May 2023 | Report

This content was created by What Works for Children's Social Care before merging with the Early Intervention Foundation to become Foundations.

The content contains logos and branding of the former organisation.

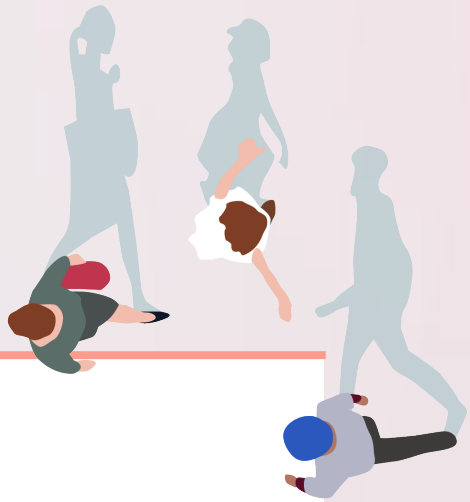
Foundations
What Works Centre for Children & Families

foundations.org.uk

What Works *for* Children's Social Care

EARLY INTERVENTION FOUNDATION

Coming together as What Works for Early Intervention & Children's Social Care



REVIEWS ON MENTAL HEALTH SERVICES FOR CARE-EXPERIENCED YOUNG PEOPLE

May 2023

What Works for Children's Social Care

EARLY INTERVENTION FOUNDATION

Coming together as What Works for Early Intervention & Children's Social Care

Acknowledgements

The authors wish to acknowledge the support and assistance of the advisory groups. We wish to acknowledge and offer many thanks to The Fostering Network, especially Sarah McEnhill, for their assistance in setting up the young persons' advisory group.

Authors

Eleanor Ott,
Senior adviser, Centre for Evidence and Implementation

Emma Wills,
Adviser, Centre for Evidence and Implementation

David Taylor,
Research fellow, Monash University

Author contributions

Review element	Author involved
Content drafting	Eleanor Ott, Emma Wills, David Taylor
Protocol drafting	Eleanor Ott, Emma Wills, David Taylor, Stephanie Smith
Record screening	Emma Wills, Amaka Dominic-Udeagbaja, David Taylor, Russell Taylor
Moderation of screening	Eleanor Ott, moderators from Monash
Data extraction and coding from included studies	Emma Wills, Amaka Dominic-Udeagbaja, David Taylor
Quality assessment	Emma Wills, David Taylor
Analysis	Eleanor Ott, Emma Wills, David Taylor
Search strategy and retrieval	Eleanor Ott, David Taylor, Emma Wills
Advisory group communication	Eleanor Ott, Sarah McEnhill, Emma Wills, Stephanie Smith
Quality assurance	Eleanor Ott, David Taylor, Jane Lewis, Anna Williamson

Funding and competing interests

Funding for this report was provided by What Works for Children's Social Care (WWCSC). In their capacity as funders WWCSC reviewed and provided comments on the protocol and this report. They also facilitated an independent peer review process with anonymous reviewers. The views expressed in this report are the views of the authors and do not necessarily reflect those of WWCSC.

What Works for Children's Social Care

EARLY INTERVENTION FOUNDATION

Coming together as What Works for Early Intervention & Children's Social Care

The authors declare that they have no conflicts of interest as generally defined. Eleanor Ott is a registered foster carer and has worked with care-experienced young people in engaging with mental health services. She worked to ensure reflexivity by (a) minimising her role in screening, extraction and coding so that decisions and analysis emerged from this study and clearly defined protocol, (b) using the advisory group as a resource for sense-making and sense-checking, (c) working as a team and (d) consistent use of reflection. We believe that personal experience strengthened this review.

About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care.

Our new single What Works centre will cover the full range of support for children and families from preventative approaches, early intervention and targeted support for those at risk of poor outcomes, through to support for children with a social worker, children in care and care leavers.

To find out more visit our website at: **www.whatworks-csc.org.uk**

About the Centre for Evidence and Implementation

The Centre for Evidence and Implementation (CEI) is a global, not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across five offices in London, Oslo, Singapore, Melbourne and Sydney. We work with our clients, including policymakers, governments, practitioners, programme providers, organisation leaders, philanthropists and funders in three key areas of work:

- Understand the evidence base
- Develop methods and processes to put the evidence into practice
- Trial, test and evaluate policies and programmes to drive more effective decisions and deliver better outcomes.

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: info@wweicsc.org.uk

Contents

Executive summary 5
- Introduction 5
- Objectives 5
- Methods 6
- Results 7
- Conclusion 8

Introduction 9

Objectives 13

Methods 14
- Advisory groups 14
- Protocol registration 14
- Study eligibility criteria 15
- Search strategy 21
- Study selection 23
- Data extraction 24
- Risk of bias assessment 25
- Assessing the certainty of evidence 25
- Data analysis and synthesis 26

Results 28
- Search results 28
- Characteristics of included studies 30
- Risk of bias and quality appraisal within studies 37
- Certainty of evidence assessment 39
- Synthesis of results 44

Discussion 52
- Summary of findings 52
- Discussion of findings 53
- Strengths and limitations of the review methods 55
- Strengths and limitations of available evidence 56
- Recommendations for practice and policy 56
- Recommendations for research 57
- Conclusion 57

References 59

Appendices 68
- Appendix 1: CASP quality appraisal results 68
- Appendix 2. Search strategy and key terms 72

Executive summary

Introduction

Mental health involves emotional, psychological and social wellbeing, and is important at all stages of life. Care-experienced young people (CEYP)[1] face compounding vulnerability to their mental health, including their experiences of trauma, transitions between carers and difficulties accessing support. Children in care are disproportionately affected by mental health problems compared with their non-care-experienced peers (Dubois-Comtois et al., 2021; Engler et al., 2022; Seker et al., 2021) and are nearly five times as likely to have at least one psychiatric diagnosis (Ford et al., 2007). Research has found the support for the emotional wellbeing of CEYP is inconsistent and insufficient (Bazalgette, Rahilly & Trevelyan, 2015). With a transition out of care, generally at 18, young people have found that much of the support system changes and often they are no longer eligible for support from young person mental health services, despite research showing a deterioration in mental health in their first year of leaving care (Bazalgette et al., 2015; Dixon et al., 2006). In response to the stark disparities in mental health and physical health outcomes for care-experienced young people and adults, including higher rates of death by suicide, the Department for Education has said in its 2023 implementation strategy and consultation for children's social care that "We must take urgent action to transform the way we deliver care, and the experience, care and support children and young people have" (Department for Education, 2023a, p. 91). However, it is not clear what we know about effective mental health services for CEYP, and there is also a gap for young people's voices in terms of how to implement effective mental health services.

Two reviews were undertaken: one systematic review identified and summarised the international literature on the effectiveness of services for mental health of CEYP, and one rapid evidence review identified and summarised the literature about the experiences with the implementation of mental health services for CEYP in the UK.

Objectives

This report answers two main research questions, each with secondary research questions:

1. **What is the impact of policies, programmes and interventions for care-experienced young people (CEYP) on their mental health in high-income countries?**
    a. What is the impact of mental health interventions for CEYP?

[1] In this report, we use "care-experienced young people" to refer to young people (aged 16+) who were previously accommodated in out-of-home care, but not adopted at the time of their transition to adulthood. Within the English context, this typically refers to children who are provided out-of-home care (such as kinship care, non-kinship care, group homes or semi-independent living) through a voluntary agreement or court order and meet the definition of "care leavers" in the Children's Act 1989.

b. What is the evidence on the effectiveness of targeted services compared with universal services?

2. **What are the experiences with the implementation of mental health services for CEYP in the UK?**
   a. What are the barriers to and facilitators of accessing mental health services for CEYP, including equity in access?
   b. What are the barriers to and facilitators of successfully engaging and continuing with mental health services for CEYP after access?
   c. What do we know about the acceptability and appropriateness of mental health services for CEYP (e.g. viewpoints on targeted versus universal services, preferences on the points of delivery)?

Methods

Two reviews were carried out to answer the two research questions. The first question was answered using a systematic review and the second question was answered using a rapid review of studies. The protocol for Review 1 was updated from a previously developed protocol (PROSPERO registration number: CRD42020146999) for a review by Taylor et al. (2021b) and was published on WWEICSC's website.[2] The protocol for Review 2 was published on PROSPERO (registration number: CRD42022354456) and on WWEICSC's website.[3]

Two advisory groups were consulted for these reviews. One involved CEYP and the other consisted of individuals working in policy, practice and research areas relevant to these reviews. The groups advised the research team about the research questions, approaches and definitions and in discussion of the preliminary findings.

Review 1 considered studies investigating programmes or interventions that included a mental health component, targeted CEYP with mental health needs or reported mental health, wellbeing or relationship outcomes for CEYP (aged 16 to 25). Included studies had experimental or quasi-experimental designs, exploring primary outcomes of: mental, behavioural or neurodevelopmental disorders; self-reported mental health; subjective wellbeing; supportive relationships; self-harm, suicidal ideation or suicide; and use of inpatient or outpatient mental health services or programmes. For Review 1, 13 academic databases were searched, resulting in 2442 records (1948 after de-duplication). Seven 'grey literature' resources were also searched, to look for publications beyond journal articles, from which 1812 records were identified. All screening was conducted independently by two reviewers, with a third reviewer resolving conflicts.

[2] https://whatworks-csc.org.uk/research-project/systematic-review-the-effectiveness-of-policies-programmes-or-interventions-to-improve-mental-health-outcomes-for-care-experienced-young-people.
[3] https://whatworks-csc.org.uk/wp-content/uploads/Care_Leaver_Mental_Health_Protocol_Q2_FINAL.pdf.

Review 2 included qualitative studies about the experiences of CEYP (aged 16–30 and who are transitioning or have transitioned from care during these ages) with mental health services. Studies were included if they were conducted in any of the four nations of the UK and if they represented the views of CEYP or professionals working with them. For Review 2, 6 academic databases were searched, and 1450 records were identified (926 after de-duplication). We also searched 17 websites for grey literature, screening 1533 resources. Screening was conducted by one reviewer, with a second reviewer resolving queries.

Data for all eligible studies included in Review 1 was extracted for pre-specified fields. This was done independently by two reviewers, with one reviewer checking the work of another. The risk of bias of the included reports was assessed using the RoB-2 and ROBINS-I tools. For Review 2, data from the 43 included resources was extracted using pre-determined domains. We also carried out thematic analysis using the software Dedoose, by applying a pre-specified set of codes, which was iteratively developed throughout the analysis. The findings were synthesised narratively. The quality of the papers was assessed using the CASP checklist, and the confidence was assessed using the GRADE-CERQual approach.

Results

In Review 1, eight records were included, reporting five studies. For Review 2, 43 records were included.

For Review 1 (investigating the impact of policies, programmes and interventions), there was insufficient evidence to draw firm conclusions about the effectiveness of services aiming to improve the mental health of CEYP. This is because the identified studies were too heterogenous and some yielded non-conclusive findings. Of the included studies, four were randomised controlled trials (RCTs), one included a target population with lived experience of mental health, two of the interventions had a mental health component and all five included mental health outcomes.

Review 2 (investigating experiences with the implementation of mental health services) included 43 studies conducted between 2005 and 2022, 24 from the academic databases and 19 from the grey literature. Studies represented the voices of care leavers and CEYP, as well as professionals such as social workers, leaving care workers and personal advisers. The quality of the included studies was assessed using the CASP checklist and the certainty of evidence ratings ranged from low to high.

Review 2 explored the barriers to and facilitators of CEYP accessing and engaging with mental health services. Studies highlighted that CEYP had trouble accessing mental health services due to long waiting times, geographically distant services and high and stringent thresholds for acceptance into care. Barriers to young people seeking or desiring support included concerns around being labelled or stigmatised by services, scepticism around the ability of mental health services to support their mental health and feelings of vulnerability when talking about mental health. Young people also placed importance on having mental resilience and not relying on others for support.

Facilitators to CEYP's engagement with mental health services included having strong, trusting relationships with professionals and professionals understanding what being "care-experienced" meant. The review found that some young people experienced disruptions to their support from services when they moved to a new region, when they transferred to adult mental health services from child mental health services and during the COVID-19 pandemic.

To overcome barriers to accessing and engaging with services, young people highlighted two main ways in which services may be made more acceptable and appropriate in supporting their mental health. These were by improving client choice and control within services, and by having more specialised services and pathways for CEYP. Young people also experienced the support that they received from social care professionals and from their own social networks as being facilitators for their mental health and wellbeing. They noted that services may be more acceptable and appropriate if they placed greater importance on the supportive relationships and social networks in their lives.

Conclusion

The reviews considered the support for CEYP's mental health from (1) the perspective of rigorously conducted impact evaluations and (2) studies of CEYP's experiences of mental health services. Only five rigorously evaluated studies were found. Given the diverse nature of these studies and their non-conclusive findings, we were unable to conduct a meta-analysis for Review 1 that would allow us to discuss specific approaches that are effective for supporting CEYP's mental health.

Nevertheless, the findings from the studies in Review 2 provide some insight about what could be helpful. Specifically, the analysis identifies barriers and facilitators to CEYP accessing, engaging with and continuing with services. Throughout the qualitative studies, it was clear that young people wanted to be listened to and understood, and to have trusted relationships with professionals when discussing mental health needs, supports and services. Viewpoints from the literature highlighted preferences for mental health services that understood care experience. However, given the diverse nature and needs of the care-experienced population and challenges in implementing and resourcing services and support to meet those diverse needs, changes to policy and practice should draw on both the literature on experiences and preferences and on knowledge around implementability. Further research is needed, particularly on the effectiveness of different approaches.

The review findings were limited to the experiences of CEYP who had accessed or expressed viewpoints about mental health support or services; other literature discusses mental health services for children in care (younger than 16), adopted children and the general population of young people. Given limitations in the literature, we were unable to synthesise findings from across the two reviews as originally intended. The conclusions that can be drawn from both reviews are therefore limited, although they do provide some insight into where and how to support CEYP.

Introduction

Mental health – emotional, psychological and social wellbeing – is important for everyday interactions and at all stages of life, including the transition from adolescence to adulthood, when many mental health problems begin or are first detected. Many factors contribute to the likelihood of mental health problems, including biological factors, such as brain chemistry, family history of mental health problems and life experiences, such as trauma and abuse (NICE, 2021). Care-experienced young people (CEYP)[4] are disproportionately affected by mental health problems compared with their non-care-experienced peers (Dubois-Comtois et al., 2021; Engler et al., 2022; Seker et al., 2021) and are nearly five times as likely to have at least one psychiatric diagnosis (Ford et al., 2007). The trauma, neglect and abuse before entering care, as well as experiences of care and the transition from care, can contribute to mental health problems. Although there is no current prevalence data from a nationally representative sample of those who have "aged out" from care, data is available for children currently in care, with recent estimates suggesting an eight-fold increase in diagnosable-level mental health problems compared with the general population (Department for Education, 2020) and an eight-fold increase in low life satisfaction (Briheim-Crookall et al., 2020). Moving to independence at younger ages than their peers, leading to challenges around loneliness, homelessness, poverty and unemployment, may contribute to poor mental health and wellbeing (Briheim-Crookall et al., 2020).

The psychopathology of care-experienced individuals is often highly complex, with high levels of comorbidity, and is closely associated with exposure to traumatic life events (Greiner & Beal, 2017). Outcomes for CEYP care are also poor at a population level and recent longitudinal data found that young people who had been in care during childhood had a higher risk of mortality long (up to 42 years) after they had transitioned from care, and early death was more likely to be a result of suicide (Murray et al., 2020). Improving the life expectancy of care-experienced people, by narrowing health inequalities with the wider population, is a recommendation of the recent independent review of children's social care (MacAlister, 2022). Mental health services offer an opportunity to improve the poor outcomes and change this narrative, but young people need to be able to access effective, appropriate and acceptable services.

Although the greatest incidence of mental health problems occurs between the ages of 12 and 25 years, studies show that mental health services are the least accessible for this age group (Kessler et al., 2007; Singh & Tuomainen, 2015). Although a child legally becomes an adult at 18, some young people can choose to exit from care from the age of 16 (The Who Cares? Trust, 2015). CEYP need emotional and mental health support when they formally exit (or "leave" care), but many view this transition as "care leaving them, not them leaving

[4] In this report, we use "care-experienced young people" to refer to young people (aged 16+) who were previously accommodated in out-of-home care, but not adopted at the time of their transition to adulthood. Within the English context, this typically refers to children who are provided out-of-home care (such as kinship care, non-kinship care, group homes or semi-independent living) through a voluntary agreement or court order and meet the definition of "care leavers" in the Children's Act 1989.

care" (National Youth Advocacy Service, 2019).[5] In England, the Children's Act 1989 and the Children (Leaving Care) Act 2000 outline the duty local authorities have to assist care leavers until they reach age 21 or age 25 if they are in continued education or training, including with a pathway plan beginning at age 16 outlining current and predicted needs (Butterworth et al., 2017). CEYP are assigned a personal adviser who must do a pathway plan review every 6 months until they are 21, or 25 if they would like the continued support (Department for Education, 2023b).

However, even if a child in care has been identified as having mental health needs and been successful in accessing mental health support before turning 18, the transition to adult mental health services often occurs during a period of considerable instability, including changes in social care support and a lack of permanence in living arrangements. As the young person and professionals involved in their care navigate these changes, issues can get overlooked or not be followed up, appointments are more likely to be missed and treatment might not continue at the same stage or with the same practitioner (Hiller et al., 2020). A study of CEYP found that young people feel abandoned, isolated and disconnected from services at this junction (Butterworth et al., 2017). An ongoing systematic review on interventions to improve mental health and wellbeing outcomes of care-experienced children and young people (protocol: Evans et al., 2021) indicates that much of the evidence focuses on parenting programmes for the carers of school-aged children, and further review work is needed to look at perspectives on mental health for CEYP.

Primary research by the NSPCC found that support for the emotional wellbeing of CEYP is inconsistent and insufficient (Bazalgette et al., 2015). With a transition out of care, young people have found that they are no longer eligible for support from Child and Adolescent Mental Health Services (CAMHS) and mental health services, despite research showing a deterioration in mental health in their first year of leaving care (Bazalgette et al., 2015; Dixon et al., 2006).

The NHS Long Term Plan also makes explicit reference to delivering an integrated 0–25-years approach to mental health that is universally accessible. For the broader youth population, there has been an emergence of co-designed innovations in youth mental health care, including services that span a transitional age range from approximately 12 to 25 years (McGorry et al., 2022). This shift in focus on need, rather than age, could create a sense of safety and stability that is particularly important for CEYP during a transitional period in their lives (National Health Service, 2019). However, support for CEYP up until the age of 25 is not consistently delivered and it remains unclear which mental health interventions – and whether transitional mental health interventions – are effective for meeting the mental health needs of CEYP. For example, the recent "Care-experienced cHildren and young people's Interventions to improve Mental health and wEllbeing outcomes (CHIMES): Systematic review" found many studies focused on parenting programmes to improve the mental health of younger children in care. However, the review was unable to identify effective support for young people aged 16 to 25 (Evans et al., under review; Evans et al., 2021). We therefore need a more consolidated understanding of what works for CEYP and how to implement

[5] At times we use the term "leave care" to denote the formal exit from care at 18, but due to preferences from young people we try to avoid the terminology as no one should be left without care.

mental health services that are acceptable and appropriate for their needs in transitioning from care.

To provide guidance to policymakers and practitioners, and identify research priorities, this report presents the methods and results from two reviews around the mental health services for CEYP:

1. The first review considers the impact evaluation evidence underpinning programmes and interventions that seek to support the mental health needs (as well as other outcomes) of CEYP between the ages of 16 and 25. Primary outcomes of interest are mental health outcomes, mental health symptoms and mental health service use.

   The first review builds on a prior review undertaken for What Works for Children's Social Care (Taylor et al., 2021a) researching and re-examining the literature on policies, programmes and interventions for young people transitioning from care to see what can be learned from mental health services. The 2021 review found 25 eligible study reports and conducted 19 small meta-analyses that encompassed independent living programmes and coaching and peer support programmes. Only one of the 19 analyses reported a significant positive result, indicating that coaching and peer support programmes have a medium-sized impact on secondary school or equivalent completion. We reran the search using the same search strategy with updated dates and a more specific look for mental health literature; this involved searching 13 databases of published literature in multiple languages and unpublished literature. In this report, we present what is known from the effectiveness literature in terms of programmes or interventions that target young people with lived experience of mental health, include a specific mental health component and/or measure a mental health outcome.

2. The second review looks at experiences of mental health services or support for CEYP's mental health. This synthesises insights on how to better implement mental health services, looking not only at access but also at what helps with continuing with services and key implementation outcomes including acceptability and appropriateness, including the fit with the support structures for CEYP (Proctor et al., 2011).

The reviews that follow have intentionally taken a broad definition of both mental health and services. This represents the perspectives and experiences of CEYP and advice from our advisory groups. Young people spoke about mental health services from the perspective of formal support through Child and Adolescent Mental Health Services (CAMHS) (alternatively known as Children and Young People's Mental Health Services, CYPMHS), Adult Mental Health Services (AMHS) and medical professionals such as general practitioners (GPs), through charities or support at educational settings and through conversations with others such as personal advisers. Additionally, young people use the terms "mental health" and "wellbeing" in a wide-ranging way – for example, discussing feelings, low mood and clinically diagnosed depression interchangeably. Even for those young people who may meet diagnostic thresholds, they may be unable to access formal services, given barriers to receiving referrals and waiting lists for diagnoses. In taking a broader definition than some academic literature, this review was able to fill a gap in the literature by representing young

people’s perspectives and covering support and services beyond specific clinical treatment approaches.

Objectives

This report answers two main research questions, which were answered through two separate reviews. The first question was answered using a systematic review that assessed the effectiveness of policies, programmes or interventions in improving mental health outcomes for care-experienced young people. The second research question was answered using a second, rapid review of qualitative studies. This review investigated the experiences of the implementation of mental health services in the UK for care-experienced young people. The reviews answered the following research questions:

1. **Impact of interventions:** What is the impact of policies, programmes and interventions for care-experienced young people (CEYP) on their mental health in high-income countries?

   The review of impact covers two secondary research questions, which are:

   a. What is the impact of mental health interventions for CEYP?
   b. What is the evidence on the effectiveness of targeted services compared with universal services?

2. **Experiences of interventions:** What are the experiences with the implementation of mental health services for CEYP in the UK?

   The rapid review answers three secondary research questions:

   a. What are the barriers to and facilitators of accessing mental health services for CEYP, including equity in access?
   b. What are the barriers to and facilitators of successfully engaging and continuing with mental health services for CEYP after access?
   c. What do we know about the acceptability and appropriateness[6] of mental health services for CEYP (e.g. viewpoints on targeted versus universal services, preferences on the points of delivery)?

The reviews sought to answer these review questions individually, but also to integrate findings to provide an overall understanding of the evidence on both the impact and the experiences of the implementation of mental health services in the UK, for CEYP.

[6] Although there is debate within the literature around the definitions of “appropriateness” and “fit”, we decided to adopt the definition of Procter et al. (2011), which views them as the concept. As such, the protocol included acceptability, appropriateness and fit; however, we have modified this research question to cover acceptability and appropriateness in this report.

Methods

Advisory groups

Two advisory groups were consulted during these reviews: one of individuals representing CEYP and a second involving those who could provide experience and expertise in policy and practice. Members of the Policy and Practice Advisory Group joined with relevant research expertise (both in topic and methodology), as well as experience in a national charity for children in care and care leavers, the inspection service for children in care (Ofsted) and in local authority. The advisory groups' role was to advise rather than to make decisions on the review, and members' views did not necessarily express those of their employers. Although the advisory groups were in place to advise on both reviews, the content of the discussions ended up being more heavily focused on advising on Review 2. Both advisory groups met twice for two-hour meetings at the beginning and end of the review process. During these meetings, the evaluation team presented information and updates about their research and set out any questions or topics to centre the discussion during the advisory group. Participants were invited to share and feed back comments or suggestions that they had around the questions posed or their own questions.

The Young People's Advisory Group was coordinated by The Fostering Network and met in May 2022 to discuss the research questions, approaches and definitions, where they were asked to provide feedback on whether they felt that the proposed methods incorporated their experiences and what they would like to see reflected in the work. They met again in November to discuss the preliminary findings, and they discussed how the findings related to their personal experience, to question any interpretations of the findings that the researchers had made and to add experiences that they felt would contribute to our framing of the findings in relation to their lived experience.

The Policy and Practice Advisory Group met in June 2022 to discuss the review bounds before the publication of the protocol and they were asked to provide feedback on the research questions, the choice of geographical focus, terminology used by the researchers, suggestions for grey literature sources, specific search terms and the relevance of the review questions to policy and practice. They met again in November 2022 to discuss preliminary findings and were invited to discuss whether they agreed or disagreed with the findings, whether there were any findings that they felt would be important to prioritise, frameworks for conceptualising the findings and thoughts on dissemination of and collaboration on the findings. We have noted where these discussions particularly shaped decisions and we are very grateful to both advisory groups for sharing their expertise.

Protocol registration

Two separate protocols were developed for the reviews reported in this paper. The protocol for Review 1 was updated from a protocol previously developed and published for Taylor et al.'s (2021b) initial review. The protocol for the initial review is registered with PROSPERO (registration number: CRD42020146999) and has been published (Taylor et al., 2021b). The

updated protocol developed for this review is published on What Works for Children's Social Care's website.[7] This review focuses from the original wide-ranging outcomes to what we know about policies, programmes or interventions with mental health components, targeting care-experience populations with mental health needs and/or looking at mental health, wellbeing or relationship outcomes.

The protocol for the Review 2 rapid evidence review is registered with PROSPERO (registration number: CRD42022354456). It is also published on What Work's for Children's Social Care's website.[8]

Study eligibility criteria

The eligibility criteria for both reviews were created through consideration of CEYP's experiences and the literature surrounding this topic, and consultation from the advisory groups and What Works for Children's Social Care.

For the review of impact, the eligibility criteria were defined using the PICOS framework, which are outlined in Table 1. These criteria covered study population, intervention, comparator, outcome(s) and study design(s).

For the qualitative review, the eligibility criteria were specified using the PPICoS framework, which covers the population, perspectives, phenomenon of interest/intervention, context and study design. They are outlined in Table 2. The criteria were the same as specified in the published protocol.

The advisory groups recommended that our definitions of mental health "service" be approached with openness and that we consider support for mental health to be broader than formal mental health services, including supportive relationships that help with wellbeing. They also suggested that we broaden our definition of "mental health" to include experiences of mental health symptoms as well as formal diagnoses and to include wellbeing. The outcomes for Review 1, and the search terms for Review 2, were broadened to include aspects of wellbeing that may not have been captured by terms surrounding formal mental health diagnoses. The Policy and Practice Advisory Group was hesitant for this review to use the term "care leaver" because it does not capture some of those with care experience but who may not meet the legal definition of care leaver (e.g. at least 13 weeks of care spanning the 16th birthday) and because they felt that young people should have continued "care". Instead, we have used the term "care-experienced young people". We have excluded the experiences of adopted young people due to their general adoption at a young age, the continuity of their care from their adoptive family during the transition to adulthood and the availability of different support structures, such as the Adoption Support Fund.

---

[7] https://whatworks-csc.org.uk/research-project/systematic-review-the-effectiveness-of-policies-programmes-or-interventions-to-improve-mental-health-outcomes-for-care-experienced-young-people.

[8] https://whatworks-csc.org.uk/wp-content/uploads/Care_Leaver_Mental_Health_Protocol_Q2_FINAL.pdf.

Eligibility criteria for Review 1

The eligibility criteria for the review of impact of interventions are summarised in Table 1. Criteria were defined using the PICOS framework, covering the studies' populations, interventions, comparators, outcome(s) and study design(s).

Table 1. Eligibility criteria for Review 1

PICOS domain	Criteria
Population	Young people aged between 16 and 25 years who were not living with their birth parents/family at the time they transitioned out of care, who have lived in foster, out-of-home, public, state, government or formal kinship care, or who are looked-after (UK), during the transition to adulthood. The young people should also have been placed in care due to concerns related to child abuse, neglect, parental capacity, family breakdown or due to a family illness, disability or death.
Intervention	Programmes or interventions that are delivered in either inpatient or outpatient (i.e. community or home) settings, including digital interventions and peer-to-peer support, and those that have a focus on mental health or report mental health outcomes for young people transitioning from their country's statutory out-of-home care systems (into adult living).
Comparator	Treatment as usual, another intervention, no intervention or wait-list control.
Outcome(s)	Five types of primary outcomes were explored: • Mental, behavioural or neurodevelopmental disorders — as specified by International Classification of Diseases 11th Revision (ICD-11) • Self-reported mental health using validated and non-validated tools, including measures of mood and affect and perceptions of mental health difficulties • Subjective wellbeing – including measures of quality of life, self-worth, happiness and life satisfaction, resilience, coping skills, having supportive relationships • Self-harm, suicidal ideation or suicide • Use of inpatient or outpatient mental health services or programmes. Measures may use dichotomous, categorical or continuous variables. Outcomes may be ascertained through clinical assessment, self-report or report by another informant (e.g. teacher).
Study design(s)	Studies using experimental and quasi-experimental designs will be included.

Inclusion criteria

Study design and publication status

For Review 1, no restrictions were placed on the type of publication to be included (e.g. report, unpublished manuscript, journal article). However, studies were only included if they employed the following study designs:

- Randomised controlled trials (RCT) including:
  - Individual RCTs
  - Cluster RCTs.
- Stepped-wedge designs with random time allocation
- Non-equivalent control group designs using parallel cohorts that adjust for baseline equivalence
- Difference-in-difference estimation
- Synthetic control group methods
- Studies based on:
  - Covariate matching
  - Propensity score-based methods
  - Doubly robust methods
  - Regression adjustment
  - Regression discontinuity designs
  - Instrumental variable estimation.

Language and context

For Review 1, no language of publication restrictions were applied. However, studies were only included if they were conducted in the context of high-income countries where a statutory care system for child maltreatment exists.

Population

Papers were included in Review 1 if they involved young adults aged between 16 and 25, and who were in out-of-home care for reasons or risk of child maltreatment, including foster care, guardianship, formal kinship care (i.e. where carers are paid), group care, residential care, semi-independent care and congregate care.

Intervention

For Review 1, papers were included if they involved programmes or interventions delivered in the home, community, inpatient settings or online that have a focus on mental health or report mental health outcomes for young people transitioning from their country's statutory out-of-home care systems into adult living.

Comparison

For Review 1, studies were included if they used treatment as usual, another intervention, no intervention or wait-list control as comparators.

Outcomes

For Review 1, studies were included if they looked at the following outcomes: mental, behavioural or neurodevelopmental disorders; self-reported mental health; subjective

wellbeing; supportive relationships; self-harm, suicidal ideation or suicide; use of inpatient or outpatient mental health services or programmes.

Exclusion criteria

Study design

Studies with the following study designs were excluded in Review 1:

- Non-primary studies
  - Literature reviews
  - Systematic reviews
  - Meta-analysis
- Studies without a valid counterfactual, including designs that do not include a parallel cohort that establishes or adjusts for baseline equivalence:
  - Single group pre–post designs
  - Control group designs without matching in time and establishing baseline equivalence
  - Cross-sectional designs
  - Non-controlled observational (cohort) designs
  - Case-control designs
  - Case studies/series
  - Surveys
- Qualitative designs and economic evaluations not undertaken in the context of an included quantitative study.

Context

For Review 1, studies were excluded if they were conducted in countries where a statutory care system for child maltreatment did not exist.

Population

We excluded any papers that focused on the following populations:

- Young people in out-of-home care (OOHC) settings for reasons other than abuse, neglect, parental capacity, family breakdown or due to a family illness, disability or death (including for reasons of special educational needs and disabilities)
- Young people who had returned to the care of their parents before (and at the time of) their exit from the OOHC system
- Young people who were currently incarcerated, including in youth justice settings
- Young people aged less than 16 or greater than 25 at the time when the programme or intervention being evaluated in the study was delivered.

Comparison

For Review 1, studies were excluded if they used any comparators other than: treatment as usual, another intervention, no intervention or wait-list control.

Outcomes

For Review 1, studies were excluded if they looked at any outcomes other than the outcomes noted in the inclusion criteria above.

Eligibility criteria for Review 2

The eligibility criteria for Review 2 are summarised in Table 2 using the qualitative PPICoS framework, which covers a study's population, perspectives, interests, context and study design.

Table 2. Eligibility criteria for Review 2

PPICoS domain	Criteria
Population	Young people aged between 16 and 30 years and who have experienced out-of-home care (OOHC) in the UK and are transitioning or have transitioned from care during these ages.
Perspectives/views	Young people (as defined above), plus professional staff who support young people who have experienced OOHC, including social care practitioners (e.g. social workers, personal advisers), foster carers, youth workers (including voluntary sector practitioners) and mental health practitioners (e.g. counsellors, clinical psychologists).
Interests	Experiences of accessing, engaging and continuing with mental health services (e.g. including key implementation outcomes of acceptability and appropriateness).
Context	UK only, including England, Wales, Scotland and Northern Ireland.
Study design	Any that expresses aspects of experiences of CEYP with mental health services (e.g. surveys, interviews, focus groups).

Inclusion criteria

Study design and publication status

For Review 2, no restrictions were placed on the type of publication to be included. However, we only included studies that conducted primary research expressing the experiences of CEYP with mental health services. Study designs included, but were not limited to, qualitative interviews, surveys, focus groups and case studies.

Language and context

For Review 2, publications were only eligible if they were written in the English language and if they were published after 2000. This review only included studies conducted in the UK, including England, Wales, Scotland and Northern Ireland.

Population

For Review 2, papers were included if they involved young people aged between 16 and 30 years and who had experienced out-of-home care (OOHC) in the UK and were transitioning or have transitioned from care during these ages. This includes young people who have lived in the following settings:

- Foster care
- Formal kinship care (i.e. where carers are registered)
- Group care

- Residential care
- Semi-independent care
- Congregate care (a type of residential care).

The age range for Review 2 was extended to 30 versus the inclusion criteria for Review 1, which went to 25. There is no one definition of “young people”, “adolescence” or the transition to adulthood. Many researchers define adolescence as the time between “puberty and the point in which an individual attains a stable, independent role in society” (Blakemore, 2018, p. 2). The transition to adulthood is a long process in the UK, with CEYP often experiencing it starkly earlier and more rapidly than the general population. In the UK, around 10,000 young people aged 16 and above transition from care each year, and in 2014 one-third of those left care before they were 18 (The Who Cares? Trust, 2015). In the UK in 2019, the average age among the general population to move out of the parental home was 24.6 years old, with many young people not transitioning from the parental home until their 30s; this reflects trends in other high-income European countries as the average age of young people leaving their parental home in the European Union was 26.5 years in 2021 (Eurostat, 2022). We expanded the age range of our inclusion criteria from 25 years to 30 years for Review 2 to capture any qualitative experiences of services for adults over the age of 25 and given our knowledge that some researchers in the UK look qualitatively at the transition from care until age 30. The age range for included studies in Review 1 was kept the same as the initial review conducted by the research team (Taylor et al., 2021a) to maintain consistency between the findings of Taylor et al.’s (2021a) initial review and the findings of Review 1.

Perspectives

Papers were eligible for Review 2 if they covered the perspectives of young people (as defined above) or of professional staff who supported young people who have experienced OOHC, including social care practitioners (e.g. social workers, personal advisers), foster carers, youth workers (including voluntary sector practitioners) and mental health practitioners (e.g. counsellors, clinical psychologists).

Interests

Papers were eligible for Review 2 if they included experiences of mental health support or services for CEYP. This included the perceived barriers/facilitators to accessing mental health services for CEYP, including issues of equity in access and the perceived barriers/facilitators to successful engagement and continuation with mental health services for CEYP. Data on key implementation outcomes was explored and extracted, including outcomes of acceptability and appropriateness of mental health services for CEYP – e.g. viewpoints on targeted versus universal services and preferences on points of delivery.

Exclusion criteria

Study design

Any studies that did not include primary data collection were excluded from Review 2. This included reviews and opinion pieces, which were excluded.

Context

For Review 2, we only searched for materials that were conducted within the UK, so any papers outside the UK were excluded. Papers were also excluded if they were published before 2000.

Population

We excluded any papers that focused on the following populations:

- Young people in OOHC settings for reasons other than abuse, neglect, parental capacity, family breakdown or due to a family illness, disability or death, or for reasons of special educational needs and disabilities
- Young people who had returned to the care of their parents before (and at the time of) their exit from the OOHC system
- Young people who were currently incarcerated, but not otherwise considered CEYP, including in youth justice settings
- Young people aged less than 16 and greater than 30 at the time of data collection.

Interests

For Review 2, studies referring to experiences that did not refer to mental health support or services for CEYP were excluded. We excluded papers that did not directly discuss CEYP's experiences with, or opinions about, seeking access to or receiving support from mental health services.

Search strategy

A search was carried out for both reviews. The search terms were developed by the research team and presented in the protocol. For Review 2's search strategy, the Policy and Practice Advisory Group also reviewed the terms. Since the same search terms had been used in a previous study (Taylor et al., 2021a), this step was not taken for the terms used in Review 1.

Review 1

For Review 1, the following databases were searched for studies published between 1990 and July 2022. All databases were searched between 1 and 4 August 2022:

- Cinahl via EBSCO
- Cochrane Register of Trials via Ovid
- ERIC via ProQuest
- Libris
- PsycINFO via Ovid
- MEDLINE via Ovid
- EMBASE via Ovid
- Sociological Abstracts via Proquest
- Social Services Abstracts via ProQuest
- SocIndex via EBSCO
- NHS Economic Evaluation Database via Ovid
- Health Technology Assessment via Ovid.

The key search terms are included in Appendix 2.

We also searched for grey literature resources from a selection of clearing houses, government agencies and organisations known (by the researchers) to be undertaking research in this area to find unpublished additional grey literature material. These included:

- Social Care Online (SCIE)
- International Research Network on Transitions to Adulthood from Care (INTRAC)
- Australian Institute of Family Studies
- Chapin Hall at the University of Chicago
- California Evidence-Based Clearinghouse for Child Welfare
- National Society for the Protection of Children against Cruelty (NSPCC)'s Library and Information Service
- National Children's Bureau (NCB)'s library of research reports and resources.

Review 2

For Review 2, the following databases were searched by one author on 15 August 2022 for English-language studies published between 2000 and July 2022:

- Cinahl via EBSCO
- ERIC via ProQuest
- PsycINFO via Ovid
- Scopus
- Sociological Abstracts via ProQuest
- Social Services Abstracts via ProQuest.

The following key search strategy was used on each of the six databases as shown:

1. "care leaver" OR "care-leaver" OR "care experience*" OR "looked after" OR "looked-after" OR "child in care" OR "alternative care" OR "out-of-home care" or "out of home care" OR ""foster care*"" OR ""foster parent*"" OR ""foster famil*"" OR "foster placement*" OR ""children's home" OR "children''s residential home" OR "children's residential care"
2. "mental health" OR "mental disorder" OR "wellbeing" OR "well-being" OR "well being" OR depression OR anxiety OR distress OR "self-harm" OR "self harm" OR "suicid*" OR PTSD OR "post-trauma*" OR trauma* OR therap* OR counsel* OR CBT OR DBT OR psychotherap* OR psychologist OR "youth work*" OR mentor* OR "peer support" OR "community mental health" OR CAMHS OR AMHS OR IAPT
3. "United Kingdom" OR "UK" OR "Great Britain" OR England OR Scotland OR Wales OR "Northern Ireland"
4. 1 and 2 and 3.

We also searched for additional grey literature material from the following websites on 9 August 2022, ensuring representation from across the four nations of the UK:

- Become: The Charity for Children in Care and Young Care Leavers
- British Association of Social Workers (BASW)

- The Care Leavers' Association
- Cascade: Children's Social Care Research and Development Centre
- Catch22 (and the National Leaving Chare Benchmarking Forum)
- Centre for Excellence for Children's Care and Protection (CELCIS)
- Coram Voice's Bright Spots research
- Drive Forward Foundation
- The Fostering Network
- International Research Network on Transitions to Adulthood from Care (INTRAC)
- National Children's Bureau (NCB)'s library of research reports and resources
- National Society for the Protection of Children against Cruelty (NSPCC)'s Library and Information Service
- Ofsted
- Social Care Online (SCIE)
- Voice of Young People in Care (VOYPIC)
- YoungMinds.

For both reviews, key authors of relevant primary studies or of systematic reviews were identified during the search process and were contacted by email to ascertain if they are aware of any supplemental and/or additional literature. Additionally, citations of relevant literature reviews were screened for appropriate study identification.

Study selection

Review 1

For Review 1, citations identified in the search were uploaded to Covidence, software used as a tool for screening and data extraction in systematic reviews. Two reviewers independently screened all of the titles and abstracts and a third reviewer resolved any conflicts that arose. Two review authors also independently read the full-text versions of all studies that were selected as being potentially eligible and a third reviewer resolved conflicts where necessary.

Review 2

For the qualitative review, all search returns were uploaded to Covidence. Titles and abstracts were reviewed by one author, with a second reviewer resolving queries. The team had ongoing discussions surrounding eligibility to clarify any uncertainties. These discussions took place during weekly meetings. If these discussions did not clarify uncertainties, papers were categorised as "maybe" and then went to the "full-text" stage if reviewers were unsure.

The same process was carried out for the screening of full-text studies. One review author read the full-text versions of all potentially eligible studies that were selected and we brought in a second reviewer as necessary to resolve any uncertainties. When disagreement existed about inclusion in the review, studies were discussed with a third reviewer, who acted as an experienced moderator.

Data extraction

Review 1

For Review 1, data was extracted by two reviewers independently (with one reviewer checking the work of the other). The data was extracted into an online spreadsheet that was developed for this review.

For Review 1, the same information was obtained for all included papers:

- Study information (study design and methods, aims, outcomes, sample size, location, country income status, setting, timeframe, study population and inclusion and exclusion criteria)
- Sample demographics (age, gender, ethnicity and disability)
- Intervention characteristics (whether it was a programme, policy or intervention, whether it was targeted or universal, summary of the delivery approach, type of delivery staff, comparison type)
- Information about studies' risks of bias, to conduct risk of bias assessments using the RoB2 and ROBINS-I tools
- Measures of effect (i.e. effect sizes) or information required to calculate them.

Review 2

For Review 2, data extraction of background and study information was carried out by one reviewer and was undertaken using an Excel spreadsheet, separating resources identified from the academic literature databases and grey literature sources into two tabs of the workbook.

For Review 2, the domains of extraction were based on the protocol, and were piloted and discussed within the team and refined where necessary. The same information was extracted from all resources and covered:

- Authors
- Year of publication
- Publication title
- Study design
- Study methodology
- Study population
- If given, population demographics
- Geography (country and city, if given)
- Sample size
- Summary of overall findings
- Information required to conduct a risk of bias assessment.

Risk of bias assessment

Review 1

Two assessment methods were used to assess the risk of bias of the studies included in review 1: the Revised Cochrane Risk-of-bias Tool for Randomized Trials (RoB2) (Sterne et al., 2019) and the Risk Of Bias In Non-randomized Studies – of Interventions (ROBINS-I) assessment tool (version for cohort-type studies) (Sterne et al., 2016). RoB2 is designed to allow researchers to assess bias of randomised control trials, using six sources of bias that focus on different aspects of the trial design. These can be rated as low, some concerns or high risk of bias. Reviewers then use these domains to provide an overall judgement around the study's risk of bias. The ROBINS-I tool is used to assess the bias of non-randomised studies. This tool presents seven domains of the study on which reviewers can assess the risk of bias as being low, moderate, serious or critical.

Review 2

Critical appraisal of the studies included in Review 2 was carried out using the 10-item CASP checklist for qualitative research. This checklist is designed to help researchers make judgements around the quality of the research and asks questions about the study's methodology and validity of results. This was conducted using an Excel spreadsheet, and the authors used the checklist to contribute to the certainty of evidence for findings, answering each of the ten questions on the checklist as "Yes", "No" or "Can't tell".

Assessing the certainty of evidence

Review 1

No quantitative meta-analysis was conducted for Review 1 because the included programmes or interventions reported in the included studies were too heterogenous. As a result, we did not assess the certainty of evidence. The protocol outlined the plans to assess the certainty of evidence using the GRADE approach (Guyatt et al., 2008), had it been possible to undertake a meta-analysis.

Review 2

We addressed the confidence in the findings from Review 2 using the GRADE-CERQual (Confidence in Evidence from Reviews of Qualitative research) approach (Lewin et al., 2018). GRADE-CERQual is used to assess the extent to which findings are reasonable representations of a phenomenon of interest and to determine the confidence that may be placed in the findings. The approach provides a framework for assessing individual review findings in four dimensions (Lewin et al., 2018, p. 5):

1. Methodological limitation: the extent to which there are concerns about the design or conduct of the primary studies that contributed evidence to an individual review finding
2. Coherence: an assessment of how clear and cogent the fit is between the data from the primary studies and a review finding that synthesises that data. By "cogent", we mean well supported or compelling

3. Adequacy of data: an overall determination of the degree of richness and quantity of data supporting a review finding
4. Relevance: the extent to which the body of evidence from the primary studies supporting a review finding is applicable to the context (perspective or population, phenomenon of interest, setting) specified in the review question.

Data analysis and synthesis

Review 1

For Review 1, we had planned to conduct a meta-analysis if more than two studies with similar programmes or interventions, populations, outcomes, timing and setting were similar enough to allow for meaningful comparison. However, the studies that were identified as being eligible for inclusion were too few and too heterogeneous to do so. Therefore, findings have been synthesised narratively and grouped based on: whether the study population had lived experiences of mental health; whether the policy, programme or intervention detailed in the study had a mental health component; and whether the study included mental health outcomes.

Review 2

All eligible resources for Review 2 were uploaded to Dedoose, a platform for conducting mixed-methods analysis that allows researchers to thematically code sections of documents. Dedoose was used to apply thematic analysis (Braun & Clarke, 2006; Flemming et al., 2019; Thomas & Harden, 2008).

The coding structure in Dedoose was developed by the research team. Weekly meetings within the research team were used to discuss the findings and emerging themes during this phase. The creation of a hierarchy was identified, with sub-codes created under “first-order” codes. The codes were initially created based on the factors that would be needed to answer the research questions. As data extraction was under way, these codes were refined iteratively and inductively based on data and themes that were emerging. These were discussed with the advisory groups to ensure that they resonated with lived experience, policy, practice and literature. They were also assessed for their certainty of evidence using the GRADE-CERQual approach, as described above. The coding domains detailed were:

- Primary data on experiences with mental health provision, including factors affecting successful implementation of mental health services for CEYP, including:
    - Access
    - Engagement
    - Ongoing continuation with mental health services
- Type(s) of support or service provision explored:
    - Community mental health team
    - Inpatient service
    - Social care intervention
    - Private mental health care
    - GP care
    - Mental health intervention
    - Unspecified mental health support

    - Supporting factors to mental health that were not services
- Referral method(s)
- Reference to where in a participant's journey they were, such as at:
    - Engagement
    - Starting journey
    - Exit and engagement planning
    - Leaving care (but not yet accessing mental health services)
    - Long-term service user and maintenance
- Whether data coded was an interpretation of primary data
- Voice of quoted participant:
    - CEYP
    - Foster carer
    - Social worker
    - Drug and alcohol worker
    - Care leavers' association
    - Health professional
    - Key worker
    - Personal adviser
    - Intervention project staff.

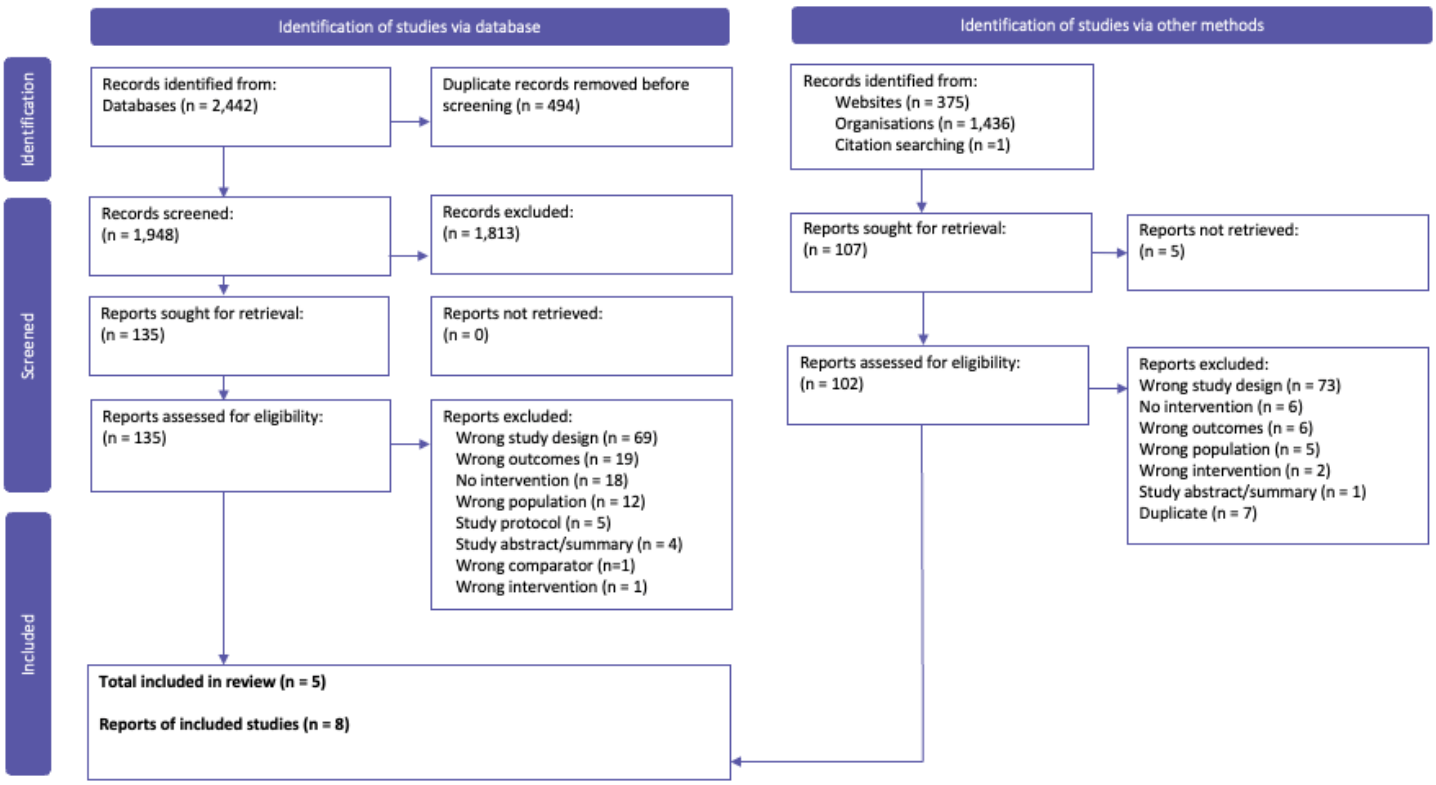
Results

Search results

Review 1

The search strategy for Review 1 returned 2442 reports (1948 after duplicates were removed). At the title and abstract stage, 1948 reports were screened and 1813 were excluded at this stage, leaving 135 screened at the full-text stage, with 6 reports being included from the database search. From the grey literature, 1812 records were screened, 102 were assessed and 2 were included. Overall, eight reports detailing five studies met the inclusion criteria. This is represented in Figure 1. Studies included in Review 1 are marked with a single asterisk in the “References” list.

Figure 1. PRISMA flow diagram for Review 1

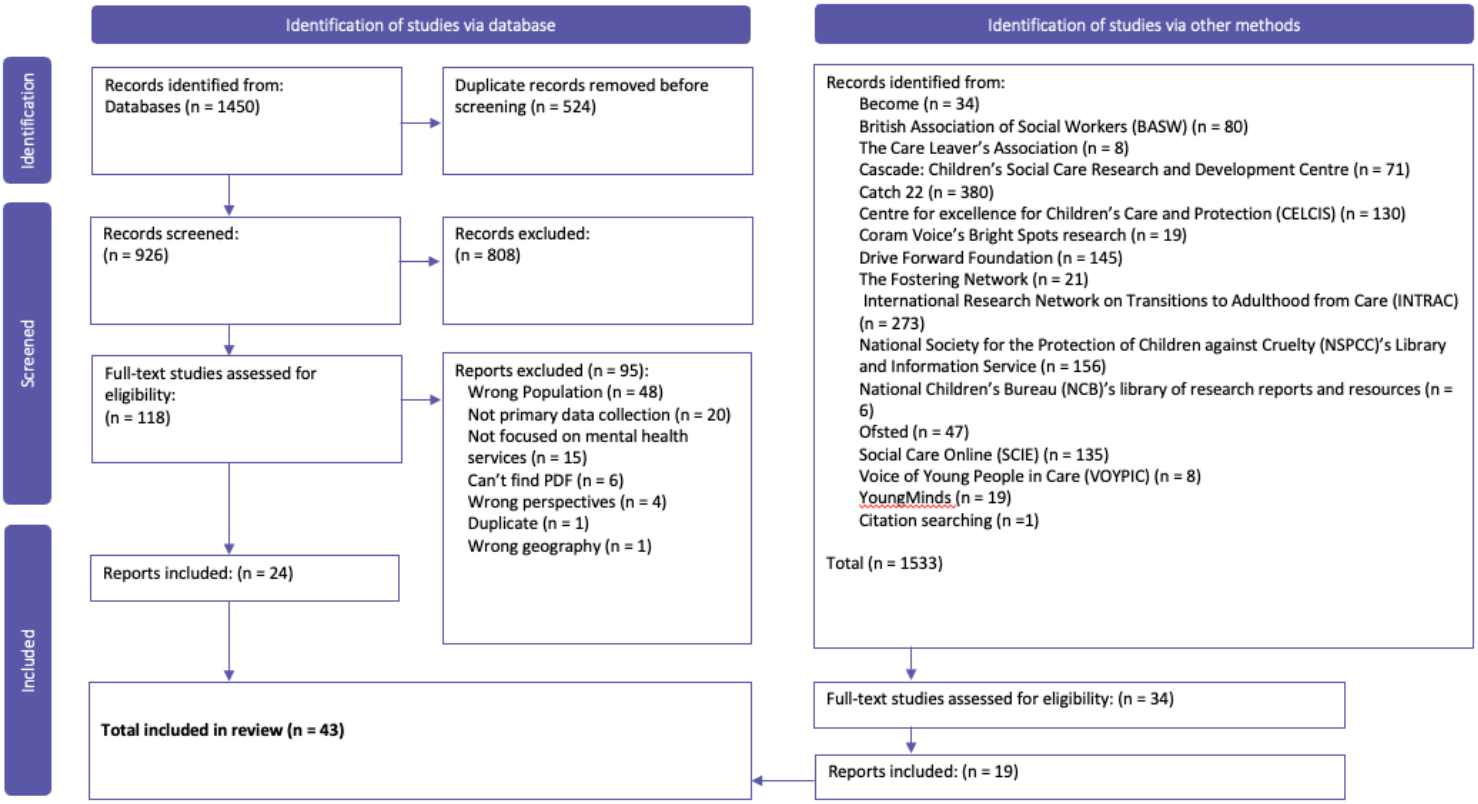


Review 2

The database search strategy returned 1450 records. After de-duplication, 926 papers were eligible for screening. A total of 1533 resources were screened on the grey literature websites. After initial screening, the full texts of 118 resources from the academic databases and 34 from the grey literature websites were assessed for eligibility. Three resources identified through the grey literature websites reported on the same study as public papers identified from the databases. Overall, 23 studies were included from the databases and 19

were included from the grey literature, leading to 40 different studies reported in 43 resources (if discounting the duplicated resources mentioned above). A PRISMA flow diagram is represented in Figure 2. During the screening process, two authors were contacted in November 2022 to request access to their papers that were of interest. However, these papers were not available and were therefore not included. Studies included in Review 2 are marked with a double asterisk in the “References” list.

Figure 2. PRISMA flow diagram for Review 2



Characteristics of included studies

Review 1

Table 3 shows the characteristics of the studies included in Review 1. Two of the five programmes or interventions included in the review had both primary and secondary references, which are presented in the table.

Table 3. Characteristics of the studies included in Review 1

Programme/ intervention name	Primary study (first author and year)	Secondary study (first author and year)	Study design	Study location (country)	Target population has lived experience of mental health	Policy, programme or intervention has a mental health component	Study measures of mental health outcomes
YVLifeSet	Courtney, 2019	Valentine, 2015 Skemer, 2016	RCT	USA	No	Mental health diagnostic service referral, mental health diagnostic service matching and transport, trauma-focused CBT & counselling (motivational interviewing)	Depression, Anxiety and Stress Scale (DASS-21) Social support scale Very close to an adult
Massachusetts' Adolescent Outreach Program for Youths in Intensive Foster Care	Greeson, 2015	Courtney, 2011	RCT	USA	No	No	Supportive relationships
True North	Leip, 2020		RCT	USA	No	No	Subjective wellbeing

Washington State: Extended Care	Miller, 2020		QED, propensity score-matching	USA	No	No	Any mental illness Mental health treatment – outpatient or inpatient
My Life	Powers, 2012		RCT	USA	Participants self-identified as having a mental health condition	Peer support by former foster youth with mental health lived experience	Mental health empowerment scale Mental health recovery measure

Publication date and data source

The studies were published between 2012 and 2020 and were all conducted in the USA. All studies except for one employed an RCT design, with one quasi-experimental design (QED) employing propensity score-matching. One of the included studies had a population that had lived experience of mental health, two studies detailed a policy, programme or intervention that had a mental health component and all five included studies that included mental health outcomes.

Review 2

Table 4 presents the characteristics of the studies included in Review 2. The table highlights the population whose voices were represented in the research, as well as the country in which the research was conducted.

Table 4. Characteristics of the studies included in Review 2

Reference (first author and year)	Data collection methods	Voice represented (in language of studies)	UK nation	Sample size (n)
Academic database studies				
Alderson, 2019	Semi-structured interviews	Looked-after children, carers and other professionals (drug and alcohol practitioners and social workers)	England	49

Alderson, 2021	Interviews and focus groups	Young people in care and professionals (drug and alcohol practitioners and service managers), foster carers, social workers, personal advisers	England	37
Bakketeig, 2020	Interviews	Care-experienced young people (16–24)	England, Denmark and Norway	75 (21 from England)
Butterworth, 2017	Interviews	Care leavers with mental health needs, and health and social care staff	England	24
Dixon, 2008	Surveys	Care-experienced young people transitioning from care	England	106
Field, 2021	Interviews	Care-experienced young people and professionals (unspecified)	Not described	9
Hiles, 2014	Interviews and ethno-graphical and auto-ethnographical data from the researcher	Care leavers	Not described	6
Howard, 2022	Interviews	Care-experienced young people	Scotland	10
Hyde, 2019	Interviews and survey	Care-experienced young people (16–19)	England	10
Kelly, 2021	Interviews	Care leavers	Northern Ireland	24
Kelly, 2022	Surveys	Care leavers (16–18)	Northern Ireland	314
Liabo, 2017	Interviews	Care leavers and practitioners	UK	35
Memarzia, 2015	Surveys	Care-experienced young people transitioning from care (17–18)	Not described	53
Mullan, 2007	Interviews and focus groups	“Looked-after” (12–17 years) and care leavers (18–25 years)	Northern Ireland	51 (36 in the looked-after group and 15 in

				the care leavers group)
Pinkney, 2020	Interviews and focus groups	Care-experienced young people still attending school, care-experienced young people who had left school, university staff involved in supporting care-experienced students	England	23
Ridley, 2016	Interviews and surveys	Looked-after children and care leavers	England	169
Roberts, 2018	Interviews	Care-experienced young people transitioning from care with learning disabilities	Not described	4
Roberts, 2021	Interviews, poems and other qualitative methods, and a survey	Care-experienced young people transitioning from care during COVID-19	England and Wales	44
Simpson, 2005	A discussion of the social work with an asylum-seeking care leaver. Not primary data collection	Care leaver seeking asylum	England	1
Simpson, 2022	Interviews	Care leavers	England	15
Sims-Schouten, 2017	Interviews	Care leavers	England	22
Thoburn, 2016	Quantitative descriptive data about the young adults, and “systematic retrospective quantitative and qualitative information about the young people in their 20s”	Care-experienced young people (18–30)	England	65

Törrönen, 2018	Interviews	Care-experienced young people	England and Finland	16 (6 in England)
Wood, 2017	Focus groups	Looked-after children and young people, and care leavers (5–24 years)	England	140
Grey literature resources				
Action for Children, 2014	Interviews and focus group	Care leavers and practitioners	England and Wales	43
Barnardo's, 2015	Participation groups	Care leavers	UK	50
Become, 2021	Discussion group	Looked-after children and care leavers (all over 16 years)	UK	Not described
Blow, 2022	Interviews, workshops	Children in care (up to 17) and care leavers (18–25)	England	5
Braden, 2017	Online surveys, focus groups, seminar	Care leavers and health professionals	England	766
Briheim-Crookall, 2020	Surveys	Care-experienced young people in higher education	England	1804
Chandra, 2021	Survey	Care leavers	England	4280
Clements, 2022	Interviews	Care-experienced young people transitioning from care with insecure immigration status, project staff and local authority staff	England	70

HM Government, 2016	Consultation events with care leavers	Care leavers and those who support care leavers (such as key voluntary sector bodes)	UK	Not described
House of Commons Education Committee, 2016	Discussion group	Young people, care leavers and the House of Commons Education Committee	UK	Not described
Kelly, 2020	Interviews	Care leavers	Northern Ireland	24
National Leaving Care Benchmarking Forum, 2021	Summary of event discussions, and a case study	Care leavers	UK	54 people attended the event
O'Neill, 2019	Survey and focus group	Care-experienced young people in higher education	Scotland	420
Plunkett, 2018	Focus groups, an online survey, quantitative information about young people's circumstances	Care-experienced young people, local authority staff and managers, landlords, college staff, employers, family members and practitioners	Scotland	Number of participants in the focus group not described
Roberts, 2020	Interviews, focus groups and creative activities	Care-experienced young people transitioning from care and professionals	Wales	21
Roesch-Marsh, 2021	Survey and focus group	Care leavers	Scotland	28
Smith, 2016	Assessment of case files, interviews, surveys and a focus group	Care leavers and Barnardo's professionals	UK	294

Twomey, 2019	Case studies	Care-experienced children and young people	England and Wales	Not described
Yusuf, 2021	Autobiographical blog post	Care leavers	England	1

Publication date and data source

Included studies were published between 2005 and 2022. Studies generally included data collected from interviews, focus, participation and discussion groups, surveys and case studies. Some included data from other qualitative sources, such as auto-ethnographic data, creative exercises and workshops. Some studies combined qualitative data with quantitative or descriptive data.

Location of studies

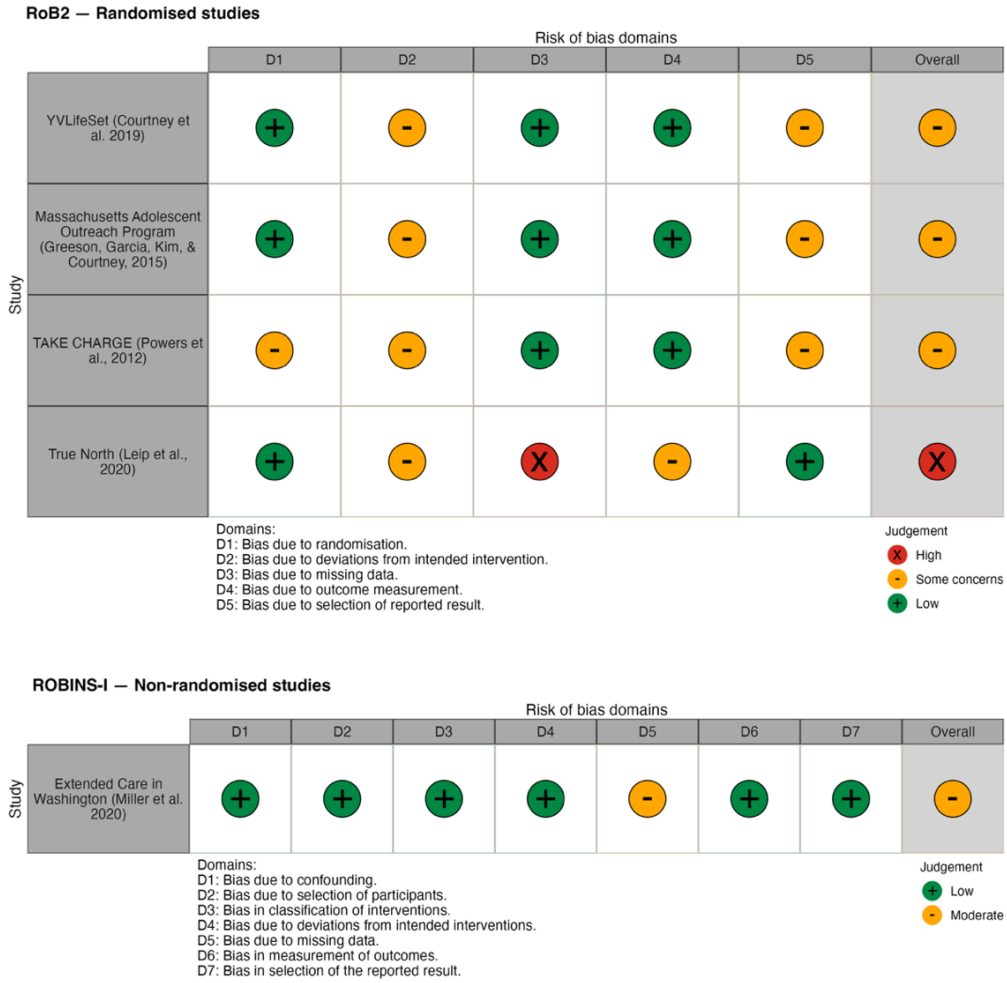
All studies in Review 2 included populations from the UK. Of the 43 resources included in the review, seven had a UK-wide focus, 22 focused specifically on populations from England, four were conducted in Wales, three in Northern Ireland and four in Scotland. Three papers did not specify which of the Great British nations they were conducted in.

Risk of bias and quality appraisal within studies

Review 1

The Revised Cochrane Risk-of-bias Tool for Randomized Trials (RoB2) and the Risk Of Bias In Non-randomized Studies – of Interventions (ROBINS-I) assessment tools were applied to the five studies included in Review 1. The figures below present the risk of bias using these tools and the “traffic light plot”: the green plus indicates a low risk of bias in the domain, a yellow dash a moderate (some concerns) for the domain, and a red X a high risk of bias for the domain.

Figure 3. A traffic light plot presenting the risk of bias assessments of the studies included in Review 1, using the RoB2 and ROBINS-I tools



Review 2

The CASP checklist for quality appraisal was applied to all studies and the results are reported in Appendix 1. Each of the 43 studies included was assessed using the CASP Qualitative Checklist. The studies from the academic database searches generally had higher overall quality determined using the checklist than resources from the grey literature search. The sources from the grey literature did not tend to have clear statements of findings and the methodology was unclear in many cases. This is because the sources were often not systematic reports of research that had been conducted, and instead were highlighting key findings from their research.

Certainty of evidence assessment

The certainty of evidence assessment for Review 2 was conducted using the GRADE-CERQual approach. The results are summarised in the table below, and then explained in greater depth in the "Synthesis of results" section below. The certainty of evidence was not assessed for Review 1, because a meta-analysis was not conducted as part of this review.

Table 5. The certainty of evidence assessments for the findings of Review 2

Review finding	Contributing studies (first author and year)	Confidence in the evidence	Explanation of confidence in the evidence assessment
What are the barriers to and facilitators of accessing mental health services for CEYP, including equity in access?			
Hesitancy to seek support: Young people felt wary of being labelled with stigma, had scepticism around professionals' willingness or ability to support them with their mental health, and felt reluctant to open up and talk about themselves. Young people placed importance on having resilience and looking after themselves. A barrier to seeking or desiring support was low mental health literacy and not understanding the support that mental health support can provide.	Butterworth, 2017 Howard, 2022 Mullan, 2007 Simpson, 2022 Sims-Schouten, 2017 Smith, 2016	High confidence	The finding is supported by data from six studies with few methodological concerns.

Availability of services: Long waiting times and difficulties in being seen by mental health services led to young people "giving up" on seeking support and to feeling neglected when they could not access support. Geographical area determined ease of access of support, and young people valued it if services were close, because it could be difficult to access far-away services.	Become, 2021 Kelly, 2021 Smith, 2016 Yusuf, 2021	Moderate confidence	Despite the data coming from only four studies, these data sources were relevant and coherent that services often had long waiting times.
Stringent and high thresholds for accessing statutory mental health services: Thresholds for being seen by services were typically high and strict (i.e. young people were required to meet specific criteria to be able to access support). Young people felt that they were more likely to be able to access mental health services if they showed "typical" presentations of mental health issues or if they were seen as having severe or acute mental health complaints.	Action for Children, 2014 Butterworth, 2017 National Leaving Care Benchmarking Forum, 2021 Smith, 2016 Yusuf, 2021	High confidence	There was high coherence across studies that thresholds for being accepted into services were high and stringent. The data was relatively thick, and relevant to the finding.
What are the barriers to and facilitators of successfully engaging and continuing with mental health services for CEYP after access?			
Understanding care experiences: It was viewed as helpful for mental health staff to understand care experiences and the issues that they can result in. Young people had to explain care to professionals, and sometimes felt stigmatised or misunderstood. Young people at university often felt that university mental health services did not understand care experiences.	Butterworth, 2017 Braden, 2017 House of Commons Education Committee, 2016 National Leaving Care Benchmarking Forum, 2021 Simpson, 2005 Yusuf, 2021	Moderate confidence	The data was relevant across supporting studies and the coherence was high. However, some of the methodology of the supporting studies lacked clarity.
Relationships with professionals: Young people felt supported when professionals were reliable, trustworthy and	Alderson, 2019 Become, 2021	Moderate confidence	This finding is supported by data from 11 studies with coherence to the

honest and took an interest in their lives. Personal investments into the relationship from professionals (e.g. professionals being contactable or when young people were "held in mind" by professionals) made people feel that they could be relied on for support. Consistency in mental health professionals facilitated building these relationships over time, while inconsistency could lead to a lack of trust and feelings of frustration and being let down.	Briheim-Crookall, 2020 Butterworth, 2017 Hiles, 2014 House of Commons Education Committee, 2016 Mullan, 2007 National Leaving Care Benchmarking Forum, 2021 Plunkett, 2018 Törrönen, 2018 Wood, 2017		finding that strong relationships are important for young people. In some cases it is unclear whether these relationships relate to mental health or social care professionals, posing concern around the relevance.
Moving between geographical areas in the UK: When young people moved, they often experienced difficulty in accessing statutory mental health care in their new area.	Become, 2021 House of Commons Education Committee, 2016 National Leaving Care Benchmarking Forum, 2021 Yusuf, 2021	Low confidence	The data is relevant and coherent to the finding. However, some methodology was unclear, and concerns were raised about the thickness of the data.
Services were disrupted during the COVID-19 pandemic: Although virtual access to services was sometimes valued, mostly mental health support was disrupted by the pandemic, and left young people struggling to access services or cope with issues alone.	Blow, 2022 Chandra 2021 Kelly, 2021 Kelly, 2020 Roberts, 2020	High confidence	Thick, relevant and coherent data contributing to this finding.
Transferring to adult mental health services: Communication about young people's transfer from CAMHS to AMHS was limited and the transition was often poorly	Action for Children, 2014 Become, 2021 Butterworth, 2017	High confidence	This finding is supported by data from 11 coherent and relevant resources.

connected, leaving them with gaps in care. AMHS were difficult to access due to restrictive eligibility criteria, diminished service availability, less communication and flexibility around planning appointments, and long waiting lists.	Braden, 2017 Briheim-Crookall, 2020 Dixon, 2008 Field, 2021 Hiles, 2014 Liabo, 2017 Smith, 2016 Wood, 2017		
What do we know about the acceptability and appropriateness of mental health services for CEYP (e.g. viewpoints on targeted versus universal services, preferences on the points of delivery)?			
Feelings of powerlessness around decision-making: Young people preferred two-way, negotiated decision-making around mental health support, rather than being offered the wrong types of support and decisions being made by others and in a top-down manner. Sometimes, concerns were not felt to be taken seriously and young people felt disregarded and ignored.	Butterworth, 2017 Hiles, 2014 House of Commons Education Committee, 2016 Roberts, 2021 Törrönen, 2018	Moderate confidence	The data was coherent with the finding and presented few reasons for concern around its relevance and thickness.
Preference for support specialised in care experience: Adult mental health services were felt to be insufficient in meeting the specific needs of CEYP, with feelings that services should be easier to access, be offered on a longer-term basis and be more tailored to supporting the specific experiences of care.	Barnardo's, 2015 House of Commons Education Committee, 2016 National Leaving Care Benchmarking Forum, 2021 O'Neill, 2019 Smith, 2016 Yusuf, 2021	Moderate confidence	This finding was supported by coherent data from six studies. There were, however, concerns around the methodology of these sources not being clearly defined, which resulted in difficulties in assessing the thickness of the data.

Leaving care workers supporting CEYP's mental health: Young people were often supported by personal advisers or leaving care workers for their emotional wellbeing and mental health. This could be overwhelming for professionals who may not have the capacity to support young people.	Become, 2021 Briheim-Crookall, 2020 Chandra, 2021 Dixon, 2008 Kelly, 2021 Roberts, 2021 Smith, 2016	Low confidence	This finding is supported by seven studies. However, some presented minor concerns since they were not specifically focused on the experiences around metal health services. Some of the studies lacked clarity around the contexts in which, and reasons that, social care workers were supporting CEYP.
Desire for a broader understanding of what contributes to mental health support: Strong social networks contributed significantly to CEYP's positive mental health, and they felt that these should be valued by services and the system as being important aspects of mental health support.	Action for Children, 2014 Bakketeig, 2020 Briheim-Crookall, 2020 Hiles, 2014 Kelly, 2021	Low confidence	Some of the methodology and the thickness of the supporting data is unclear. The studies also range in relevance, with some focused more on "doing well" and some on mental health services for CEYP.

Synthesis of results

Review 1

This section reports on the evidence across countries on what is known about the impact of services on the mental health of CEYP.

Of the five included services or interventions in this review, one intervention targeted participants who self-identified as having a mental health condition, two included programmes or interventions with an explicit mental health component and all five included outcomes on mental health, wellbeing or supportive relationships, as shown previously in Table 3. The studies are interventions and mental health outcomes are briefly summarised below.

Take Charge and YVLifeSet: interventions focusing on mental health

The Take Charge and YVLifeSet interventions both included a component focused on mental health. The Take Charge 12-week intervention targeted participants who self-identified as having a mental health condition and included quarterly peer support by former foster youth with mental health lived experiences as well as weekly coaching sessions with young adult mentors (Powers et al., 2012). The intervention group here reported having significantly higher quality of life than the comparison group ($p = 0.012$). The YVLifeSet intervention was also relatively intensive for an average of 9 months. The intervention provided a transitional living programme and individualised plans for young people transitioning from foster care or juvenile justice; this included screening all participants for trauma and offering a 12- to 20-week course of cognitive behavioural therapy to any participant who required it (Courtney et al., 2019; Valentine et al., 2015). YVLifeSet showed a small improvement in depression and anxiety (DASS-21; $p = 0.025$), which aligns with a broader literature on the effectiveness of trauma-focused cognitive behavioural therapy for depression, anxiety, paediatric post-traumatic stress symptom and grief symptoms (Thielemann et al., 2022). No impact of YVLifeSet was seen on social support or closeness to adults. Other studies examined looked at the mental health impact of interventions that did not have a focus on mental health, including extending care, outreach and multi-component interventions.

Washington State: accommodation and extending time in care

This study examined the impact of expanded eligibility for extended care services from 18 until 21. Young people received extended care if they were in post-secondary education, employed at least 80 hours per month, enrolled in a programme to remove barriers to employment or had a medical condition. It found that extending care had no effect on the likelihood a youth would be diagnosed with anxiety, depression or any mental illness between 18 and 21, but it did reduce outpatient ($p<0.014$) and impatient ($p<0.000$) mental health treatment, although the effect sizes were very small and small (Miller, Bales & Hirsh, 2020).

Massachusetts' Adolescent Outreach Program for Youths in Intensive Foster Care: an independent living case management and support programme

This outreach programme involved a relationship-based model between a young person and outreach worker to develop independent living skills, including fostering a social network (Greeson et al., 2015; Courtney et al., 2011). There was no statistically significant difference in supportive relationships between the young people in the intervention and control groups.

True North: a multi-component programme

The True North programme was a multi-component programme for young adults aged 17 to 23, including group workshops and individual sessions on relationship skills, financial stability and employment assistance and mentoring. There were no statistical differences in the primary outcomes, including overall wellbeing and healthy relationships (Leip, 2020).

The evidence on the effectiveness of programmes for CEYP's mental health was thin and heterogenous. There may be promise in extending care and in interventions that target mental health such as cognitive behavioural therapy alongside intensive support programmes or coaching with young adult mentors. The findings were insufficient for any meta-analysis.

Review 2

To answer the primary research question of "what are the experiences with the implementation of mental health services for CEYP in the UK?", data from 43 studies was thematically analysed. Data from the 43 studies varied in its thickness, and several findings were supported by relatively thin data. Fifteen themes were identified and were grouped under the three research questions. The themes are listed below:

1. Barriers to and facilitators of accessing mental health services for CEYP, including equity in access
2. Barriers to and facilitators of successfully engaging and continuing with mental health services for CEYP after access
3. The acceptability and appropriateness of mental health services for CEYP.

Barriers to and facilitators of accessing mental health services for CEYP

Several themes arose around the barriers and facilitators in relation to CEYP accessing mental health services, centralising around young people not wishing to access mental health services or seek support for their mental health, or experiencing difficulty when trying to do so.

Barriers to seeking or desiring support from mental health services

An initial barrier to young people seeking support for their mental health was that their understandings of mental health did not match those held by professionals or services. Some young people talked about mental health in very negative terms, associating poor mental health with ideas of being "crazy" or "psycho", suggesting that young people's understanding of mental health can be a barrier to seeking or desiring support. In some cases, despite reporting symptoms of mental health issues that could be supported by professionals, such as stress, isolation and low self-esteem, young people did not consider

themselves as needing mental health support, perhaps reflecting their understanding of the kind of support that mental health services provide.

There were a number of barriers to young people seeking formal mental health support that related to negative views around the perceived benefits of the support that mental health services offer and assumptions about how professionals might respond. These views were often founded in experience, and reasons identified by young people as underpinning these views included:

- Preferring not to discuss mental health issues: that talking to others about mental health felt very personal and like "dragging up the past", which could feel uncomfortable to do. Another reason highlighted was that talking about feelings or mental health would mean "admitting" to themselves and to others that there was a problem, and that instead, avoiding speaking about mental health or hiding feelings acted as a coping mechanism for dealing with these feelings:

  "I dinnae like [do not like] speaking about my feelings. It's personal with me … Naebody [no one] is interested in listening to what I need to speak about." (Howard & MacQuarrie, 2022)

- Scepticism around mental health services: that mental health professionals may not care or be interested in listening to them talk about their mental health, and others felt sceptical about how far mental health professionals would be able to help them with their concerns
- Not wanting to rely on others: being resilient, not having to rely on others and being able to look after yourself were seen as positive qualities by CEYP. One young person described themselves as "strong-minded", which allowed them to "keep themselves afloat", and another expressed gratitude for their resilience and that they were able to deal with things on their own
- Feeling wary of stigmatisation: that talking about emotions and feelings may lead to mental health professionals stigmatising or labelling them. Young people felt that opening up about their mental health may expose them as being vulnerable, and they had concerns that discussing difficulties that they were experiencing may impact the stability of their accommodation or lead to heavier monitoring.

Barriers to accessing mental health services or support

Young people also experienced barriers when they tried to access health services. Young people had issues not being referred and in reaching statutory mental health services due to long waiting times when they were referred, leading them to make repeated tries in order to seek help. Young people were often discouraged by the long waiting times or distances to the services that they were seeking support from. Long waiting times led to young people being put off from seeking support altogether because of the time it would take for them to receive any support, thinking "what's the point?"

When contacting their general practitioner (GP) about seeking support for their mental health, one young person felt that the responses they received were not adequate. Sometimes the only option that was provided to young people was being prescribed

medication to help with their mental health, when they felt that they would have preferred alternative mental health support"

> *"I tried ringing my doctor's … I was phoning them every other day crying my eyes out uncontrollably because I needed help … And all my doctors were doing was prescribing me more tablets … nothing was put in place, so … I was left basically in the lurch." (Kelly et al., 2021)*

High and stringent thresholds for access to statutory services were identified as a barrier to accessing care. Multiple studies found that the thresholds for adult mental health services were high, leaving CEYP unable to gain access to statutory support after leaving care, even if they had been receiving care from mental health services before they were 18. Some young people experienced being unable to access mental health services because their complaints were not "severe" or "acute" enough, sometimes being told that they were not able to be seen because they were not a "priority" for the service.

> *"I consider myself to be one of the lucky ones who were able to access mental health services due to having such acute symptoms." (Yusuf, 2021)*

It was reported by professionals and young people that adult services often required a specific mental health diagnosis in order to take on a new case, making it more difficult for young people without any formal diagnoses to access care. Young people also felt that support was more readily given to those with more "typical" presentations of mental health issues, such as those demonstrating externalised distress (e.g. self-harm).

Barriers to and facilitators of successfully engaging and continuing with mental health services for CEYP after access

After accessing mental health services, CEYP faced additional barriers and facilitators in relation to engaging and continuing with the services. Key barriers and facilitators that emerged in relation to engaging with mental health services were whether mental health professionals had an understanding of care experiences and whether young people were able to develop strong relationships with the professionals they were being supported by. Barriers to continuing with mental health services arose when young people transitioned between services (either between geographic location or from child to adult mental health services) and when services were disrupted during the COVID-19 pandemic.

Mental health professionals understanding care experiences

Mental health professionals' understanding of the care system and care experiences was identified as a theme in regard to how well young people engaged with mental health services. Young people often had to explain to mental health professionals what being care-experienced meant and explaining their background took a long time out of sessions. Young people highlighted this as being particularly difficult because the number of sessions provided to them was limited.

> *"A lot of times when I accessed mental health services, they didn't even know what 'care leavers' were." (National Leaving Care Benchmarking Forum, 2021)*

Young people also placed emphasis on the importance of mental health professionals being able to support the specific mental health issues related to having been in care. Such issues highlighted by young people included those relating to abandonment, trauma and transitioning to independence at a young age.

Developing strong relationships with professionals

A key facilitator of young people's engagement with mental health services was the importance that both young people and professionals placed on developing strong, trusting and supportive relationships with one another.

Young people felt particularly supported by and engaged with mental health services when they perceived professionals as taking an interest in their lives and when professionals had a genuine interested in, and cared about, what the young people may be telling them. Some young people felt that, although they were receiving support from mental health professionals, the support did not feel personal and was given with emotional distance.

> *"I had a good CAMHS worker, she stuck up for me. She wasn't focused on ticking boxes, she cared about me." (House of Commons Education Committee, 2016)*

> *"Like Josie talks to me, not like I'm just someone she has to work with, she talks to me like she cares." (Alderson et al., 2019)*

Young people also valued when they felt that professionals made personal investments into the relationship (e.g. by being contactable out of hours or investing time into supporting the young person) and when the professional was felt to be reliable and trustworthy.

A barrier to developing strong relationships was not having sufficient time and consistency with professionals. Young people reported experiencing frequent changes to the mental health workers that they were supported by, making it difficult to build trust and strong relationships with them. Young people did not enjoy having to open up to each new professional and reported that this lack of consistency in care led to feelings of frustration and that the professionals did not care about them.

Barriers to continuing support when transitioning between services

Young people faced difficulties in continuing with mental health support when transitioning between services. Studies referred to the difficulties that young people experienced when they moved to a different area of the country. Being a new patient in an area meant that young people would have to join long waiting lists to access care again, interrupting the support that they were receiving before they moved.

Difficulties in transferring to new services were also experienced by a number of young people due to having to transition from child to adult mental health services. Many found that child and adult mental health services were poorly connected and one study reported that 82% of CAMHS leavers in their sample were discharged from CAMHS to GP care, and only 14% were transferred to adult mental health services (Memarzia et al., 2015). Young people reported experiencing sudden transitions or abrupt endings to their current support. As a result, young people felt "cut off" or rejected and that they were being left without care, often

without onward referral or plans for their future care at a particularly vulnerable time. The poor communication experienced by young people around these transitions was viewed as leading to poorer mental health and feelings of abandonment, replicating experiences of feelings in the care system.

> *"The transition from me going from CAMHS to adult services was a f*** nightmare. It should have been smoother. I was meant to go on a waiting list and I got told that I would get put on that waiting list when I was in child services and I am still not on that waiting list now … I am nearly 19. I am just as vulnerable." (Field et al., 2021)*

Those who were trying to access adult mental health services faced several challenges, such as long waiting times and high thresholds for acceptance into care. Young people felt that the transition to AMHS from CAMHS was challenging because of their experiences that there was less communication and flexibility around planning appointments (sometimes leading to missed appointments), that there were higher expectations placed on them in terms of their input during sessions in AMHS and that adult services were more intimidating.

Barriers to continuing care during the COVID-19 pandemic

Disruptions to support from mental health services were experienced by young people during the COVID-19 pandemic. Many services were disrupted or closed during lockdown, leaving young people without access to support during what they reported as being a particularly emotionally difficult time. These disruptions and the loss of access to face-to-face support led to deteriorations of young people's emotional wellbeing, and young people felt that progress they had made during previous sessions was lost while services were closed.

> *"I had started a mental health course … and I was finally like getting more confident, and then it actually hit me really hard, because like I was doing so well and now I feel like my life's on pause again." (Kelly et al., 2020)*

The transition to virtual care during the pandemic raised barriers to continuing care for young people without access to a device or the internet. Professionals also raised doubts about whether virtual care would result in the same impact compared with their face-to-face provisions. However, young people and professionals also noted that an unexpected benefit of the transition to online services during the COVID-19 pandemic was that virtual care reduced barriers to transitioning between services. Young people moving geographic area or transitioning between CAMHS and AMHS during the pandemic found that virtual access allowed them to continue accessing care from the previous service while they were on waiting lists for services in their new location, or for AMHS, which facilitated a smoother continuation of care.

The acceptability and appropriateness of mental health services for CEYP

Several studies explored the acceptability and appropriateness of the current mental health services. Young people highlighted several ways in which services may be improved to overcome barriers discussed in the previous two sections, to improve the acceptability and appropriateness of services. Two ways that young people feel that services may be improved is to have greater client choice and control within services, and to have more specialised services and pathways for CEYP. Young people also found the social support

that they received from social care professionals, such as personal advisers, and from their social networks and relationships was acceptable and appropriate for supporting their mental health.

Preferences for specialised services and pathways, and greater client choice and control

Multiple studies discussed young people's and professionals' preference and desire for targeted services specialised in the needs of CEYP. Young people felt that the current AMHS were inadequate for meeting the needs of CEYP and, as noted above, barriers to accessing and engaging with services included: high thresholds for access and challenging referral pathways, limited support (due to standard numbers of sessions offered by statutory mental health services) and a lack of understanding around care experiences and what these meant for CEYP. Young people and professionals felt that services would be more appropriate for meeting the needs of CEYP if they had: better referral routes (to support transitions of CEYP between CAMHS and AMHS), support provided for a longer period of time (to account for complex mental health issues experienced by some CEYP) and improved understandings among mental health professionals around trauma and other issues that may be related to care experiences.

Additionally, young people highlighted that services would be more acceptable and appropriate if they had greater client choice and control. A reason that young people noted as underpinning this preference was that they experienced feelings of powerlessness around decisions being made regarding their care. Young people reported feeling as though the care provided to them was given to them without having had adequate discussions around their care options, and that the mental health care that they received was out of their control. Sometimes, young people felt that concerns that they raised around their care and their symptoms were not taken seriously and some young people felt disregarded, ignored and powerless to influence their own care. Young people felt that services would be more appropriate and acceptable if they incorporated two-way, negotiated decision-making, rather than being offered the wrong types of support and decisions being made by others and in a top-down manner. Young people also valued honest and clear communication around their mental health care, so that transitions in mental health professionals or services that they were being supported by were not abrupt or unexpected, as noted as being a barrier for engaging and continuing with services in the sections above.

Acceptability and appropriateness of social support for mental health

CEYP also discussed the acceptability of the mental health support that they received in their daily lives from non-mental-health professionals, such as personal advisers. Many young people reported that their leaving care workers were a source of emotional support for them and one study reported that this was the case for around 50% of care leavers (Briheim-Crookall et al., 2020). For some young people, these workers were the only people providing them with support. Young people generally reported positive views of the support provided by these workers, and highlighted that their trustworthiness, availability and reliability were aspects of their relationships that felt particularly acceptable to them and appropriate for supporting their mental health. Some noted that receiving contact from their personal advisers or leaving care team (e.g. texts or calls to check in on the young person) was also a valuable form of support.

However, professionals reported feeling that providing this support put significant extra pressure on them and that they felt ill-equipped to deal with severe mental health issues that CEYP were going through.

> *"We are the people that counselled him, and we're not equipped in that department … but he won't accept the support he needs." (Dixon, 2008)*

Although support from social care professionals was viewed as acceptable and helped overcome barriers to access, such as thresholds, professionals did not view this role as appropriate in all cases.

Young people also valued the acceptability and appropriateness of social relationships and networks and felt that these positively impacted their mental health and wellbeing. Young people particularly valued relationships if they were strong, stable and reliable, and one young person said that feeling loved and accepted was the most important thing for them. Young people noted that social support was often absent from mental health services and that this would be a crucial aspect of mental health support for those who didn't have strong relationships or anyone they could talk to outside mental health services. One study noted that there should be a greater emphasis placed on providing social support to CEYP, alongside improving mental health services.

Discussion

Summary of findings

Two reviews were conducted to answer the two main research questions outlined in this report. Review 1 investigated the impact of policies, programmes and interventions for care-experienced young people (CEYP) on their mental health. Review 2 investigated the experiences with the implementation of mental health services for CEYP in the UK. In Review 1, eight reports, reporting five studies, were included. For Review 2, 43 studies were included, 24 identified from the academic databases and 19 from the grey literature search.

The studies included in Review 1 were all conducted in the USA between 2012 and 2020, and four out of the five interventions were evaluated using an RCT design. Of the included studies, one included a target population with lived experience of mental health, two of the interventions had mental health components and all five included mental health outcomes. The risk of bias was assessed using the RoB2 and ROBINS-I tools, and the findings ranged from moderate to high risk of bias.

The studies included in Review 2 were conducted between 2005 and 2022, and the majority were conducted in England. They employed a range of data collection methods, with the most common methods being interviews. Many of the included studies represented the voice of “care leavers”, usually defined as those aged 18 to 25; however, other studies defined their own populations of CEYP. Several studies also represented the voices of professionals such as social workers, leaving care workers and personal advisers. The quality of the included studies was assessed using the CASP checklist (see Appendix 1 for the results) and the certainty of evidence was assessed using the GRADE-CERQual approach. Confidence in the findings ranged from low to high (see Table 5 and the “Results” section for further details).

In Review 1, the evidence was insufficient and too heterogenous to draw findings on the effectiveness of different types of approaches for the mental health of CEYP. There were some impacts seen for two interventions that included mental health components – including mental health support from care-experienced mentors and offering cognitive behavioural therapy for trauma where relevant – and from extending care in one location. More research is needed on effectiveness of approaches, especially to see if the findings from other reviews of the effectiveness of general approaches to mental health services for young people or particularly approaches such as trauma-focused cognitive behavioural therapy hold their effectiveness with this population (Clarke et al., 2021; Thielemann et al., 2022). More broadly the evidence on interventions to support people with adverse childhood experiences suggests that the strongest evidence is for cognitive behavioural therapy; other approaches, such as psychological therapies, parenting interventions and broader support interventions, have inconclusive conclusions overall with some positive findings (Lorenc et al., 2020).

Review 2 found there to be barriers to and facilitators of CEYP accessing, continuing with and engaging with mental health services. Barriers to young people seeking or desiring support included feeling that they would prefer not to discuss their mental health with professionals, feeling wary of being labelled with stigma and feeling sceptical of those professionals' ability to help them. Young people also placed value on taking care of themselves and demonstrating resilience, acting as a barrier to seeking or desiring support.

Barriers to accessing mental health services included long waiting times and the inaccessibility of services. Sometimes these barriers discouraged CEYP from seeking help altogether. Services also had high thresholds for access, meaning that some young people found accessing those services challenging if they did not have "severe" symptoms or, in some cases, a prior mental health diagnosis. Others found that their "non-typical" presentations of mental health complaints hindered their ability to access mental health services.

Strong relationships with professionals and working with professionals who understood care experiences (and the mental health issues that they may contribute to) were important factors in whether CEYP engaged and continued with mental health services. The review found that some young people experienced difficulties in continuing with services when they moved geographical area, when they transferred to adult mental health services from child mental health services and during the COVID-19 pandemic.

Services may be made more acceptable and appropriate for supporting CEYP's mental health by improving client choice and control within services, and by having more specialised services and pathways for CEYP. Specialised mental health services for care leavers would overcome barriers to accessing and engaging with services by improving referral pathways, being longer in duration and offering tailored support to those with care experiences (such as by being trauma-informed). Young people also experienced the support that they received from social care professionals and from their own social networks as being facilitators for their mental health and wellbeing. They noted that services may be more acceptable and appropriate if they placed greater importance on the supportive relationships and social networks in their lives.

Discussion of findings

The findings highlight significant knowledge gaps. There is a lack of evidence on the effectiveness of different mental health services for CEYP, a lack of evidence on how effectiveness and experiences may differ for CEYP with different characteristics such as by gender and ethnic group, and an absence of understanding implications for equity for different groups of CEYP. Only one of the 43 studies for Review 2 explicitly discussed experiences of CEYP from ethnic minorities. It used a case study of a migrant young person to highlight the intersectional nature of stigma and different response from services. Intersectional identities – such as being care-experienced, a migrant, of a particular ethnic minority group, having a particular experience of trauma or multiple care placements and having a particular mental health need – can affect access to and the acceptability and appropriateness of different mental health services.

In general, the studies spoke about the care-experienced population as a single group and about “mental health” as a single entity. Although the findings clearly draw out common themes and experiences, the CEYP population is heterogenous and it is difficult to understand the services they need without first understanding the diversity of the population, the diversity of their mental health and their diverse (and intersectional) experiences with services. It is not known whether the broader literature on the effectiveness of mental health supports, such as the effectiveness of cognitive behavioural therapy for people with adverse childhood experiences (Lorenc et al., 2020), will hold for CEYP beyond the YVLifeSet intervention, and for which needs of CEYP which services or supports are most effective. Additionally, mental health supports and services should be seen as one component of supports and services offered to CEYP at this point in their lives. The interventions in Review Question 1 and the experiences in Review Question 2 highlighted the multi-component supports young people received and their interrelated areas of need and experiences with multi-agency services.

Additionally, the findings highlighted that CEYP being treated “equal” with other young people for mental health services did not lead to equity in their ability to access and continue with mental health services, because they faced different histories, support networks (or lack thereof), sharper transitions to adulthood, moves and challenges in access to and the appropriateness of available services.

The findings highlighted the systemic barriers in the mental health system – including the high thresholds, limited services and challenges transitioning to adult mental health services. *Stable Homes, Built on Love: Implementation Strategy and Consultation – Children’s Social Care Reform 2023* has highlighted a commitment to improving the mental health of children in care and CEYP and the role of the NHS Long Term Plan in this. The NHS Long Term Plan commits to increased funding for children’s and young people’s mental health services faster than both overall NHS funding and total mental health spending: “By 2023/24, at least an additional 345,000 children and young people aged 0 to 25 will be able to access support” (Department for Education, 2023a, p. 39). This funding will go to NHS mental health services and to mental health support in educational settings, such as schools and colleges.

The young person’s advisory group highlighted the role that educational settings can play, particularly for the review findings around improving mental health literacy for CEYP. Understanding mental health and providing more young person control and choice over their mental health care would improve the powerlessness that CEYP often felt. Other research has highlighted the structural marginalisation experienced by young people in care, which can lead to being unable to say that services are not meeting their needs and to express that they do not want a service being offered but would prefer a different support (Evans et al., under review; Mezey et al., 2015).

The review highlighted the importance of relationships with professionals for CEYP, the need to train social care professionals around mental health and the need to train mental health professionals about the care system, being trauma-informed and how to work with CEYP, who often transition to adulthood more abruptly than other young people. The Department for Education’s care reform outlines the importance of building social workers’ understanding of mental health and wellbeing to better work with CEYP and others, and it suggests reviewing the current level of mental health knowledge and skills of other social care

practitioners, including personal advisers (Department for Education, 2023b, p. 114). A recent review of London found variations in both mental health services and training for children's social care staff (Healthy London Partnership, 2020). Most local authorities made training on children and young people's staff available, often also with training provided for social workers and foster carers where specialist looked-after children mental health services existed, but it is unclear what training was offered to staff supporting care leavers (Healthy London Partnership, 2020). The findings from Review Question 2 highlight the important role that staff, including personal advisers, play for CEYP and the challenges from social care practitioners' viewpoints in managing wellbeing and mental health support, particularly without mental health training.

The significance of relationships came out throughout Review 2 and in the design of some of the interventions evaluated in Review 1. Although the effectiveness of interventions that intentionally tried to improve social networks or use mentors varied, psychosocial support emerged as an important theme to be further explored. Psychosocial support can be used as a formal part of mental health services or as a part of understanding mental wellness and important aspects of peer relationships and everyday activities for wellbeing.

One of the major questions raised in the review was around effectiveness and appropriateness of targeted services for CEYP versus universal services. Young people expressed preferences for tailored services and pathways and a lack of understanding around care experience by some professionals; however, the review did not consider the implementability of targeted services as well as the acceptability. Discussions with the advisory groups highlighted unintended consequences of targeted services that cannot meet the unique needs of individual CEYP. Lessons from the Adoption Support Fund highlighted concerns that targeted services can be used to turn individuals away from services that would give them more choice or better meet their needs, and the dangers in tying funding to attachment and trauma only. The Department for Education has stated in its plans for children's social care reforms that it is working with NHS England and the Department of Health and Social Care (DHSC) to ensure Integrated Care Boards (ICBs), Integrated Care Partnerships (ICPs), Health and Wellbeing Boards (HWBs) and local authorities better support the planning and commissioning of services to meet the assessed mental health needs of their local CEYP. Policymakers must consider needs, acceptability, appropriateness, effectiveness and the implementability of services. Further research is needed before strong recommendations can be made around particular service approaches.

Strengths and limitations of the review methods

These reviews answered pertinent questions specifically around mental health services for CEYP. They did not look at mental health needs or at services for children in care (younger than 16) or adopted children and young people, for whom there exists a vast body of mental health literature that may have some relevant learnings for the older and broader care-experienced population (e.g., Duncan et al., 2021; Evans et al., 2021). The review questions looked at interventions around services and perspectives on services, so they would not capture wellbeing experiences of young people who did not access services or express viewpoints about mental health support or services.

Review 1 was a full systematic review. Review 2 was a rapid evidence review so it did not look as comprehensively and sensitively for relevant studies. We were limited in our analysis by available evidence, as discussed in the next section, and we were unable to do a meta-analysis for Review 1 or to synthesise the findings from Question 1 and Question 2 together in a comprehensive way given the limitations in the literature.

Strengths and limitations of available evidence

Methodological limitations and clarity in reporting

There were methodological limitations for studies in both Reviews 1 and 2 and gaps in the clarity of reporting, as evidenced through the quality appraisal processes (the risk of bias and CASP checklist findings). There were major limitations in the methodologies and clarity of reporting for some of the qualitative studies, which influenced the confidence in the findings, particularly in many of the sources from the grey literature.

For both reviews, screening was challenged by the lack of clarity in reporting around the target population, their age, research questions and methods, the geography of the study and methods used. We contacted a number of authors for clarification.

Coherence and relevance of data

Overall, there were considerable levels of coherence or fit between the data and the findings. For Review 1, all of the studies were from the USA, so the relevance to the UK context is less known. For Review 2, there was strong relevance because much of the literature focused on recent years and similar contexts. At times, a finding seemed compelling but was less supported by the data and its relevance extended beyond mental health support to thinking about support overall and relationships overall for CEYP.

Adequacy of the data and gaps in available data

One of the major findings is gaps in the adequacy of the data. The quantitative data was inadequate and too heterogenous for meta-analysis for Review 1 and highlighted gaps in rigorous effectiveness data overall and for the UK. For Review 2, the richness and quantity of data varied by finding statement.

Recommendations for practice and policy

Most of the barriers for accessing and continuing with mental health services for children and young people were rooted in structural changes for policy and practice, which could take place at a national or regional/local level. Recommendations included:

- Recognising that equality in mental health services did not lead to equity in mental health services for CEYP and creating “referral pathways” and/or specialised services where implementable to help facilitate access to services for CEYP
- Greater funding for adolescent mental health services, particularly to facilitate access, create choice and decrease feelings of powerlessness.

Other recommendations could be integrated at multiple levels of policy and practice, including at a local level. These recommendations included:

- Assessing the particular needs of CEYP in order to meet those needs
- Helping young people understand mental health literacy, including education in educational settings such as secondary schools and colleges, to identify mental health concerns and seek support where appropriate
- Incorporating psychosocial support aspects in mental health support, acknowledging the importance of relationships for CEYP
- Additional training and support for children's social care professionals supporting CEYP to maintain positive mental health and wellbeing, identify mental health concerns and seek support where appropriate.

Recommendations for research

These reviews highlight the need for more research on the mental health of CEYP. The reviews showed the need for researchers to specify the population of the study, what services means, the outcomes of interest, and research methods used. Additionally, the reviews particularly highlight the need:

- To understand CEYP's mental health needs in order to tailor services to those needs
- To understand the effectiveness of services, particularly for CEYP in countries other than the USA
- To identify and evaluate the "core components" of mental health support and services for CEYP and understand how those elements and activities change outcomes for young people
- To understand the effectiveness and implementation of tailored mental health services versus mainstream mental health services and support
- To understand the effectiveness and implementation of mental health support focused on relationships and ordinary life
- To understand equity and how experiences and effectiveness of services differ by different characteristics.

A larger body of literature on mental health services for CEYP is needed to add to the literature on younger children in care in order to create a more developmental perspective and understand how to best support children and young people throughout their journey, and to improve the population-level outcomes for care-experienced adults.

Conclusion

The reviewed literature reiterated the importance of mental health of CEYP, the barriers to their accessing and continuing with mental health support and the important role relationships and formal services can have for the mental health of CEYP in this important phase in their life. It is important to recognise the complexity of providing mental health services in an underfunded context to a diverse population presenting with complex needs. The breadth and depth of the current evidence on the effectiveness of services for the

mental health of CEYP is insufficient to draw conclusions on the impact of any particular approach.

The literature on experiences with mental health services for CEYP in the UK highlighted important areas for further exploration in policy and practice, including client control and choice, removal of systematic barriers through increased funding for mental health services and improved continuity of mental health care on turning 18, and improved mental health literacy for children in care and the children's social care workforce.

Further research is needed to explore the effectiveness, acceptability and appropriateness of different mental health support and services for CEYP, particularly taking into account the heterogeneity of the population and the role of equity to meet different needs. The review highlighted the importance of rigorous impact research in this area, in identifying both effective interventions and those with no impact, and the importance of other designs in understanding the acceptability and appropriateness of mental health services and ways to overcome barriers to accessing and continuing with mental health services.

References

References with one asterisk (*) are reports included in Review 1 and references with two asterisks (**) are included in Review 2.

**Action for Children (2014) *Too much, too young: helping the most vulnerable young people to build stable homes after leaving care.* https://media.actionforchildren.org.uk/documents/too_much_too_young_england.pdf.

**Alderson, H., Brown, R., Copello, A., Kaner, E., Tober, G., Lingam, R. & McGovern, R. (2019) The key therapeutic factors needed to deliver behavioural change interventions to decrease risky substance use (drug and alcohol) for looked after children and care leavers: a qualitative exploration with young people, carers and front line workers. *BMC Medical Research Methodology*, 19 (1), 1–12.

**Alderson, H., McGovern, R., Copello, A., McColl, E., Kaner, E., Smart, D. ... & Lingam, R. (2021) Implementation factors for the delivery of alcohol and drug interventions to children in care: qualitative findings from the solid feasibility trial. *International Journal of Environmental Research and Public Health*, 18 (7), 3461.

**Bakketeig, E., Boddy, J., Gundersen, T., Østergaard, J. & Hanrahan, F. (2020) Deconstructing doing well; what can we learn from care experienced young people in England, Denmark and Norway? *Children and Youth Services Review*, 118, 105333.

**Barnardo's (2015) *Access all areas: messages from care leavers to a new government*. https://www.basw.co.uk/system/files/resources/basw_101717-8_0.pdf.

Bazalgette, L., Rahilly, T. & Trevelyan, G. (2015) Achieving emotional wellbeing for looked after children: a whole system approach. *Impact and Evidence Series*, (June), 106. https://www.fwsolutions.net/wp-content/uploads/2015/08/achieving-emotional-wellbeing-for-looked-after-children.pdf.

**Become (2021) *Submission to the Department for Education consultation: introducing national standards for independent and semi-independent provision for looked-after children and care leavers aged 16 and 17.* https://becomecharity.org.uk/content/uploads/2022/01/become-national-standards-consultation-response-july-2021.pdf.

Blakemore, S. (2018) *Inventing Ourselves: The Secret Life of the Teenage Brain*. Doubleday.

**Blow, S. (2022) How has the COVID-19 pandemic affected children in care and care leavers? Newham London. https://www.newham.gov.uk/downloads/file/4407/research-report-how-has-the-covid-19-pandemic-affected-children-in-care-and-care-leavers.

**Braden, J., Goddard, J. & Graham, D. (2017) *Caring for better health: an investigation into the health needs of care leavers.* The Care Leavers' Association.

https://www.careleavers.com/wp-content/uploads/2017/12/Caring-for-Better-Health-Final-Report.pdf.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

**Briheim-Crookall, L., Michelmore, O., Baker, C., Oni, O., Taylor, S. & Selwyn, J. (2020) *What makes life good? Care leavers' views on their well-being*. Coram. https://coramvoice.org.uk/wp-content/uploads/2020/11/1883-CV-What-Makes-Life-Good-Report-final.pdf.

**Butterworth, S., Singh, S. P., Birchwood, M., Islam, Z., Munro, E. R., Vostanis, P. ... & Simkiss, D. (2017) Transitioning care-leavers with mental health needs: "they set you up to fail!" *Child and Adolescent Mental Health*, 22 (3), 138–147.

**Chandra, A., Taylor, S., Shorto, S., Patel, V. & Gilbert L. (2021) *The impact of the Covid-19 pandemic on care leavers' well-being*. Coram. https://coramvoice.org.uk/wp-content/uploads/2022/01/Pandemic-impact-on-wellbeing-of-care-leavers-FINAL-15.12.21-2.pdf.

Clarke, A., Sorgenfrei, M., Mulcahy, J., Davie, P., Friedrich, C. & McBride, T. (2021) *Adolescent mental health: a systematic review on the effectiveness of school-based interventions.* EIF. https://www.eif.org.uk/report/adolescent-mental-health-a-systematic-review-on-the-effectiveness-of-school-based-interventions.

**Clements, K., Munro, G., Berry, A., Davis, L., Lyons, F. & Nugent, R. (2022) *Supporting care leavers with insecure immigration status: learning on effective support, collaboration and empowerment*. London: National Children's Bureau and Paul Hamlyn Foundation. https://www.ncb.org.uk/sites/default/files/uploads/files/Insecure%20Immigration%20Status%20Report%20-%20FINAL2.pdf.

*Courtney, M. E., Valentine, E. J. & Skemer, M. (2019) Experimental evaluation of transitional living services for system-involved youth: implications for policy and practice. *Children and Youth Services Review*, 96 (June 2018), 396–408. https://doi.org/10.1016/j.childyouth.2018.11.031.

*Courtney, M. E., Zinn, A., Johnson, H. & Malm, K. E. (2011) Evaluation of the Massachusetts Adolescent Outreach Program for Youths in Intensive Foster Care: final report (OPRE Report #2011-14). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Department for Education (2023a). *Leaving foster or local authority care.* www.gov.uk/leaving-foster-or-local-authority-care.

Department for Education (2023b). *Stable Homes, Built on Love: Implementation Strategy and Consultation – Children's Social Care Reform 2023.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1147317/Children_s_social_care_stable_homes_consultation_February_2023.pdf

Department for Education (2020) Children looked after in England including adoptions, reporting year 2020. https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions.

**Dixon, J. (2008) Young people leaving care: health, well-being and outcomes. *Child & family social work*, 13 (2), 207–217.

Dixon, J., Wade, J., Byford, S., Weatherly, H. & Lee, J. (2006) Young people leaving care: a study of costs and outcomes. York: University of York. www.york.ac.uk/inst/spru/research/pdf/leaving.pdf.

Dubois-Comtois, K., Bussières, E. L., Cyr, C., St-Onge, J., Baudry, C., Milot, T. & Labbé, A. P. (2021) Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children and Youth Services Review*, 127, 106100.

Duncan, M., Woolgar, M., Ransley, R. & Fearon, P. (2021) Mental health and behavioural difficulties in adopted children: a systematic review of post-adoption risk and protective factors. *Adoption & Fostering*, 45 (4), 414–429. https://doi.org/10.1177/03085759211058358.

Engler, A. D., Sarpong, K. O., Van Horne, B. S., Greeley, C. S. & Keefe, R. J. (2022) A systematic review of mental health disorders of children in foster care. *Trauma, Violence, & Abuse*, 23 (1), 255–264.

Eurostat (2022) *Leaving home: Young Europeans spread their wings.* https://ec.europa.eu/eurostat/web/products-eurostat-news/-/ddn-20220901-1.

Evans, R., Boffey, M., MacDonald, S., Noyes, J., Melendez-Torres, G. J., Morgan, H. E. ... & Wooders, C. (2021) Care-experienced cHildren and young people's Interventions to improve Mental health and wEll-being outcomes: Systematic review (CHIMES) protocol. *BMJ Open*, 11 (1), e042815.

**Field, A., Sen, R., Johnston, C. & Ellis, K. (2021) Turning 18 in specialised residential therapeutic care: independence or a cliff edge? *Children & Society*, 35 (5), 784–798.

Ford, T., Vostanis, P., Meltzer, H. & Goodman, R. (2007) Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households. *The British Journal of Psychiatry*, 190 (4), 319–325.

*Greeson, J. K. P., Garcia, A. R., Kim, M. & Courtney, M. E. (2015) Foster youth and social support: the first RCT of independent living services. *Research on Social Work Practice*, 25 (3), 349–357. https://doi.org/10.1177/1049731514534900.

Greiner, M. V. & Beal, S. J. (2017) Foster care is associated with poor mental health in children. *Journal of Pediatrics*, 182, 401–404.

Guyatt, G. H., Oxman, A. D., Vist, G. E., Kunz, R., Falck-Ytter, Y., Alonso-Coello, P., Schünemann, H. J. & Group, for the G. W. (2008) GRADE: an emerging consensus on rating quality of evidence and strength of recommendations. *BMJ*, 336 (924). https://doi.org/10.1136/bmj.39489.470347.AD.

Healthy London Partnership (2020) Looked after children and care leavers outcome report: survey of mental health services for looked after children and care leavers 2019–20. https://www.transformationpartnersinhealthandcare.nhs.uk/wp-content/uploads/2020/07/Looked-After-Children-and-Care-Leavers-Outcome-Report-FINAL.pdf.

**Hiles, D., Moss, D., Thorne, L., Wright, J. & Dallos, R. (2014) “So what am I?” Multiple perspectives on young people’s experience of leaving care. *Children and Youth Services Review*, 41, 1–15.

Hiller, R. M., Halligan, S. L., Meiser-Stedman, R., Elliott, E. & Rutter-Eley, E. (2020) Supporting the emotional needs of young people in care: a qualitative study of foster carer perspectives. *BMJ Open*, 10 (3), 1–10. https://doi.org/10.1136/bmjopen-2019-033317.

**HM Government (2016) *Keep on caring: supporting young people from care to independence.* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535899/Care-Leaver-Strategy.pdf.

**House of Commons Education Committee (2016) *Mental health and well-being of looked-after children: fourth report of session 2015–16.* https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf.

**Howard, K. & MacQuarrie, S. (2022) Perspectives of care experienced young people regarding their academic experiences in further education. *Frontiers in Education,* 77. Frontiers.

**Hyde, R. & Atkinson, C. (2019) Care leavers’ priorities and the corporate parent role: a self-determination theory perspective. *Educational & Child Psychology*, 36 (1), 40–57.

**Kelly, B., Walsh, C., Pinkerton, J. & Toal, A. (2021) “I got into a very dark place”: addressing the needs of young people leaving care during the Covid-19 pandemic. *Journal of Children’s Services*, 16 (4), 332–345.

**Kelly, B., Walsh, C., Pinkerton, J. & Toal, A. (2020) *The voices of young people leaving care during Covid-19 in Northern Ireland*. Voice of Young People in Care (VOYPIC). https://www.voypic.org/wp-content/uploads/2021/01/Leaving-Care-During-Covid-19-in-NI-FINAL-REPORT.pdf.

**Kelly, B., Webb, P., Davidson, G., Pinkerton, J. & McShane, T. (2022) Raising the profile of care leavers with mental health and/or intellectual disabilities: a contribution from Northern Ireland. *Children and Youth Services Review*, 136, 106434.

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S. & Üstün, T. B. (2007) Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20 (4), 359–364. https://doi.org/10.1097/YCO.0b013e32816ebc8c.

*Leip, L. A. (2020) Impact evaluation of the True North Program in Broward County, Florida. Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services.

Lewin, S., Booth, A., Glenton, C., Munthe-Kaas, H., Rashidian, A., Wainwright, M. … & Noyes, J. (2018) Applying GRADE-CERQual to qualitative evidence synthesis findings: introduction to the series. *Implementation Science*, 13 (1), 1–10.

**Liabo, K., McKenna, C., Ingold, A. & Roberts, H. (2017) Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. *Child: Care, Health and Development*, 43 (2), 182–191.

Lorenc, T., Lester, S., Sutcliffe, K., Stansfield, C. & Thomas, J. (2020) Interventions to support people exposed to adverse childhood experiences: systematic review of systematic reviews. *BMC Public Health,* 20, 657. https://doi.org/10.1186/s12889-020-08789-0.

MacAlister, J. (2022) *The Independent Review of Children's Social Care: final report*. London. https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report.

McGorry, P. D., Mei, C., Chanen, A., Hodges, C., Alvarez-Jimenez, M. & Killackey, E. (2022) Designing and scaling up integrated youth mental health care. *World Psychiatry*, 21 (1), 61–76. https://doi.org/10.1002/wps.20938.

**Memarzia, J., St Clair, M. C., Owens, M., Goodyer, I. M. & Dunn, V. J. (2015) Adolescents leaving mental health or social care services: predictors of mental health and psychosocial outcomes one year later. *BMC Health Services Research*, 15 (1), 1–8.

Mezey, G., Robinson, F., Campbell, R., Gillard, S., Macdonald, G., Meyer, D., Bonell, C. & White, S. (2015) Challenges to undertaking randomised trials with looked after children in social care settings. *Trials,* 16 (206). https://doi.org/10.1186/s13063-015-0708-z.

*Miller, M., Bales, D. & Hirsh, M. (2020) Extended Foster Care in Washington State: final report [document number 20-05-3201]. Washington State Institute for Public Policy. https://www.wsipp.wa.gov/ReportFile/1721/Wsipp_Extended-Foster-Care-in-Washington-State-Final-Report_Report.pdf.

**Mullan, C., McAlister, S., Rollock, F. & Fitzsimons, L. (2007) "Care just changes your life": factors impacting upon the mental health of children and young people with experiences of care in Northern Ireland. *Child Care in Practice*, 13 (4), 417–434.

Murray, E. T., Lacey, R., Maughan, B. & Sacker, A. (2020) Association of childhood out-of-home care status with all-cause mortality up to 42-years later: Office of National Statistics

Longitudinal Study. *BMC Public Health*, 20 (1), 1–10. https://doi.org/10.1186/s12889-020-08867-3.

National Health Service (2019) *The NHS Long Term Plan*. London. https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf.

**National Leaving Care Benchmarking Forum (2021) *Care experience & post 18-mental health event: main points & recommendations.* Catch22. https://cdn.catch-22.org.uk/wp-content/uploads/2022/01/Care-Experience-and-Post-18-Mental-Health-Event-Notes-Recommendations.pdf.

National Youth Advocacy Service (2019) *Looked after minds: prioritising the mental health of care-experienced children and young people*. Liverpool. https://www.nyas.net/news-and-campaigns/campaigns/current-campaigns/looked-after-minds.

NICE (2021) *Looked-after children and young people: NICE guideline*. https://www.nice.org.uk/guidance/ng205/resources/lookedafter-children-and-young-people-pdf-66143716414405.

**O'Neill, L., Harrison, N., Fowler, N. & Connelly, G. (2019) *"Being a student with care experience is very daunting": findings from a survey of care experienced students in Scottish colleges and universities.* CELCIS. https://strathprints.strath.ac.uk/68655/1/ONeill_etal_CELCIS_2019_Being_a_student_with_care_experience_is_very_daunting_findings_from_a_survey.pdf.

**Pinkney, S. & Walker, G. (2020) "It was me, but it was them that helped me": exploring the issues for care experienced young people within higher education. *Children and Youth Services Review*, 108, 104576.

**Plunkett, C. & Welch, V. (2018) *Aberlour – Lifeworks Service: a qualitative evaluation.* CELCIS. https://strathprints.strath.ac.uk/65514/1/Plunkett_Welch_2018_Aberlour_Lifeworks_Service_A_Qualitative.pdf.

*Powers, L. E., Geenen, S., Powers, J., Pommier-Satya, S., Turner, A., Dalton, L. D., Drummond, D. & Swank, P. (2012) My life: effects of a longitudinal, randomized study of self-determination enhancement on the transition outcomes of youth in foster care and special education. *Children and Youth Services Review*, 34 (11), 2179–2187. https://doi.org/10.1016/j.childyouth.2012.07.018.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A. … & Hensley, M. (2011) Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38, 65–76.

**Ridley, J., Larkins, C., Farrelly, N., Hussein, S., Austerberry, H., Manthorpe, J. & Stanley, N. (2016) Investing in the relationship: practitioners' relationships with looked-after children and care leavers in social work practices. *Child & Family Social Work*, 21 (1), 55–64.

**Roberts, H., Ingold, A., Liabo, K., Manzotti, G., Reeves, D. & Bradby, H. (2018) Moving on: transitions out of care for young people with learning disabilities in England and Sweden. *British Journal of Learning Disabilities*, 46 (1), 54–63.

**Roberts, L., Mannay, D., Rees, A., Bayfield, H., Corliss, C., Diaz, C. & Vaughan, R. (2021) "It's been a massive struggle": exploring the experiences of young people leaving care during COVID-19. *Young*, 29 (4_suppl), S81–S99.

**Roberts, L., Rees, A., Bayfield, H., Corliss, C., Diaz, C., Mannay, D. & Vaughan, R. (2020) *Young people leaving care, practitioners and the Coronavirus (COVID 19) pandemic: experiences, support, and lessons for the future*. CASCADE: Children's Social Care Research and Development Centre. https://orca.cardiff.ac.uk/id/eprint/135889/1/Roberts_Report%20-%20Young%20People%20Leaving%20Care.pdf.

**Roesch-Marsh, A., McGhee, K. & Gillon, F. (2021) *The digital divide: the impact on the rights of care leavers in Scotland*. CELCIS. https://www.celcis.org/application/files/5516/1158/7905/The_digital_divide_The_impact_on_the_rights_of_care_leavers_in_Scotland_Inform.pdf.

Seker, S., Boonmann, C., Gerger, H., Jäggi, L., d'Huart, D., Schmeck, K. & Schmid, M. (2021) Mental disorders among adults formerly in out-of-home care: a systematic review and meta-analysis of longitudinal studies. *European Child & Adolescent Psychiatry*, 31 (12), 1963–1982.

**Simpson, D. & Murphy, S. F. (2022) "So we beat on, boats against the current, borne back ceaselessly into the past": legacy, care leavers and university study. *Journal of Youth Studies*, 25 (2), 259–274.

**Simpson, S. (2005) Questions and hindsight: work with Zara, an asylum seeking care leaver. *Journal of Social Work Practice*, 19 (3), 263–274.

**Sims-Schouten, W. & Hayden, C. (2017) Mental health and wellbeing of care leavers: making sense of their perspectives. *Child & Family Social Work*, 22 (4), 1480–1487.

Singh, S. P. & Tuomainen, H. (2015) Transition from child to adult mental health services: needs, barriers, experiences and new models of care. *World Psychiatry*, 14 (3), 358–361. https://doi.org/10.1002/wps.20266.

*Skemer, M. & Jacobs Valentine, E. (2016) *Striving for independence: two-year impact findings from the Youth Villages transitional living evaluation*. MDRC. https://www.mdrc.org/sites/default/files/Youth%20Villages_2016_FR.pdf.

**Smith, N. (2016) *Neglected minds: a report on mental health support for young people leaving care.* Barnardo's. https://www.barnardos.org.uk/sites/default/files/uploads/neglected-minds.pdf.

Sterne, J. A. C., Hernán, M. A., Reeves, B. C., Savović, J., Berkman, N. D., Viswanathan, M., Henry, D., Altman, D. G., Ansari, M. T., Boutron, I., Carpenter, J. R., Chan, A. W., Churchill, R., Deeks, J. J., Hróbjartsson, A., Kirkham, J., Jüni, P., Loke, Y. K., Pigott, T. D. … Higgins, J. P. (2016) ROBINS-I: a tool for assessing risk of bias in non-randomised studies of interventions. *BMJ* (Online), 355, 4–10. https://doi.org/10.1136/bmj.i4919.

Sterne, J. A. C., Savović, J., Page, M. J., Elbers, R. G., Blencowe, N. S., Boutron, I., Cates, C. J., Cheng, H. Y., Corbett, M. S., Eldridge, S. M., Emberson, J. R., Hernán, M. A., Hopewell, S., Hróbjartsson, A., Junqueira, D. R., Jüni, P., Kirkham, J. J., Lasserson, T., Li, T. … Higgins, J. P. T. (2019) RoB 2: a revised tool for assessing risk of bias in randomised trials. *The BMJ*, 366, 1–8. https://doi.org/10.1136/bmj.l4898.

Taylor, D. J., Albers, B., Mann, G., Chakraborty, S., Lewis, J., Mendes, P. … & Shlonsky, A. R. (2021a) Systematic review and meta-analysis of policies, programmes and interventions that improve outcomes for young people leaving the out-of-home care system.

Taylor, D. J., Shlonsky, A., Albers, B., Chakraborty, S., Lewis, J., Mendes, P., Macdonald, G., & Williams, K. (2021b) Protocol for a systematic review of policies, programmes and interventions that improve outcomes for young people leaving the out-of-home care system. *Systematic Review*s, 10 (240). https://doi.org/10.1186/s13643-021-01792-5.

The Who Cares? Trust (2015) *Principles of care*. https://www.becomecharity.org.uk/media/1131/principles-of-care-2015-the-who-cares-trust.pdf.

Thielemann, J. F. B., Kasparik, B., König, J., Unterhitzenberger, J. & Rosner, R. (2022) A systematic review and meta-analysis of trauma-focused cognitive behavioral therapy for children and adolescents. *Child Abuse & Neglect*, 134, 105899. https://doi.org/10.1016/j.chiabu.2022.105899.

**Thoburn, J. (2016) Residential care as a permanence option for young people needing longer-term care. *Children and Youth Services Review*, 69, 19–28.

**Törrönen, M., Munn-Giddings, C., Gavriel, C. & Morris, D. (2018) Emotional participation of young adults starting their independent living. *Nordic Social Work Research*, 8 (sup1), 65–78.

**Twomey, B. (2019) Looked after minds: prioritising the mental health of care-experienced children and young people. National Youth Advocacy Service (NYAS). https://nyas.s3.eu-west-1.amazonaws.com/NewsCampaigns/Campaigns/NYAS-looked-after-mind-report%20(1).pdf.

*Valentine, E. J., Skemer, V. M. & Courtney, M. E. (2015) *Becoming adults: one-year impact findings from the Youth Villages Transitional Living Evaluation*. MDRC. https://files.eric.ed.gov/fulltext/ED558489.pdf.

**Wood, M. & Selwyn, J. (2017) Looked after children and young people's views on what matters to their subjective well-being. *Adoption & Fostering*, 41 (1), 20–34.

**Yusuf, F. (2021) We all have a right to good mental health. *Drive Forward Foundation.* https://driveforwardfoundation.org/we-all-have-a-right-to-good-mental-health/?_gl=1*1g2f1nm*_ga*ODU1OTcxODY3LjE2NzUwMDIzNTM.*_up*MQ.

Appendices

Appendix 1: CASP quality appraisal results

Results from the quality appraisal assessment using the CASP checklist for quality appraisal, applied to all 43 papers included in Review 2.

Study (first author and year)	1. Was there a clear statement of the aims of the research?	2. Is a qualitative methodology appropriate?	3. Was the research design appropriate to address the aims of the research?	4. Was the recruitment strategy appropriate to the aims of the research?	5. Was the data collected in a way that addressed the research issue?	6. Has the relationship between researcher and participants been adequately considered?	7. Have ethical issues been taken into consideration?	8. Was the data sufficiently rigorous?	9. Is there a clear statement of findings?	10. How valuable is the research?
Academic databases										
Alderson, 2019	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Valuable
Alderson, 2021	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Bakketeig, 2020	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Butterworth, 2017	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Dixon, 2008	Yes	Yes	Can't tell	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Valuable
Field, 2021	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Somewhat
Hiles, 2014	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Valuable
Howard, 2022	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable

Hyde, 2019	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Kelly, 2021	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Kelly, 2022	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Yes	Valuable
Liabo, 2017	Yes	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Yes	Somewhat
Memarzia, 2015	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Mullan, 2007	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Pinkney, 2020	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Ridley, 2016	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Valuable
Roberts, 2018	Can't tell	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Yes	Yes	Somewhat
Roberts, 2021	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Simpson, 2005	No	Yes	Can't tell	Can't tell	Can't tell	Yes	Can't tell	No	No	Not very
Simpson, 2022	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Valuable
Sims-Schouten, 2017	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Somewhat
Thoburn, 2016	Yes	Yes	Yes	Can't tell	Yes	Can't tell	No	Yes	Yes	Somewhat
Törrönen, 2018	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Wood, 2017	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Valuable
Grey literature										
Action for Children, 2014	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very
Barnardo's, 2015	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very

Become, 2021	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very
Blow, 2022	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Yes	Yes	Somewhat
Braden, 2017	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Can't tell	Yes	Somewhat
Briheim-Crookall, 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Valuable
Chandra, 2021	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Valuable
Clements, 2022	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
HM Government, 2016	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very
House of Commons Education Committee, 2016	No	Yes	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very
Kelly, 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
National Leaving Care Benchmarking Forum, 2021	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	No	Somewhat
O'Neill, 2019	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Plunkett, 2018	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Valuable
Roberts, 2020	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Valuable
Roesch-Marsh, 2021	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Can't tell	Yes	Valuable
Smith, 2016	No	Yes	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	Can't tell	No	Not very

Twomey, 2019	No	Yes	Can’t tell	Can’t tell	Can’t tell	Can’t tell	Can’t tell	Can’t tell	No	Somewhat
Yusuf, 2021	No	Yes	No	No	No	Yes	Yes	No	No	Somewhat

Appendix 2. Search strategy and key terms

Cochrane Controlled Register of Trials via Ovid

1. child welfare/ or foster home care/
2. (foster adj2 (youth or child* or care)).ti.
3. (foster adj2 (youth or child* or care)).ab
4. Independent Living/
5. independent living.ti.
6. independent living.ab
7. Self Care/
8. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
9. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
10. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
11. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
12. (emancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
13. 1 or 2 or 3
14. 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
15. 13 and 14
16. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or Propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ti.
17. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or Propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ab
18. Clinical Trial or Empirical Study or Experimental Replication or Followup Study or Longitudinal Study or Prospective Study or Retrospective Study or Quantitative Study or Treatment Outcome or Field Study or Mathematical Modeling).mp.
19. 16 or 17 or 18
20. 15 and 19

Cinahl via EBSCO

1. (MM “Foster Home Care”) OR (MH “Foster Parents”) OR (MH “Child, Foster”)
2. (MH “Child Welfare+”)

3. TI foster n2 child* OR TI foster n2 youth OR TI foster n2 parent* OR TI foster n2 care* OR TI foster n2 home
4. AB foster n2 child* OR AB foster n2 youth OR AB foster n2 parent* OR AB foster n2 care* OR AB foster n2 home
5. (TI (extend* n2 care or foster*)) OR (AB (extend* n2 care or foster*))
6. (TI (leav* n2 care or foster*)) OR (AB (leav* n2 care or foster*))
7. (TI (transit* n2 care or foster*)) OR (AB (transit* n2 care or foster*))
8. (TI (ag* out n2 care or foster*)) OR (AB (ag* out n2 care or foster*))
9. 1 OR 2 OR 3 OR 4
10. 5 OR 6 or 7 or 8
11. 9 AND 10
12. (MH “Randomized Controlled Trials”) OR (MH “Clinical Trials”)
13. (MH “Evaluation” OR (“MH Program Evaluation”)
14. TI “Randomized Controlled Trials” OR TI “Clinical Trials”
15. (MH ""Quasi-Experimental Studies+"")
16. (MH “Quasi-Experimental Studies”) OR (MH “Nonequivalent Control Group”) OR (MH “Time Series”) OR (MH “Repeated Measures”) OR (MH “Retrospective Design”) OR (MH “Time and Motion Studies”)
17. (quasi-experiment* OR quasiexperiment* OR “propensity score*” OR “control* group*” OR “control condition*” OR “treatment group*” OR “comparison group*” OR “wait-list*” OR “waiting list*” OR “intervention group*” OR “experimental group*” OR “matched control*” OR “matched groups” OR “matched comparison” OR “experimental trial” OR “experimental design” OR “experimental method*” OR “experimental stud*” OR “experimental evaluation” OR “experimental test*” OR ""experimental assessment"" OR ""comparison sample"" OR “propensity matched” OR “control sample” OR “control subject*” OR “intervention sample” OR “no treatment group” OR “nontreatment control” OR “pseudo experimental” OR “pseudo randomi?ed” OR “quasi-RCT” OR “quasi-randomi?ed” OR “compared with control*” OR “compared to control*” OR ”compared to a control*” OR “non-randomi?ed controlled stud*” OR “nonrandom* assign*”)
18. 12 or 13 or 14 or 15 or 16 or 17
19. 11 and 18

ERIC via ProQuest

1. MAINSUBJECT.EXACT(“Child Safety”) OR MAINSUBJECT.EXACT(“Child Welfare”) OR MAINSUBJECT.EXACT(“Foster Care”)
2. ti(foster N/2 child*) OR ti(foster N/2 parent*) OR ti(foster N/2 care*) OR ti(foster N/2 home*)) OR (ab(foster N/2 child*) OR ab(foster N/2 parent*) OR ab(foster N/2 care*) OR ab(foster N/2 home)
3. MAINSUBJECT.EXACT(“Independent living”) OR MAIN SUBJECT.EXACT(“Daily living”) OR ((extend* NEAR/2 (care OR foster*)) OR (leav* NEAR/2 (care OR foster*)) OR (transit* NEAR/2 (care OR foster*)) OR (ag* out NEAR/2 (care OR foster*))) OR su(“Transitional programs”)
4. S1 OR S2
5. S3 AND S4

6. RCT OR Trial* OR randomi* OR “random* allocat*” OR “random* assign*” OR (control* n/1 intervention*) OR (treatment* n/1 control*) OR “evaluat* study” OR “control group*” OR “control condition*” OR “comparison group*” OR “comparison condition*” OR “time series” OR “before after”) OR (“pre post” OR longitudinal OR “repeated measures” OR “effect size*” OR “comparative effective*” OR experiment* OR pre-experiment* OR “difference?in?difference*” OR “instrumental variable*” OR “propensity score*” OR (control* n/1 treat*) OR “wait* list” OR “quasi ex*” or quasiexperiment* OR “matched control” OR “matched comparison”
7. (MAINSUBJECT.EXACT(""Control Groups"") OR MAINSUBJECT.EXACT(""Matched Groups"") OR MAINSUBJECT.EXACT(""Quasiexperimental Design"") OR MAINSUBJECT.EXACT(""Randomized Controlled Trials"") OR MAINSUBJECT.EXACT(""Program Evaluation"") OR MAINSUBJECT.EXACT(""Outcomes of Treatment"") OR MAINSUBJECT.EXACT(""Medical Care Evaluation"") OR MAINSUBJECT.EXACT(""Replication (Evaluation)"") OR MAINSUBJECT.EXACT(""Evaluation Research"") OR MAINSUBJECT.EXACT(“Scientific Research”) OR MAINSUBJECT.EXACT(“Therapy”) OR MAINSUBJECT.EXACT(“Cost Effectiveness”) OR MAINSUBJECT.EXACT(“Medical Evaluation"") OR MAINSUBJECT.EXACT(“Program Effectiveness”) OR MAINSUBJECT.EXACT(“Outcome Measures”) OR MAINSUBJECT.EXACT(“Experimental Groups”) OR MAINSUBJECT.EXACT(“Experimental Programs”) OR MAINSUBJECT.EXACT(“Data Analysis”) OR MAINSUBJECT.EXACT(“Comparative Analysis”) OR MAINSUBJECT.EXACT(“Intervention”))
8. S6 OR S7
9. S5 AND S8

PsycINFO via Ovid

1. foster care/ or child welfare/ or foster children/ or foster parents/ or protective services/
2. (foster adj2 (youth or child* or care)).ti.
3. (foster adj2 (youth or child* or care)).ab.
4. independent living programs/
5. independent living.ti.
6. independent living.ab.
7. self-care skills/
8. self-determination/
9. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
10. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
11. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
12. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp.

13. (emancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
14. 1 or 2 or 3
15. 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13
16. 14 and 15
17. (Clinical Trial or Empirical Study or Experimental Replication or Followup Study or Longitudinal Study or Prospective Study or Retrospective Study or Quantitative Study or Treatment Outcome or Field Study or Mathematical Modeling).md
18. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ti.
19. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ab.
20. 17 or 18 or 19
21. 16 and 20

MEDLINE via Ovid

1. exp Foster Home Care/or exp Child Welfare/ or exp Child, Foster/ or foster care.mp
2. child protective services.mp or Child protective services/
3. (foster adj2 (youth or child* or care)).ti
4. (foster adj2 (youth or child* or care)).ab
5. exp Independent living/ or exp self care/ or exp self-neglect/ or exp social participation
6. independent living.ti
7. independent living.ab
8. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
9. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
10. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
11. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp
12. (emancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
13. 1 or 2 or 3 or 4
14. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
15. 13 and 14

16. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or Propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ti.
17. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ab
18. clinical trial/ or observational study/ or comparative study/ or evaluation study/
19. case-control studies/ or cohort studies/ or follow-up studies/ or longitudinal studies/ or prospective studies/ or retrospective studies/ or controlled before-after studies/ or cross-sectional studies/ or historically controlled study/ or interrupted time series analysis/ or feasibility studies/
20. 16 or 17 or 18 or 19
21. 15 and 20

EMBASE

1. foster care/ or foster child/
2. child welfare/ or child protection
3. (foster adj2 (youth or child* or care)).ti.
4. (foster adj2 (youth or child* or care)).ab.
5. independent living/ or independent living program.mp.
6. independent living.ti.
7. independent living.ab.
8. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
9. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
10. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
11. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
12. (emancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
13. self care/ or self care skills.mp.
14. 1 or 2 or 3 or 4
15. 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13
16. 14 and 15
17. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or

difference in difference* or instrumental variable* or propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ti.

18. (RCT or Trial* or randomi* or random* allocat* or random* assign* or (control* adj1 Intervention*) or (treatment* adj1 control*) or evaluat* study or control group* or control condition* or comparison group* or comparison condition* or time series or (before adj1 after) or pre post or longitudinal or repeated measures or effect size* or comparative effective* or experiment* or pre-experiment* or difference in difference* or instrumental variable* or propensity score or (control* adj1 treat*) or wait* list or quasi ex* or quasiexperiment* or matched control or matched comparison).ab
19. clinical study/ or case control study/ or intervention study/ or longitudinal study/ or major clinical study/ or prospective study/ or retrospective study/ or comparative study/ or controlled study/ or experimental study/ or feasibility study/ or observational study/ or quasi experimental study/ or replication study/ or cross-sectional study/ or controlled clinical trial/ or pretest posttest control group design/ or static group comparison/ or cross-sectional study/ or outcome assessment/
20. 17 or 18 or 19
21. 16 and 20

Sociological Abstracts

1. SU.EXACT.EXPLODE("Foster Children") OR SU.EXACT("Child Welfare Services") OR SU.EXACT.EXPLODE("Foster Care") OR SU.EXACT("Surrogate Parents")
2. (ti(foster N/2 child*) OR ti(foster N/2 parent*) OR ti(foster N/2 care*) OR ti(foster N/2 home*)) OR (ab(foster N/2 child*) OR ab(foster N/2 parent*) OR ab(foster N/2 care*) OR ab(foster N/2 home*))
3. S1 OR S2
4. MAINSUBJECT.EXACT("Self Care") OR MAINSUBJECT.EXACT("Deinstitutionalization") OR MAINSUBJECT.EXACT.EXPLODE("Independent Living") OR MAINSUBJECT.EXACT("Independence")
5. (extend* NEAR/2 (care or foster*))
6. (leav* NEAR/2 (care OR foster*))
7. (transit* NEAR/2 (care OR foster*))
8. (ag* out NEAR/2 (care OR foster*))
9. S4 OR S5 OR S6 OR S7 OR S8
10. S3 AND S9
11. MAINSUBJECT.EXACT("Empirical Methods") OR MAINSUBJECT.EXACT("Treatment") OR MAINSUBJECT.EXACT("Quantitative Methods") OR MAINSUBJECT.EXACT("Evaluation") OR MAINSUBJECT.EXACT("Statistical Significance") OR MAINSUBJECT.EXACT("Treatment Programs") OR MAINSUBJECT.EXACT("Placebo Effect") OR MAINSUBJECT.EXACT("Research Methodology") OR MAINSUBJECT.EXACT("Treatment Outcomes") OR MAINSUBJECT.EXACT("Effectiveness") OR MAINSUBJECT.EXACT ("RANDOMNESS")

12. (quasi-experimental OR quasi-experiment or quasiexperiment OR “propensity score” OR ""“control group*"" OR “control condition*” OR ""“treatment group*"" OR ""“comparison group*"" OR ""“wait-list*"" OR ""“waiting list*"" OR ""“intervention group*"" OR ""“experimental group*"" OR ""“matched control"" OR ""“matched group*"" OR ""“matched comparison"" OR ""“experimental trial"" OR ""“experimental design"" OR ""“experimental method*"" OR ""“experimental stud*"" OR ""“experimental evaluation"" OR ""“experimental test*"" OR ""“experimental assessment"" OR ""“comparison sample"" OR “propensity matched” OR “control sample” OR “control subject*” OR “intervention sample” OR “no treatment group” OR “nontreatment control” OR “pseudo experimental” OR “pseudo randomi?ed” OR “quasi-RCT” OR “quasi-randomi?ed” OR “compared with control*” OR “compared to control*” OR ”compared to a control*” OR “non-randomi?ed controlled stud*” OR “nonrandomly assigned”)
13. ti((RCT OR Trial* OR randomi* OR “random* allocat*” OR “random* assign*” OR (control* n/1 intervention*) OR (treatment* n/1 control*) OR “evaluat* study” OR “control group*” OR “control condition*” OR “comparison group*” OR “comparison condition*” OR “time series” OR “before after”) OR (“pre post” OR longitudinal OR “repeated measures” OR “effect size*” OR “comparative effective*” OR experiment* OR pre-experiment* OR “difference in difference*” OR “instrumental variable*” OR “propensity score” OR (control* n/1 treat*) OR “wait* list” OR “quasi ex*” OR quasiexperiment* OR “matched control” OR “matched comparison”))
14. ab((RCT OR Trial* OR randomi* OR “random* allocat*” OR “random* assign*” OR (control* n/1 intervention*) OR (treatment* n/1 control*) OR “evaluat* study OR “control group*” OR “control condition*” OR “comparison group*” OR “comparison condition*” OR “time series” OR “before after”) OR (“pre post” OR longitudinal OR “repeated measures” OR “effect size*” OR “comparative effective*” OR experiment* OR pre-experiment* OR “difference in difference*” OR “instrumental variable*” OR “propensity score” OR (control* n/1 treat*) OR “wait* list” OR quasi ex* OR quasiexperiment* OR “matched control” OR “matched comparison”))
15. S11 OR S12 OR S13 OR S14
16. S10 AND S15

Social Services Abstracts

1. SU.EXACT.EXPLODE(""“Foster Children"") OR SU.EXACT(""“Child Welfare Services"") OR SU.EXACT.EXPLODE(""“Foster Care"") OR SU.EXACT(""“Surrogate Parents"")
2. (ti(foster N/2 child*) OR ti(foster N/2 parent*) OR ti(foster N/2 care*) OR ti(foster N/2 home*)) OR (ab(foster N/2 child*) OR ab(foster N/2 parent*) OR ab(foster N/2 care*) OR ab(foster N/2 home*))
3. S1 OR S2
4. MAINSUBJECT.EXACT(""“Self Care"") OR MAINSUBJECT.EXACT(""“Deinstitutionalization"") OR MAINSUBJECT.EXACT.EXPLODE(""“Independent Living"") OR MAINSUBJECT.EXACT(""“Independence"")
5. (extend* NEAR/2 (care or foster*))
6. (leav* NEAR/2 (care OR foster*))

7. (transit* NEAR/2 (care OR foster*))
8. (ag* out NEAR/2 (care OR foster*))
9. S4 OR S5 OR S6 OR S7 OR S8
10. S3 AND S9
11. MAINSUBJECT.EXACT(""Empirical Methods"") OR MAINSUBJECT.EXACT(""Treatment"") OR MAINSUBJECT.EXACT(""Quantitative Methods"") OR MAINSUBJECT.EXACT(""Evaluation"") OR MAINSUBJECT.EXACT(""Statistical Significance"") OR MAINSUBJECT.EXACT(""Treatment Programs"") OR MAINSUBJECT.EXACT(""Placebo Effect"") OR MAINSUBJECT.EXACT(""Research Methodology"") OR MAINSUBJECT.EXACT(""Treatment Outcomes"") OR MAINSUBJECT.EXACT(""Effectiveness"") OR MAINSUBJECT.EXACT (""RANDOMNESS"")
12. (quasi-experimental* OR quasi-experiment OR quasiexperiment OR "propensity score*" OR "control* group*" OR "control condition*" OR "treatment group*" OR "comparison group*" OR "wait-list*" OR ""waiting list*"" OR ""intervention group*"" OR ""experimental group*"" OR ""matched control*"" OR ""matched groups"" OR ""matched comparison"" OR "experimental trial" OR ""experimental design"" OR ""experimental method*"" OR "experimental stud* OR "experimental evaluation" OR "experimental test*" OR ""experimental assessment"" OR "comparison sample" OR "propensity matched" OR "control sample" OR "control subject*" OR "intervention sample" OR "no treatment group" OR "nontreatment control" OR "pseudo experimental" OR "pseudo randomi?ed" OR quasi-RCT OR quasi-randomi?ed OR "compared with control*" OR "compared to control*" OR "compared to a control*" OR "non-randomi?ed controlled stud*" OR "nonrandomly assigned")
13. ti((RCT OR Trial* OR randomi* OR "random* allocat*" OR "random* assign*" OR (control* n/1 Intervention*) OR (treatment* n/1 control*) OR "evaluat* study" OR "control group*" OR "control condition*" OR "comparison group*" OR "comparison condition*" OR "time series" OR "before after") OR ("pre post" OR longitudinal OR "repeated measures" OR "effect size*" OR comparative effective* OR experiment* OR pre-experiment* OR "difference in difference*" OR "instrumental variable*" OR "propensity score" OR (control* n/1 treat*) OR "wait* list" OR "quasi ex*" or quasiexperiment* OR "matched control" OR "matched comparison"))
14. ab((RCT OR Trial* OR randomi* OR "random* allocat*" OR "random* assign*" OR (control* n/1 Intervention*) OR (treatment* n/1 control*) OR "evaluat* study" OR "control group*" OR "control condition*" OR "comparison group*" OR "comparison condition*" OR "time series" OR "before after") OR ("pre post" OR longitudinal OR repeated measures OR effect size* OR comparative effective* OR experiment* OR pre-experiment* OR "difference in difference*" OR "instrumental variable*" OR "propensity score" OR (control* n/1 treat*) OR "wait* list" OR "quasi ex*" or quasiexperiment* OR "matched control" OR "matched comparison"))
15. S11 OR S12 OR S13 OR S14
16. S10 AND S15

SocIndex via EBSCO

1. ((DE “FOSTER home care”) OR (DE “FOSTER mothers”) OR (DE “FOSTER parents”) OR (DE “FOSTER children”) OR (DE “FOSTER grandparents”) OR (DE “CHILD protection services”))
2. TI foster n2 child* OR TI foster n2 youth OR TI foster n2 parent* OR TI foster n2 care* OR TI foster n2 home OR TI “foster famil*” OR TI “fostering orphan*” OR TI “looked after children” OR TI “out of home care” OR TI “out of home placement” OR TI “substitute care” OR TI “looked after youth*”
3. AB foster n2 child* OR AB foster n2 youth OR AB foster n2 parent* OR AB foster n2 care* OR AB foster n2 home OR AB “foster famil*” OR AB “fostering orphan*” OR AB “looked after children” OR AB “out of home care” OR AB “out of home placement” OR AB “substitute care” OR AB “looked after youth*”
4. (extend* n2 (care or foster*))
5. (leav* n2 (care or foster*))
6. (transit* n2 (care or foster*))
7. (ag* out n2 (care or foster*))
8. DE ""“LIFE skills""”
9. 1 or 2 or 3
10. 4 or 5 or 6 or 7 or 8
11. 9 and 10
12. DE “CLINICAL trials” OR DE “RANDOMIZED controlled trials” OR DE “OUTCOME assessment (Social services)” OR DE “SOCIAL services -- Evaluation” OR DE “FOLLOW-up studies (Medicine)” OR DE “PLACEBOS (Medicine)” OR DE “BLIND experiment” OR placebo* OR random* OR “comparative stud*” OR clinical NEAR/3 trial* OR research NEAR/3 design OR evaluat* NEAR/3 stud* OR prospectiv* NEAR/3 stud* OR (singl* OR doubl* OR trebl* OR tripl*) NEAR/3 (blind* OR mask*)
13. TI cohort* OR AB cohort* OR TI case-control* OR AB case-control* OR TI cross-section* OR AB cross-section* OR TI comparative* OR AB comparative* OR TI “validation stud*” OR AB “validation stud*” OR TI “evaluation stud*” OR AB “evaluation stud*” OR TI random* OR TI longitudinal* OR AB longitudinal* OR TI follow-up OR AB follow-up OR TI prospective OR AB prospective OR TI retrospective OR AB retrospective OR TI experimental OR AB experimental OR AB random*
14. (quasi-experimental OR quasi-experiment OR quasiexperiment* OR “propensity score*” OR “”control group*” OR “control condition*” OR “treatment group*” OR “wait-list*” OR “waiting list*”" OR “intervention group*” OR “experimental group*” OR “matched control” OR “matched groups” OR “matched comparison” OR “experimental trial” OR “experimental design” OR “experimental method*” OR “experimental stud*” OR “experimental evaluation” OR “experimental test*” OR “experimental assessment” OR ""“comparison sample"" OR “propensity matched” OR “control sample” OR “control subject*” OR “intervention sample” OR “no treatment group” OR” nontreatment control” OR “pseudo experimental” OR “pseudo randomi?ed” OR “quasi-RCT” OR “quasi-randomi?ed” OR “compared with control*” OR “compared to control*” OR “compared to a control*” OR “non-randomized controlled stud*” OR “nonrandomly assigned”)
15. 13 or 14 or 15

16. 12 and 16

NHS Economic Evaluation Database

1. Child welfare/
2. (foster adj2 (youth or child* or care)).mp.
3. independent living.ti
4. self Care/
5. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
6. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
7. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
8. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
9. (empancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
10. 1 or 2
11. 3 or 4 or 5 or 6 or 7 or 8 or 9
12. 10 and 11

Health Technology Assessment

1. Foster Home Care/
2. Child Welfare/
3. (foster adj2 (youth or child or care)).mp
4. independent living.mp
5. (extend* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
6. (leav* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
7. (transit* adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
8. (ag* out adj2 (care or foster* or out of home care or OOHC or looked after)).mp.
9. (empancipat* adj2 (care or foster* or out of home care or OOHC or looked after)).mp
10. self care/
11. 1 or 2 or 3
12. 4 or 5 or 6 or 7 or 8 or 9 or 10
13. 11 and 12

What Works *for* Children's Social Care

EARLY INTERVENTION FOUNDATION

Coming together as What Works for Early Intervention & Children's Social Care

CONTACT

info@wweicsc.org.uk
@whatworksCSC
whatworks-csc.org.uk