A Review of Literature on Disabled Care Leavers and Care Leavers with Mental Health Needs.

Kelly, B., McShane, T., Davidson, G. and Pinkerton, J.

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School of Sociology, Social Policy and Social Work

Queen's University Belfast

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Contents

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1.0 Introduction

This review of literature was undertaken as the first part of a three stage study of the characteristics and needs of care leavers with intellectual disabilities[1] or mental health needs in Northern Ireland. The aim of the literature review was threefold: firstly, to establish the extent of existing empirical research related to disabled care leavers or care leavers with mental health needs; secondly, to review the findings of previous research in this area; and thirdly, to identify gaps in knowledge of relevance to the current study.

Section two outlines the search strategy adopted including the inclusion and exclusion criteria. Section three focuses on the review of the literature on disabled care leavers and section four on care leavers with mental health needs. In both of these sections, the findings of the review are presented in order of local, national and international region to highlight the extent of research in these areas.

A summary discussion of the key findings of the review is provided at the end of each section and an overall conclusion drawing together the main points is presented in section five.

2.0 Literature Review Search Strategy

A range of sources and publication formats were considered for this review, with journal articles and research reports comprising the main body of literature. A clear search strategy informed the review, including specification of inclusion and exclusion criteria outlined below.

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[1] The review focused on existing research that included care leavers with sensory, physical and/or cognitive impairments. On recommendation from the advisory groups guiding this research, the term 'intellectual disability' will be used in this review to refer to those with cognitive impairments/learning disabilities as it is an internationally recognised term.

Literature included in the review met the following inclusion criteria:

1. Care leaver literature that referred to disability and/or mental health needs;
2. Published between 2000 and present day (2014);
3. Published in English only (efforts were made to access English versions of European articles published in other languages through direct contact with the author);
4. Only full-text journal papers published in peer-reviewed journals; and
5. Grey literature e.g. local publications from voluntary organisations.

Literature was excluded from the review if it was:

1. Focused on general transitions for disabled young people leaving school (unless it specifically referred to care leavers);
2. Focused on children and young people in care unless it clearly included older young people at care leaving age and disaggregated the findings for this older population;
3. Published before the year 2000;
4. Not published in English; and
5. Only available as an abstract and full text could not be obtained.

A range of electronic databases were searched using keywords relevant to the aims and objectives of the study in the areas of leaving care, mental health and disability. As different terms are used to describe this population globally, international authors in the field were consulted about relevant search terms for literature beyond the UK (for example, ageing out of care or former foster care provided better search hits for US studies). Please refer to Appendix One for further details of search terms and databases.

In addition to electronic searches, researchers consulted literature cited by other authors and directly contacted experts in the field of leaving care to identify any further grey literature or unpublished work.

Flow charts of the results of searches for disabled care leavers and care leavers with mental health needs are provided in Appendix Two, along with the results of screening of abstracts and full-text documents.

3.0 Review of Disabled Care Leaver Research Literature

Research literature and government statistical reports consistently indicate that disabled children and young people are over-represented in public care systems locally, nationally and internationally (Baker, 2011; Mendes et al., 2013; Raman et al., 2005; Stalker and McArthur, 2012; Stein and Munro, 2008). It is surprising then, that amongst all available literature in the area of young people leaving care, there is such little attention given to the transitional experiences of disabled care leavers (Edwards, 2009). One possible impediment to research in this area is the range of varying definitions of impairment and the related challenge of identifying disabled care leavers. There is much debate about the inclusion of those with various conditions or impairment types for example, young people with autism, mental health needs or borderline/mild intellectual disability (Mendes et al., 2013; Mendes and Snow, 2014; Rabiee et al., 2001). In addition, records of young people living in and leaving care may not record disability or impairment (Harris, 2005). Disabled care leavers may not self-identify as being disabled or may find it difficult to access disability services. This is problematic for researchers who often only identify disabled care leavers on the grounds of receipt of disability services. Indeed, the majority of the studies reviewed in this section relied on governmental or service categorisation of disability in order to gain access to participants. Consequently, there may be an additional, difficult to reach population of disabled care leavers who are not targeted for study.

This review of the limited empirical research available identified eleven studies focused specifically on disabled care leavers. These studies were based in England, Australia, United States and Canada and included: a review of leaving care arrangements and plans for disabled care leavers (NSW Ombudsman, 2004); disabled young people's care leaving accounts (Fudge Schormans and Rooke, 2008; Goldblatt et al., 2010; National Foster Care Association, 2000; Rabiee et al., 2001); a study on restrictive settings for disabled care leavers (Schmidt et al., 2013); and exploration of the views of service providers who support disabled care leavers as they transition to adult life (Ellem et al., 2012; MacDonald, 2010; Mendes et al., 2013).

Two studies on disabled children in care were reviewed as they included older disabled young people in public care who were at the age of leaving care (Baker, 2007; McConkey et al., 2004). Although these studies had a broader remit, they have been included as they provide information on the experiences of disabled young people planning to leave care and include a local research study.

3.1 Northern Irish Literature

McConkey et al.'s (2004) study on the characteristics of disabled children looked after away from home is the only Northern Irish study that addresses the needs of disabled care leavers. The study focused on 108 children who had spent at least 90 days in a 12 month period living away from the family home in one geographical location in Northern Ireland. The aims of the study were to document the characteristics of these children, describe their current placements and estimate their future service needs. Of the total sample, 80% were defined as having 'severe learning disabilities' or profound or multiple impairments. Although the children were aged 1-20 years, half of them were over 14 years old. Of those aged 15-20 years, 56% were boys and 44% were girls.

Structured interviews were carried out with each child's key worker using a pro forma and analysed using statistical analysis. Variation in service provision and ethos was found across the geographical location and, in particular, in relation to the availability of foster and residential care. Such variability in provision highlighted disparities in service availability and inequity in children's access to services. Younger children were more likely to access foster or family placements (33% of those under 14 years) compared to those aged 15-20 years (16%). Older young people were more likely to be placed in residential care than young children (39% compared to 21%). Of those accommodated in residential settings, half of these placements were in hospital or adult residential accommodation.

As the study only included children known to a disability service, the authors noted that the weight of their sample was skewed towards children with intellectual disabilities due to the availability of services for this population. Young people who had ceased contact with services were excluded and the study did not access the views of disabled young people themselves. However, the study does provide some

initial data on the population of disabled care leavers in Northern Ireland which provides a useful context for further research into the needs and experiences of these young people.

In terms of future requirements for young people in the age group 15-20 years, the greatest service need was for a residential facility (30%). This was particularly pertinent for children with additional and complex needs (such as, challenging behaviour or technological dependence) who were unlikely to access mainstream children's residential services which were already over-stretched.

As the children grew older and became young adults, their needs changed and demand for adult residential accommodation, day care or supported living increased. Areas for improvement reported by key workers were respite care (18%), supported living (15%), and improvements to services (14%) in terms of better care planning, reviews, consistency in social work staff and funding. A particular gap noted by the authors was respite care for young people aged 16 and over as facilities, unless in exceptional circumstances, excluded this age group. Recommendations from the study also pointed to the need for planned housing and support for disabled young people moving from care into young adult life to ensure continuity of care.

3.2 UK Literature

Three of the studies identified for review were based in England (Baker, 2007; NFCA, 2000; Rabiee et al., 2001). It is well over a decade since the first study conducted by the British National Foster Care Association (NFCA, 2000) which was based on case studies of six care leavers recruited through local social service departments. Care leaver participants were aged 17-21 years and described as having 'learning difficulties'. Inability to identify young people with other impairments was highlighted by the authors, who cautioned that findings may not be transferable to the experiences of all disabled care leavers. Some of the participants had left care and made the transition to adult services while others were still in care. Interviews with the young people and their carers, social workers and careers officers focused on how policy and practice affected this particular group of care leavers. Interviews adopted an open questioning style to find out about the young people's daily activities, relationships with carers and perspectives on key people in their lives,

making choices and independent living. Interviews were supplemented with postal questionnaires sent to careers officers and staff at relevant local authorities followed by telephone interviews. Telephone interview questions were also open-ended covering themes such as, relationships, responsibilities and support. The research was carried out by a disabled researcher and guided by an advisory group that included disabled people. Carers were present for the large majority of interviews with disabled young people to support them to participate. The researcher gave accounts of the challenges associated with minimising the influence of carers' perspectives, thus ensuring, as far as possible, that the voice of disabled care leavers was captured.

The study findings highlighted six main themes: leisure and social opportunities; relationships, sex and sexuality; employment; education and training; and accommodation. In relation to young people's social and leisure activities, the study found a lack of appropriate opportunities to make and maintain friendships outside service settings. Practical support issues and restricted funding on transition to adult services added to these difficulties. The authors argued that the social exclusion of disabled care leavers' was directly linked to social barriers rather than the inevitable effects of impairment.

Most participants expressed a desire to explore and form sexual relationships. However, disagreement among professionals as to the extent of risk of abuse and lack of policy direction in this area restricted disabled care leavers' ability to pursue this aspect of life. In relation to further education and employment, most of the young people were enrolled in further education courses for school leavers with 'learning difficulties'. However, social workers' future planning in this area was ad hoc, even though young people expressed work ambitions ranging from motor mechanics to hairdressing following college courses. Professionals were concerned about young people's access to employment opportunities which tended to be limited to jobs specifically for disabled people (usually in catering or retail).

Interestingly, the young people's accommodation plans varied ranging from wanting to stay indefinitely with their carers (n=2), stay with carers on a more temporary basis (n=2), or live in their own accommodation (n=2). In contrast, service providers

highlighted supported accommodation or group homes as the most likely option on leaving care. When young people stayed in the same placement after leaving care, there was confusion about carers' options, status, rights and responsibilities. In terms of finances, confusion was expressed in almost all cases by carers. None of the young people were receiving direct payments and there was evidence that resources were generally tighter for adult services than children's services. The overall planning of the transition to adult services for the young people was poor. The process was often abrupt with care leavers experiencing a reduction in support when they moved to adult services. Overall, the authors recommended better planning and more resources to support disabled care leavers' transitions to adult life. They also suggested that disabled care leavers' views and experiences should inform decisions about service development in this area, based on their finding that: "this most vulnerable group of care leavers is actually the least well served by the split between children's and adult's services" (2000:79).

Rabiee et al.'s (2001) later study identified 131 disabled young people who were living in, or had left public care. From this number, 28 disabled care leavers aged 16-19 years old were selected to participate in individual semi-structured interviews. Most young people in the sample were regarded as having "some form of learning difficulty (mostly undefined)" (2001:16). However, most had more than one impairment including additional health needs, communication, physical or sensory impairments. The authors found that although these young people were labelled as disabled by their local authority, not all the young people viewed themselves as such. Again, this study was small scale and confined to one, albeit diverse, English local authority. However, rich qualitative data was collected and the presentation of the stories of ten of the participants provides a valuable insight into the everyday issues that are important to disabled care leavers during their transition to adult life.

Many of the issues that mattered to participants were similar to those described by non-disabled care leavers, and others were more specific to the experience of disabled care leavers. For example, disabled young people's often left care at an older age as they stayed at school until the age of 19. However, despite this potential for delayed transitions from care, due to a lack of information and the limited involvement of care leavers and their carers in future planning and decision making,

unplanned and abrupt transitions from care were still experienced. In addition, the study found that many disabled care leavers, particularly those with 'mild' or 'moderate' learning difficulties "fall through the gap between mainstream services and disability services" (2001:40). However, those who had committed advocates tended to do better in terms of achieving goals.

The traditional governmental focus on education and employment for care leavers seemed at odds with the study findings regarding options available to disabled care leavers. Few disabled young people had been expected to think about employment at all, nor did the adults in their lives have high expectations regarding their future independence and citizenship. Although many were enrolled in training courses, there was low anticipation that employment would follow.

Disabled young people were more concerned about relationships and future independence than professionals. Interviews with disabled young people centred on how they could make friends, where they would live and if they would have enough money. Young people experienced significant challenges in forming and maintaining friendships which were rarely outside the service context. Those who stayed in the same long-term foster family had more opportunities to stay in contact with friends outside this context. The study highlighted the lack of support and understanding from professionals towards disabled young people's sexual needs or preferences and low expectations for self-determined life, even when care leavers expressed a desire for such. Not all participants wanted to live independently and, of those who were, "few were managing well" (2001:38). The needs and wishes of disabled care leavers regarding accommodation were restricted by the availability of vacancies in adult services. Housing choices were often denied due to lack of support for independent living. In addition, there was a tendency for young people with multiple impairments, especially if this included communication impairments, to move to residential care on transition from children's services.

Baker's (2007) longitudinal study of disabled children's experiences of permanency in the care system followed the care career trajectories of disabled foster children over three years. Longitudinal data mainly drawn from postal questionnaires, completed by social workers, family placement workers and carers, was collected at

three points in time on foster children of all ages who were identified in seven local authorities in England. The first phase of the study involved the examination of a cohort of 596 children who were looked after on a particular day in 1998 and had been with their foster carer for at least three months. The children were followed up one and three years later.

In this study, respondents were asked to indicate if the child was considered disabled on three different occasions over time, with different respondents. In some cases, all of the respondents agreed as to whether a particular child was disabled or not. In other cases, they disagreed. It was decided to group the children into three classifications as a result: 'clearly disabled', 'not disabled' and 'contested'. Respondents were also asked to indicate the areas of 'difficulty' and their responses were grouped into two categories: 'learning impaired' (learning, behaviour and communication) and physically impaired (mobility and sensory to include seeing and hearing difficulties) (2007:1178).

The study found that the majority of disabled young people over 18 were in independent living (59%). Interestingly, 34% of the disabled young people over 18 had remained with their foster carer (as either a foster or adoptive placement) compared to 10% of non-disabled young people who had slightly higher rates of return to birth family (11% for non-disabled group and 7% of disabled young people) and much higher rates of independent living (79%), particularly in comparison to young people defined as 'learning impaired' (Baker, 2007: 1182).

In terms of achieving permanency regarding stability of placement, those young people who were labelled as 'clearly disabled' fared better than those whose disability was classed as 'contested' who were more likely to have experienced placement disruption. Interestingly, although overall the likelihood of achieving permanency drops as children grew older, the 'clearly disabled' group fared better than the 'contested' or non-disabled group at an older age.

Baker (2007) emphasised the continuing support needs of disabled young people as they move into adult life and questioned the suitability of some of the continuing foster placements which ranged from supported lodging to adult fostering or

continuing child placements. Inadequate support for young people who had 'learning impairments' but did not meet eligibility criteria for adult disability services were of particular concern. None of the young people living independently were considered to be 'doing very well' (2007:1184). Their former foster carers and placement workers expressed "grave reservations about their circumstances and rated independent living poorly in terms of offering long-term security and safety" (2007:1184). Young people were not as concerned about their progress but did disclose difficulties relating to budgeting, social isolation and unemployment.

Based on this study, Baker (2007) made a series of recommendations beginning with the requirement that social services adopt more effective procedures for identifying and monitoring all disabled children in the public care system. Targeted improvements in the outcomes for disabled care leavers should be centred on the aspirations of the young people themselves and secure financial arrangements to enable disabled young people to remain with their carers. Foster carers also need to be involved more in transitional planning and supporting young people once they have left care. In addition, Baker (2007) recommended that: professionals working with these care leavers should have knowledge of both disability and care issues; further education and work opportunities should be expanded; and collaboration between child and adult services should be enhanced. Limitations of the study were related to the subjectivity of respondents' perspectives highlighted by the variance in their views on whether or not children were disabled. However, the study usefully provides insights into the care careers of a range of disabled children and young people and the needs of disabled care leavers, allowing for comparisons to be drawn with the non-disabled population.

3.3 International Literature

Seven international studies based in Australia, United States and Canada were identified for review (Ellem et al., 2012; Fudge Shormans and Rooke, 2008; Goldblatt et al., 2010; MacDonald, 2010; Mendes et al., 2013; New South Wales Ombudsman, 2004; Schmidt et al., 2013). No studies were identified in European countries outside the UK.

Fudge Shormans and Rooke (2008) conducted a small-scale qualitative study in Canada on the lack of adult living placements for care leavers with intellectual and/or developmental disabilities. Some of their participants also had additional needs related to mental health, physical disabilities or behavioural needs. The authors acknowledged that accessing their sample of five care leavers (aged 19-21 years) through gatekeepers (carers and staff) produced a biased and limited sample, further compounded by having only one interview per young person. In addition, as research guides were developed by focus groups of carers, social workers and other staff, a potential directing effect on the research was conceded. These shortcomings however, did not reduce the quality and depth of data generated in interviews with the young people themselves, as well as focus groups with carers and staff. Additionally, the reflexive reporting of the research process provided useful insights into the conduct of qualitative, participatory research with disabled care leavers. Data from the care leavers was supplemented with four focus groups (involving 24 professionals/carers) including: five social workers working with disabled care leavers; four social workers from a community agency working with young people who had left care; ten foster parents and five staff from children's residential care.

Findings of the study pointed to the consequences of inappropriate placements, which ranged from staying in children's foster or group homes to being placed (often abruptly and without choice) in supported adult placements including settings for older people. The authors highlighted the increased vulnerability of disabled care leavers who had very limited access to adult advocates and protection. The shortage of appropriate adult placement options resulted in young people being forced to stay in children's residential care with continued uncertainty about when they may leave. This situation was challenging for service providers who were reluctant to move young people into an uncertain adult world with no support but were under statutory pressure to discharge young people from care. Those most at risk of falling between the gaps in services were: young people with borderline intellectual disabilities who were often not eligible for adult services; young people with a dual diagnosis of disability and mental health issues as there no consensus on who is responsible for meeting their needs; and young people presenting with challenging behaviour who were viewed as a more difficult group.

Disabled care leavers experienced separation and loss of significant relationships and supports and variation in philosophy and practice across child and adult services. These challenges were reported to have a detrimental impact on the young people's physical, mental, emotional and social wellbeing. Young people in this study emphasised their aspirations to move into adult lives characterised by self-determined lifestyles, social inclusion and independent living. They expressed awareness of adult responsibilities (including managing own behaviour and self-care) and acknowledged their need for continued support but wanted opportunities to make decisions about adult living placements and individualised supports that would meet their transitional needs. The importance of individual support and 'readiness' to move on was also emphasised by professionals to avoid placement breakdown and multiple moves. Indeed, the study found that inappropriate placements often broke down resulting in further crisis and change for the young person.

Deficits in appropriate accommodation were associated with lack of resources and availability. Service developments in this area were hindered, according to the authors, by concern about the costs of expending adult accommodation options for disabled care leavers. Other factors in this shortfall were changing socio-political and economic priorities; lack of co-ordinated planning between child and adult services; and inconsistency in ministerial and departmental commitment. The authors also highlighted the impact of negative societal attitudes which devalued people with intellectual disabilities. The consequences of inadequate provision for care leavers included homelessness, deterioration in mental health and contact with the criminal justice system. The authors also expressed concern about young people returning to their birth families due to the lack of alternative options where the risk of violence and abuse was high.

Schmidt et al. (2013) conducted a study on restrictiveness among 207 care leavers with (n=124) and without disabilities in one urban area in the United States. These young people were aged between 16 and 18 years old and were transitioning from foster care placements. The sample was constructed by cross referencing details of young people under the guardianship of child welfare services in one targeted area with records of special education and use of developmental disabilities services. Of the total 207 young people, 124 were in special education and 51 were accessing

developmental disability services. These young people were surveyed to examine their experience of restrictiveness in the categories of communication, mobility in the home and community participation. The majority of the cohort with special educational needs had intellectual, learning or 'emotional/behavioural' impairments (83.8%) and 28% had more than one impairment.

The study found that disabled young people (in special education or developmental disability services) transitioning out of care were significantly more likely to be placed in specialised care settings than non-disabled young people. Indeed, 88% of the youth receiving developmental disability services lived in specialised care environments. They were also more likely to perceive their placements to be more restrictive across the three areas examined. This was particularly the case for male disabled care leavers and white disabled care leavers. The authors indicate that the findings suggest higher levels of restriction for disabled males which may be linked to a service response to behavioural difficulties. The study is limited by the relatively small sample size in one geographical area, use of service categories to define the sample and use of single survey questions to assess restrictiveness. However, the study usefully highlights inequalities in placement restrictions for disabled young people in care which are likely to impact on their preparedness for transitioning to adult life.

All of the other international studies reviewed were based in Australia. The first was a review of transitional support for disabled care leavers conducted by the New South Wales Ombudsman (2004). Based on data on 1,299 young people in care aged 15-17 years old provided by the Department of Community Services, 198 care leavers were identified as disabled. The review focused on a snapshot of 27 of these young people who turned 18 in the year of the study and were identified as having autism or intellectual disabilities (15 of these care leavers had more than one impairment, including 5 diagnosed with a mental illness). For five young people who would leave care at the start of the study (March 2004), care plans and minutes of the most recent case conferences. The use of existing data can be problematic for researchers as they have no control over how data was collected or biased. In addition, records may contain inaccuracies or have major omissions. Despite these weaknesses, however, statutory records can be a useful source of information about

the characteristics of care leavers and their access to support services. For the other 22 young people, interviews were also conducted with case workers, other service providers, significant people in the care leavers' lives and, where possible, the young people themselves. Sixteen of the care leavers were Anglo Australian, five were Aborginal, and five were from 'culturally and linguistically diverse backgrounds'. The report does not provide any further details on cultural differences within the population sample in relation to variation in care leaver experience. Interestingly, 20 of the care leavers still had birth family contact, although this had reduced over time for many. Staff had concerns about the drug or alcohol misuse for 10 of the young people and 13 young people had contact with the police of juvenile justice system. Seventeen of the young people had a history of multiple placements and 16 were in their current placement for a year or less. These sample characteristics provide some insight into the additional needs of this group requiring higher level of support during and after the transition from care.

Two young people missing at the time of the review were living independently in rented or transient accommodation. For two other young people, the leaving care plan was to remain indefinitely with their foster carers. For the remaining 23 there were plans to move to: independent living (n=14); alternative supported accommodation (n=7); or return to birth family (n=2). Staff expressed concern about some young people who had returned home and or lived with partners in relationships considered to be exploitative. It was indicated that these young people depended on these relationships for financial and emotional support.

Entitlement to supported accommodation did not guarantee a smoother transition usually as a result of inadequate planning and service coordination. For disabled care leavers requiring supported accommodation, leaving care planning was required to commence two years before discharge. However, for the majority of disabled young people in this study, leaving care planning began six months or less before discharge (n=19); and for those eligible for supported accommodation services, leaving care planning commenced between four and twelve months before discharge. For seven of the 27 young people, leaving care conferences either did not occur or took place weeks before or after they left care.

Young people not eligible for adult disability services, supported accommodation or casework support, found it difficult to access services despite ongoing support needs. Some of these young people moved to independent living arrangements despite caseworker concerns about their lack of capacity to do so. Some case workers linked these young people to other disability or adolescent support services at the time of discharge, where they could access drop-in and mentoring support. Indeed, the review found that many of these young people continued to receive support from children's services after their 18th birthday. Indeed, 8 young people had their placements extended to allow them to finish schooling and two had extended placements to allow completion of employment training. However, for some, the only support available was a referral from children's services to aftercare support services which were not funded to provide the long-term or intensive casework this particular group required.

Although the study found wide variation in the extent and quality of leaving care plans, characteristics of successful transitions were identified in many cases. Subsequently, the review recommended earlier leaving care planning involving disabled young people and adopting an inter-agency approach. More timely specialist support and/or adolescent services prior to discharge from care and after transition from care were also necessary to meet the needs of this population. Finally, it was recommended that assessment and leaving care plans should: address skills and knowledge deficits; clearly identify goals, roles and responsibilities; and be regularly reviewed to keep updated on progress.

The second Australian study was an evaluation of a leaving care programme in New South Wales providing support for disabled young people 18 years and over who were transitioning from state care (Edwards, 2010; Goldblatt et al., 2010). The programme aimed to prevent homelessness and contact with the criminal justice system. The evaluation examined the effectiveness of the three models within the leaving care programme: alternate family placement, group home and drop-in-support. Young people had access to a range of services within these programme including: accommodation support, maintaining current foster placements; vocational opportunities; a leaving care mentoring service; and opportunities for community

participation. The evaluation examined programme effectiveness and outcomes using a range of methods including: administrative data analysis; a survey of 61 young people (23 of these completed by phone or face-to-face interview); and 15 case studies (young people, family/carers and case workers). Most young people needed assistance to complete the surveys, usually from their carer or case worker. Additionally, evaluators consulted with stakeholders from government, service providers and non-governmental organisations (28 consultations with 39 individuals).

Administrative data on 193 young people engaged in the programme indicated that they were mostly aged between 18 and 21 years (75%), often had more than one impairment type (most commonly intellectual and physical [n=30] or psychiatric [n=29]), and had more males (62%) than females (38%). More than four fifths (83.4%) were described as having an intellectual disability. Others had physical or psychiatric impairments or autism. Almost a fifth of the young people were defined as Aboriginal. Less than half of the participants had a leaving care plan and only 18 had contact with the criminal justice system.

The survey population was approximately two thirds male and mostly aged 20-21 years. One fifth were indigenous Australians (n=12). Half of the young people were engaged in community participation activities (informal and formal supported activities). One fifth stayed mostly at home, almost a third were doing college courses (32%) and nearly one fifth (18.6%) were involved in a work training programme. None of the young people were in full-time employment however, just over a quarter (27.1%) were working either volunteer or part-time, casual work. Only 5 young people had been homeless however almost a third (30.5%) had been in contact with the justice system (much higher than the administrative data reported above). However, the authors expressed caution about this finding as the survey question was broad and may have been interpreted differently. Indigenous young people were more likely to have contact with the justice system since leaving care (45.5% compared with 28.9%), however this difference were not significant. Indigenous respondents were also more likely to experience independence with half of non-Indigenous young people being in a group home compared to one quarter of Indigenous respondents. Interestingly, none of the indigenous respondents were living with a relative or in kinship care, compared with 10.9% of non-Indigenous

respondents. Young people who lived in foster care stayed in care for longer. Kinship care placements had a wide range of years of stay whilst group homes and houses/flats had a similar duration of stay of 1.9 years. Those in kinship care were more likely to spend their time at home whilst those in a group home were more likely to be engaged in college courses. The majority reported being happy or very happy with leaving care planning (76%) and most had at least weekly contact with their support or key worker (75%) and were generally happy with the support received. Those who reported being unhappy were also less satisfied with current living arrangements.

The case studies involved interviews with the young person and their support worker/carer and reviewing the young person's leaving care plan. The authors report that support workers or carers were present for most interviews with young people however, no further details are provided on the rationale or impact of the presence of staff or carers on the interviews with young people. Observations of group homes and a day programme were also undertaken to supplement this data. The 15 case studies included young people in a range of accommodation settings (three in alternative family placement; six in group homes; six in drop-in support) with four young people receiving intensive 24 hour residential support in drop-in settings or group homes. The authors raised concerns about the appropriateness of this high cost level of support often focused on behavioural management or harm minimisation and questioned whether it met disability support needs or presented opportunities to develop independent living skills and experience 'normal' home living. Some young people expressed a desire for more independence however, intensive contact with support workers made it difficult to achieve this goal.

Young people ranged in age from 18 to 22 years, including seven females and eight males. Three participants were Aboriginal and the authors defined another four participants as being from culturally and linguistically diverse backgrounds. The majority of young people were defined as having an intellectual disability (13 or 87%). Three young people had multiple impairments and very high support needs, three had autism and three were visually impaired or blind. Two young people had a psychiatric disability. At the time of interview, three young people were still at school, eight had finished school, one was completing school studies at the local college,

two had left school before finishing and one had been expelled. Five young people were attending a community participation programme. These day programmes were viewed as unsuitable for higher functioning young people, particularly those who did not self-identify as disabled. However, structured peer group activities and skills development were important components of these programmes for some young people. Only one young person attended a transition to work programme however, a couple had started such programmes and left early. Nine young people were attending local colleges and all were positive about this experience as they were developing new skills for future employment or independence and forming new friendships. None of the young people were in full-time paid employment, two were classified as unemployed and two had part-time work for a small payment.

The authors reported that young people were accessing required supports and individualised services. Positive aspects of services provided included: protection from harm, connections to mainstream community activities, support with daily living skills and stability in post-care placements. Alternative family placements were the most stable placements with three young people availing of this accommodation option by remaining with their foster or kinship carer when they left care. These were consistently caring and stable placements, often supported by respite care which offered peer support to young people and a break from caring for their carers. There was concern, however, about the over-protectiveness of carers in these settings including their focus on the young person's impairment rather than abilities and the lack of planning for the future when ageing carers were no longer able to care. Training for foster carers was recommended to raise their awareness and increase opportunities for promoting independent living skills for young people in their care.

Those in group care also maintained stability in placements as they usually lived in one group home for some time. There were mixed views among young people living in group homes mainly due to group dynamics between residents. Most of these young people had multiple impairments and high support needs which the researchers considered to be well met in the group home environment as it provided peer and staff support with daily living.

Others accessed drop-in support models aimed at those more able to live independently where accommodation options ranged from tenancies in public or community housing (n=2), living in grandparent's home (n=1) or accommodation leased by the leaving care services (n=3). Those accessing drop-in support were more likely to experience changes in accommodation in comparison with other placement types, however, they were able to maintain contact with the same support worker. Securing suitable social or independent housing was challenging and time consuming, demanding more individual support from workers.

A range of transitional experiences were evident in the case studies ranging from continuity of service provision to cessation of support when young people turned 18 years. Those already in out-of-home care did not experience significant change as they often remained with the same accommodation and support workers. For others, the transition from child to adult services was a time of much anxiety and confusion which led to some disabled young people running away or moving into a self-selected or birth family settings without necessary supports and where they were at risk of exploitation. Efforts were made to involve young people in leaving care planning meetings however a small number were not involved in decisions about their post-care arrangements or aware of their right to participate and make decisions about their future, particularly those with more significant levels of impairment.

Interestingly, the role of birth families in the young people lives was highlighted as generally being a positive source of practical and emotional support, despite complex and sometimes difficult family relationships. At least ten young people maintained contact with their birth families and, for some, these relationships had further developed since leaving care. For those who did not have contact with birth family, feelings of pain and loss were reported. For Aboriginal participants, birth families helped to connect young people with their culture however, as a result of difficult family histories some Aboriginal did not identify strongly with their cultural heritage. Support workers played an important role in supporting connections with birth families and assisting young people to re-build these relationships. The authors suggested this was particularly important for Aboriginal or culturally and linguistically diverse young people in terms of supporting positive cultural identities. Interestingly,

Aboriginal young people were more likely to access drop-in support compared to other young people (41.2% compared to 24.5%) whilst those not identified as Aboriginal had higher rates of group home support (40.3% compared to 29.4%).

Service providers emphasised the importance of early planning and referral for accommodation when the young person turns 16 years as an integral part of their leaving care plan and a six month review of accommodation to ensure it is appropriate and avoid placement breakdown or homelessness. Concerns were expressed about a lack of understanding of the broader eligibility criteria applied for young people to gain access to disability services which resulted in the exclusion of some young people with multiple and complex needs (including challenging behaviours or high support needs) who were not yet diagnosed with an impairment. Joint disability awareness training for staff across sectors was recommended to assist in the identification of young people eligible for the programme. However, there was also concern about other groups being excluded from the programme due to eligibility criteria, who may have no access to support staff or advocates and experience the lengthiest wait for housing. This was particularly relevant to Aboriginal and culturally and linguistically diverse young people as parental responsibility remains with the birth family and the service is only offered to those under statutory care. Indeed, a general lack of Aboriginal specific services was noted for care leavers from rural and regional areas. A community oriented approach was recommended to engage with the wider family network and Aboriginal community which could be supported with the employment of more Aboriginal case workers and mentors. Edwards (2010) also highlighted particular concerns for disabled young people relinquished by their family in respite care settings who were not engaged with leaving care services.

There were also difficulties for: young people aged 17 who were not eligible for group home accommodation until they turned 18 years; young people who were homeless or persistently abscond; and young people who did not identify as being disabled (particularly those with mental illnesses) due to concerns of stigma who require a different approach from the leaving care programme.

Key priority areas for the future development of the programme included: great participation of disabled young people in planning and decision making; stronger connections with Aboriginal families and communities; better co-working across services at transition points; systemic, regional efforts to increase the range of appropriate housing options; greater access to educational and vocational opportunities; more open eligibility criteria for access to services; and a stronger focus on developing capacity, emotional wellbeing, social relationships and the independent living skills of disabled care leavers in transition.

MacDonald (2010) reported on another Australian study focused on young people with intellectual disabilities exiting statutory care in Brisbane. A total of 43 young people who had exited state care (on average two and a half years ago) were involved in the study. This sample included 28 females and 15 males. The findings showed that these young people had poorer outcomes across a range of domains including: homelessness (59%); early parenthood (42%, all female with a 96% child protection intervention rate); offending (17%); victim of crime (at least 71% with 67% being sexual assault or rape and only 3 related convictions for perpetrators); substance abuse (44%); unemployment (94%); and contact with mental health services (60%). The author expressed concern about risks of exploitation as these young people experience social isolation with an absence of supportive adult relationships, unstable housing and abusive relationships with birth relatives or partners. Young people defined as having mild intellectual disabilities also often became homeless and could not access services as youth and homeless providers excluded them due to their perceived high level of need or challenging behaviour and disability services refused access due to their perceived higher level of functioning. No further details of the study methods are provided in the article reviewed and the small sample size limits its generalisability, however, the findings are consistent with other studies reviewed. Based on these findings, the author recommended that improvements in service provision should include: ongoing and long-term support; more appropriate accommodation options; safeguarding interventions; identification of valued social roles; and support for the young person's physical and mental wellbeing, including counselling to address and recover from previous abuse or trauma and access to mental health supports.

MacDonald was one of the co-authors of another study in the same geographical area focused on care leavers defined as having mild or borderline intellectual disabilities (Ellem et al., 2012). This study is an important addition to the available literature as it highlights a group of young people often overlooked by researchers and service providers. Indeed, the authors acknowledged that these young people may exclude themselves from opportunities to engage with services in an effort to fit in alongside their peers (Ellem et al., 2012:37). For this study, the researchers undertook secondary analysis of internal policy and research documents and conducted semi-structured, in-depth interviews with eleven staff members supporting care leavers categorised as having mild-borderline intellectual disability.

The study found that the timing of cessation of children's services often led to abrupt transitions out of education and care settings. With these rushed transitions to adult life, learning and social difficulties could go unnoticed. In addition, these young people experienced difficulties with access to resources to meet basic needs (such as, housing, food or clothing). The authors suggested that lack of opportunity to engage in structured daily activity in their post-school and post-care lives may lead to substance misuse and a deterioration in physical and emotional wellbeing. Professionals considered these young people to be risk of sexual and financial exploitation, sometimes linked to previous childhood trauma or abuse. The authors recommended a change in systemic expectations to allow a slower pace of transition for these young people that would facilitate opportunities for reciprocal relationships in the local community and the development of key skills for young adult life, including positive self-esteem and self-management of symptoms of mental illness. Given complex family relationships, it was suggested that staff could support young people to re-engage with birth families whilst ensuring safeguards are in place. Building individual, collective and external resources was emphasised by the authors to address person-centred needs and wider structural inequalities. Finally, in relation to participation, the authors highlighted the need for a twofold focus on: developing the capacity of these young people to engage in decision-making; and ensuring staff use reflective and active listening skills to include and listen to these young people.

The final Australian study reviewed sought to examine the issues and challenges for practitioners who support disabled care leavers in Victoria (Mendes et al., 2013;

Mendes and Snow, 2014). Nineteen workers from six out of 11 Victorian key agencies took part in six focus groups. These agencies were selected on the basis of their experience of providing out-of-home care or advocacy for disabled care leavers. Participants included front-line case workers, team leaders and managers. These professionals were asked to reflect upon their own experiences of preparing young people to transition from care or supporting them during or after their transition.

The study found that disabled care leavers were not experiencing planned transitions and aftercare services were not appropriate to their needs. Often, their level of support reduced once they moved into adult disability services. As a result of inadequate funding, reduced resources and a crisis led service approach, professionals reported a lack of accommodation options and support services which impacted on their efforts to prepare the young people to leave care. It was also suggested that these structural and recourse issues led to a lack of involvement of disabled young people in their leaving care plan. Transitions were reported as being abrupt and problematic for some young people, further hampered by a lack of inter-agency collaboration. Young people living in rural areas were also more disadvantaged in terms of services and resources than those in urban.

Negative short and long term outcomes were noted for disabled care leavers. Many were placed in inappropriate accommodation such as supported residential services or boarding houses that were considered to be unsafe and violent settings (Mendes et al., 2011). There was evidence that some young people were being placed in aged settings when no other options were available. Others had no option but to return to live with their families or become homeless which placed them at higher risk of abuse and exploitation. The authors also expressed concern about disabled young people transitioning out of care and entering the prison system (Mendes and Snow, 2014).

This study highlighted inconsistent interpretations of disability across service systems with only some including mental health in their definition of disability. Professionals also reported that delays in assessments due to lengthy waiting lists and high costs restricted access to essential services. There was particular concern about young people with borderline or undiagnosed impairments and those

experiencing mental illness who did not have their needs met by mainstream provision but could not access specialist services. According to professional respondents, these young people did not receive the services and accommodation they required and were at high risk of poorer outcomes. Additionally, those with mental illness did not receive access to disability services even though it is the most common type of need yet were also often excluded from mainstream accommodation if their needs were viewed as being 'too high' (2013: 42). For those who did secure mainstream accommodation, placements often broke down due to lack of ongoing support. Professionals indicated that it was unreasonable to expect young people who had experienced high levels of support whilst in care to assume full responsibility for their own finances and other matters directly upon leaving care. This point was particularly pertinent to young people with intellectual disabilities or mental illness who did not feel prepared to live independently.

This was a small-scale study that did not include the views of young people themselves, however, further phases of the study are planned including a wider staff survey and interviews with disabled young people. As the first of a multi-phase study, this research provides important practice-based evidence from staff who work directly with disabled care leavers that can inform policy and practice developments. At a strategic level, the authors called for improved data collection systems to facilitate the collection of reliable information on the characteristics and number of disabled young people leaving care, including Indigenous young people. The authors recommended better collaboration and joint planning between child welfare and disability services to improve transitional planning and support for these care leavers. These developments should also prioritise the participation of disabled young people in their leaving care plans and decisions about their post-care lives. This research also highlighted the importance of prompt, well-funded assessment, pathway planning and aftercare support for disabled care leavers until at least the age of 21 years, including more appropriate accommodation options and a focus on developing key independent living skills.

3.4 Discussion

A key finding of this review of is the absence of empirical research on disabled care leavers. Those studies which have been carried out have focused on intellectual

disability in the main, with some including additional physical and sensory impairments. Some reasons for the lack of attention given to disabled care leavers have been proposed by authors including definitional challenges and difficulties relating to identification and access to disabled young people who are falling under the investigative radar due to how they are categorised by services (Baker, 2007; Mendes et al., 2013; Harris, 2005). Furthermore, many young people do not identify themselves as disabled even when labelled as such by service providers (Rabiee et al., 2001).

Despite the challenges associated with identifying disabled care leavers for study, research in this area has begun to uncover a number of important issues in the drive to better understand the characteristics and needs of this population. These young people are more likely, for example, to leave care at an older age than their non-disabled peers (Rabiee et al., 2001) and experience poorer outcomes when they do leave care (Mendes et al., 2013). In particular, disabled care leavers are more likely to have contact with the criminal justice system, become homeless and experience a higher risk of abuse and exploitation after leaving care (Edwards, 2010; Fudge Shormans and Rooke, 2008; Goldblatt et al., 2010; MacDonald, 2010). Furthermore, the outcomes for those young people who fall through the service net in terms of borderline and undiagnosed impairments or mental illness are even more likely to be poor (Ellem et al., 2012; MacDonald, 2010; Mendes and Snow, 2014).

A major problem for disabled care leavers is the lack of planned transitions and adequate aftercare (Goldblatt et al., 2010; Mendes and Snow, 2014; Rabiee et al., 2001). Lack of resources and delayed planning and intervention detrimentally impacts on the supports available for preparing disabled young people to transition from care (Fudge Schormans and Rooke, 2008; Mendes et al., 2013; Rabiee et al., 2001). Subsequently, transitions from child to adult disability services can be delayed or experienced as a sudden change in their lives. These disruptions are often compounded by lack of inter-agency collaboration across complex service systems. Those who do gain access to adult disability services can also experience reduced levels of support compared to the level of support provided under children's services (Mendes et al., 2013; National Foster Care Association, 2000).

Regarding accommodation, there is shortage of appropriate supported living options for disabled young adults and concern that some young people move to aged care facilities (Fudge Schormans and Rooke, 2008; McConkey et al., 2004; Mendes et al., 2013). Further, the NSW Ombudsman review (2004) found that many disabled care leavers move to independent living arrangements despite concerns held by their case workers that they are unprepared or lack the capacity to live independently. Contributory factors to the lack of suitable accommodation relate to: resource constraints; service unavailability; changing socio-political and economic priorities; and lack of coordinated planning between child and adult services (Fudge Schormans and Rooke, 2008). The consequences of this lack of suitable accommodation included inappropriate placements, returning home to unsafe environments or risk of homelessness (Mendes and Snow, 2014). Given these poorer accommodation outcomes, the importance of developing adult advocacy and protection services was noted by several authors (Mendes et al., 2013; National Foster Care Association, 2000; Fudge Schormans and Rooke, 2008; Rabiee et al., 2001).

The governmental focus on outcomes for care leavers often concentrates on education and employment as priority areas. This review has found that, although many disabled care leavers are encouraged to enrol for college courses, these tend to have a narrow focus on independent living skills despite the unavailability of suitable supported living accommodation (Fudge Schormans and Rooke, 2008). There was also evidence that professionals have low expectations for their future opportunities for employment and independent living (National Foster Care Association, 2000; Rabiee et al., 2001). While education and employment are important outcomes for young people, care leavers also highlighted additional priorities including: family involvement; friendship; sexuality and parenting; and health (Goldblatt et al., 2010; Fudge Schormans and Rooke, 2008; Rabiee et al., 2001). The value of a network of supportive peers and opportunities for social inclusion was emphasised by young people in Rabiee et al.'s (2001) study as being particularly important in the transition to adult life. These findings highlight the importance of listening to the views of disabled care leavers as their perspectives and priorities can differ significantly from those of carers and professionals.

It is important to note that several studies underline the importance of acknowledging the heterogeneity of the population of disabled care leavers in terms of support needs, community and family context and cultural background. The differing experiences of disabled care leavers were particularly evident in the Australian studies by Mendes et al. (2013) and Goldblatt et al. (2010) who found that those in rural areas were at an added disadvantage and Aboriginal disabled young people had higher rates of drop-in-support and lower rates of group home support. The needs of disabled care leavers who are homeless and care leavers who do not meet diagnostic criteria or do not self-identify as being disabled have also been highlighted. Targeted funding and services are required alongside the development of awareness and understanding of the needs of disabled care leavers (Fudge Schormans and Rooke, 2008; Goldblatt et al., 2010; Mendes et al., 2013).

On a more positive note, there is evidence that good practice in planning for transition does produce better outcomes for disabled care leavers. The NSW Ombudsman review (2004) identified key elements of effective planning to include an inter-agency approach and greater collaboration between child and adult services. Timely engagement of specialist support and/or adolescent services before leaving care also contributed to positive outcomes. Early and flexible transition planning helps to ensure transitions are appropriately paced and facilitate access to specialist assessment of health and social care needs (Goldblatt et al., 2010; Mendes et al., 2013). Several authors emphasise that assessments and plans should be strengths-based and person-centred to target the self-determined priorities of care leavers and identify areas of skills development and support required for post-care lives (Goldblatt et al., 2010; NSW Ombudsman, 2004). In addition, leaving care plans should document goals, roles and responsibilities of all agencies (NSW Ombudsman, 2004; Rabiee et al., 2001). These plans should be regularly reviewed at least until the age of 21 years to reflect the changing needs of care leavers as they leave care and should link with ongoing support after leaving care (Mendes et al., 2013; NSW Ombudsman, 2004).

In conclusion, existing research indicates that policies and practices are not being adequately directed at the needs of disabled care leavers (Mendes et al, 2013; National Foster Care Association, 2000). This particularly vulnerable group of care

leavers should be placed at the centre of all decisions relating to their transition to adult life to facilitate meaningful, self-determined life choices (National Foster Care Association, 2000; Rabiee et al., 2001). Although there is some evidence of good practice regarding transitions to adult life for disabled care leavers (National Foster Care Association, 2004; NSW Ombudsman, 2004), the stories of these young people remain "overwhelmingly pessimistic" (Mendes et al., 2013:47). The starting point in addressing the situation, according to the literature, is in the identification of the population of disabled care leavers and their particular characteristics and service needs through improved agency and governmental data collection and linkage (Harris, 2005:124). There is also a clear need for further empirical research focused on disabled care leavers to build knowledge of their specific needs and experiences within the context of wider disabling barriers in society. The studies reviewed highlight the importance of attention to the diversity of this population in future research in relation to experience of impairment, cultural contexts and family or community systems of support. It is also crucial that future research in this area incorporates the views of disabled care leavers at various stages of the care leaving journey to ensure the inclusion of their perspectives and priorities. Building knowledge and understanding of the needs and experiences of disabled care leavers in these ways should help to ensure their transitional support needs are further prioritised and more comprehensively addressed in future policy and service developments.

4.0 Review of Research on the Mental Health Needs of Care Leavers

Research and government data consistently report that young people with mental health needs are over-represented in the care leaving population (Cashmore and Paxman, 2007, Hamilton, 2013; Pecora et al., 2003; 2005; 2009; Vinnerljung et al., 2006; White, 2011). In Northern Ireland, a study of young people living in public care in one Health and Social Care Trust found that up to 60% had diagnosable mental health disorders (Teggart and Menary, 2005). Similarly, the latest Delegated Statutory Functions return (HSCB, 2013) reported a high prevalence of mental health needs among care leavers in Northern Ireland with 17% of care leavers receiving treatment for mental health concerns and 9% of care leavers receiving treatment for self-harm (who may or may not be included in the 17% receiving treatment for mental health concerns).

Researchers have noted that young people who have been in care are at increased risk of emotional and behavioural disorders due to traumatic past experiences leading to their entry into care and often come into care with established psychological problems (Pecora et al., 2009:134). During their time in care, services aimed at addressing mental health needs can be inadequate and inconsistent (Mullan et al., 2007). At the stage of leaving care, transitions from care placements, changes in levels and types of support and difficulties associated with securing a further education course, a job and a suitable home can cause much anxiety. These difficulties are all the more challenging for care leavers who are feeling vulnerable, depressed, anxious or emotionally unwell (Stein, 2012). The quality of life outcomes for these young people as they transition to adult life are poor across many domains of life, particularly in terms of mental health, education and employment (Akister et al., 2010; Stein, 2012).

In this section of the review, an overview of the available research on the mental health needs of care leavers is presented. A total of 31 relevant studies are included. This body of research is predominantly quantitative, relying in the main on psychological diagnostic tools and standardised instruments to measure and report mental health in relevant areas. Whilst these studies tell us about the extent and nature of mental ill health amongst this population, they can be subject to limitations regarding confidence due to missing and/or incorrect data. Pecora at al. (2009:133)

expressed caution about conclusions drawn from these studies due to the lack of comparison groups, infrequent use of the same standardised instruments across studies and inadequate use of statistical controls. A small number of quantitative studies reviewed use self-report measures which have different limitations in relation to the subjective measurement of mental health. Overall, however, there is a strong body of research literature in this area conducted in the United States with notably less attention given to the mental health of care leavers in the UK. This review will begin with a review of existing research in the local context, followed by UK studies and international research.

4.1 Northern Irish Literature

Mullan et al. (2007) is the only region-wide study in Northern Ireland that investigated the mental health needs of care experienced young people and the services that support these young people in their transitions to adult life. Across four Trust areas, 51 care experienced young people were recruited from 665 potential participants. The ages of these young people ranged from 12-14 years (n=21), 15-17 years (n=16) and 18 to 25 years (n=14). This study is somewhat unique to research on the mental health of care leavers with regard to its use of qualitative methods. Data collection methods included in-depth qualitative interviews and focus groups (six group discussions with between two and four people in each) with the young people and 144 postal questionnaires completed by important adults in the young people's lives including: foster carers (n=54); field social workers (n=44); residential workers (n=41); and birth parents (n=5).

The study found that 'relatively low numbers' (2007:19) of young people perceived themselves as having mental health needs, however, 'a substantial number' reported feeling depressed (actual numbers were not reported). This finding indicated that young people were more likely to describe feelings and emotional problems rather than use formal mental health labels. Despite not recognising themselves as having mental health problems, many reported having had contact with a mental health professional (such as psychologists or counsellors) at some point about a related issue. Confusion was expressed by these young people regarding the role of professionals they had had contact with and to whom they had been required to re-tell their stories. There was also lack of understanding around the purpose of

medication they were, or had been, taking. Young people also reported an unwillingness to see mental health professionals, only going to appointments because they were told to do so. The 'small number' (2007:21) of young people who did want to see a mental health professional often experienced practical obstacles to accessing these services. There was also evidence of young people being excluded from decisions about their own mental health care. Young people who had undergone in-patient care (reported as 'a significant minority [2007:21]) described their experiences as negative and unhelpful. A range of positive (such as, recreational or leisure activities) and negative (such as, substance misuse or self-harm) coping strategies were reported. Self-harm and solvent abuse were particularly associated with young people in residential care. Frequent post-care placement moves after care (such as hostels, B&Bs, homelessness, supported or rental accommodation) were a key issue for young people in the study with one young person describing multiple post-care moves as "pinball living" (2007:44).

The stigma associated with mental health, the adult nature of mental health services and language used by professionals were significant barriers to accessing mental health services for these young people. Some young people felt unable to talk to others about their problems. Of those who did open up, they often did so to non-mental health professionals with whom they had built relationships of trust, such as residential staff, foster carers or teachers. Given this finding, the authors recommended that those closest to these young people should be trained in basic mental health assessment and needs. More age-appropriate, friendly environments may also encourage young people to feel more comfortable about sharing their emotional and mental health needs.

In spite of potential vulnerabilities associated with leaving care, many of those nearing the care leaving age expressed a desire to leave as soon as possible. However, poor preparation for the practical realities of living independently and lack of support were key factors impacting on their leaving care experience. There was concern that some young people moved to potentially vulnerable post-care settings where they could be exposed to older adults with drug and alcohol related problems. For young people who moved back to their birth family environment, little preparation was undertaken on how to deal with the complexities of the family situation from

which they entered care. The accumulative impact of pre-care trauma and difficult in-care experiences on the mental health of care leavers was noted. The study identified protective factors which positively impacted on mental health: having a significant adult, stable placements; desired contact with family; being able to talk about feelings and experiences; learning to cope; friendships; understanding of the care experience; and interests. Care plans were found to be falling short in most of these areas, particularly friendships.

The authors discussed how the remit of many policies and practices to support and protect young people in care end when they leave care giving them a more limited safety net than that enjoyed by their peers. Continued access to co-ordinated and age appropriate mental health services for care leavers was recommended alongside greater participation of care leavers in service planning and delivery and the integration of risk reducing and resilience enhancing activities in care pathway planning. Enhancing young people's understanding of their own mental health in a way that is comprehensible to them, including the reason for medication, was also recommended. Finally, the authors noted the important psychological and social benefits of paid work and encouraged greater links to further education, careers services and the voluntary sector for care leavers.

In a later small-scale study, Hamilton (2013) examined the incidence of suicidal ideation and behaviour among young people known to 16+ teams over a one year period in one Trust area in Northern Ireland. A pro forma was provided by the researcher to facilitate data extraction by professionals from their case notes, following training and guidance from the researcher. A response rate of 76% was achieved (n=164) with 72 males (43.9%) and 92 females (56.1%). The main limitation of this study was the reliance on professionals to extract data from their case notes which may introduce error or bias. There was concern that differing definitions of mental health were being used by professionals as some categorised young people with autism or ADHD as having a diagnosis of mental illness. In addition, the missing data (24% of professionals did not respond) may have affected the reliability and validity of the results. However, the study did yield a reasonable response rate and does provide useful information on the incidence and nature of suicidal ideation and behaviour in one Trust area.

Most of the young people were aged 18-22 years (70.7%) with 29.3% aged 16-17 years. The majority were legally classified as 'former relevant' (67.1%) with 6.7% classified as 'relevant' and 19.5% 'eligible' care leavers. None of the young people had a legal status of a 'qualifying' care leaver. A high number of young people known to 16+ teams had entered care in their adolescence with 39.8% (n=64) having three years or less care experience. Of this population, 70.3% (n=45) were living in placements not monitored by the Trust and 37.5% (n=12) lived alone. A total of 21 young people (12.8%) were diagnosed as having a mental illness, most frequently depression.

A high number of young people in the study had presented with suicidal ideation and behaviour. In the sample, 34.8% (n=57) of young people had a history of self-harm and 27.4% (n=45) presented with suicide or self-harm attempts within the study period. A total of 17.7% (n=29) of young people presented with suicidal thoughts, plans or intent without any further action. It is noteworthy that 54.1% (n=20) of self-harm incidents, 62.1% (n=18) of suicidal thoughts and 58.3% (n=7) of attempted suicides were by young people with 3 years or less care experience. The prevalence of a history of self-harm (80.7%), incidence of self-harm in the study period (78.4%) and suicidal thoughts, plans or intent (75%) was also much higher for those who were living in placements not monitored by the Trust.

Of those who presented with self-harming behaviour, 45.9% were unemployed. Similarly, 48.3% of those who expressed thoughts of suicide and 41.7% of those who attempted suicide were unemployed. Of the total number of young people who were unemployed, 80% (n=40) lived in placements not monitored by the Trust. The lowest rates of self-harm were reported for young people engaged in higher education and none of the young people in higher education or employed presented with suicidal thoughts.

A total of 59 young people (36%) were known to child or adult mental health services with 48.7% (n=28) of these young people presenting with at least one incident of self-harm and 44.3% (n=25) presenting with at least one incident of suicidal thoughts, plans or intent. The majority of those who attempted suicide in the study period (10 out of 12) were known to child or adult mental health services.

Based on these findings, the author suggested that older care leavers who are unemployed and living alone or in a placement not monitored by the Trust were most at risk, particularly if they were engaging in substance misuse and had a history of adverse childhood experiences or abuse. The author highlighted the need for more skilled and focused intervention including the development of supported placements for care leavers who are not able to stay with their foster carers post-18. In the absence of a supportive adult or family member in their lives, these care leavers often became the sole responsibility of 16+ teams and were at risk of disengagement from services. As statutory requirements for monthly visiting cease for young people over 18 years, the author argues that social workers and personal advisors should target support towards young people post-18 living alone in the community. Open partnership working with care leavers and more efforts to involve them in decisions affecting their lives were recommended to reduce isolation from support services and address potential vulnerabilities.

The high number of young people known to 16+ teams who had three years or less care experience indicates a need for targeted intervention for these young people to prepare them for leaving short-term care given their higher risk of suicidal ideation, and the shorter timeframe available for skills development and pathway planning. Areas for further research were also identified including: a regional study of the mental health needs of care leavers that allows for comparisons across disability-related groups; and further investigation of the characteristics and experiences of care leavers who are not engaged with mental health services and may be at increased risk of suicide.

The third Northern Irish study included in the review is VOYPIC's Computer Assisted Self Interviewing (CASI) survey of children and young people in care. In the most recent survey, a total of 156 (out of a possible 1,330) young people living in care aged between 8-18 years responded to a questionnaire focused on quality of care experience; safety and stability; key relationships; and participation in care planning (VOYPIC, 2013). Although the questionnaire did not ask any direct questions regarding emotional health needs or access to mental health services, concerns about emotional wellbeing were prevalent in the data generated by older

participants. Issues such as, 'unstable' mental health (2013: 29), depression and admission to hospital were cited. Additionally, 54% of the 16-18 year olds reported that they felt unable to talk to their personal advisor about issues affecting them. Recommendations from the study relevant to this review included: increasing the participation of young people in care pathway planning; helping young people to stay in contact with families and friends; more employment opportunities; positive identity promotion; and more choice in decisions about placements and education.

4.2 UK Literature

Three major English studies have addressed mental health outcomes and services for care leavers (Dixon et al., 2006; Lamont et al., 2009; Viner and Taylor, 2005). Dixon et al. (2006) investigated the outcomes of 106 young people (mostly aged, 16-18 at the beginning of the study) who had recently left the care of seven English local authorities. Outcomes were examined across the domains of accommodation, employment, health, wellbeing and risk behaviour. Face-to-face interviews were conducted with participants within three months of their leaving care and repeated 12-15 months later. Two standardised measures (the General Health Questionnaire [GHQ-12] and the Lancashire Quality of Life Profile including Cantril's Ladder [CL]) were also used at baseline and follow up stages to assess mental and general wellbeing and changes over time. While these measures cannot provide diagnoses of long term mental illness, they are useful for indicating subjective general wellbeing, poor mental wellbeing and psychological distress. Parallel data was also collected from leaving care workers via telephone interviews. Use of both sources of data helped to reduce the effect of gaps in factual information and provided different perspectives on the young people's circumstances.

Baseline results found that 10% of participants had mental health problems including depression, self-harming, eating disorders, anxiety attacks and episodes of paranoia. Emotional and behavioural difficulties were also found to be high at baseline (47%). These problems included: anger management; verbal, physical or sexual aggression; hyperkinetic disorders; alcoholism; offending; mood swings; and emotional issues associated with previous abuse, rejection or bereavement. Among this group, these difficulties were found to be moderate (41%) or severe (11%). Increases in mental health problems were found between baseline data collection

and follow up interviews. At the follow up stage, the number of those affected by poor mental health had doubled (from 12% to 24%) and four young people were reported to have attempted suicide. An increase in symptoms associated with mental health problems for 41% of the sample was found on analysis of the GHQ-12 scores, thus indicating deterioration in mental wellbeing. In total, across all stages, 44% had emotional, behavioural or mental health problems, including those who identified with both classifications.

Young people who reported being happy with accommodation and how they were coping in general viewed their mental health in a more positive light. Those who felt they were doing well described themselves in terms of having good social skills, life skills and a strong friendship network. Good preparation prior to leaving care with older teenagers was also associated with smoother transitions, whereas poorer outcomes and challenging behaviour was linked to leaving care at an earlier age (16 to 17 years of age). Dixon's analysis of the findings proposes that pre-care and in-care experiences of abuse and neglect can have a long lasting impact on mental wellbeing. Coping with the demands of transition from care, settling into work and finding appropriate living accommodation can have serious detrimental effects on what are often already psychologically vulnerable young people.

Another important British study in this area is that of Lamont et al. (2009). These authors carried out research on behalf of the National Foundation for Educational Research (NFER) into the provision of mental health services for care leavers. This research focused on care leaver arrangements within three (out of a possible 12) local authorities in England, chosen because they had established leaving care services and represented a cross-section of types of local authorities in different regions. The researchers began the study by examining children and young person's plans, annual performance assessment letters and Ofsted reports. Four care leavers with mental health needs, mostly aged 16-21 years, from each local authority were then identified as case studies. The individual care records and plans for each young person were examined as part of an audit of service provision for each care leaver, focusing particularly on services for addressing their mental health needs. This data was supplemented with face to face or telephone interviews with service providers aimed at gathering individual-level information about these young people and how

they support care leavers with mental health difficulties. Finally, face to face interviews were conducted with ten of the twelve (two were unavailable at time of interview) young people themselves.

The study reported positive findings as well as deficits and challenges in relation to mental health services for care leavers. Participants valued the support they received, particularly from their personal advisors, but indicated areas where improvements could be made. The study found that the transition from child to adult services is challenging and can have an acute negative impact on the mental health of care leavers. There was a lack of appropriate accommodation for care leavers with mental health needs. Concerns about confidentiality, information sharing and cross-boundary working hindered the co-ordination of services for care leavers with mental health difficulties. Specialist mental health advice and support was regarded as valuable but not available for all leaving care teams. Voluntary services were regarded as particularly effective for meeting low level mental health needs. However, among those supporting care leavers, there was limited awareness of such services. Recommendations for improvements in all of these areas were made by the authors including: more person-centred, flexible services informed by the views of care leavers; better communication and collaboration between agencies and cross-sector services; and the extension of services to age 21. Greater support for those working with care leavers with mental health needs and improved access to counselling for these young people was also recommended. In addition, the need for more appropriate accommodation for care leavers with mental health difficulties was noted. In concurrence with Dixon et al. (2006), the authors emphasised the need for investment in early intervention services aimed at enhancing the mental health of care leavers, including emotional wellbeing needs assessments for care leavers and care plans for promoting mental health from entry into the care system.

In the final UK study, Viner and Taylor (2005) investigated adult health and social outcomes of children who have been in public care based on data obtained from the United Kingdom Archive, University of Essex. This longitudinal study followed a British birth cohort at 5 years (n=13,135), 10 years (n=14,875), 16 years (n=11,622) and 30 years (n=11,261). At 5, 10 and 16 years, information was gathered in interviews with parents or carers including type and length of placement. At 30 years,

the participants were interviewed themselves regarding general demographic information, history in care, and adult outcomes such as educational achievement, occupation, health, homelessness, school exclusion and convictions. At this time, problems with alcohol were assessed by using a validated screening tool, the CAGE questionnaire (Cutting down, Annoyance by criticism, Guilty feelings and Eye-openers). Mental health was assessed using the 24-item self-completion Rutter Malaise Inventory.

At the 30 year survey stage, data was obtained on 343 young adults who had been in care before the age of 17. Almost half of those with a care history had dropped out of the study by the time of the 30 year follow up compared to (47% compared to 28% of those who had not been in care). Such a high dropout rate of adults who had experienced care was a key weakness of the study. Age first in care was not significantly related to any adult outcomes however those first in care at older ages were more likely to be missing by the time of the adult survey. Similarly, placement type had no significant effect however data was only available for a minority of cases and no data on the quality or frequency of placements was provided.

Results showed that at 30 years, those who were previously in care were significantly less likely to attain high social status and significantly more likely to experience psychological morbidity, poor general health, homelessness and criminal conviction than those who had not experienced the care system (Viner and Taylor, 2005: 896). Care experienced males were more likely to be unemployed and have experienced mental health difficulties and less likely to attain a third level education than their non-care history counterparts. Interestingly, however, care experienced females were more likely than their male peers to experience permanent school expulsion. After adjustment for social class and maternal education, these findings remained significant suggesting poorer outcomes were linked to care experience than general child or adult adversity. However, the authors also noted the capacity of care leavers to overcome risks of continued disadvantage. For example, those who had a history of care did not have significantly higher rates of leaving school with no qualifications and were not significantly over-represented in the lowest income quartile. Indeed, the majority had gained employment by the time of the adult survey (89% of males and 98% of females) (Viner and Taylor, 2005: 896).

The weaknesses of the study relate to self-report surveys and smaller numbers of care experienced participants at the adult survey stage which may under or over-estimate adult outcomes. However, the study provides unique insight into the longer-term outcomes for care leavers in comparison with their non-care experienced peers. The authors suggested future research on the impact of placement type, timing and quality on long-term outcomes and the effectiveness of preventive interventions aimed at reducing disadvantage for care leavers.

4.3 International Literature

Broadening the review to the international context, the majority of research in this area has been conducted in the United States (US). However, five studies in other countries have been identified including: a large-scale Swedish study (Vinnerljung et al., 2006); a longitudinal Australian study (Cashmore and Paxman, 2007); a French study of transition to independent living (Dumaret et al., 2011); a Polish study of a pilot prevention programme; and a Canadian study of the links between resilience and depression amongst care leavers (Goldstein et al., 2013). This section begins with a review of the body of research literature in the U.S. followed by a discussion of the other five international studies identified.

4.3.1 Research Literature from the United States

A total of 20 research articles from the US have been included in this review. Ten of these sources are based on the large-scale and longitudinal Midwest and Casey Alumni studies. This section will begin with review of this body of research before reviewing the remaining ten American studies which draw connections between mental health and a range of relevant issues such as: homelessness prevention (Brown and Wilderson, 2010; Fowler et al., 2011; Hudson, 2012); resilience (Daining and DePanfilis, 2007; Yates & Grey, 2012); psychiatric disorders (McMillen et al., 2005); and access to support and mental health services (McMillen and Raghavan, 2009; Raghavan and McMillen, 2008; Scott et al., 2007, 2009).

The Midwest Study

One of the most notable American studies is the ongoing, large-scale, longitudinal study which follows a sample of former foster youth in the three American states of

Illinois, Iowa and Wisconsin (Courtney and Dworsky, 2006; Courtney et al., 2007; Courtney et al., 2012; Salazar et al., 2011). Otherwise known as The Midwest Study, this research tracks the progress of young people as they age out of care and transition through young adult life. The study involves periodic data collection waves from a baseline of 732 youth identified through state child welfare records, beginning when they were aged 17 or 18 years of age who were in statutory care at age 17 between 2002 and 2003 and who entered care before their 16th birthday for reasons of abuse and/or neglect. Study participants were re-interviewed at ages 19 (n=603), 21 (n=591), 23 or 24 (n=602) and 26 (n=596). Interestingly, the researchers excluded young people who had developmental disabilities or severe mental illness as they were deemed to lack capacity to participate in interviews.

Areas of investigation included: education; employment; physical and mental health; social support; family relationships; delinquency and contact with the criminal justice system; victimisation; substance abuse; sexual behaviour; and receipt of independent living services. As several of the questions asked of the Midwest study participants were also included in the National Longitudinal Study of Adolescent Health (referred to as Ad Health), it was possible for the researchers to draw comparisons between the care leaver population and their peers in a nationally representative sample of the general population. Several modules from the Composite International Diagnostic Interview (CIDI) were used to assess the mental and behavioural health of study participants. The CIDI is a highly structured interview designed for use by non-clinicians that generates psychiatric diagnoses according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The study uncovered a complex picture of the lives of young people leaving care and provided evidence that the outcomes for care leavers are poor across all of the above mentioned domains. Although some were progressing in education or employment, too many were struggling in the transition to adult life. Courtney and Dworsky (2006) compared early outcomes for study participants with same aged (19 year olds) peers in the Ad Health sample and found that young adults transitioning from out-of-home care were less likely to: be employed (40% compared to 58.2%); have educational qualifications (63.9% compared to 90.6%); or have savings (46% compared to 82%). Given these lower levels of educational attainment and

employment, unsurprisingly, over half of the former foster youth reported struggling for basic necessities with a quarter of those who had left care being defined as 'food insecure' (Courtney and Dworsky, 2006:213). They were twice as likely as peers in the general population to report not having enough money to pay their rent/mortgage or utility bill and four times more likely to have experienced eviction. Study participants also fared worse than the general population in relation to contact with the criminal justice system, with higher rates of contact for males (29.8% spent at least one night in prison compared to 10.7% females) and those who had left care (23.7% of those no longer in care spent at least one night in prison compared to 14.4% of those still in care). Similarly, one in seven of those who had left care had experienced homelessness at least once since leaving care and more than a third had experienced at least two changes in living arrangements during that time. In addition, the former foster youth were twice as likely as their Ad Health peers to become parents (almost a quarter of care experienced young people were parents to at least one child). Almost three quarters of these young parents (73%), were living with one or more of their children. However, male parents were considerably less likely to be living with their children (93% of females compared to 18.4% of males).

Although most study participants (87.7%) described their general health as good to excellent, Courtney and Dworsky (2006) reported that a third of the sample experienced depression, dysthymia, post-traumatic stress disorder, social phobia or substance abuse/dependence. Analysis of gender effects found that men were more likely than women to suffer from substance abuse, while major depression and PTSD were more prevalent among women. Despite the high prevalence of mental health need amongst those who had left care, psychological and medical support was less readily accessible for these young people than for those who remained in care. Those still in care were twice as likely to receive this help than those who had left (28.5% compared to 13.7%). Perceived cost of care and health insurance were cited as key obstacles preventing participants from accessing support with those still in care being more likely to be insured than those who had left (98.2% compared to 47.1%). Given this disparity, the finding that 21.4% of the care leavers had not received the medical care they needed in the past year, compared to 4.6% of those still in care was not surprising.

The Midwest study is unique in its ability to track outcomes over time for former foster youth. Following the reports on early outcomes reported above, later publications from this study have explored outcomes for the study population over time based on the sample who participated in the all waves of data collection (n= 512, 70% of the original sample) (Courtney et al., 2007) and identified sub-groups of former foster youth in young adulthood (Courtney et al., 2012).

Courtney et al. (2007) reported on findings for former foster youth at age 21 and drew comparison with earlier stages of data collection to identify trends over time. Poorer outcomes were still reported for the cohort as they moved further into young adult life. For example, at age 21, 7% of the sample (14% of males and 1% of females) were in prison, 18% had been homeless since exiting care (more than half of these had been homeless more than once) and 30% had completed a college course (compared to 53% in the Ad Health sample) with lack of finances being reported as a key barrier to continuing education. Whilst 70% had experienced employment, only half were employed at the time of the study (compared to 64% in the Ad Health population) and those who had been employed in the last year reported lower levels of income ($5,450 compared to $9,120 for Ad Health peers). Unsurprisingly then, half of the study participants reported material hardships and more than a quarter were defined in the category of low or very low food security.

In relation to mental health, at age 21, 11% had received counselling and 13% psychotropic medication. Females in the study were much more likely to be diagnosed with depression or PTSD than males (14% compared to 5%). Whilst most study participants reported good health, overall, the former foster youth were more likely to consider their health to be fair or poor (14% compared to 4% in Ad Health group) and identify as disabled (11% compared to 5%). However, they were less likely to have health insurance (51% compared to 76%) and relied heavily on Medicaid insurance rather than employer supported or parental insurance.

The study found that former foster youth were as likely as their peers in Ad Health to be living in their own place but less likely to be living with biological parents and more likely to be living with other relatives. The researchers found limited levels of continued support for independent living for former foster youth, with most supports

being received before leaving care. Interestingly, however, the study found that care leavers generally reported high levels of perceived support including contact with birth families, particularly siblings. At the time of interview at age 21, 83% had contact with one or more birth family members at least weekly. The majority of participants at this stage of the study indicated that they had a strong enough social network to access support for different needs. On a similarly positive theme, more than half of the sample at age 21 reported that their lives had improved since they left care and most were optimistic about their futures.

Despite initial poorer outcomes, Courtney et al. (2007) identified some positive trends for the 512 young adults (70% of the original sample) who had participated in each phase of data. Over time, this population of former foster youth had reduced contact with the criminal justice system and increased rates of high school level qualifications and employment (although 50.4% of males and 42.9% of females were still unemployed).

More recently, Courtney et al. (2012) reported on findings from interviews with 584 young adults at age 23 or 24. Based on this data, the authors identified four sub-groups of former foster youth: 'accelerated adults', 'struggling parents', 'emerging adults' and the 'troubled and troubling'. 'Accelerated adults' (36.3% of the sample) were faring well across a range of domains but had a fast track to adult life and continued to suffer economically. They required practical support and financial assistance to continue in education and maintain employment, including childcare. 'Struggling parents' were a significant sub-population in the study sample (25.2%) were less likely to have stayed in education, secured employment or have strong social support. They required support with childcare, parenting, employment and education. 'Emerging adults' (21.1% of the sample) were engaging with education and employment, had the lowest level of criminal convictions and parenting and were likely to be relying on family for accommodation and support. The authors suggested this group would benefit from an extension of care after age 18 combined with flexible approaches to co-parenting with birth families. Almost one fifth (17.5%) of the study population were in the final sub-group, the 'troubled and troubling'. This group experienced multiple challenges including poor mental health, behavioural issues, unemployment, incarceration and homelessness. In addition, whilst half of this group

were parents, none of them were living with their children. These young people required intensive support to address mental health needs and challenging behaviours.

Based on the Midwest study, Courtney et al. (2007, 2012) recommended more and longer in-care supports, interventions aimed at helping care leavers to develop life skills required for adult life and more targeted support for these sub-groups of care leavers. They also highlighted that a range of service providers should share corporate parenting responsibility for care leavers.

Another relevant study based on the Midwest data is Salazar et al.'s (2011) investigation of the role of social support in the relationship between maltreatment and depression in former foster youth. The 513 young people in the sample were aged at least 17 years old and were preparing to leave, or had already left, care. The young people were interviewed three times, with each interview taking place two years apart. Indices of maltreatment (neglect and physical, sexual and psychological abuse) experienced during two periods (pre-care and in-care) were used alongside a measure of perceived social support (including support available and networking competency) in binominal regression models predicting depressive symptoms. Both pre-care and in-care maltreatment was associated with depressive symptoms as a young adult. It was also found that social support had a direct mediating effect on depressive symptoms. This 'buffering effect' (2011:102) of social support was particularly effective for those who had experienced fewer types of maltreatment. However, the authors added that this positive effect seemed to weaken as maltreatment histories became more complex. The importance of social support for care leavers who have experienced maltreatment was emphasised and a full assessment of abuse and neglect history was recommended to inform future service needs and case planning.

In terms of the limitations of the Midwest study, some outcome areas may require further stages of data collection, particularly as part of their study population exited care a few months before the third wave of data collection. In addition, Courtney et al. (2012) acknowledged that alternative indicators of transition to adult life could produce different findings on sub-groups of former foster youth. In relation to the

focus of this review of literature, another limitation of this study is the exclusion of those defined as having more severe mental health needs and developmental disabilities. Despite these limitations, the Midwest study is unique in its ability to capture data on a large sample of former foster youth over time and provides important findings on short and long-term outcomes for former foster youth.

Casey Alumni Studies

A number of foster care alumni studies have been based on data from a large-scale study of young people who were in the care of the Casey Family Programmes, a national foundation headquartered in Seattle. The Casey National Alumni Study (Pecora et al., 2003) and the Northwest Alumni Study (Pecora et al., 2005) are two linked studies of these foster care alumni. The Casey National Alumni Study (Pecora et al., 2003) examined data from case records and interviews with those who were in the care of Casey Family Programmes between 1968 and 1998 for 12 months or more and who had been discharged from foster care at least 12 months previously. Case records and interviews about life experiences, educational achievements and current functioning of 1,087 alumni were examined and compared to general population statistics (mainly drawn from census data or public school records). Alumni were aged between 20 and 51 years at time of interviews. Current mental health was assessed including depression, anxiety, and other areas using the Composite International Diagnostic Interview (CIDI). In terms of mental health, examination of case files revealed that half of the alumni had been diagnosed with a psychological disorder as children. Disproportionate rates of major depression, panic disorder and PTSD were reported for foster care alumni. The authors argued that mental health problems for foster care alumni could be alleviated with more effective transition services and community-based mental health services (Pecora et al., 2003).

In the second study, the Northwest Alumni Study, Pecora et al. (2005) compared the outcomes of care leavers aged 20 to 33 to similarly aged young adults in the general population (taken from the National Co-morbidity Survey Replication NCS-R). All of the young people had been in family-based foster care in Casey Family Programmes or child welfare agencies in the states of Oregon or Washington between the ages of 14 and 18 years from 1988 to 1998 and turned 18 by the end of September 1998.

Reviews of 659 care leavers' case files were conducted and 479 of these care leavers were interviewed. Both the Northwest study and NCS-R assessed lifetime and 12 month mental health prevalence rates using the Composite International Diagnostic Interview (CIDI). The majority of the sample were female (60.5%) and just over half of the sample were non-White.

Interestingly, the researchers excluded young people who met the criteria for inclusion but who had major physical or developmental disabilities (the latter being measured as IQ under 70). This was a missed opportunity to examine the co-existence of mental health and disability, particularly as 13.7% of the study sample were defined as having ADHD, 13.1% as having physical or intellectual disabilities and 6.4 % other impairment types.

Regarding mental health specifically, the study found that a disproportionate number of care leavers had mental disorders with the alumni population significantly exceeding the general population on most of the nine disorders assessed. In the 12 months prior to interview, over half of the young people (54.4%) had clinical levels of at least one mental health problem, such as depression, social phobia, panic syndrome or PTSD compared to less than one quarter for the general population (22.1%) (Pecora et al., 2005: 32). Nearly 20% had three or more of these conditions. PTSD rates were particularly high, with one quarter of the young people affected compared to the general 4% population prevalence. Additionally, rates of major depression were much higher for care leavers (20.1%) in comparison to the condition in the general population (10.2%). Findings also indicated that fewer school changes and access to educational supports decreased poor mental health outcomes by 13%; and placement stability reduced the likelihood of poor mental health outcomes by 22%. This findings led the authors to recommend: improvements in early placement decisions; further training for foster carers on youth mental health and respite care for foster carers; supportive school environments; and more opportunities for foster youth to experience positive attachments with adults and family members.

The study also examined recovery rates for mental health and substance abuse disorders. Recovery was defined as 'having experienced symptoms of a mental

health problem earlier in the lifetime but not in the past 12 months' (Pecora et al., 2005:33). Reasonably high rates of recovery were reported for alumni with disorders such as alcohol dependence (67.9%) and major depression (51%). Other problems endured however as lower recovery rates were indicated for generalised anxiety disorder (39.6%), PTSD (15.7%), social phobia (26.6%) and bulimia (25.8%). Comparisons showed that recovery rates were significantly higher for the general population on five of the eight mental health outcomes tested. Finally, in terms of socio-economic conditions, 33.2% of alumni household incomes were at, or below, the poverty level and one third were without health insurance. The authors called for policy makers to remove barriers to mental health assessment and treatment including restrictive funding requirements for eligibility. Other recommendations included: staff training on identifying and treating mental health problems; integration of culturally responsive mental health services; comprehensive transition planning that incorporates mental health needs; and the extension of foster care up to age 21.

Anctil et al. (2007) used data from the Casey National Alumni Study to examine predictors of outcomes for adults who were foster care alumni with physical or psychiatric disabilities. Of the 1,087 alumni interviewed as part of the wider Casey National Alumni Study, 578 had identified disabilities. The majority of these youth had a 'psychiatric disability' (including emotional disorders) (70.8%) or intellectual disability (36.1%); fewer were physically disabled (11.5%). A range of standardised measures were used to assess outcomes across domains of interest including Rosenberg's Self-Esteem Scale (RSE) and the SF-12 health Survey. The study found that disabled foster care alumni had poorer educational attainment levels and health, lower self-esteem and economic status, and a higher prevalence of psychiatric diagnoses than non-disabled peers. The authors also reported that protective factors as a whole predicted better educational and self-esteem outcomes in adult life although they were not able to distinguish differences between protective factors and recommended further research into the impact of specific protective factors.

The Casey dataset was used again by White et al. (2011) to examine the relationship between homelessness and the mental health symptoms of post-traumatic stress disorder (PTSD) in former foster youth. The sample consisted of

542 young people who were currently or formerly in foster care, adoption or guardianship services from any Casey field office for 12 months or more (aged 19, 22 or 25 years old at the time of interview). The majority of the sample were female (64.6%) and almost 50% were non-White, including almost 20% African American and 12.4% Hispanic/Latino respondents. Mental health was measured using the Symptom Checklist-90-R (SCL-90-R) and PTSD was measured using the PTSD Checklist for Civilians (PCL-C). Interviews were conducted by computer assisted telephone and included questions about education, mental health, in-care experiences and criminal activity. The study found that one in five care leavers had experienced homelessness since leaving care. Many of these young people had been homeless for a long time: 21% were homeless for less than a month; 44% for up to three months and 35% for more than three months. Reasons for their homelessness were related to: unemployment; abusive or turbulent relationships; absence of appropriate accommodation; and involvement with drugs and alcohol or the criminal justice system. The homeless rate was also higher for older alumni: 28% of the 25 year olds were homeless compared to 13.5% of the 19 year olds and 18.4% of the 22 year olds. Men also experienced more homelessness than women (24.8% compared to 15.7%). In addition, homeless alumni were more likely to have a psychiatric disorder than those who were not homeless (59% compared to 32%). The rates of psychological disorders associated with PTSD were three times higher for the homeless sample of care leavers compared to their non-homeless peers.

The authors expressed caution about the limitations of the measures of mental health used in this study as they only provide indicators of mental health symptoms rather than mental health diagnoses. They were also unable to identify the causal direction of the linkages between mental health and homelessness as they did not collect data on when respondents were homeless or the timing of the onset of mental health symptoms. Nevertheless, the study highlights very high rates of mental health symptoms and homelessness among the study sample, particularly those aged 25 years. They called for more comprehensive transition planning addressing mental health needs, expansion of transitional housing for care leavers to support their move to independent living and education for young people and their carers on mental health symptoms and available resources. Finally, the authors recommended

free access to mental health service provision for care leavers up until the age of 21 years.

Given the over-representation of ethnic minority children in foster care, the Casey National Alumni dataset (Pecora et al., 2003) was recently used by Villegas and Pecora (2012) to investigate the relationship between ethnicity and the mental health of former foster youth. A sample of 810 alumni was chosen in order to represent the main ethnic groups (White, African American and Hispanic) in America. Analysis of logistic regression models found that ethnicity was not a significant predictor of poorer adult mental health. It did indicate, however, significant associations between adult mental health outcomes and a number of other factors including gender, age of entry into child welfare, maternal mental health, maltreatment in care, number of placements and degree of preparation for leaving care. Women fared worse than men in terms of mental health outcomes with the odds of a successful mental health outcome for men being almost twice those for women. Age was also a significant factor associated with mental health outcomes. Younger alumni aged 20 to 25 years ($p=0.002$) and 30 to 34 years ($p=0.014$) were less likely to experience poor mental health outcomes than those aged 35 to 49 years. The authors suggested that the stress of coping with the transition out of care is likely to contribute to these increased rates of mental health problem. Findings from the study show that, as age of entry into care increases, so too does the likelihood of having a mental health disorder in adult life. Likewise, as the number of placement changes grows, so too does the odds of having a mental health condition as a young adult. Finally, the study found that the likelihood of having one or more mental health disorder was reduced for alumni with a high degree of preparation for adult life. The study called for more research that includes missing ethnic groups disproportionately represented in foster care, such as Native Americans who were not included in this study. Additionally, the authors recommended research into the impact of worker caseloads, turnover of foster carers and workers, and improved communication about mental health needs and relevant treatment and support options.

Garcia et al. (2012) also used the Casey National Alumni dataset to examine institutional predictors of developmental outcomes among ethnically diverse young people, given their over-representation in the child welfare system. A sub-sample

was derived from the Casey data set of previously interviewed participants, comprising of Latinos (n=124), African Americans (n=140) and Caucasians (n=541). A number of outcome measures were calculated including high school completion, labour force participation and mental health outcomes. Predictor variables were: placement stability; circumstances of exit; access to resources; preparation for leaving care; agency helpfulness; access to tangible resources; subjective preparedness; satisfaction with foster care; and demographics. In terms of mental health, female African American and Caucasians were more likely than their male counterparts to be diagnosed with a mental health disorder. The likelihood of being diagnosed with a mental health disorder among Caucasians decreased as they felt more prepared to leave care. These odds increased however, when instability of placement increased, they had access to drug and alcohol services, and had access to transition support services. The authors noted that youth who receive extensive services could suffer the worst outcomes. African American young people who reported feeling more satisfied with their foster experience and had access to independent living services were less likely to be diagnosed with a mental health disorder. However, if they had access to employment services, the odds increased. There were no statistically significant findings for the Latino category. The study did not take into account ethnicity issues such as experiences of immigration, acculturation, nativity, language in the Latino sample or the impact of discrimination. Whilst the authors proposed that the study findings should inform intervention and prevention programmes that are sensitive to ethnically diverse former foster care recipients, they recommended further research into ethnicity and the mental health of care leavers.

It is important to note that researchers who have used the Casey Alumni dataset have indicated some limitations for their studies in terms of sample characteristics (Garcia et al., 2012; White et al., 2011). In particular, the sample is drawn from young people in the care of Casey programmes who have greater access to a wider range of services (including extensive use of mental health services whilst in care) than those cared for by general child welfare agencies and may differ significantly in terms of demographics and outcomes in comparison to other foster care alumni (Pecora et al., 2003). As a result, the generalisability of the findings of studies based on this dataset need to be carefully considered (White et al., 2011).

Other Studies in the United States

The prevalence of psychiatric disorders among older youths in the foster care system was the focus of McMillen et al.'s (2005) study of 373 young people aged 17 years in Missouri. Face to face interviews were carried out with each young person during which the Diagnostic Interview Schedule for DSM-IV was administered to ascertain mental health diagnoses. In order to assess childhood maltreatment history, interviewers also used a childhood trauma questionnaire. Youth self-report was relied upon to gain data such as; age at entry into care; ethnicity, living situation and services used. A number of statistical analysis procedures and tests were used to estimate the lifetime and past year prevalence rates. The findings indicated that there is a disproportionately high rate of psychiatric disorders among older youths in care. For many of these young people, at least one disorder had its onset before entry into care. Possible reasons for this disproportionate risk of psychiatric disorders were proposed by authors including: a family history of psychiatric disorder; maltreatment; and disruptions to life in care including multiple moves and loss of relationships. The authors recommended timely mental health screenings, assessments and re-assessments for young people in care and the integration of mental health components in transition programmes designed to help young people move on from care. However, relying solely on young people's self-report assessment of mental health was a key weakness in the study which may have resulted in an inaccurate estimation of psychiatric disorders among this population.

Raghavan and McMillen (2008) examined the prevalence of multiple psychotropic medications among adolescents ageing out of foster care. Face to face interviews were conducted with 406 foster care leavers aged 17 years in an American Midwestern state. Interviewers administered the Diagnostic Interview Schedule for DSM-IV (DIS-IV (5). Additionally, an audit of medication containers was carried out to ascertain use patterns. The findings reported that most (64%) did not report taking any psychotropic medication and 10% were using three or more concurrent psychotropics. A history of abuse (physical and sexual) and a diagnosis of major depressive disorder or manic episode were significantly associated with the use of three or more simultaneous medications. Also, researchers discovered that between 19 % (who met diagnostic criteria for manic episode) and 41% (with ADHD) of those young people with diagnoses for which psychotropic medication are prescribed were

not using any medication. The authors observed that young people leaving foster care exhibit both over and underuse of psychotropic medication and called for further investigation to understand the suitability of current psychotropic prescribing among care leavers.

In a later study, McMillen and Raghavan (2009) examined the provision of mental health services for young people as they leave the foster system in the American state of Missouri. Nine interviews were conducted with 325 young people between their 17th and 19th birthdays. Interviewers administered the Service Assessment for Children and Adolescents and a history calendar to help them remember their service history. The study found that the use of all mental health services greatly diminished over time particularly when young people had left care. The period from one month before leaving care until the month after leaving was characterised by a service use reduction of 60%. Additionally, those young people who stopped taking prescribed psychotropic medication after leaving care reported that this decision was their own choice, giving reasons such as not liking the medication or believing they did not need it. Time of leaving care was the biggest predictor for early medication stoppage insofar as the younger the leaving age, the shorter the length of time until medication cessation. Those young people who had been physically neglected, male and African American were also more likely to cease taking their medication. Those participants who reported a history of penetrative sexual abuse and those who had been in congregate care were more likely to continue using psychotropic medications for a longer period. The authors pointed to a number of study limitations due to the potential effect of structural differences in child welfare and mental health systems across geographical locations, type of service use and differences between young people who left the study and those who stayed. Although they highlighted weakness regarding obtaining data solely from care leavers, the study contributes somewhat to redressing an imbalance in this area which tends to neglect the voice of the young person.

Based on McMillen et al.'s (2005) dataset study of foster care youths, Scott et al. (2007) examined predisposition to seek mental health care among 74 (out of a possible 97) older black male foster care youths in the care of Missouri. The study participants were aged 18 (91.9%) and 19 (8.1%) and almost half had a lifetime or

past-year psychiatric disorder (based on DSM-IV diagnostic criteria) including oppositional disorder (28.4%), conduct disorder (20.3%), major depression (13.5%) and ADHD (13.5%). Almost all had a history of group care (85.1%). Within the sample, 27% were still receiving counselling services from a mental health professional, 36.5% had previously received such services and 36.5% had never received counselling services.

Scott et al. (2007) examined the impact of the following factors on predisposition to seek mental health care (measured using four modified items from the National Survey of Black Americans): care status; counselling status and history; diagnosis of psychiatric disorder (based on DSM-IV diagnostic criteria); cultural mistrust of white mental health professionals (using a modified version of the 48 item Cultural Mistrust Inventory [CMI]); stigma beliefs (using modified versions of the devaluation-discrimination and secrecy 12 item and 5 item scales); and adherence to masculine norms (using the 94 item Conformity to Masculinity Norms Inventory [CMNI]). Participants were interviewed in their home setting (89.2%) or by telephone (10.8%) due to distance from project site.

The study found that black males still in foster care were more likely to seek mental health care than those who had exited the care system. The authors suggest this is understandable as those in foster care have access to more resources and may be supported to avail of support as part of their care plan. Results also showed that diagnosed psychiatric disorder and emotional control were significantly correlated with a lower predisposition to seek mental health care (Scott et al., 2007: 876). The authors suggested that those with a diagnosed psychiatric disorder may be less likely to seek services based on previous stigmatising experience of group care. Despite significant bivariate relationships, devaluation-discrimination and cultural mistrust of mental health professionals were not significant contributing factors. The authors recommended further research using larger, clinical samples to further explore these issues. Indeed, the small non-representative sample size and cross-sectional, self-report approach to this study was a potential limitation. Despite these limitations, the authors suggested that the study findings indicate a need to adopt a more holistic and culturally sensitive understanding of the needs of black care leavers, including a range of treatment options and life skills training opportunities.

They also highlighted the importance of developing awareness of mental health issues among the black male youth population using participatory and youth led initiatives.

In a second study, Scott et al. (2009) examined satisfaction with counselling among black males care leavers using a sub-sample of 47 black males who had experienced counselling services in the study cited above (Scott et al., 2007). Within the sample of, 20 young people were still receiving counselling and 27 had previously received such services. In addition to the same scales used for the above study to measure stigma beliefs and masculinity norms, the study also measured attitudes toward mental health services (using a modified version of the Confidence in Mental Health Practitioner subscale) and satisfaction with counselling (using the Multidimensional Adolescent Satisfaction Scale). Associated variables considered included: foster care status; counselling status; diagnosis of major depression and disruptive behaviour disorder; and history of placement in congregate care settings. The study found that overall satisfaction for participants was lower than for that of youth in other studies using similar measures, although comparisons should be treated with caution as this study had a small sample. The authors indicate that this may be due to the fact that most participants had not self-referred to services.

Young black males who expressed more positive attitudes towards mental health services reported greater satisfaction with counselling. However, the authors argue that this finding merits further research as black males who were still in receipt of counselling services and in care had higher level of satisfaction than those who had ceased counselling services or left foster care. The authors suggest this may be linked to negative post-care experiences and lack of access to continued support on leaving care. Placement in group care of residential settings, stigma beliefs or masculine norms were not significantly related to satisfaction with counselling. However, the authors acknowledged these findings may have been affected by the limitations of the small sample size which did not allow the authors to produce generalisable findings or causal inferences. In addition, the research did not examine the impact of the counsellor's race and gender or account for the extent of service use.

Daining and DePanfilis (2007) conducted a study of factors which contribute to the resilience of youth in transition from out-of-home care in Baltimore. The authors defined resilience as a "developmental course characteristic of healthy adjustment despite the circumstance of considerable hardship" (Daining and DePanfilis, 2007:1161). This study offers an alternative perspective to the deficit model commonly used in the study of care leavers with mental health needs. A computer-assisted self-administered interview was completed by 100 young people aged 18 years and over who had recently left the care of an urban child welfare system during a one year period. This figure represented a 60% response rate of the total eligible sample. The exclusion of respondents who refused to take part, did not reply or could not be located may have biased the results. Nevertheless, this could be considered a reasonable response rate given the challenges of identifying and recruiting care leaver participants. Resilience was measured as a composite score of six domains of functioning: educational participation; employment history; and avoidance of homelessness, early parenthood, drug use and criminal activity. Perceived social support from family and friends was measured using the Social Support Behaviour Scale (SSB). Perceived spiritual support was measured using the Spiritual Support Subscale of the Revised Spiritual Experience Index (RSEI). Perceived global life stress was measured across ten items using the Perceived Stress Scale-selected items (PSS-10). The majority of youth in the sample demonstrated resilience across multiple domains of functioning that are essential for self-sufficiency. This finding, according to authors, is particularly important in a sample that was predominantly African American youth (91%) (due to the geographical demographic characteristics of the study locality), who are over-represented in the child welfare system and are often negatively portrayed. The highest resilience was exhibited in young people who were female (who composed 66% of the sample), had left care at an older age and who had perceived less 'global life stress' (2007:1169). Practice implications from the study included: encouraging cultural competence, fostering resilience; promoting self-sufficiency and building support systems. Authors also called for further research into protective factors for care leavers.

The utilisation of transitional housing programmes for homelessness prevention for former foster youth was the focus of Brown and Wilderson's (2010) study. These

researchers compared two groups of foster cared alumni residing in transitional living programmes in San Francisco. One group of young people was supported in programmes aimed at youth who were ageing out of foster care and had been referred through a transition planning process. The other group was served in similar transitional housing programmes that supported homeless youth in general and not exclusively for young people who had been in care. Researchers used agency data that had been collected on the young people as part of: the admissions process (demographic data; history of employment, education, mental health and substance use); monthly staff records (youth programmes status and changes in employment, education, health and housing status); and exit forms when young people left the services (housing status at transition, and changes in health, education and employment status). There are clear limitations already mentioned in this review when relying on professional records linked to missing data and potential bias. In addition, the authors suggested that the study could have been further strengthened by including a third comparison group of young people ageing out of foster care who had not accessed services at all. Nevertheless, the study makes good use of existing data systems and could triangulate data sources to build a more holistic picture of the lives of these care leavers over time.

The study found that young people who were not care leavers had less acute initial presentations than foster care alumni who had faced more unemployment, school attrition, substance use and mental health concerns before they entered the programmes. Furthermore, participants in homelessness intervention programmes for care leavers had endured more instability during their time in care than young people in the population specific programmes. In the intervention programmes for former foster children, 56% reported serious depression and 51% suffered anxiety compared with youth in the general programmes who reported 28% and 25% respectively for these conditions. Current substance abuse was also lower in the general programme, although care experienced homeless youth were more likely to report having, at some time, tried to stop using drugs and alcohol. The psychiatric care histories of the young people were also scrutinised to reveal lower rates of service involvement in the general programme. Most young people in both groups had received some counselling, however, those in the general programme were less likely to have been under psychiatric care than their counterparts (29% compared to

60%). They were also less likely to have been prescribed psychiatric medication (22% as opposed to 52%). The authors recommended better dissemination of information about homeless prevention programmes and examination of referral process for care leavers to ensure the heterogeneous needs of care leavers are adequately met.

Fowler et al. (2011) conducted a recent US study focused on the impact of education, housing and employment experiences on the mental health of 265 young people aged 19-23 years who aged out of care in the Detroit Metropolitan area. This sample accounted for 34% of the total possible number of those who had left care during the study period (n=867) provided by Michigan's Department of Human Services. A total of 52% of the sample were female and the majority of participants were African American (78%), reflecting the demographic profile of the ageing out of care population in the area. The authors acknowledged limitations in sample size however it was large enough to identify significant relationships between variables. Retrospective accounts may also introduce bias or error that could be addressed in future longitudinal studies using repeated measures which the authors recommended should also seek to account for youth in rural areas and parent/family perspectives.

Interviews with participants were conducted over a ten month period to account for the transition from foster care into early adult life. Life history calendars and timelines were used to record retrospective accounts of three contexts of emerging adulthood: housing security, educational achievements and employment attainment. Emotional distress was assessed using the Brief Symptom Inventory. Deviancy and alcohol and marijuana abuse/dependence were assessed using the Diagnostic Interview Schedule. Three latent trajectory classes were empirically identified using Growth Mixture Modelling to categorise the sample according to permanence of housing, education and employment: the 'stable-engaged', 'stable-disengaged' and the 'instable-disengaged'.

Those classed as 'stable-engaged' (40.8%) experienced secure housing (including increasing experience of independent living), gained educational qualifications and were most likely to secure employment (more than four out of five at the end of the

two year follow up). The authors highlighted that this group made these achievements without typical birth parent supports that peers in the general population are likely to rely on.

The 'stable-disengaged' (30.2%) group maintained housing but usually with birth family or relatives (70% at exit from care and 50% in follow up period two years later) rather than living independently. Young people in this group reported lower levels of educational qualifications and only small increases in employment (79% remained unemployed at the end of the two year period).

The 'instable-disengaged' category (29.1%) experienced chronic housing instability, declined connection to education (more than four-fifths being out of education at the follow up stage) and lower levels of employment (only a quarter secured employment). They also reported more mental health problems than the stable-engaged and stable-disengaged groups who reported similar levels of symptoms. Young people in the instable-disengaged category had more than twice the rate of clinically significant problems with emotional distress, deviance and marijuana abuse compared to the stable-engaged group (2011:343). The authors also noted that participants who were younger on exit from foster care were more likely to be in the instable-disengaged category.

As 22% of the sample experienced chronic housing instability, and the two categories of stable-engaged and stable-disengaged reported better mental health in contrast to the instable-disengaged class, the authors suggested that stable housing, education and employment correlates with positive mental health. Similarly, given the finding that those leaving care at a younger age suffer the poorest outcomes, the authors highlighted the detrimental impact of abrupt withdrawal of support services. They recommended that youth should be engaged with relevant supports before they age out of care and in response to their different levels of need; and policy changes should be implemented to allow an older care leaving age (21 years) with continued receipt of services, housing support and health insurance entitlement to facilitate access to health and mental health services.

Yates and Grey (2012) investigated profiles of risk and resilience in young people leaving the care of the California care system. The study involved a total of 164 young people, aged 17-21 years, who had left care on average 18 months previously. Face to face Interviews were carried out with each participant focusing on: (1) residential, educational, occupational and relational functioning since leaving care; (2) relationship beliefs and experiences; (3) placement history before leaving care and behavioural data relating to abuse, neglect and other trauma experiences; and (4) mental health and socio-emotional wellbeing. The interviews finished with a short set of questions regarding future goals. Four distinct resilience profiles were observed. The 'resilient' profile was the most common adjustment pattern (47%) characterised by young people who were doing well compared to other youth in the study and achieving moderate success in terms of community involvement, pursuing educational or employment opportunities and reciprocal relationships with family and friends. The group categorised as 'internally resilient' (30%) displayed significant difficulties in terms of education, employment and civic engagement. Despite this, they were described as internally resilient due to their moderately secure intimate relationships with partners and friends. The 'maladapted' profile (16.6%) group displayed difficulties in both internal and external domains of adaptation. They were struggling in all life domains, with particular relevance to their relationship vulnerability. The fourth and smallest profile was classified as 'externally resilient' (6.5%). Young people in this group appeared to be reasonably well adjusted in terms of education, employment and civic engagement. However, they showed lower levels of relationship wellbeing. They also displayed challenges regarding self-esteem and depressive symptoms. In their analysis, authors pointed to how care leavers can be resilient in one domain and not another and that there is a need for multi-dimensional models of risk and resilience and recognition of the heterogeneity of adaptive outcomes for this group of young people.

The final American study focused on substance abuse, high risk sexual behaviour and depressive symptoms among homeless youth with and without a history of foster care in Santa Monica, California (Hudson, 2012). This researcher used secondary analysis of a baseline dataset of 156 young people who were part of a larger intervention trial (Nyamathi et al., 2012). The young people were recruited through flyer advertisements posted in a youth homeless drop-in shelter.

Demographic characteristics (including age, ethnicity, gender and history of foster placement) were recorded using a structured questionnaire. Drug and alcohol use and risky sexual behaviour were measured using an adapted drug screening and history form. The Centre for Epidemiologic Studies Depression Scale (CES-D) was used to measure depression symptoms. Approximately 30% of the sample had former foster care experience. Most of them were older (20-25 years) and had lower educational attainment than the non-foster care experienced young people. Depression affected most of the overall group and foster care youth had a higher (although not significantly so) level of depression than the non-foster care young people. The small sample size may have affected ability to capture significance in this regard. Both methamphetamine and heroin use were higher for former foster young people (60%:33% and 43%:27% respectively). All other drug-related behaviours (such as, inhalants, marijuana, crack cocaine) were similar in both groups. Substance abuse and prevention programmes were recommended to prevent homelessness and substance abuse for foster youth. Finally, further evaluation of case management programmes, social support and access to health care after leaving care was recommended.

4.3.2 Other International Research Literature

Five international studies included in the review were from outside the US and were undertaken in Sweden, France, Poland, Australia and Canada. In a large scale Swedish study, Vinnerljung et al. (2006) used national data sources for almost one million people, including data from the national hospital discharge register, the population and housing census, the register of social welfare benefits, and the register of children and young people subjected to out-of-home care (mostly foster care) and 'contact family' (respite care/family support) (focusing on those who experiences these services before the age of 13) to examine suicide attempts and severe psychiatric morbidity of former child welfare clients in adolescence and young adult life drawing comparisons across three groups. These groups were: 22,305 former child welfare clients (15,855 former out-of-home care and 6,450 former contact family clients); 955,326 general cohort peers and 12,240 inter-country adoptees. A study that relies on statutory records may have limitations due to inaccuracy or inconsistency in the recording of data. This is particularly relevant to the quality of diagnostic concepts used in hospital discharge for this study. Whilst

acknowledging this weakness, the authors were confident that their use of fairly broad diagnostic categories reduced the effect of this limitation.

The study found that former out-of-home clients were at highest risk of suicide in comparison to all other groups (four to five times more at risk than the general population), particularly as they reached the age of 19 years and over. They also had over five to seven-fold increased risk of being admitted to child psychiatric care during adolescence compared to the general population. As the moved into young adult life (19 years and over), these risks reduced to four to five times higher than those for the general population. Risk of psychosis and depression was also increased for those in out-of-home care, particularly for those in long-term care who were four to five times more at risk than the general population. Boys had higher risks than girls for psychiatric hospitalisations in adolescence, with former male residents of short- and long-term care being at almost twofold increased risk in comparison to their female counterparts. The authors suggest that this increased risk for males may reflect the tendency for higher numbers of males being diagnosed with conduct disorder (Vinnerljung et al., 2006: 728).

The researchers found that in comparison with the general population, those from the child welfare background came from considerably poorer socio-economic backgrounds and were more likely to have had parents with psycho-social risk factors. When parental psycho-social risk factors and socio-economic variables were added to the model of analysis, risk ratios reduced substantially. However, all child welfare groups were still at a twofold increased risk when researchers adjusted for birth parent hospitalisations linked to psychiatric diagnosis or substance abuse and for birth-home-related socio-economic factors. The authors argued that this increased risk is linked to previous early childhood experience of a range of risk factors (including social disadvantage, parental psychiatric disorders or substance misuse, abuse or neglect) and persistent instability as a result of loss and separations from carers. For example, parents of the child welfare population were five to ten times more likely to have been hospitalised for a psychiatric disorder than those in the general population. The authors suggested this may result in higher numbers of young people in the child welfare group being 'genetically vulnerable' (Vinnerljung et al., 2006: 729) but also suffering from the negative impact of a volatile

home environment combined with poor socio-economic conditions, reflected in the high number of children in foster care in Sweden as a result of neglect rather than abuse.

The authors concluded that young people in out-of-home care are a high-risk group for suicide attempts and psychiatric illness, particularly those in long-term care. Closer monitoring of the mental health needs of this population to ensure appropriate early intervention was recommended, alongside training on mental health issues for foster carers. Finally, of particular relevance to this review, the authors emphasised the importance of securing mental health services for care leavers as part of their leaving care pathway. In relation to further research in this area, studies of out-patient psychiatric care as well as hospital admission were suggested to capture the full range of psychiatric morbidity. The need for further research that considers the former foster care environment was also highlighted to allow comparisons of birth and substitute care related variables.

In another recent European study, Dumaret et al. (2011) investigated educational achievement, behaviour and transition to independent living after a long-term care placement in France. A total of 123 former fostered young people (aged 23 to 50 years at the time of the study) who had spent at least three years in SOS Children's Villages took part in the study. SOS Children's Villages is a private, international non-governmental, social development organisation which provides long-term out-of-home care for children. Case file data was used to provide information on their demographic profile, admission, education and psychological appraisals. Emotional and behavioural disorders identified during care and until late adolescence were grouped into three categories: no significant disorders mentioned, mild disorders and severe disorders. A postal survey was conducted to collect data on their current situation and living conditions after leaving care; followed by 73 interviews by psychologists covering areas of their past and present lives. Their 'SOS mothers' (foster carers) were also interviewed at this time.

Participants were grouped into three generational groups of care leavers to allow for changes in the educational system, child welfare practices and the wider socioeconomic context. At the time of the survey, these groups were: 30 participants

with a mean age of 45 years who left care before 1980; 65 participants with a mean age of 37.9 years who left care during the 1980s; and 28 people with a mean age of 27 years who left care during the 1990s.

The majority of participants had emotional or behavioural problems (72%) and the level was stable throughout the three groups. Prior to or when leaving care, four out of ten had mental health problems. Severe emotional and behavioural disorders were most common for those with several placements. In terms of educational attainment, a third of the younger generations received high-school diplomas or higher qualifications. In contrast, the older participants tended to obtain vocational diplomas and apprenticeship certificates. Nevertheless, 40% of all participants had no diploma. The findings indicated that prolonged support was linked to educational success especially amongst the youngest generations. There was also an impact observed between their educational attainment and emotional and behavioural disorders. Two-thirds of those with severe emotional and behavioural problems had no diploma. The age of leaving care was also affected by mental health, with a quarter of those severely affected by mental health difficulties leaving care at an earlier age than the others. In the first years after leaving care, 40% of participants did not live independently with most living with family, friends or in residential lodging. Those with higher educational attainment (74% with diplomas compared to 43% without) and without disorders (79% compared to 40% with severe problems) were more likely to achieve independent housing faster than the others. Women were also more successful than men. Overall, by the time they reached 24-25 years, two thirds of all participants had become independent without major problems (financially and materially self-sufficient and in independent housing) (2011:218).

Differences across services, agencies and in-care populations may affect this study's generalisability. Likewise, standardised tools to measure behavioural and mental health problems were not used with researchers relying on descriptive data. Nevertheless, participant narratives affirmed the importance of emotional and material support from a main caregiver, therapeutic care during placement and support for care leavers well beyond the age of 18 years to help them achieve successful transitions to adult life.

The final European study is a very small scale preliminary evaluation of the BRIDGE (Bridging Resilience through Intervention, Guidance, and Empowerment) programme aimed at supporting care leavers to live independently in Poland (Gocman et al., 2012). Five young people (four females and one male) aged 17 on entry to the programme participated in the evaluation. The programme provided a case manager for care leavers to prepare them for leaving care during their last year in care and continued to assist for one year post-care. Case managers focused on developing a caring relationship with the young people, specifying post-care goals and ensuring access to all entitled services. Youths were mentored to develop necessary life skills and trouble shoot problems as they arose. Additionally, occasional financial assistance was provided to help with expenses such as rent and utilities, clothes and food, educational materials or transport. Researchers used the Brief Symptom Inventory (BSI) to measure the mental health of each young person four times over the course of the study: entry into the programme (baseline); 6 months follow-up; 12 months follow-up; and 18 months follow-up. Although there was an increase in mental health symptoms recorded at the first follow-up at six months, findings showed an overall reduction in mental health symptoms between baseline and final follow-up at 18 months. Authors noted that symptoms increased on average two and a half months prior to leaving care which indicated this was a period of particular anxiety that adversely affected mental health. This is a very small-scale study and the type of care setting young people were leaving is unclear as the terms foster care and orphanages interchangeably. However, it does provide some insight into the mental health needs of young people at the point of transition from care and highlights aspects of the programme that were most beneficial. The authors emphasised that a key aspect of the success of the programme was the forming of an emotional contact with the young people and establishment of a relationship based on compassion and acceptance. Additionally, they recommended that contact with support staff should not be limited to formal care planning issues as case workers needed to proactively encourage and support care leavers. This programme is still developing and indications are that more evaluations will be carried out in the future.

Moving on from European studies, Cashmore and Paxman (2007) conducted a longitudinal Australian study of the circumstances and outcomes for 45 young people

four to five years after they had left care. Three interviews were conducted three months before, three months after and 12 months after they left care. A fourth interview was conducted with 41 of these care leavers four to five years after their discharge from care. The majority of the interviews were face to face. The study investigated how well the young people were progressing across a number of life domains including: accommodation; education; employment; relationships; social support; early parenthood; mental health; and future expectations. The study also examined differences in the young people's circumstances in terms of those who were 'doing well' versus those who were 'doing not so well'.

A number of findings were reported regarding care leavers' lives 4-5 years after leaving care. At this time, most (75.6%) were living in independent accommodation or sharing with partners or friends. However, most of these were women (24 out of the 28 young women compared to 7 out of 13 men). Women were also less likely to be living in transitional style living, such as, with friends or in a refuge. More women than men were living with a partner (17/28 compared to 3/13), and were much more likely to have children living with them (13/28 compared to 1/13). At the time of this interview, almost half (44%) did not expect to be living where they were in the next six months and only four were living at the same address as they were five years previous. The average number of placement moves was 8.5 since leaving care. On closer analysis, young people who had moved at least 10 times since leaving care (eight females and five males) had not experienced stable care and most (n=11) had entered care before the age of ten years or younger. Over a third (37%) of those interviewed at the fourth interview had experienced homelessness. Most of these young people (14 out of 16) had experienced unstable care. In terms of education, a quarter had left school without any recognised qualifications having left school early. Four to five years after leaving care 44% were unemployed, with nine of these being young women caring for their children. At this time, half of the young people were in debt and had no savings.

Forming and maintaining relationships was also problematic. For example, although most (93%) had had some contact with their families since the third interviews (particularly with mother and siblings, with only 12% being in contact with both birth parents), the frequency and value of that contact varied. Over half expressed the

desire for more contact. Less than 29% saw their parents either weekly or monthly and the remainder had infrequent contact such as once or twice per year. Those who reported feelings of loneliness experienced little support and communication from birth families.

Regarding mental health, the study focused on suicidality, self-harm and substance abuse. The authors also included more positive aspects of mental health such as perceived happiness, identity and sense of direction. The young people were asked at the second, third and fourth interviews about serious suicidal ideation and whether they had self-harmed or attempted suicide. Twelve months after leaving care 57% of the young people reported that they had considered suicide and more than one in three had actually attempted it. By the time of the fourth interview, carried out four to five years after leaving care, 71% of the young people had thought about suicide and nearly half of this figure had actually attempted it (37%). Those who did not have any long-term placements whilst in care had higher rates of suicide attempts than those who had been in long term placement (50% compared to 23.8%). Furthermore, the young people who entered care at an older age were also more likely to attempt suicide compared to those who were younger when first admitted to care (58.3% compared to 30.3%). Many participants in the study experienced a particular low point at the ages of 20 or 21 years, often in the aftermath of a relationship break-up or bereavement. Young people who reported more satisfaction with the level of support they received were less likely to have had suicidal thoughts or have acted upon them. Those who considered or acted upon suicidal thought were also more likely to report substance abuse problems. Seven participants revealed that they had been diagnosed with mental health disorders including depression, post-natal depression, manic depression and bipolar disorder. Nine reported alcohol abuse, five of whom additionally used other substances.

At the third and fourth interviews, participants were asked to complete Beck's Hopelessness Scale and to rate how happy they were on a scale from '1' (not happy at all) to '10' (very happy). Most rated themselves as being fairly happy after leaving care at both the 12 month and four to five year periods. There was however, a significant relationship between the level of social support the young people had and self-perceptions of happiness, with those who were least satisfied with levels of

support scoring significantly higher on Beck's Hopelessness Scale than those who reported satisfaction.

The authors used five 'pathways to care' to describe the long-term outcomes or trajectories from care. These were: 'well-supported young people'; 'the strugglers'; 'the recovery group'; 'the downward group'; and 'the survivors'. Faring well over all domains was linked to levels of support, most importantly, a sense of security and feeling loved. Conversely, those who were not doing well across the life domains (including mental health) did not have a support network of family and friends whom they could call upon for help and support. The authors concluded in the absence of directly comparable figures for the general population of young people, there is a high likelihood that care experienced young people have an elevated risk of mental health problems in adult life. It was suggested that staggering or delaying transitions may assist some care leavers, alongside well-planned transition planning aimed at equipping care leavers with life skills. The authors also recommended that care leavers should have priority access to stable housing, income support, education, dental treatment, physical and mental health services and continued guidance and support.

The final international study reviewed focused on internal resilience and its relationship with smoking, alcohol use and depression symptoms in adults transitioning out of care in Canada (Goldstein et al., 2013). This study recruited 93 participants from two child welfare agencies in Ontario. More than three quarters of the sample was female (76.3%) and their ages ranged from 18 to 25 years.

Participants completed self-reported measures of: child maltreatment (assessed using the Childhood Trauma Questionnaire [CTQ-SF]); internal resilience (using the Connor-Davidson Resilience Scale [CD-RISC]); external resilience (using indicators of academic achievement, religious and community involvement, monitoring by caregivers, and presence of an adult mentor); alcohol use; smoking; and symptoms of depression (using the Centre for Epidemiological Studies Depression Scale [CES-D]). Two models of resilience, a compensatory model and a risk-protection model, were examined.

Results showed that greater internal resilience was associated with higher levels of involvement in religion and community, and monitoring by caregivers. A negative association was discovered between internal resilience and past year smoking/nicotine dependence and symptoms of depression but not alcohol misuse. The compensatory impact of resilience on increased risk of depression linked with a history of childhood maltreatment was also examined using hierarchical regression analyses. The researchers found that resilience was significantly associated with lower levels of depression symptoms. The findings also showed that resilience moderated the effect of child sexual abuse on symptoms of depression.

One of the main limitations of the study is linked to the non-random sample biased towards young people receiving continued support as they were mostly recruited when they claimed maintenance payments at child welfare agencies. Those who were working, in education or struggling and unable to participate in services may not be represented. Despite this limitation, the study highlights the importance of resilience in relation to mitigating against the effects of a history of child sexual abuse and preventing depression symptoms for care leavers. The authors suggested that strengthening resilience should be a key component of child welfare and early intervention programmes. They also recommended that leaving care programmes should include a strengths-based focus on developing capacity and attachments at individual, family and systemic levels.

4.4 Discussion

The body of research reviewed presents clear evidence that care leavers 'rarely have the emotional, social and financial support that is available to most young people their age from their families' (Cashmore and Paxman, 2007:1). They are seriously disadvantaged as they move into their young adult lives and are more likely to experience poor mental health than their peers in the general population (Cashmore and Paxman, 2007; Pecora et al., 2003; 2005; 2009; Taggart and Menary, 2005; Vinnerljung et al., 2006; White, 2011). The research suggests that mental health problems can precede entry into care, often being related to experiences of abuse and neglect which can have a long lasting impact on mental wellbeing (Dixon et al., 2006; Goldstein et al., 2013; McMillen et al., 2005; Salazar et al., 2011). Less clear is the extent to which mental health problems preceding entry

into care are improved or exacerbated by experiences in care. Nevertheless, the research suggests that being in care does not adequately counteract earlier hardship. Many young people in the general population can find the demands associated with becoming an adult challenging. For young people leaving care, the added stress of transition from care, seeking further education and work opportunities and finding appropriate accommodation can have serious detrimental effects on their emotional wellbeing, particularly if they leave care at an early age (16-17 years) (Dixon et al., 2006). The strength of this disadvantage increases if the young person's birth parents have a history of psychiatric and/or socioeconomic disadvantage (Vinnerljung et al., 2006). The review has also highlighted differences in type of placement and risk of experiencing mental health problems, with lower rates of mental health needs being associated with kinship type care and higher rates being reported for those in long-term or residential care (Mullan et al., 2007; Vinnerljung et al., 2006).

The research clearly demonstrated that the mental health of care leavers can deteriorate on leaving care (Cashmore and Paxman 2007; Courtney and Dworsky, 2006; Dixon et al., 2008; Vinnerljung et al., 2006). Care leavers face layers of obstacles as they move through and out of care and into adult life. Unsuitable and unstable accommodation impacts on other life domains such as education and employment (Fowler et al., 2011). Heightened risks of becoming homeless, unemployed and in contact with the criminal justice system are additional stressors (Dworsky et al., 2006; Pecora et al., 2005). These challenges are further compounded by a reduction in access to support services as care leavers exit child care services and move into their young adult lives. Furthermore, there is a reported mismatch of psychotropic medication use to address mental health needs involving over and under use by care leavers (Raghavan and McMillen, 2008). Targeted services aimed at preventing deterioration in emotional wellbeing or addressing the needs of care leavers with identified mental health problems are crucial at this time of transition.

Importantly, several studies highlight the need to involve care leavers in service planning and delivery (Cashmore and Paxman, 2007; Mullan et al., 2007). Young people should be involved in decisions regarding their post-care lives and their

mental health care (Mullen et al., 2006; VOYPIC, 2013). Several authors emphasise that the concerns of young people and their carers need to be taken seriously and, in response, there should be ease of access to appropriate mental health services at both in-care and post-care periods (Mullan et al., 2007; Vinnerljung et al., 2006).

Despite such a bleak picture, the review has also identified some factors related to successful outcomes for the mental health of young people leaving care. Mental health outcomes are more positive when young people leave care at an older age and access continued support services (Daining and DePanfilis, 2007; Dixon et al., 2006; Fowler et al., 2011). Allowing extra time to adjust encourages the development of resilience and the ability to cope with new demands of independence (Cashmore and Paxman, 2007; Daining and DePanfilis, 2007). Enhancing internal and external resilience can also counteract the effects of negative experiences and protect against depression (Goldstein et al., 2013). The benefit of well-timed and planned transitions is emphasised as essential to improved outcomes for care leavers (Brown and Wilderson, 2010; Cashmore and Paxman, 2007; Dixon et al., 2006; Lamont et al., 2009). Support before, during and after their transition also contributes to post-care success (Cashmore and Paxman, 2007; Courtney and Dworsky, 2006; Pecora et al., 2005).

Policies and services which are most likely to promote emotional wellbeing are those which enhance life skills including how to: pursue educational pathways; obtain and maintain employment; manage finances; find safe, affordable housing; and meet the requirements of independent living (Daining and DePanfilis, 2007; Fowler et al., 2011). In particular, barriers regarding assessment and access to appropriate treatment need to be addressed (Pecora et al., 2005). A clear, accessible and co-ordinated structure for the transition from child to adult mental health services should be available for those care leavers who require it (Cashmore and Paxman, 2007; Fowler et al., 2011; Mullen et al., 2006).

Policy and practice needs to be shaped by the consideration that care leavers are a high risk group for significantly poorer mental health (Vinnerljung et al., 2006). Services, therefore, need to be geared towards the specific needs of care leavers with mental health needs (Brown and Wilderson, 2010; Pecora et al., 2005) and care

planning should include risk reducing and resilience enhancing activities to improve outcomes for care leavers (Goldstein et al., 2013; Mullan et al., 2007). While these recommendations speak to general and common needs of care leavers with mental health needs, it is also important to remember that they do not form a homogeneous group. Services need to take into account factors such as ethnicity, culture, gender and individual and variations in their experiences and needs (Courtney and Dworsky, 2006; Daining and DePanfilis, 2007; Garcia et al., 2012; McMillen et al., 2009; Yates and Grey, 2012).

The review of research literature also indicates a need to further develop the evidence base outside the US and, in particular, in the local Northern Irish context where there have been no previous regional studies of the nature or extent of mental health need among the population of care leavers. The available research on care leavers with mental health needs is generally large scale, quantitative and predominantly American. Most of the quantitative measures utilised also reflect a mainly medical model approach focused on identification and diagnosis of mental health need. There is a need, therefore, for further qualitative research informed by a critical social model understanding mental health and participatory research approaches that actively involve and listen to the views of care leavers with mental health needs. Such research developments would enhance the existing body of knowledge on the mental health needs of care leavers and further inform the policy and practice developments recommended by much of the research reviewed.

5.0 Conclusion

This review of literature review has highlighted the findings of empirical research and, importantly, the gaps in knowledge about the characteristics, needs and experiences of disabled care leavers and young people leaving care with mental health needs. Five core themes can be identified from this review of literature to inform future research and subsequent stages of the current study.

1) There is a very limited evidence base in relation to disabled care leavers and studies that have been undertaken are predominantly qualitative and small-scale. A much smaller body of literature is available on the particular experiences disabled care leavers. It could be argued that limited research has been conducted in this area due to difficulties associated with definitions of disability and practical challenges of identifying disabled care leavers across a range of varying service structures. Interestingly, these problems are not just a local concern as they are also reported by national and international researchers. However, it could be equally argued that the absence of literature on disabled care leavers is related to their widespread invisibility of disability issues in leaving care practice and academia with the specific needs and experiences of disabled care leavers being largely ignored.

2) There is a much a larger body of research on the mental health needs of care leavers. Interestingly, these studies have been predominantly concerned with measuring the extent of mental illness or disorder and has been predominantly larger scale and quantitative. This may reflect the availability and more extensive use of measures of mental illness or emotional disorders, as most of these studies have been concerned with diagnostic scales or standardised measures of illness/need. There is less research on recovery from mental ill health, although several studies have highlighted resilience-enhancing conditions.

3) The findings of the empirical research available clearly indicate that care leavers are at much higher risk of poorer outcomes than their peers in the general population, including mental ill health. In particular, studies have repeatedly shown that care leavers who experience the worst outcomes tend

to be older, have entered care at an older age and have experienced placement instability. Disabled care leavers and those with mental health needs experience an additional range of challenges with negative outcomes across a range of domains including education, health, employment, housing and social support. Higher risks of substance misuse, suicide ideation, depression and homelessness are repeatedly cited in the available research. In addition, most studies highlight challenges related to access to mental health and disability services due to narrow eligibility criteria, unclear interpretations of categories of disability and mental health and limited co-ordination across child and adult programmes of care. Other structural issues having a serious detrimental impact on transitions from care relate to limited availability of suitable housing, lack of financial support for care leavers and restricted access to health care (particularly in the US due to health insurance concerns). There is also a clear message that staying in care longer, experiencing strong social support networks, accessing education and employment opportunities and engaging in consistent relationships with staff are critical factors associated with successful transitions from care.

4) There is a consistent message from the review that greater efforts should be made to facilitate the participation of disabled care leavers and those with mental health needs in decisions about their post-care lives to ensure meaningful self-determined choices and continued engagement with services.

5) Finally, the existing body of literature indicates gaps in knowledge and areas for further research relating to this specific population in relation to groups of young people missing from research and types of research not undertaken. In addition to the need to examine the heterogeneity of experience of impairment among care leavers, a range of studies excluded some groups of care leavers who should be actively included in future research including care leavers who:
  - have borderline or undiagnosed impairments and may not meet criteria for access to services;
  - are homeless;
  - have disengaged from services;
  - do not self-define as disabled or having mental health needs; and

- come from diverse ethnic minority and cultural backgrounds.

In conclusion, most of the research relating to disabled care leavers is small-scale and qualitative usually focused on evaluating a specific programme or provision in one region. Therefore, larger scale and region-wide studies are required to expand on knowledge of the characteristics of this population and their access to services. Further research aimed at ascertaining the views of care leavers with a range of impairments would also extend the existing knowledge base in this area. In contrast, further research on the mental health needs of care leavers from a social and recovery model perspective would expand our understanding of the experiences of care leavers with mental health difficulties, including strategies that would support self-care and bolster the range of informal and formal supports that lead to the most successful post-care experiences. Given the expressed need to prioritise the participation of disabled care leavers, future research that embraces a participatory approach to involving disabled care leavers in the design of studies, collection of data and analysis of findings would be a very useful contribution to the existing body of literature. Most of the research reviewed has also highlighted structural and organisational challenges from care leaver, carer and practitioner perspectives. There is an imperative, therefore, to ensure that further research in this area is disseminated through mutual knowledge exchange with service planners and policy makers responsible for decisions about policy and organisational structures to effect necessary change in practice and policy.

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Appendix One: Literature Search Key Terms & Databases

Key Terms

Care Leaver
#1 leav* care
#2 care leav*
#3 leav* state care
#4 leav* substitute care
#5 leav* foster care
#6 leav* kinship care
#7 leav* residential care
#8 adolescent* or young people
#9 eligible young person / people
#10 relevant young person / people
#11 former relevant young person / people
#12 qualifying young person / people
#13 disabled care leaver
#14 ageing out of care
#15 former foster

Mental Health
#1 mental health*
#2 mental ill*
#3 mental incapacity
#4 mental capacity
#5 child and adolescent mental health / CAMHS
#7 adult mental health services / AMHS
#8 emotional wellbeing
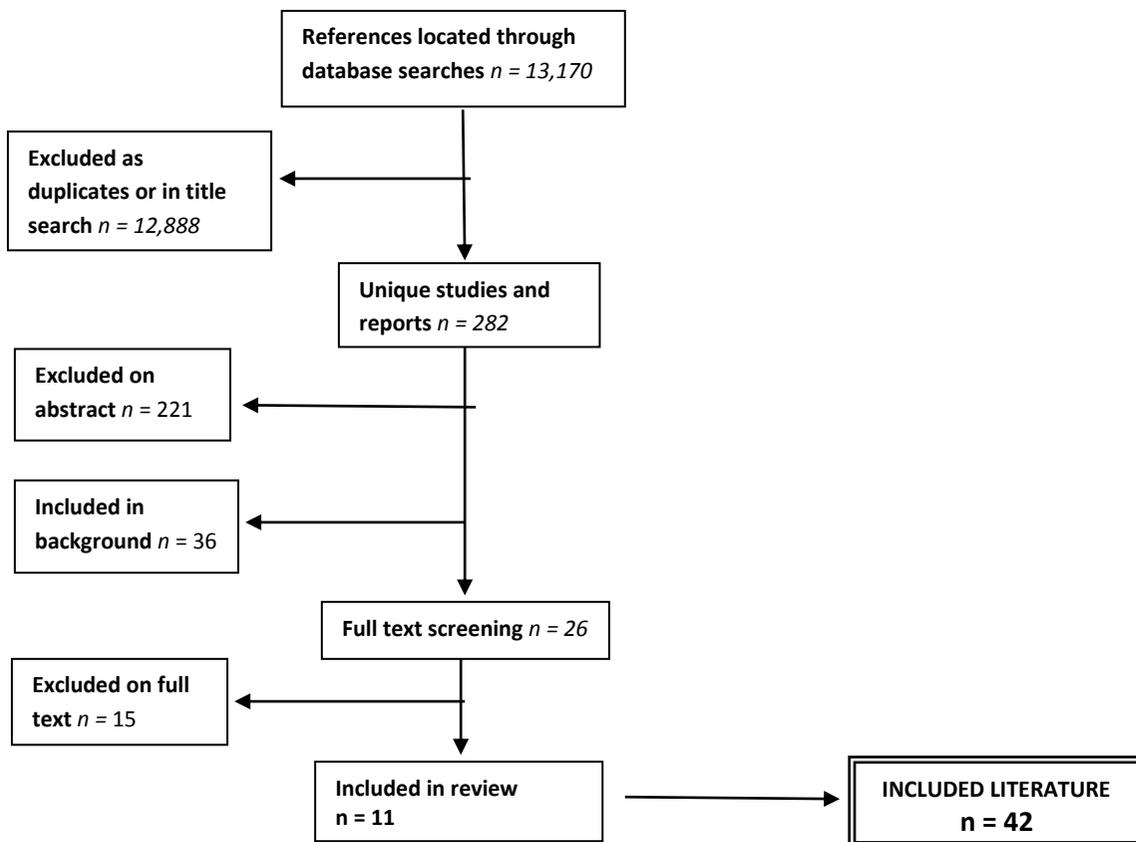#9 mental health services

Intellectual Disabilities
#1 intellectual disab* / impair*
#2 learning disab* / impair*
#3 learning difficult* / impair*
#4 developmental disab* / delay
#5 cognitive* impair*
#6 mental retardation
#7 autism / asperger*
#8 autism spectrum disord*
#9 ADHD / ADD
#10 social functioning disord*
#11 disab*
#12 disability services

Databases

- ASSIA – Applied Social Sciences Index and Abstracts
- Cinahl Plus (nursing and allied health)
- Cochrane Library & Campbell Collaboration
- Directory of Open Access Journals
- EPPI Centre
- ESRC Society Today (economic and social research council)
- IBSS (International Bibliography of the Social Sciences)
- OVID Medline
- PsycInfo
- SCOPUS
- Social Care Online
- Social Policy and Practice (on campus trial)
- Web of Science

Appendix 2: Flow charts of the literature search and screening results.

Flow Chart of Leaving Care and Disability searches

References located through database searches *n = 13,170*

→ | Excluded as duplicates or in title search *n = 12,888* |

| Unique studies and reports *n = 282* |

→ | Excluded on abstract *n = 221* |

→ | Included in background *n = 36* |

| Full text screening *n = 26* |

→ | Excluded on full text *n = 15* |

| Included in review n = 11 |

Flow Chart of Leaving Care and Mental Health searches

References located through database searches *n = 18,011*

→ | Excluded as duplicates or in title search *n = 17,736* |

| Unique studies and reports *n = 275* |

→ | Excluded on abstract *n = 169* |

→ | Included in background *n =58* |

| Full text screening *n = 48* |

→ | Excluded on full text *n = 17* |

| Included in review: n = 31 |

| INCLUDED LITERATURE **n = 42** |