Eligible Child | <ol style="list-style-type: none"> 1. Aged 16 or 17 2. Looked after by children's services for a period of 13 weeks since the age of 14 3. Currently looked after | <ol style="list-style-type: none"> 1. A Personal Advisor 2. A Needs Assessment 3. A Pathway Plan 4. Receive all the care and support they normally receive until they leave care |
| Relevant Child | <ol style="list-style-type: none"> 1. Aged 16 or 17 2. Looked after by children's services for a period of 13 weeks since the age of 14 3. Looked after for a period of time after their 16th birthday 4. No longer looked after | <ol style="list-style-type: none"> 1. A Personal Advisor 2. A Needs Assessment 3. A Pathway Plan 4. Accommodation and maintenance 5. financial support to meet education, training and employment needs |
| Former Child | <ol style="list-style-type: none"> 1. Aged between 18 and 21 OR between 18 and 25 if still in full-time education 2. Previously an eligible child and/or a relevant child | <ol style="list-style-type: none"> 1. A Personal Advisor 2. A Pathway Plan, kept under regular review 3. Assistance with employment, education and training 4. Assistance with accommodation 5. Help with living costs |
| Qualifying Care Leaver | <ol style="list-style-type: none"> 1. Aged between 16 and 21 OR between 16 and 25 if still in full-time education 2. Looked after by children's services on, or after, their 16th birthday and no longer looked after 3. Spent less than 13 weeks in care since 14th birthday, i.e., do not fulfil criteria for eligible or relevant child | <ol style="list-style-type: none"> 1. Help with living expenses and if they are in higher education they may also help with securing vacation accommodation 2. Advice and assistance from Children's Services, which may, be in cash |

Critical Appraisal

A critical appraisal was conducted after extracting the data, reducing the risk of bias (Greenhalgh and Brown, 2017). A narrative synthesis was performed as a more suitable alternative to a meta-analysis which was deemed non feasible. Conducting a textual narrative synthesis allows the researcher to detect and highlight gaps in the research. Identifying gaps in the literature is essential when dealing with a sensitive topic, such as care leavers and their transition to adulthood. Identifying research gaps also indicates flaws in policies and provisions, which is important for the current systematic review.

Ethical Considerations

The current review has the potential to influence policy and practice due to the nature of the research, therefore it is imperative ethical issues are addressed and resolved to prevent significant implications. Suri (2020) addresses ethical issues around the screening and selection process of studies eligible for the review. Developing an inappropriate screening and selection tool can lead to an increase in search bias, along with publication bias (Suri, 2020). Including bias findings in a systematic review is harmful if they are used to influence policy and practice as mentioned above. According to Suri (2020) this is due to basing policy adaptations on findings that are believed to be representative of the general population, when in fact they lack validity. Tubaro (2015) reveals ethical considerations are present from the first stage of deciding the study design through to the presentation of the findings. Offering insight into the value of secondary research, Tubaro (2015) perceives secondary research as an extremely ethical method as it guarantees greater levels of transparency, increases the value of investment plus reduces the burden of participating in research for participants. However, the benefits identified by Tubaro (2015) are only apparent if the risk of revealing sensitive data and the re-identification of participants are relatively low. There are no ethical issues to address, due to the author following protocol.

Findings

Study Selection and Characteristics

The selected studies were identified as strongly heterogeneous. The six selected studies were published between 2007-2021 (Dixon, 2007; Stepanova and Hackett, 2014; Rahamim and Mendes, 2015; Adley and Kina, 2017; Butterworth et al, 2017; Roberts et al, 2021a): providing the researcher with a wealth of data. Most studies were conducted over one session, hence the employment of a cross-sectional study design. Apart from one study, which was conducted over a 9-month period (Dixon, 2007). The data collection methods in the eligible studies were a mix between semi-structured interviews, self-completion questionnaires and focus groups. The studies that conducted interviews to collect data employed a reflexive-relational approach (Dixon, 2007; Rahamim and Mendes, 2015; Adley and Kina, 2017; Butterworth et al, 2017; Roberts et al, 2021a). Four studies were conducted in the UK (Dixon, 2007; Adley and Kina, 2017; Butterworth et al, 2017; Roberts et al, 2021a), whilst one study was carried out in Russia (Stepanova and Hackett, 2014) and the remaining study was conducted in Australia (Rahamim and Mendes, 2015). As expected, most of the studies were

UK based, as national data is required to create appropriate provisions (Dixon, 2007; Adley and Kina, 2017; Butterworth et al, 2017; Roberts et al, 2021a).

All studies used a small sample size under the value of 50, apart from one that involved 106 participants. Roberts et al's (2021a) study included 17 female participants and 4 male participants, therefore the variations between participant outcomes could be gender related. Although it is not crucial to incorporate gender ratio into a piece of research, the author acknowledges the potential for new research opportunities if included. The inclusion of different concerns presented across the six eligible studies helps emphasise the level of interconnectedness of a care leavers transition to independence (see tables 4 and 5).

Table 4 - Study characteristics table

| Author | Title | Journal | Country | Study Design |
|-------------------------------------|---|------------------------------------|----------------|---------------------|
| <i>Dixon (2007)</i> | Young people leaving care: health, well-being and outcomes | Child and Family Social Work | UK | Cohort |
| <i>Stepanova and Hackett (2014)</i> | Understanding Care Leavers in Russia: Young People's Experiences of Institutionalisation | Australian Social Work | Russia | Cross-Sectional |
| <i>Rahamim and Mendes (2015)</i> | Mental Health Supports and Young People Transitioning from Out-of-home Care in Victoria | Children Australia | Australia | Cross-Sectional |
| <i>Adley and Kina (2017)</i> | Getting behind the closed door of care leavers: understanding the role of emotional support for young people leaving care | Children and Family | UK | Cross-Sectional |
| <i>Butterworth et al (2017)</i> | Transitioning care-leavers with mental health needs: 'they set you up to fail!' | Child and Adolescent Mental Health | UK | Cross-Sectional |
| <i>Roberts et al (2021a)</i> | It's Been a Massive Struggle': Exploring the Experiences of Young People Leaving Care During COVID-19 | YOUNG | UK | Cross-Sectional |

Table 5 - Participant's characteristics table

| <i>Author</i> | <i>Number of Participants</i> | <i>Age</i> | <i>Gender</i> | <i>Specific Characteristic</i> |
|-------------------------------------|-------------------------------|-------------------------|-----------------------|--|
| <i>Dixon (2007)</i> | 106 | Not reported | Male (50) Female (56) | Left care within the last 12/15 months |
| <i>Stepanova and Hackett (2014)</i> | 45 | Not reported | Male (27) Female (18) | Care leaver for one year minimum |
| <i>Rahamim and Mendes (2015)</i> | 30 | Not reported | Male (11) Female (19) | Staff members who provide services to young people leaving |
| <i>Adley and Kina (2017)</i> | 6 | 18-21(6) | Not reported | Left care within the last 6-18 months |
| <i>Butterworth et al (2017)</i> | 12 | 18(5) 19(2) 20(4) 21(1) | Male(2) Female(10) | In the process of leaving care OR a care leaver |
| <i>Roberts et al (2021a)</i> | 21 | 17(2) 18-24(19) | Male (4) Female (17) | In the process of leaving care OR a care leaver |

Risk of Bias within Studies

The results presented in Table 6 (see table 6) indicate the eligible studies present a high level of quality therefore suitable to be included. The author was only able to answer Q6 for Adley and Kina's (2017) study. Q10 was not included in the table as it required open ended answers, therefore a narrative synthesis seemed more appropriate.

Table 6 - Results of the CASP (2018b) quality assessment tool

| | <i>Dixon (2007)</i> | <i>Stepanova and Hackett (2014)</i> | <i>Rahamim and Mendes (2015)</i> | <i>Adley and Kina (2017)</i> | <i>Butterworth et al (2017)</i> | <i>Roberts et al (2021a)</i> |
|----|---------------------|-------------------------------------|----------------------------------|------------------------------|---------------------------------|------------------------------|
| Q1 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q2 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q3 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q4 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q5 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q6 | Can't tell | Can't tell | Can't tell | Yes | Can't tell | Can't tell |
| Q7 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q8 | Yes | Yes | Yes | Yes | Yes | Yes |
| Q9 | Yes | Yes | Yes | Yes | Yes | Yes |

Applying the arbitrary score system, Dixon (2007), Stepanova and Hackett (2014), Rahamim and Mendes (2015), Butterworth et al (2017), Roberts et al (2021a) answered yes to 8 out of 9 questions, therefore achieving a high level of quality. Adley and Kina (2017) answered yes to all 9 questions, achieving a higher level of quality. In this instance, the researcher excluded question 10 as it required an open-ended answer, therefore in the wrong format to be incorporated into the results. As mentioned, 5 studies did not appear to take into consideration the relationship between the researcher and participants effectively (Dixon,

2007; Stepanova and Hackett, 2014; Rahamim and Mendes, 2015; Butterworth et al, 2017; Roberts et al, 2021a). To summarise risk of bias, none of the 6 studies were excluded due to critical appraisal.

Synthesis of Results

Performing a narrative synthesis revealed five sub-themes and one overarching theme across the eligible studies (see table 7). Whilst a small number of studies reported a limited amount of positive feedback from care leavers, all studies discovered an alarming number of negative responses and experiences. A common theme identified throughout the six studies is the research aiming to give care leavers a voice. These will now be discussed in turn. The findings section is structured around the six emergent themes, with a definition and discussion of each theme.

Table 7 - Study focus and results table

| <i>Author</i> | <i>Provisions focused on</i> | <i>Key themes</i> | <i>Outcome</i> |
|-------------------------------------|--|--|---|
| <i>Dixon (2007)</i> | Health and wellbeing provisions | Health, wellbeing and disability, Connecting health, wellbeing and outcomes after care, Responding to health and wellbeing needs | Provisions do not reflect legislative progression |
| <i>Stepanova and Hackett (2014)</i> | Provisions for all aspects of the transition | Care experiences, rapport with staff, group living, friendships | Provisions led to a sparse success |
| <i>Rahamim and Mendes (2015)</i> | Mental health provisions | Factors influencing mental health outcomes, Transition policies and challenges, Practices for improved mental health outcomes | Ineffective provisions |
| <i>Adley and Kina (2017)</i> | Emotional support | Care leavers' misperceptions of the transition process for leaving care, the complexity of accepting offers of support | Ineffective provisions |
| <i>Butterworth et al (2017)</i> | Mental health provisions | 4 superordinate themes: overarching attitudes towards the care journey, experience of social care, experience of mental health services, recommendations | Ineffective provisions |
| <i>Roberts et al (2021a)</i> | Provisions for all aspects of the transition | Routines, relationships, access to resources and services | COVID-19 exacerbating the failure of provisions |

Isolation

Stepanova and Hackett (2014) define isolation as “a lack of interaction with the outside world and lack of freedom” (p. 130). Feelings of isolation were reported in all six studies (Dixon, 2007; Stepanova and Hackett, 2014; Rahamim and Mendes, 2015; Adley and Jupp Kina, 2017; Butterworth *et al*, 2017; Roberts *et al*, 2021). Dixon (2007) reported feeling isolated has the potential to negatively affect the coping strategies of care leavers. Stepanova and Hackett (2014) identified 71% of care leavers within their study to perceive isolation within the care home due to restrictions and detachment from the real world. Rahamim and Mendes (2015) discovered care leavers were more likely to feel isolated if their transition to independence was rushed. Palmer, Norris and Kelleher (2022) found care leavers feeling isolated typically turned to inappropriate behaviour, highlighting the overarching theme of interconnectedness and interplay.

Similarly, Adley and Kina (2017) reported feelings of being alone and forgotten as policies and provisions seemed to overlook the psychological aspects of transitioning out of care. One participant revealed they felt isolated compared to their non-care peers, which was supported by two more participants who described the disparities between them and their non-care peers. Butterworth *et al* (2017) reported that care leavers felt ignored therefore isolated as they felt their safety was not a priority among professionals. Consequently, care leavers felt their mental health needs were being disregarded. Looking into the causes of isolation unlike the other eligible studies, Butterworth *et al* (2017) identified being ill-equipped for the real world leading to feeling excluded and isolated. Lastly, participants in Roberts *et al* (2021) study unsurprisingly reported feelings of isolation to be intensified during national lockdowns throughout the COVID-19 pandemic. Additionally, participants reported feeling isolated due to the closure of activities, such as the gym and social settings.

Training Given to Care Professionals and Caregivers

The lack of training staff and caregivers had received was significantly noticeable to participants and therefore a recurring theme throughout all six eligible studies (Dixon, 2007; Stepanova and Hackett, 2014; Rahamim and Mendes, 2015; Adley and Kina, 2017; Butterworth *et al*, 2017; Roberts *et al*, 2021a). Dixon (2007) suggested the implementation of both a detailed pathway plan and dedicated after-care services can help reduce the effect of ACEs on the outcome of care leavers. Butterworth *et al* (2017) suggested the consensus among participants was that a lack of understanding between professionals’ knowledge of mental health existed, a lack of specialised knowledge of children in care and care leavers when it came to the mental health services. Roberts *et al* (2021) presented similar findings, as a lack of understanding was identified among care leaver staff. Providing a deeper insight, Roberts *et al* (2021) identify and emphasise the need for highly skilled professionals as effective support is required even more during the COVID-19 pandemic. Recent research (Young Person’s Benchmarking Forum, 2021; Munro *et al*, 2022) supports the need for

improved mental health support, from all local authorities, to help care leavers deal with the effects of COVID-19. Fostering UK (2021) found lockdowns and restrictions caused feelings of isolation subsequently affecting their mental health thus highlights how each aspect of a care leavers transition impacts another. For example, the repercussions of COVID-19 led to feelings of isolation which in effect hinders mental health. Therefore, requiring greater levels of collaboration and demonstrating the overarching theme of interconnectedness and interplay.

Furthermore, Dixon (2007) reported care staff to feel ill-equipped when dealing with complex cases such as acute mental health cases. Engaging care leavers in regular and specialist support appeared difficult indicating a need for further training. Young Person's Benchmarking Forum (2021) found variations in mental health training along with gaps in knowledge and understanding. Dealing with sensitive and unique situations requires advanced training and extensive knowledge if it is to be delivered correctly and effectively. As a result, Become (2022) offers affordable and flexible training to professionals who work alongside care leavers. Similarly, Frontline (2022) offer a two-year training programme to fully equip individuals with the knowledge and experience needed to effectively support care leavers. The need for additional training programmes is supported by research (Sulimani-Aidan et al, 2021; Palmer, Norris and Kelleher, 2022) who discovered the importance of effective professional support during the transition period.

Rahamim and Mendes (2015) discovered a high turnover of staff within the social sector which negatively affected rapport. Their findings also criticised the level of responsibility care staff take as care leavers feel a lot more can be done on the professionals' behalf to maintain communication. Fortune and Smith (2021) found most personal advisors had unmanageable workloads which helps to explain why care leavers felt neglected by their personal advisor. Furthermore, an unmanageable workload supports calls for increased funding and jobs.

Adley and Kina (2017) discovered participants felt a lack of trust in their care worker and the system in general. To build trust and rapport between care leavers and professionals Braden, Goddard and Grahem (2017) propose that professionals require training specifically on attachment and trauma theory, effects of living in care and mental health needs. Adopting their proposals would help to develop relationships.

Collaboration

Collaboration refers to agencies, care leavers and care givers working together (Rahamim and Mendes, 2015; Butterworth et al, 2017) to meet a care leaver needs. The theme of collaboration between services along with collaboration between care leavers and professionals was displayed in three of the eligible studies (Dixon, 2007; Rahamim and Mendes, 2015; Butterworth et al, 2017). Dixon (2007) identified examples of collaboration between leaving care teams and services such as GP and counselling services; however, the collaboration between agencies appears to be weak and ineffective as collaboration with health professionals was not as common as housing services. Following this, research recommendations included closer collaboration to develop appropriate support. Focusing on the transition from CAMHS to AMHS, Dixon (2007) believes there is a lack of collaboration between the two services, consequently having a negative effect on a care leavers transition.

As a result, some care leavers face two daunting and under supported transitions at the same time. Paul et al (2014) found transitional care between mental health services to be irregular and suggest services need to be age appropriate and to still involve parents or guardians if desired. Furthermore, an overlap of CAMHS and AMHS from 16 years old to 18 years old would effectively prepare a service user for adult catered services is supported by research (Mulvale et al ,2015; Bevan Britain, 2018).

Similarly, participants in Rahamim and Mendes' (2015) study stressed the significance of services working in a collaborative manner. Participants believed the inclusion of multiple services when catering to their mental health needs, indicating the importance of improved levels in collaboration. In addition to collaboration, Rahamim and Mendes (2015) reveal the need for increasing communication between services to relieve care leavers from frequently repeating their traumatic background. Butterworth et al (2017) identified examples of insufficient collaboration between CAMHS and AMHS. The AMHS was reported to lack communication when working with care leavers, resulting in a great level of uncertainty. Kaasinen, Saloekkilä and Häggman-Laitila (2021) support the need for improved levels of collaboration as they present positive outcomes found in Finland. Following close collaboration between care leavers and their aftercare staff, care leavers felt confident in asking for help, involved, and genuinely cared for by professionals.

All six studies explicitly or inexplicitly highlight the importance of agencies collaborating and involving the care leaver to achieve positive outcomes. The six studies also provide multiple examples of what happens when agencies and professionals do not effectively collaborate thus affecting a care leavers transition.

Lack of Preparation and Support

A lack of preparation and support was recognised in all studies apart from Stepanova and Hackett (2014). Dixon (2007) found only 20% of participants had received support towards their health needs and only 13% towards their mental health needs. A lack of specialised care suggests provisions are not fit for purpose. Dixon (2007) identified a further criticism of CAMHS as participants mentioned waiting lists, inadequate referral routes and impractical thresholds leading to a lack of immediate care. Rahamim and Mendes (2015) identified a need for extended support due to inadequacy. Their participants identified a lack of specialised mental health services along with a shortage of provisions on a systematic level. Adley and Kina (2017) reported a lack of preparation among participants as they felt numerous responsibilities in adult life were left unmentioned. Feeling unprepared to live independently resulted in increased anxiety and multiple implications. Likewise, Butterworth et al (2017) uncovered a lack of life skills among care leavers, to whom wished for practical training, such as budgeting and organising bill payments, prior to their transition. Roberts et al (2021) identified a lack of support despite the growth in demand during the COVID-19 pandemic:

“[Support is] non-existent as usual” (Roberts et al, 2021a, p.10) (Care leaver, unnamed).

Another participant in Roberts et al (2021) study reported a lack of emotional and practical support, similar to findings mentioned by Butterworth et al (2017). Although not directly linked to mental health, this theme strongly displays the interconnectedness and interplay

between aspects of a care leavers transition and how they affect one's mental health, plus the importance of both emotional and practical support. For example, increased knowledge concerning budgeting (Butterworth et al, 2017) would improve a care leavers money management skill, ultimately reducing their overall stress and anxiety. Likewise, improving care leavers independent living skills (Rahamim and Mendes, 2015) reduces feelings of anxiety and failure, therefore improving their mental health and self-belief.

Access and Gaps in Provisions

Butterworth et al (2017) describe accessing provisions as providing services that are flexible and available to those in need. According to Rahamim and Mendes (2015) gaps in provisions refer to the gap between care leavers requiring the service and the services eligibility criteria. Access to support and gaps in provisions occurred in four eligible studies (Dixon, 2007; Rahamim and Mendes, 2015; Butterworth et al, 2017; Roberts et al, 2021). Dixon (2007) discovered 20% of participants had encountered obstacles in accessing support services and provisions. Rahamim and Mendes (2015) identified barriers when accessing mental health services and reported a gap between CAMHS eligibility and AMHS eligibility. Differences in eligibility between the two services creates a gap for individuals to fall through. Hill, Wilde and Tickle (2019) state the difference in eligibility between services is due to AMHS employing a higher threshold in comparison to CAMHS subsequently excluding many care leavers once they turn 18. Butterworth et al (2017) reported access to provisions only became available via a crisis pathway, indicating support is provided too late. Roberts et al (2021) reported limited access to all aspects of a participant's life due to the national lockdowns in place. Following guidelines and inferring from Roberts et al (2021) study, provisions were postponed or temporarily moved online.

Interconnectedness and Interplay

Interconnectedness refers to the link between each aspect of a care leavers transition, plus the link between the transition period and a care leavers mental health. Whereas interplay refers to the affect each aspect can have on another aspect within the transition; along with the ability for a care leavers mental health to affect their transitions, as well as a care leavers transition to affect their mental health. The main overarching theme identified throughout all six of the eligible studies is the interconnectedness of aspects within a care leavers transition, along with the interplay between mental health and the transition period. Dixon's (2007) key finding was the interconnectedness of aspects within a care leavers transition; for example, homelessness may lead to unemployment while unemployment can lead to homelessness. Dixon (2007) suggests a direct link between mental health and the transition period as issues reported could be a result of the stressful transitional period. However, negative outcomes such as unemployment and financial problems are negatively linked to mental health (Dixon, 2007) indicating to the current researcher an indirect link between mental health and transitioning.

Staff in Rahamim and Mendes (2015) study reported unmet mental health needs as a strong indicator towards an unsuccessful transition into adulthood. One care leaver who reported feeling isolated found it difficult to ask for help (Adley and Kina, 2017), resulting in their

problems developing. Another example is the experience of one participant in Dixon (2007) study who blamed unemployment and inadequate housing for her frequent dwelling on her past. Dixon (2007) suggests issues such as financial difficulties and feeling isolated have the potential to negatively affect a care leavers mental health and coping mechanisms. Roberts et al (2021) reported the consequences of the national lockdown which in turn have the ability to negatively affect a care leavers transition. For example, national lockdowns increased feelings of isolation, plus creating numerous difficulties surrounding the access of support; consequently, affecting the transition from care to independence.

The findings of this study suggest a care leavers transition could affect their mental health, as well as a care leavers mental health affecting their transition to independence. Ultimately, this observation indicates the essence of interplay between mental health and the transition period out of care.

Discussion

The findings in the current review highlight five themes and one overarching theme identifying the multifaceted link between mental health and transitioning to independence. Furthermore, the findings illustrate the interplay between both factors. The five themes identified in a care leavers transition are isolation, training given to care professionals and caregivers, collaboration, lack of preparation and support and access and gaps in provisions. Collectively the themes aid to emphasise the multifaceted nature of the transition process to independence and its relationship with mental health. In particular, the findings help to illustrate the repercussions of inadequate provisions, alongside the lack of accessibility to provisions on a care leavers mental health.

The identification of isolation among care leavers is supported by Hughes (2019) as 20% of care leavers reported harbouring feelings of loneliness. Hughes (2019) reveals the restrictions care leavers must obey during their time in care, subsequently making a small number of friends during their adolescent years. The justification behind strict rules surrounding out of home activities such as sleepovers and days out with friend comes from Together for Children (2017). They state the care workers role is to ensure the child is always safe from harm. An activity as simple as a sleepover is important in a child's life to develop social skills and maintain friendships and more importantly to face the same opportunities as their non-care peers (States of Guernsey, 2018). Discouraging the development of friendships and skills will leave an individual socially unequipped later in life adding to their anxiety. Research (Binder, Roberts and Sutcliffe, 2012; Blieszner, Ogletree and Adams, 2019) supports the need for individuals to maintain friendships as they provide life satisfaction, support and wellbeing.

Further supportive findings come from Baker (2019) who identified many participants had experienced feelings of isolation since leaving the care home. Bengtsson, Sjöblom and Öberg (2020) offer an alternative perspective as their findings reflect a slightly better outcome. One participant reported moderate feelings of isolation but claimed they were manageable and his desire to succeed helped him remain positive. However, research reporting a low percentage of care leavers feeling isolated is marginal (Sulimani-Aidan, 2014; National Youth Advocacy Service, 2020; Rumsey and Limem, 2021). Further Government funding into

schemes such as 'Stay Put' and 'Stay Close' (GOV.UK, 2021) provide extra time for care leavers to expand their support networks. The extra time in foster care is valuable as care leavers can develop practical skills essential for living in the real world. As mentioned, the interplay between aspects of their transition means additional skills can help care leavers not feel isolated or forgotten, similar to the theme identified in the current review. It is encouraging to see Government funding is following research trends (DfE, Department of Work (DfW) and HM Revenue and Customs (HMRC), 2013; Liabo et al, 2016).

Another theme presented in the findings is the lack of training among caregivers and care staff. The findings highlight the interlinked aspect of a care leavers transition, as lack of training can have a non-linear effect on how isolated a care leaver feels. Rice, Mullineux and Killick (2020) support the need for improvement in staff and caregiver training as their findings reveal the importance of "trust, continuity and reciprocity" (p.1). Their findings (Rice, Mullineux and Killick's, 2020) match the current view along with Moore et al (2018) and participants in Ridley et al (2013) study revealed the importance of reliable relationships. Focusing on carers; Everson-Hock et al (2011) present findings supporting the extension of training courses as they appear to have a beneficial effect. Armstrong-Heimsoth et al (2020) identifies rapport and respect as essential aspects of a care leaving support team. Offering an alternative perspective, Become (2020) reported 87% of children and young adults left their session feeling prepared and positive with the session delivered. Despite an apparent slight improvement, the current findings still emphasise a need for care staff and carers to engage in further training to effectively support care leavers. Comparing findings from the studies above provide a strong argument for the UK Government to rethink their current training programmes and qualification requirements.

Collaboration was identified as a recurring theme throughout and an important aspect of a care leavers transition. According to Nottinghamshire County Council (2018), the collaboration between different sectors help to develop a strong foundation for care leavers transitioning to independence. The National Institute for Health Care and Excellence (NICE, 2013) view collaboration between organisations as essential for the success of provisions. Robey, Aylward and Pickles (2017) praise the collaboration between multiple agencies, subsequently expanding a care leavers social network. Similarly, after reviewing their findings, Sims-Schouten and Hayden (2017) recommend greater collaborations between care staff and agencies in order to increase the accessibility of provisions. Presenting a slightly different perspective, Kaasinen, Saloekkilä and Häggman-Laitila (2021) support the incorporation of person-centred care approaches within provisions, as their findings show a collaborative relationship between professionals and care leavers result in positive outcomes. Unlike most of the research concerning collaboration, Murray and Humphreys (2012) findings are valuable to the field, as they demonstrate the positive outcome when services and organisations come together to deliver provisions. Identifying collaboration as a reoccurring theme is helpful when creating and revising future provisions.

Lack of preparation and support surrounding the transition to independence was another theme identified within the current systematic review. Simply, all provisions targeted at care leavers aim to prepare and support them through their transition to independence, therefore

it is surprising to find reports of inadequate preparation and support. Similar to current findings, Sulimani-Aidan (2014) discovered 33% of participants received no support, whereas the Prince's Trust (2017) discovered a mixture of positive and negative feedback in regard to the level of support care leavers have received. One participant reported a desire to receive less support and more independence. The findings from the Prince's Trust (2017) are key as they highlight the importance of tailoring a care leavers transition to their needs rather than employing a system wide approach. Hyde and Atkinson's (2019) findings help to support the multifaceted nature of a care leavers transition, along with emphasising the large essence of interplay between all factors. Identifying the interconnectedness between factors within the transition is important when describing the relationship between a care leavers mental health and transition from care.

A lack of access to provisions further isolates the care leaver at a crucial time, subsequently having a detrimental effect on their mental health. Similarly, care leavers who fall through the gaps in provisions feel forgotten and unsupported. Comparing the findings from Braden, Goddard and Grahem (2017) with Dewar and Goodman (2014) once again indicate policy makers are disregarding the evidence provided, resulting in inadequate provisions. Unlike Roberts et al (2021a), Roberts et al (2021b) reported positive findings as several participants revealed they had received additional support during COVID-19. Yet, regional disparities within provisions such as funding and resources (Coram Voice, 2020) offers a potential explanation for the identification of varied findings across studies. Comparable to the current review, Strahl et al (2021) study comparing policies, legislations, and provisions globally, revealed participants across multiple countries received little to no support.

The overarching theme of interconnectedness and interplay was identified across all six eligible studies. Identifying the interconnectedness between all aspects of a care leavers transition and the interplay between a care leavers mental health and overall transition outcome is vital if improvements are to be achieved. The current review helps to emphasise the link between factors and illustrate the non-linear effect they can potentially have. For example, receiving a lack of support concerning housing could lead to homelessness, or a lack of training in transferable skills could prolong unemployment, therefore having a detrimental effect on a care leavers mental health. The interconnectedness of the transition period highlights the importance of system wide improvements. Emphasising the essence of interplay between mental health and transitioning further supports the need for outstanding provisions, as weaknesses in one area have the potential to affect a care leavers transition overall. Hiles et al (2013) and Harder et al (2020) present similar findings to the current review and support the idea of areas within a care leavers transition strongly interconnecting.

Limitations and Future Directions

A limitation of the review is the selection of key words which may have restricted the results produced during the main search, subsequently affecting the amount of relevant data extracted and synthesised. For example, selecting the term "provisions" rather than "services" or "supports" may have limited results. Finally, less emphasis on grey literature and more on empirical studies reduces the probability of discovering null or negative findings, therefore increasing the chances of publication bias (Paez, 2017). A small number of eligible

studies increases the risk of not making important comparisons prompting for a wider search to be conducted in the future. An unequal ratio between national and international research in the systematic review restricts fresh perspectives and strategies concerning the mental health of care leavers. As the review emphasises the interconnectedness and interplay between aspects, some may feel the literature does not directly answer the research question and objectives.

Firstly, results from the review provide recommendations for future research questions. Findings indicate the need for policies to acknowledge the benefits of prolonging a care leavers transition to independence and alter policies in place for local authorities to abide by. Policies need to employ a greater level of collaboration between services on a local and national level, as findings illustrate the benefits of multidisciplinary support networks. Concentrating on practice, the findings strongly suggest and support the inclusion of person-centred care within provisions. Tailoring a care leavers support is essential as the nature of each transition to independence is unique. Secondly, provision providers need to realise the significant emotional and psychological elements in transitioning to independence. Finally, provisions need to be made available to all care leavers throughout the UK, to reduce regional disparities and treat all care leavers equally.

Following on from gaps in the current findings, an investigation into regional disparities across provisions aimed at assisting care leavers transitioning to independence would produce useful information for the field and policy makers. Furthermore, solely researching the level of interconnectedness between aspects of a transition to adulthood would help policy makers understand the importance of delivering all provisions to an exceptional standard as a weakness in one may cause issues elsewhere. Although current research addresses the essence of interplay between mental health and transitioning, further research is required to help build a supporting argument for adaptations and improvements in policies and practice. Acting on limitations of the current review, employing a wider range of different search terms may produce more suitable literature compared to the results produced in the current review; therefore, presenting more accurate and valuable findings. Finally, to truly understand the magnitude of the flaws surrounding the provisions in place to help a care leaver within the UK, future research may benefit from excluding international studies. The focus on data and studies within the UK helps to delve deeper into smaller local authorities along with leading cities.

Conclusion

Overall, five themes were identified by the researcher along with one overarching theme present throughout a care leavers transition to independence. Themes of isolation, training for care professionals and caregivers, collaboration, lack of preparation and support and access and gaps in provisions were identified. As a result, the researcher identified the multifaceted link between mental health and transitioning to independence. Exploring the provisions in place for care leavers indicated a lack of specialised services, along with reports of inadequacy. Looking into aspects of a care leavers transition in detail illustrated the interconnectedness nature of their journey to independence. However, most findings present negative outcomes regarding a care leavers mental health and transition. Therefore,

indicating the ineffectiveness of current provisions in aiding a care leavers transition and improving their mental health. Comparing the current findings to previous research helps to illustrate a typical transition and their outcomes which emphasised to the authors the unique nature of each care leavers transition to independence. Identifying difficulties accessing provisions and gaps in thresholds and eligibility, helps to recognise gaps in Government policies. Participants from the eligible studies mainly relayed negative experiences of the provisions they had participated in, consequently having a detrimental effect on their mental health. The findings uncovered a magnitude of flaws present within current policies and provisions and reveal the harsh reality care leavers face and highlight the inadequacies surrounding them.

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