



## Care leavers' views about transition: a literature review.

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**Care leavers' views about transition: a literature review.**

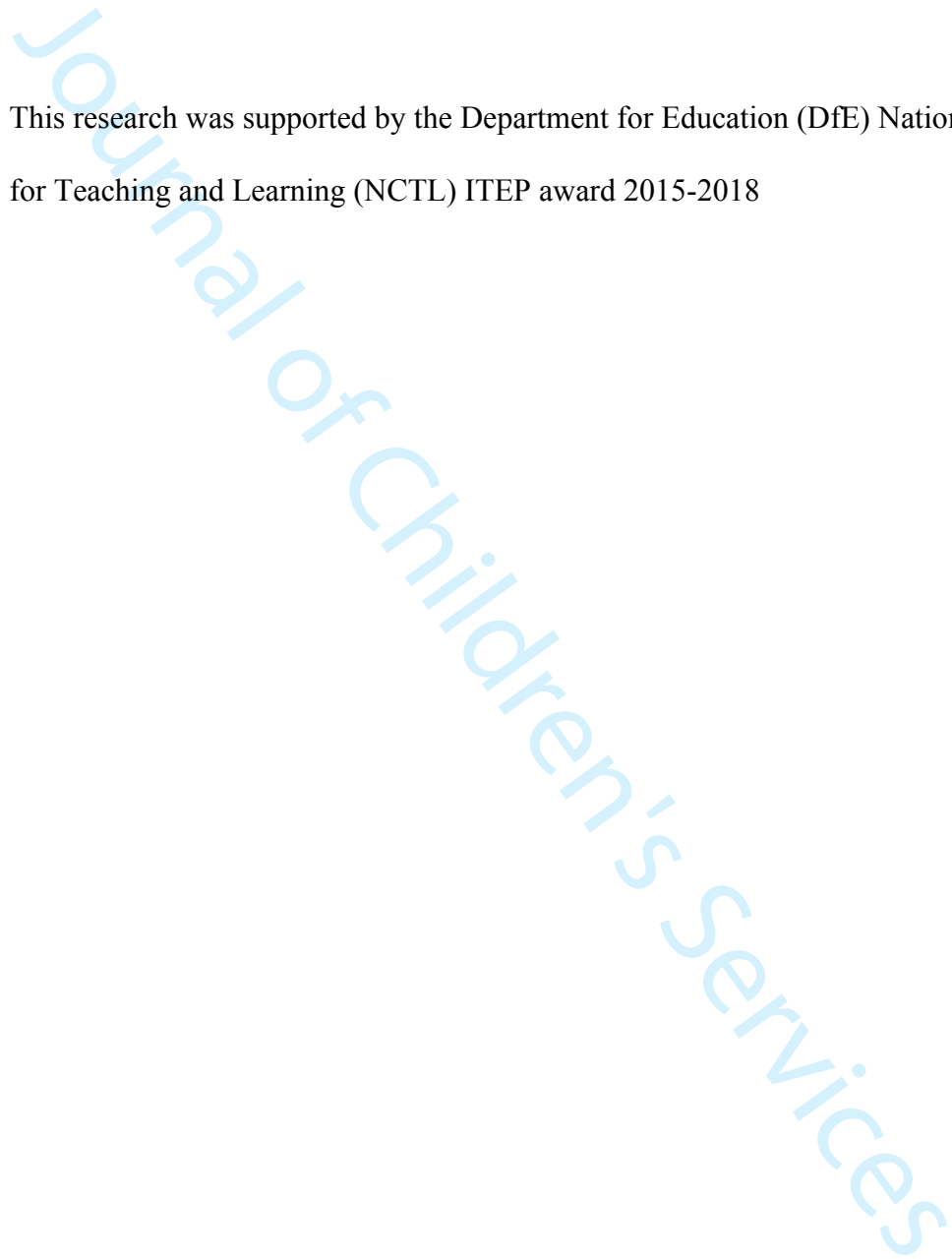
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**Care leavers' views about transition: a literature review**

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## Abstract

**Purpose** – Considerable attention has been given to the vulnerability of young people leaving care in the United Kingdom (UK) in their transition to adulthood. To date, however, there has been limited focus on the perceptions of care leavers about what factors enable and inhibit effective practice.

**Design/methodology/approach** – This systematic literature review sought to elicit the views of UK care leavers in identifying barriers and facilitators to the process of transition to adulthood. Qualitative studies in the care-leaving field were identified, of which seven met inclusion criteria and were included in the final synthesis.

**Findings** – The findings yielded a range of facilitators, including authentic and consistent relationships with those acting in the role of corporate parent; and flexible systems, which accommodated personal readiness for leaving care. Barriers included insufficient recognition of, and a lack of support for, the psychological dimensions of transition, exacerbated by insufficient support networks.

**Research limitations/implications** – This literature search yielded seven qualitative papers, some with small sample sizes, meaning that the findings may not be representative of a wider population or directly relevant to international contexts.

**Practical implications** – Suggestions for enhancing the transition process are suggested. In particular, the potential usefulness of an 'interdependence' transition approach for UK care leavers is proposed.

**Originality/Value** – This study analyses qualitative data, thus constituting a response to policy calls for care leaver views to be central to transition processes.

**Key Words** Barriers, Care leavers, Facilitators, Leaving care, Transition to adulthood

## Introduction

Previous research has indicated that UK care leavers, on entering adulthood, are at heightened risk of homelessness, custody, sexual exploitation, becoming NEET (Not in Education, Employment or Training), mental health issues, social exclusion, and death in early adulthood (Greenwood, 2017; Stein, 2005; The Centre for Social Justice, 2015). Furthermore, low participation rates for care leavers in education and training equate to reduced opportunity when entering an overburdened youth labour market (Jackson & Cameron, 2012; Stein, 2005). Despite this, a small amount of research indicates that some care leavers go on to further and higher education, which brings them enhanced employment prospects (Jackson & Martin, 2002; Harrison, 2017). Since the Children (Leaving Care) Act of 2000, there have been positive shifts in the legislative landscape to extend statutory protection to 25 years, an acknowledgement that care leavers are often catapulted into “instant adulthood” without the necessary skill set and support network (Stein, 2008, p. 41). Nevertheless, evidence suggests that practice related to transition to adulthood remains largely age, rather than needs-driven (Hiles et al., 2014; Munro, et al., 2011). With many care leavers remaining unprepared for adulthood, poor outcomes for this vulnerable but by no means homogenous group have persisted (Stein, 2006; The Centre for Social Justice, 2015).

The changing pattern of youth transitions can be seen to further disadvantage care leavers' transition to adulthood. Pathways to adulthood have become increasingly complex since the 1980s (Furlong, Cartmel, Biggart, Sweeting, & West, 2003). The emergence of a so-called ‘boomerang’ generation, a media-coined term capturing a state of fluctuating between dependence and independence, is characterised by increased youth dependency on family; and slower and more gradual transitions to adulthood (Goldfarb, 2014). Recent statistics suggested many young people are now living with

1  
2  
3 their parents into their twenties and thirties (The Office for National Statistics, 2016).  
4  
5 By contrast, care leavers do not have the option of retreating to a familial safety net,  
6  
7 having been denied the secure base that provides an emotional springboard into  
8  
9 independence (Stein, 2004). Unlike their peers, care leavers are often required to  
10  
11 navigate simultaneous changes at transition to adulthood, sometimes having to manage  
12  
13 a number of concurrent life events (e.g. leaving care, managing a tenancy, entering the  
14  
15 workplace etc.). Stein (2008) describes the “compressed and accelerated transitions to  
16  
17 adulthood” (p. 39) faced by care leavers, who can often be denied sufficient time and  
18  
19 support to navigate and adjust to these multiple transitions.  
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### 26 *Barriers and facilitators*

27  
28 Recent policy advisory documents and governmental reports have emphasised potential  
29  
30 factors influencing and affecting effective transition practice. In terms of issues, one  
31  
32 barrier reported by care leavers is the inadequacy of pathway planning (Munro et al.,  
33  
34 2011; The Centre for Social Justice, 2015, 2016). A pathway plan is a statutory  
35  
36 document that follows the care leaver through the transition process, documenting their  
37  
38 needs across multiple domains (Department for Education [DfE], 2010). Another is the  
39  
40 perceived shortage of suitable independent or semi-independent living arrangements  
41  
42 (The Centre for Social Justice, 2014; DfE, 2017). This concern has also been echoed  
43  
44 within literature, with access and availability varying across local authorities, perhaps  
45  
46 due to the level of interworking between leaving care and housing teams (Dixon et al.,  
47  
48 2006; Hiles et al., 2014). Many care leavers report the abrupt loss of a support network  
49  
50 and subsequent onset of loneliness or depression, perhaps due to a lack of support to  
51  
52 address their emotional needs on leaving care (House of Commons Education  
53  
54 Committee, 2016; The Centre for Social Justice, 2015). A lack of input around practical  
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3 issues such as budgeting advice and cooking is another reported barrier in the transition  
4  
5 to independent living (Harris, 2009; The Centre for Social Justice, 2013).  
6

7  
8 Conversely, the Right2BeCared4 report (Munro et al., 2011) identified  
9  
10 supportive and consistent relationships with professionals including social workers and  
11  
12 involvement in decision-making processes as facilitative. Care leavers valued the  
13  
14 process of preparing their pathway plan, when reflective of their current circumstances  
15  
16 and goals. Flexible and available support, which could be readily accessed at any stage  
17  
18 of the transition process, was valued. A report involving discussion groups with 88 care  
19  
20 leavers highlighted further facilitators (Ofsted, 2012). One third of participants reported  
21  
22 that issues could have been ameliorated via additional budgeting advice, easier access to  
23  
24 important documents (e.g. passports), and availability of emotional support. A small  
25  
26 number reported that continued contact with foster carers helped their transition to  
27  
28 adulthood, providing an ongoing social network.  
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### 35 *Rationale and aims of the current study*

36  
37 A key strand to recent legislative changes has been the call for increased self-advocacy  
38  
39 for care leavers when planning for transition (Stein, 2008). The Care Leavers  
40  
41 Regulations (DfE, 2010) as well as guidance from The United Nations Convention on  
42  
43 the Rights of the Child (General Assembly of the United Nations, 2009) advocated that  
44  
45 care leavers should have greater choice and control when planning for transition to  
46  
47 adulthood. Recent evidence, however, has suggested that care leavers can be peripheral  
48  
49 to preparing for adulthood processes (Dixon et al., 2006; Munro et al., 2011). Moreover,  
50  
51 the lack of qualitative studies conducted with care leavers in the UK has made it  
52  
53 difficult to identify what care leavers perceive to be barriers or facilitators to the  
54  
55 transition process (Parry & Weatherhead, 2014). This current literature review responds  
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3 to this participation agenda by focusing on care leavers' perspectives about barriers and  
4  
5 facilitators to successful transition to adulthood.  
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## 10 **Method**

### 11 *Search strategy*

12  
13 The study was focused on a single country (the UK), as it was envisaged that it would  
14  
15 be difficult to draw conclusions across different countries, given their diverse contexts  
16  
17 and care systems. An extensive, systematic search of the following electronic databases  
18  
19 was carried out: PsycINFO, Education Resources Information Centre (ERIC), Applied  
20  
21 Social Sciences Index and Abstracts (ASSIA) and Web of Science. A review of the  
22  
23 University of Manchester's library catalogue was also conducted. Key search terms  
24  
25 were: care leavers, leaving care, UK, preparing for adulthood, transition to adulthood on  
26  
27 leaving care, and transition for care leavers. Searches were conducted between June  
28  
29 2016 and January 2017. Inclusionary parameters were devised and all of the included  
30  
31 studies met the following criteria: (1) published after The Children (Leaving Care) Act  
32  
33 of 2000; (2) participants were young people who were care leavers; (3) involved face-  
34  
35 to-face individual interviews with care leavers; (4) adopted a dominant qualitative  
36  
37 paradigm with priority given to the perspectives of care leavers through interview; (5)  
38  
39 included empirical data which included direct quotes from care leavers; (6) written in  
40  
41 English; (7) focused solely on the UK context; (8) primary focus on preparing for  
42  
43 independence or transition from care; (9) subjected to peer review in an academic  
44  
45 journal. In focusing on the voices of care leavers, it was hoped that the following  
46  
47 research question could be addressed:  
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3 *What do UK care leavers report as barriers and facilitators in the transition to*  
4  
5 *adulthood?*  
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### 10 **Outcomes of systemic search**

11  
12 Initial screening of 68 articles yielded a large number of studies undertaken in non-UK  
13 contexts, reflecting increased international focus on preparing care leavers for adulthood  
14 (Jackson & Cameron, 2012) and suggesting avenues for further review, beyond the  
15 scope of this paper. The systematic search identified eight qualitative studies, of which  
16 seven met the inclusionary criteria. One article was excluded on the basis that it did not  
17 adopt transitioning to adulthood as its primary focus (Pinkerton & Rooney, 2014). A  
18 descriptive overview of the studies can be found in Table 1.  
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28  
29 Figure 1 shows the data screening process, documenting how the final seven  
30 studies were selected. The current review adopted a systematic search strategy that was  
31 guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses  
32 (PRISMA) guidelines (Moher, Liberati, Tetzlaff & Altman, 2009). The PRISMA  
33 guidelines have been widely used in many systematic literature reviews and help to  
34 ensure that the review process is transparent and replicable. All studies that met  
35 inclusion criteria were coded for quality using a bespoke framework developed from  
36 criteria taken from Spencer, Ritchie, Lewis and Dillon (2003) and Henwood and  
37 Pidgeon (1992). This checklist included the following criteria and one point was  
38 awarded for the presence of each: appropriateness of the research design; clear sampling  
39 rationale; well-executed data collection; analysis close to the data; emergent theory  
40 related to the problem; evidence of explicit reflexivity; comprehensiveness of  
41 documentation; negative case analysis; clarity and coherence of the reporting; evidence  
42 of researcher-participant negotiation; transferable conclusions and evidence of attention  
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3 to ethical issues. A qualitative study was categorised as 'low' quality if a total score of  
4  
5 0-4 was achieved; 'medium' quality studies were rated at 5-8 points and 'high' quality  
6  
7 achieved 9-12 points.  
8  
9

10 Six out of the seven studies, having been scrutinised using the framework for  
11  
12 qualitative evaluation, were found to be of high quality. The decision to ultimately  
13  
14 include the one medium quality paper (Amaral, 2011) was taken on the basis that all  
15  
16 care leaver voices were still considered valid, pertinent and worthy of inclusion.  
17  
18 Moreover, data from the Amaral (2011) study appeared consistent with data from the  
19  
20 high qualities studies.  
21  
22

23  
24 **\*INSERT FIGURE 1 HERE\***  
25

26 Participant data, that is, verbatim quotes, were then subjected to thematic analysis  
27  
28 (Braun & Clarke, 2006), using an inductive approach to identify key themes related to  
29  
30 barriers and facilitators in preparing for adulthood. Inductive codes were initially  
31  
32 developed by the first author and subsequently reviewed and amended by the second  
33  
34 author. Fourteen themes and fifty-eight codes were initially identified. These were  
35  
36 refined to eight main themes and thirty-seven subthemes through discussion and  
37  
38 constant checking of the data.  
39  
40  
41

## 42 **Findings**

### 43 *Study design*

44  
45 The seven included studies comprised of exploratory, qualitative research designs.  
46  
47 Semi-structured interviews were used in five of the studies (Adley & Jupp Kina 2014;  
48  
49 Amaral 2011; Butterworth et al., 2016; Driscoll 2013; Matthews & Sykes 2012).  
50  
51 Informal interviews were used in Horrocks's (2002) study while in-depth biographical  
52  
53 interviews were employed in Roger's (2011) study.  
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### 58 *Sample*

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3 Study samples ranged from five to thirty-five participants. Participants across studies  
4  
5 ranged in age from 16 to 23, although precise ages were not specified in two of the  
6  
7 studies (Horrocks, 2002; Rogers, 2011). With the exception of two studies (Matthews &  
8  
9 Sykes, 2012; Driscoll, 2013), participants were recruited either from one local authority  
10  
11 or area (e.g. central Scotland) within both urban and rural UK contexts.  
12  
13

#### 14 *Focus*

15  
16 All seven studies considered particular aspects of leaving care, namely: the emotional  
17  
18 support available to care leavers (Adley & Jupp Kina, 2014); factors motivating care  
19  
20 leavers to engage with services (Amaral, 2011); care leavers' experience of transition  
21  
22 between child and adult health care services (Butterworth et al., 2016); health priorities  
23  
24 of care leavers (Matthews & Sykes, 2012); and care leavers' transition trajectories and  
25  
26 access to support (Rogers, 2011). Two papers viewed care leavers' experiences from the  
27  
28 theoretical lenses: of resilience (Driscoll, 2013) and life-course theory (Horrocks, 2002)  
29  
30 respectively.  
31  
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34  
35 Emergent key themes and subthemes are shown in Table 2. These will now be  
36  
37 discussed in turn. The findings section is structured around the eight emergent themes,  
38  
39 with barriers and facilitators included under each theme. It is noted that there is some  
40  
41 overlap within the differing sections, particularly relating to the role of personalisation  
42  
43 and flexibility for young people preparing to leave care.  
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49 **\*INSERT TABLE 2 HERE**  
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### Pathway planning – barriers

“A day is a long time, let alone six months. Six months between each pathways plan. If I had my way I’d have them re-assessed every 2-3 months.”  
(Butterworth et al., 2016, p. 7) (Participant seven, unnamed).

Pathway planning is the statutory planning process, which involves the documentation of an over-arching plan to support care leavers throughout their respective transitions. Care leavers in the Butterworth et al. (2016), Driscoll (2013) and Matthew and Sykes (2012) studies described pathway planning as a largely bureaucratic, depersonalised ‘tick-box exercise’ which did not secure meaningful engagement in preparation for adulthood. Participants reported incomplete and outdated pathway plans, which for a small number were initiated on the cusp of leaving care (Matthew & Sykes, 2012; Rogers, 2011). Some participants in Driscoll’s (2013) and Butterworth et al.’s (2016) studies, and all five care leavers interviewed by Rogers (2011) concluded that those overseeing the pathway planning process appeared to only be fulfilling a contractual obligation, as opposed to showing genuine interest. Inconsistent staffing and coordination amongst professionals influenced this perception (Butterworth et al., 2016; Driscoll, 2013). Additional barriers included frequent personnel changes and perceived shortcomings around the frequency and nature of contact with (past or present) social workers or aftercare advisors (Amaral, 2011; Butterworth et al., 2016; Driscoll, 2013; Rogers, 2011).

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3 All seven studies highlighted the nature of care throughout  
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5  
6 transition planning as insufficiently consistent or coordinated. Four  
7  
8  
9  
10 papers identified that care leavers did not feel emotionally prepared for  
11  
12  
13 transition to adulthood, with priority given to practical rather than  
14  
15  
16 emotional support during pathway planning (Adley & Jupp Kina, 2014;  
17  
18  
19 Butterworth et al., 2016; Matthews & Sykes, 2012; Rogers, 2011).  
20  
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22

23 Additional inconsistencies were highlighted for those who had  
24  
25  
26 experienced transition between child and adult mental health services  
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28  
29 (Butterworth et al., 2016; Horrocks, 2002). All but one participant  
30  
31  
32 reported poor coordination, with some placed on long waiting lists  
33  
34  
35 before moving to a new team where they were expected to forge  
36  
37  
38 relationships with other professionals.  
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42

#### 43 Pathway planning – facilitators

45 “[...] like contact the GP themselves ‘cos normality it is the carer or guardian  
46 that has to do it. And I think they should have a bit more independence’  
47 (Matthews & Sykes, 2012, p.402) (Participant 4, female)  
48  
49

50 Timing and flexibility around support was valued by care leavers during pathway  
51  
52 planning. For example, one care leaver regretted dismissing an offer of practical  
53  
54 cooking support, and subsequently “ate toast and jam most days and nicked my  
55  
56 housemates’ food” (Rogers, 2011, p. 421). Others declined untimely ‘one off’ offers  
57  
58 of cooking and budgeting support, which were not then presented again (Adley &  
59  
60

1  
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3 Jupp Kina, 2014; Rogers, 2011). Instead, care leavers requested supported  
4  
5 opportunities for practical experience of being independent before leaving care (e.g.  
6  
7 making their own medical appointments) (Butterworth et al., 2016; Matthew & Sykes,  
8  
9 2012). Others wanted offers of support from social care to be renewed several times  
10  
11 (Adley & Jupp Kina, 2014; Rogers, 2011). Flexibility extended to wanting the choice  
12  
13 to change aftercare advisors if the relationship was poor (Butterworth et al., 2016).  
14  
15

16  
17 Some care leavers in Amaral's (2011) paper indicated that  
18  
19 support offered by keyworkers attached to supported living placements  
20  
21 helped to strengthen their independence skills. Care leavers'  
22  
23 willingness to accept support within caring and consistent relationships  
24  
25 was discussed in six of the papers, and is a possible facilitator to  
26  
27 supporting preparations for adulthood. Care leavers also proposed  
28  
29 possible solutions for those facing transition between child and adult  
30  
31 mental health services, including: joint working visits between care  
32  
33 coordinators, greater clarity around mental health support and for  
34  
35 information about treatment options and diagnosis to be delivered in  
36  
37 an accessible, non-intimidating manner.  
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#### 53 **Support and motivation – barriers**

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56 "I probably would have sorted myself out a lot earlier if I'd had someone there  
57  
58 who gave a crap about what was happening" (Rogers, 2011, p. 423)  
59  
60

1  
2  
3 All five care leavers in Rogers' (2011) paper were attending college, but a lack of  
4 adult support and perceived interest in their long term goals affected their motivation  
5 and ability to achieve to their potential. Matthew and Sykes (2012) identified the need  
6 for support figures to "push" care leavers to focus on their health needs (p. 401).  
7  
8 Findings also highlighted how the absence of personalised support impacted on the  
9 initiation of good health care routines or completion of educational pathways  
10 (Butterworth et al., 2016; Matthews & Sykes, 2012).  
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### 23 **Support and motivation - facilitators**

24  
25  
26 "I'm gonna stick something out now and make her proud" (Driscoll, 2013, p.  
27 145) (Charlotte, aged 19)  
28

29 Care leavers in Driscoll's (2013) study identified that educational success was  
30 facilitated by foster carers or other interested individuals, such as teachers, going  
31 above and beyond in their roles. Two care leavers in Driscoll's (2013) study were  
32 grateful that carers had pushed them to apply themselves at GCSE (General  
33 Certificate of Secondary Education) when they had lacked motivation. Two more had  
34 dropped out of college on entering independent living, but later returned to education  
35 once back in supported accommodation, attributing these arrangements as influential.  
36  
37 Nonetheless, the view that support figures were instrumental to care leavers'  
38 autonomy and motivation was not shared across all papers. Some care leavers  
39 preferred the "reduced surveillance" (Butterworth et al., 2016, p.6; Horrocks, 2002)  
40 and freedom of an aftercare model, associated with an enhanced sense of control,  
41 autonomy and responsibility.  
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### **Second chances – barriers**

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3 For a small number of care leavers, a lack of flexibility on the part of training and/or  
4 education settings thwarted opportunities for a second chance (Driscoll, 2013). For  
5  
6 example, despite applying to college with sufficient qualifications, John's application  
7  
8 was rejected due to his criminal record and he remained unemployed.  
9  
10  
11  
12

### 13 14 15 **Second chances – facilitators**

16  
17 “Eh don't want to make the same mistakes as ah made last time, ah want to  
18 learn frae them and make a go o'it this time” (Amaral, 2011, p. 8) (Dean)  
19

20 Two studies identified second chances as instrumental in enabling care leavers to  
21 pursue preferred training and/or career goals (Amaral, 2011; Driscoll, 2013). Despite  
22 underachieving in GCSE exams, all seven care leavers in Driscoll's (2013) study  
23 demonstrated self-determined attitudes towards pursuing future goals. Descriptions  
24 suggested that most were motivated to engineer a counter-narrative to a past where  
25 they had not achieved academically or vocationally. Some attributed their lack of  
26 achievement to living in non-supportive environments. Others recognised that  
27 encouragement from supportive adults had been a motivating force. However,  
28 personal complications sometimes impeded success, which meant that flexibility  
29 around admissions to academic institutions and/or places of employment was seen as  
30 vital in facilitating second chances. Driscoll (2013) exemplified this through the  
31 experience of Anabel. By allowing her to continue with her A-levels despite  
32 underperforming at GCSE level, Anabel's school supported her longer-term goal of  
33 going to university.  
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52 Second chances for care leavers in Amaral's (2011) paper were associated with  
53 time to reflect on the past, a desire to have better outcomes for oneself or one's  
54 children, and learning from previous experiences. As they matured, past reflections  
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3 gave care leavers an enhanced sense of autonomy and a desire to take charge, despite  
4  
5 past difficulties.  
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### 10 **Emotional/psychological readiness for leaving care – barriers**

11  
12 “I don’t think I had any health needs when I came out of care, ‘cos my  
13 depression happened *after* [...] I guess it happened when I moved into my own  
14 place, and I was alone, I had to deal with it” (Matthews & Sykes, 2012, p.402)  
15 (Participant 3, female)  
16  
17

### 18 **A lack of emotional readiness for independence was identified as problematic in four**

19  
20 **papers, with some care leavers describing their reaction, in a similar fashion to the**

21  
22 **young person above, in terms of declining mental health and coping abilities after**

23  
24 **leaving** care. A greater number described diminishing or lost support networks as

25  
26 undermining readiness for independence (Adley & Jupp Kina, 2014; Butterworth et

27  
28 al., 2016; Matthews & Sykes, 2012; Rogers, 2011). In two studies, care leavers

29  
30 attributed their lack of readiness to their emotional needs not being prioritised during

31  
32 transition planning (Adley & Jupp Kina, 2014; Rogers, 2011). Adjusting to the level

33  
34 of autonomy required on independence was a hurdle for a small number of care

35  
36 leavers (Adley & Jupp Kina, 2014; Matthews & Sykes, 2012).  
37  
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40  
41 Isolation was understood by care leavers as having no one to check in on them

42  
43 or to lean on in times of need (Adley & Jupp Kina, 2014; Horrocks, 2002; Rogers,

44  
45 2011). Care leavers were sometimes taken by surprise by the sudden nature of

46  
47 transition (Matthew & Sykes, 2012; Rogers, 2011), while others linked increased

48  
49 isolation to dwelling on past negative experiences, which affected their emotional

50  
51 well-being (Adley & Jupp Kina, 2014).  
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### 57 **Emotional/psychological readiness for leaving care – facilitators**

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2  
3 “I think [you need] more help with the emotional, psychological stuff when  
4 you’re first living on your own. Just someone checking in on you, or giving you  
5 a call. I didn’t get *any* of that.” (Rogers, 2011, p. 418) (Care leaver, unnamed)  
6  
7

8 **Some care leavers sought more intensive support in the early stages of transition on**

9  
10 **the basis that this earlier phase could be more challenging (Adley & Jupp Kina,**

11 **2014). However,** some felt they would have a better idea of what support might be  
12 required after some experience of independent living, thus highlighting the need for  
13 flexibility and personalisation around transition support (Adley & Jupp Kina, 2014;  
14 Rogers, 2011). Someone expressing genuine interest by ‘checking in’ on them or  
15 giving them a call was appreciated (Adley & Jupp Kina, 2014; Rogers, 2011), while  
16 other recommendations included professionals spending time with them to identify  
17 gaps in their support network before leaving care (Adley & Jupp Kina, 2014).  
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### 31 **Self-reliance and the ‘help’ paradox – barriers**

32  
33 “I used to have the attitude I can do it on my own, but you can’t do it on your  
34 own” (Adley & Jupp Kina, 2014, p. 5).  
35

36 Some care leavers recognised the limitations of self-reliance (Adley & Jupp Kina,  
37 2014; Amaral, 2011; Driscoll, 2013); and found increased openness to support  
38 unburdening. A number of care leavers in Amaral’s (2011) study reflected how  
39 getting older or leaving care had increased their willingness to accept support, thus  
40 individual maturity levels came to bear as a potential barrier.  
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48 Self-reliance was sometimes a deliberate rejection of perceived authoritarian  
49 styles of help (Amaral, 2011; Driscoll, 2013). A small number of care leavers were  
50 adamant that they were not going to be told what to do and rejected support. This  
51 stubborn self-reliance was generally in response to a perceived failure on the part of  
52 professionals to take a collaborative, person-centred approach to their transition or  
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3 because professionals were perceived as not having initiated support or contact  
4  
5 (Driscoll, 2013; Horrocks, 2002).  
6

7  
8 Adley and Jupp Kina's (2014) study highlighted that some care leavers  
9  
10 rejected help as a means of dissociating themselves from the care system, a theme  
11  
12 reiterated by Amaral (2011). Others reported a perceived lack of self-efficacy around  
13  
14 help seeking or feeling ashamed to ask. Initiating social care support requests was  
15  
16 sometimes a challenge, leading to the recommendation that social workers approach  
17  
18 care leavers with offers of help in the first few instances (Adley & Jupp Kina, 2014;  
19  
20 Butterworth et al., 2016). Horrocks (2002) and Rogers (2011) acknowledged the  
21  
22 contradiction between seeking personalised support from social workers or leaving  
23  
24 care workers, whilst also avoiding them if care leavers did not perceive that the adults  
25  
26 would meet their needs.  
27  
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### 33 **Self-reliance and the 'help' paradox - facilitators**

34  
35 "I've got my own mentor, that's me" (Driscoll, 2013, p. 143) (Dean, care leaver  
36  
37 aged 20)

38  
39 Four studies highlighted the theme of self-reliance (Adley & Jupp Kina, 2014;  
40  
41 Butterworth et al., 2016; Driscoll, 2013; Horrocks, 2002). Care leavers in Butterworth  
42  
43 et al's (2016) study tended to regard their self-reliance as a strength: "I've had to learn  
44  
45 how to deal with it myself" (p. 4). A few understood self-reliance as a protective  
46  
47 mechanism against the perceived absence of care or fear of rejection (Butterworth et  
48  
49 al., 2016; Driscoll, 2013). Care leavers saw self-reliance as a personal strength in  
50  
51 helping them survive independently in and beyond care (Driscoll, 2013).  
52  
53

54  
55 Equipping social workers with greater insight into the dynamics behind care  
56  
57 leavers' help acceptance or refusal responses, was seen as facilitating more person-  
58  
59 centred, flexible approaches to supporting transition.  
60

### **Transitioning to adulthood – barriers**

“[...] it was like I'd been in a bubble for three years, and here's the real world, hope you like it, sort of thing” (Butterworth et al., 2016, p. 5)

Care leavers in the Butterworth et al. (2016), Horrocks (2002) and Rogers (2011) studies described transition in terms of “instant adulthood” (Stein, 2008, p.41). Transition, as experienced by all five care leavers in Rogers's (2011) study, was a singular time point rather than a gradual process - described as instant severance from support and something around which they had little control. By example, one care leaver reported receiving a letter in the post informing her of the termination of (unspecified) support (Matthew & Sykes, 2012). Care leavers reported being troubled by the lack of practical information provided around transition. Mark, a care leaver in Amaral's (2011) study, was unsettled by the lack of updates and forewarning from his social worker around his impending accommodation move. However, many were updated, expressing a preference to be kept informed about the practical details around transition (Amaral, 2011; Butterworth et al., 2016).

The majority of care leavers in Adley and Jupp Kina's (2014) paper said that whilst they felt prepared, and even eagerly anticipated independence, the reality was not as expected. Others described independence as something of a shock (Adley & Jupp Kina, 2014; Roger, 2011). Being autonomous involved shouldering responsibility for all aspects of daily life, including cooking and cleaning, whilst juggling college or job demands without support. Some care leavers felt transition planning did not prepare them for the reality of life beyond care (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Matthews & Sykes, 2012). Predominantly, this was attributed to care leavers' perceived instantaneous expulsion from care and shrinkage in their support networks.

### **Transitioning to adulthood – facilitators**

1  
2  
3 “I think [you need] more help with the emotional, psychological stuff when  
4 you’re first living on your own. Just someone checking in on you, or giving you  
5 a call. I didn’t get *any* of that.” (Rogers, 2011, p. 418)  
6  
7

8 Balanced against the above narratives, were suggestions that over time, some were  
9  
10 able to adapt to some of the practical and emotional demands of independence (Adley  
11 & Jupp Kina, 2014; Horrocks, 2002).  
12  
13

14 Some care leavers in Adley and Jupp Kina’s (2014) study suggested more  
15 intensive support initially, while others, felt that support needs would only become  
16 apparent once they had experienced independence, again highlighting the role of  
17 flexibility and personalisation when supporting individual care leavers.  
18  
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23 Accommodation arrangements contributed to some care leavers’ perceptions  
24 of readiness for independent living. Care leavers in Amaral’s (2011) paper pinpointed  
25 support offered by keyworkers attached to supported living accommodation as  
26 strengthening their independence skills. Staff availability was central to this, with  
27 staff being on hand to provide advice.  
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### 34 **Lack of skills – barriers** 35

36  
37 “[...] all the work you’ve done when you were with under 18 its just gunna go  
38 to waste cause, you’re gunna crumble if you have challenges, you’re not going  
39 to have anyone to help you with that you’ve never faced before [...]”  
40 (Butterworth et al., 2016, p. 6)  
41  
42

43 The ability to manage money was sometimes a barrier to successful independent  
44 living (Adley & Jupp Kina, 2014; Matthews & Sykes, 2012; Rogers, 2011). Some  
45 care leavers used their social welfare allowance to go out with friends, ran out of  
46 money, or were unable to afford food. For others, a perceived lack of self-  
47 management skills was a barrier to thriving independently, with anxiety expressed  
48 around having to take charge and direct things themselves. This was invariably linked  
49 to low self-efficacy around coping and a perceived lack of support. A few responded  
50 to independence by abdicating responsibility and living a carefree lifestyle.  
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3 Reluctance to take charge was evident in ambivalent responses to managing daily  
4 living tasks. Care leavers spoke of craving structure and a figure to ground them after  
5 leaving care, wanting an overseer to “take that motherly role to check up on us”  
6  
7  
8 (Adley & Jupp Kina, 2014, p. 5; Rogers, 2011).  
9  
10

11  
12 Professionals’ perceptions of care leavers’ mental health difficulties and  
13 relevant support was highlighted as problematic (Butterworth et al., 2016). Care  
14 leavers saw the need for more in-depth training to enhance professionals’ knowledge.  
15  
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17

### 20 **Corporate parenting model – barriers**

21  
22  
23 “[...] jis need tae have an understandin’ [...] don’t think aboot their joab but  
24 they need actually tae ‘hink aboot he young person’s need” (Calum) (Amaral,  
25 2011, p. 5)  
26

27  
28 Care leavers (Butterworth et al., 2016; Driscoll, 2013; Rogers, 2011) emphasised the  
29 contractual nature of support offered by social care describing it as time-limited,  
30 infrequent and impersonal. Care leavers were therefore suspicious of professional  
31 support and tended to resent or reject it (Butterworth et al., 2016; Rogers, 2011).  
32  
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35  
36  
37 Amaral (2011) found continuity of care facilitated transition to independence,  
38 while frequent personnel changes led some care leavers to conclude that forging these  
39 relationships was not worthwhile; each new figure becoming “just a face”  
40  
41  
42 (Butterworth et al., 2016, p. 5).  
43  
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46  
47 There was a perception that support offered by the corporate parent was on an  
48 age, rather than needs basis. Care leavers in Butterworth et al.’s (2016), Driscoll’s  
49 (2013) and Horrocks’s (2002) studies regarded this age-driven system as  
50  
51  
52 uncompromisingly harsh. Driscoll (2013) exemplified this through the experience of  
53  
54 John who, despite valuing the relationship with his keyworker who was “more like a  
55  
56 friend”, was told that she would stop working with him “right” on his “eighteenth  
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1  
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3 birthday” ( p. 144). The inflexibility of these arrangements was interpreted as setting  
4 care leavers apart from their peers who were not suddenly cut off from the familial  
5 safety net because they had reached a particular age (Adley & Jupp Kina, 2014;  
6 Butterworth et al., 2016; Horrocks, 2002).  
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### 12 **Corporate parenting model – facilitators**

13  
14 “[...] keep in touch and see how I’m getting on” (Amaral, 2011, p.5)

15  
16 Care leavers highlighted the value of professionals showing genuine interest in their  
17 personal journey when preparing for adulthood (Amaral, 2011). Factors facilitating  
18 engagement with transition support included: concerned and available professionals; a  
19 personal connection; and support which did not feel contractual.  
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### 26 **Discussion**

27  
28 To the authors’ knowledge, this is the first systematic literature review to bring  
29 together qualitative studies to highlight the barriers and facilitators around  
30 transitioning to adulthood, as defined by care leavers. Consistent with past literature,  
31 studies within this review all broadly acknowledged Stein’s (2008) view that care  
32 leavers, relative to their peers, experienced a “compressed and accelerated transition  
33 to adulthood” (p. 53), for which many felt ill-prepared. Care leavers understood this  
34 in terms of both limited practical skills and psychological readiness for leaving care  
35 (Adley & Jupp Kina, 2014; Butterworth et al., 2016; Horrocks, 2002; Matthews &  
36 Sykes, 2012; Rogers, 2011). Other than those living semi-independently (Amaral,  
37 2011), care leavers described being catapulted towards independence and struggling  
38 to cope with feelings of isolation. The emergent emphasis on unmet emotional  
39 support needs highlighted the relevance of Dima and Skehill’s (2011) hypothesis to a  
40 UK context: the view that psychological dimensions of those leaving care can be  
41 “neglected” during transition (p. 2537).  
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Care leavers in this review, particularly in the Horrocks (2002) and Rogers (2011) studies, experienced transition from care as an instantaneous, age-driven process, over which they had limited choice or control. These findings again aligned with Stein's (2004; 2008) analysis of the compressed nature of transition, experienced through care leavers having to navigate multiple, simultaneous changes without sufficient time to adjust. With the exception of Amaral's (2011) study, care leavers described inadequate planning to address transitioning to adulthood, including a lack of opportunity to revisit support or skills.

Findings suggested that self-sufficiency – transitioning to adulthood with minimal or inconsistent support – is expected of UK care leavers. Self-sufficiency within this review took various forms of “instant adulthood” (Stein, 2008, p. 41), although it should be noted that self-sufficiency constituted a deliberate choice by some UK care leavers who, perceiving a lack of adequate or available support, chose to disengage with or reject support.

The importance of reliable relationships for care leavers during transition is consistent with past literature (Ofsted, 2012; Pinkerton & Rooney, 2014). Supportive relationships motivated care leavers with regards to their education, training or personal goals and health needs (Amaral, 2011; Driscoll, 2013; Matthews & Sykes, 2012). Reports of past support were replaced by testimonies of diminishing or lost support networks upon leaving care. Despite the generally negative reports however, this review was able to draw out qualities of a relationship that made care leavers more open to support and less inclined towards “survivalist self-reliance” (Samuels & Pryce, 2008, p. 1199). Facilitators to supportive relationships during the transition process included: availability of professionals; a genuine concern for the young



1  
2  
3 person; and support that was not perceived as contractual (Amaral, 2011; Butterworth  
4 et al., 2016; Driscoll, 2013; Matthews & Sykes, 2012; Rogers, 2011).  
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7  
8 Research findings were reasonably balanced between barriers and facilitators  
9  
10 although it should be noted that care leavers tended to speculate on aspects potentially  
11 facilitative to the transition process, rather than reporting what had actually worked. A  
12 key facilitator was flexible support from the corporate parent, thereby accommodating  
13 personal readiness for transition. Personalised forms of support bolstered care leavers'  
14 motivation to both engage with support and pursue personal goals. However,  
15 inconsistent or unavailable support was commonplace. This sometimes precipitated  
16 self-reliance on the part of care leavers, at times, equating to rudderless forms of  
17 independence.  
18  
19

#### 20 21 22 23 24 25 26 27 28 *A model for interdependence*

29  
30 Care leavers' transition-related preferences within this review resonated with an  
31 interdependence approach previously described by Propp, Ortega and NewHeart  
32 (2003). These authors proposed 'interdependence' – a state envisaging social  
33 connectedness and availing of support as and when needed – as a transition approach  
34 in direct challenge to ideas that self-sufficiency should be the end goal for care  
35 leavers on entering adulthood. This approach built on Stiver's (1991, p.11) notion of  
36 interdependent living defined as: a "blending of self-sufficiency and dependency"  
37 involving "a process of counting on other people to provide help in coping physically  
38 and emotionally with the experience and tasks encountered in the world when one has  
39 not [yet] sufficient skill, confidence, energy and or time." Accordingly, Propp et al.,  
40 (2003) envisaged that interdependent living for care leavers would be operationalised  
41 through social support, community connections and supportive relationships.  
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3 In alignment with this approach, care leavers in this review described a  
4 preference for interdependence-informed approaches based on the ability to access  
5 ongoing support dependent on need. The potential utility of Propp et al.'s (2003) ideas  
6 within a working framework for approaching transition for UK care leavers is now  
7 explored. At this stage, it should be noted that while Propp et al., (2003) proposed an  
8 interdependence model of practice, this represented more of a position statement,  
9 rather than an operable practice process. Nevertheless, the following section will  
10 begin to explore its possible use in informing dimensions of support in UK practice.  
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21 Firstly, this current review recognised a disconnect between an accelerated  
22 time frame for independence and the psychological adjustment period involved in  
23 leaving care. There was a strong inference that existing UK transition models for care  
24 leavers fail to recognise that practical and psychological aspects of transitions do not  
25 necessarily happen simultaneously, with potentially separate time frames required for  
26 each. Contrastingly, Propp et al.'s (2003) interdependence approach stressed the role  
27 of support in empowering care leavers to cope both "physically and emotionally"  
28 during transition (p.263), thus acknowledging the multiple dimensions of transition.  
29 Interdependence, an approach for which UK care leavers expressed a preference,  
30 therefore involved recognition of the need for flexibility and sufficient time for  
31 individual care leavers to adjust to the differing dimensions of leaving care with  
32 support.  
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49 Most care leavers within this review reported struggling to function  
50 autonomously without support. Propp et al.'s (2003) approach again highlighted a  
51 helpful alternative, emphasising the need for a gradual and supported move towards  
52 autonomy. The interdependence approach stressed the value of care leavers "counting  
53 on other people" (p.263). For UK care leavers, the ability to do so was facilitated by  
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2  
3 experiencing relationships built upon genuine concern; and availability and  
4  
5 consistency from those acting in the role of corporate parent, including personal  
6  
7 advisers and social workers. For a few, an outcome of receiving this type of support  
8  
9 was enhanced motivation for personal goals. That a corollary of interdependence-  
10  
11 informed practice within the context of this study was enhanced engagement with  
12  
13 education, training and employment goals may therefore hold promise for challenging  
14  
15 the stubbornly stagnant NEET statistics in the care leaving population (DfE, 2017).  
16  
17 Differences between existing independence transition models as defined by UK care  
18  
19 leavers and an interdependence approach are summarised below in Figure 2.  
20  
21 Ultimately, UK care leavers wanted to be able to *count* (but not depend) on reliable  
22  
23 others during a (gradual, not instantaneous) journey to independence.  
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31 **\*INSERT FIGURE 2 HERE\***

### 32 *Limitations and future directions*

33  
34 This systematic review study is not without its limitations. Firstly, while the focus on  
35  
36 UK studies allowed for a sharpened focus, aggregating views across differing  
37  
38 international care systems and contexts was not possible within the scope of this  
39  
40 single paper. It is recognised that this may limit the transferability and international  
41  
42 application of findings. However, recent research points to similarities in findings  
43  
44 among the views of care leavers across countries and welfare regimes, suggesting that  
45  
46 the findings here may have international relevance and resonance (Mendes & Snow,  
47  
48 2016).  
49  
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54 In accordance with the search criteria, only seven peer-reviewed studies were  
55  
56 located, although these represented diverse contexts and foci. The relatively small  
57  
58 samples sizes (N= 5-35) could be seen as another limitation, although arguably this  
59  
60

1  
2  
3 allowed for more in-depth consideration and representation of personal testimonies  
4 and individual voices. The choice to exclude non peer-reviewed academic journals  
5 undoubtedly excluded the voices of care leavers featured in a range of non-peer  
6 reviewed reports such as those by The Centre of Social Justice (2013; 2014; 2015).  
7  
8 Yet the rationale for doing so often related to the lack of clarity around sample and  
9 data analyses, suggesting that these studies lacked the rigour of peer-reviewed  
10 publications. The approach adopted by Baker (2017) in a recent review on the topic of  
11 care leavers' transitions utilised a broader search strategy. It included studies  
12 featuring a range of research designs and employing differing methodologies, which,  
13 while possibly yielding a wider and richer data set, did not fit with the primarily  
14 qualitative focus of this current review. Nevertheless, on reflection, it seems possible  
15 that had the search strategy within this existing review been more flexible and  
16 included studies with a wider range of methodologies, the findings may have  
17 illuminated even more barriers and facilitators.

18  
19 Suggested areas for future research include establishing a practice framework  
20 for corporate parents to support the operationalisation of interdependence-informed  
21 transition practice for UK care leavers. Since the completion of this review, a  
22 framework has been developed for use within an educational psychology practice  
23 context, within which multiagency working with social care practitioners would form  
24 a crucial part of effective practice (Atkinson, Hyde & Kelly, in press; Hyde &  
25 Atkinson, in press). The framework offers corporate parents recommendations for  
26 practical application of interdependence-orientated support across preparing for  
27 adulthood key areas (e.g. paid employment, good health, community involvement and  
28 independent living) with a view to preparing care leavers as early as possible for  
29 adulthood.

## Conclusion

This systematic literature review has begun to redress a research gap by foregrounding care leavers' experience of transition to adulthood. In doing so, it has supported the view that care leavers' subjectivity, their nuanced and individual views, are instrumental in enabling better insight into the factors that are facilitative to the transition process (Rooney, 2013; Rooney & Pinkerton, 2014). This review has highlighted that often transition can be an abrupt, non-personalised process whereby individuals are jettisoned into self-sufficiency without sufficient preparation (Stein, 2012). Psychologically, many care leavers' coping abilities were undermined by the requirement to assume such high levels of autonomy on leaving care without adequate support. Future studies might consider how a model of transition to adulthood based on an interdependence framework (Propp et al., 2003) could improve outcomes for care leavers.

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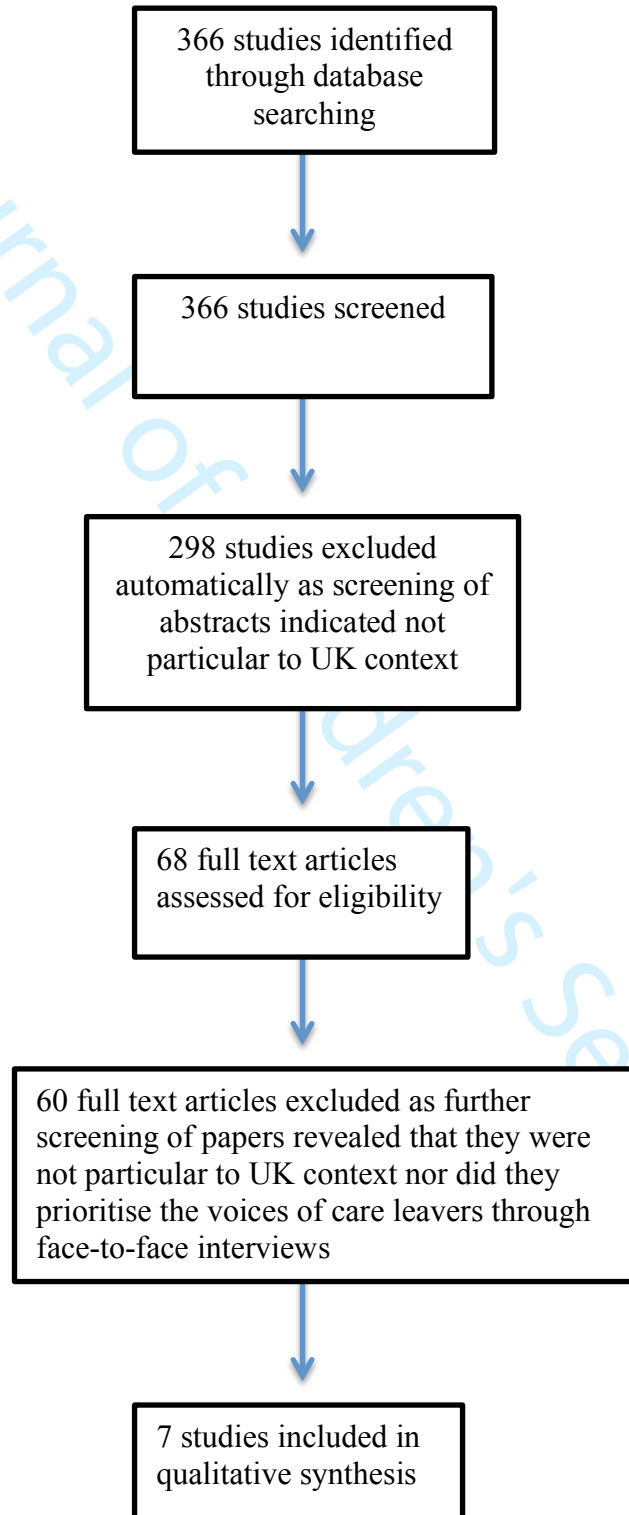
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**Figure 1** Screening process



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<b>Table I</b>		<b>Studies overview</b>		
<i>Study</i>	<i>Article</i>	<i>Focus</i>	<i>Sample size, gender, age, location</i>	<i>Methodological approach</i>
1	Adley & Jupp Kinda (2014)	Level of emotional support available to care leavers	6 care leavers 18-21 years Gender not specified but sample diverse in terms of gender and race. Recruited through a leaving care team in an urban local authority in England	Semi-structured interviews; phenomenological analysis
2	Amaral (2011)	Factors bolstering care leavers' engagement with leaving care services	35 care leavers 16-23 years Gender not specified Recruited via throughcare and aftercare services in central Scotland	Semi-structured interviews; thematic analysis
3	Butterworth et al., (2016)	Care leavers' experience of transition between health care services	12 participants with suspected mental health needs either with service contact (6) or without (6) 10 female; 2 males 18-22 years One local authority in the West Midlands	Semi-structured interviews; thematic analysis

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4	Driscoll (2013)	A resilience framework is applied to care leavers	4 male, 3 female, all White British 16-20 years Location not specified, but care leavers said to have come from a range of places	Semi-structured interviews; grounded theory approach
5	Horrocks (2002)	Life course theory applied to care leavers	1 male, 1 female Location not specified	Informal interviews; ethnographic in orientation
6	Matthews & Sykes (2012)	Health priorities of care leavers and the impact of transition on their health	9 participants (six care leavers and three in the process of leaving care). 2 males; 4 females 17-21 years Two, two-tier rural local authorities in England	Semi-structured interviews; interpretative phenomenological analysis
7	Rogers (2011)	Care leaver transition trajectories and access to available support.	5 young people plus interviews with college and university student support staff) 3 females; 2 males (all in post-16 education) South East of England	In-depth biographical interviews; thematic analysis

Table II	Themes and subthemes	
<i>Emergent Themes</i>	<i>Subthemes</i>	
	<i>Facilitators</i>	<i>Barriers</i>
Pathway Planning	Flexibility around support Consistent relationships Chances to experiment with being independent	Pathway planning as impersonal and bureaucratic Lack of consistent and coordinated care
Support and Motivation	Supportive living environments associated with educational engagement Support figures influencing motivation to engage with education or health More autonomy and control without support	
Second Chances	The role of flexibility Past support figures Time to reflect	
Emotional / psychological readiness for leaving care	Flexibility around support	Declining mental health and coping abilities Emotional needs overlooked Sudden loss of support network and isolation Level of autonomy required
Self-reliance and the 'help' paradox	Personal strength (up to a point) Professionals' understanding the dynamics of 'saying no'	Rejection of authoritarian styles of help Self-reliance as self-protection Lack of self-efficacy / shame around help seeking



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		Dissociating oneself from the system Habit
Transitioning to adulthood	Differing support needs at transition Keeping care leavers 'in the loop'	Instant adulthood The idea of independence versus the reality Not prepared for the reality of independence Accommodation arrangements
Lack of Skills		Self management skills and resilience Budgeting difficulties Perceived lack of professional skill
Corporate parenting model	Personal connection Continuous care Personalised support	Contractual nature of support Age rather than needs dependent arrangements

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**Figure 2** Independence versus interdependence approaches

Independence	Interdependence
Expectations of self-sufficiency	Available support from concerned and genuine adults
Rudderless forms of independence	Transition as a process
Instant adulthood	Personalisation and flexibility
Loss of, or reduction in support network(s)	Maintained support networks
Inconsistent support and support gaps	Multiple dimensions of transition (e.g. logistical, psychological and emotional)

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