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Transition to adult life of young people leaving foster care: A qualitative systematic review

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Abstract

The transition to adult life of looked-after young people depends on a combination and interaction of multiple contributing factors such as past experiences, challenges faced by the young people in their current life situation, the support they have received and their personal strengths. Several reviews and studies have reported of poor outcomes for care leavers and indicate that this is a worldwide phenomenon. A lower level of support in the transition process increases the risk for social exclusion, homelessness, unemployment, low education, financial difficulties and behavioral problems. The aim of this review was to gather, assess and synthesize the current empirical evidence of transition to adult life from the perspective of young people leaving foster care. A systematic review was conducted in six scientific databases to identify relevant qualitative studies published from 2010 to 2017, and 21 studies met the inclusion criteria. The quality of the included studies was evaluated using the checklist for qualitative studies of the Critical Appraisal Skills Programme (2017). Data were analyzed using a narrative method. Care leavers had two views of their transition to adult life. The views differed clearly based on the care leavers’ experiences of their capabilities, emotions and identity. The care leaving process was described as an unprepared and unfocused process which provided the care leavers no opportunities for participating in the decision-making concerning their future. The young people had acquired few survival skills for independent living in aftercare. Care leavers often lacked the support of family members, former care providers and institutional bodies. The challenges young people often faced during the transition to independent living were concerned with academic qualifications, housing problems, employment and financial instability, building relationships and assimilating to cultural norms, and access to health care. The results of the review can be utilized in the development of services and in designing future studies.

Keywords: care leavers, out-of-home care, aftercare experiences, support needs, systematic review, qualitative studies
1. Introduction

Young people leave foster care between the ages of 18 and 21 depending on their country of residence. The annual number of foster care leavers is remarkably high; for example, around 25,000 people in the US (Jones, 2014). The services available for looked-after children and young people (LACYP) vary from country to country depending on differences in cultural practices, child protection policies, definitions of maltreatment, legal issues and investments in child welfare services (Jones et al., 2011; Murray, & Goddard, 2014). Different welfare schemes also provide different conditions for the young people leaving foster care. For example, in the Nordic welfare states, young care leavers do not need to worry about health care insurance and tuition fees for further and higher education. Globally, common development trends have been apparent in foster care. In the 20st century, there has been a transition from placing children in institutions to placing them in foster families and developing family rehabilitation and family support services (del Valle, & Bravo, 2013; Murray, & Goddard, 2014). Several programs have been also been developed to support young people in their transition to independent living (Everson-Hock et al., 2011; Batsche et al., 2014; Barnow et al. 2015; Jones, 2014).

Several reviews and studies have reported of poor outcomes for care leavers and indicate that this is a worldwide phenomenon. At ages 17 and 18, foster youth are between two and four times more likely to suffer from mental health disorders than non-placed young people, and they are much more likely to use mental health services and substance treatment compared to the general population of the same age (Havlicek et al., 2013). At the end of foster care, one fifth of care leavers are not provided with health care services corresponding to their needs (Dixon, 2008). Half of looked-after young people suffer from severe behavioral and emotional problems and almost half are affected by delayed development (Dumaret et al., 2011). In adulthood, 22% have a history of drug abuse and between 37% and 50% have serious criminal activity in their records, in comparison with only a few per cent in a control group consisting of members of the general public (Berlin et al., 2011; Kingsley et al., 2008). Girls placed in care due to behavioral problems are 30 times more likely to have been hospitalized in adulthood for mental health problems in comparison with girls in the general population. Of boys placed due to behavioral problems, 5% had died before the age of 25, every second had been in prison and almost every third had been hospitalized for mental health problems (Vinnerljung, & Sallnäs, 2008).
Over half of LACYP had left care without having completed the first level of secondary education (Mendes, & Moslehuddin, 2006; Murray, & Goddard, 2014). One third of LACYP had received no training after basic education and were less likely than the control group to gain access to vocational training (Berlin et al., 2011). They were also six times more likely to get poorer grades and three times more likely to perform unsatisfactorily at school (Berlin et al., 2011; Everson-Hock et al., 2011; Jackson, & Cameron, 2012). Lack of education hinders care leavers’ possibilities of employment. Half of care leavers with no formal qualifications was unemployed several months after leaving care (Jones 2008; Lawler et al., 2014; Mendes, & Moslehuddin, 2006). Studies have also shown a high correlation between foster care and later homelessness. Almost half of the young people with a care history was in temporary housing or staying with family/friends during the first years following foster care (Dumaret et al., 2011; Mendes, & Moslehuddin, 2006). The risk of LACYP for social exclusion and premature death due to suicide is also several times higher than in their age group in general (Berlin et al., 2011; Mendes, & Moslehuddin, 2006). Female LACYP have statistically higher risk of teen pregnancy than the control group. They are also more likely deliver their child (Craine et al., 2014; Mendes, 2009; Mendes, & Moslehuddin, 2006; Murray, & Goddard, 2014), but less likely to remain as their child’s custodians (Everson-Hock et al., 2011, Murray, & Goddard, 2014).

The transition to adulthood depends on a combination and interaction of multiple contributing factors such as past experiences, challenges in the current life situation and the strengths of young people. Stein (2012) and Courtney et al. (2012) have identified different subgroups of former foster youth. According to Courtney et al. (2012) the largest group (36% of the sample), referred to as “accelerated adults”, were most likely to succeed in making the key transitions to independent living. They were living independently, beginning to raise their children and completing their secondary education. “Struggling parents”, the second largest group (25%), could be distinguished from the others by being the least likely to attend education at the moment, the most likely to be married or cohabiting, and the most likely to receive need-based government benefits. They reported the lowest levels of social support among the groups without a high level of institutionalization. “Emerging adults” made up 21% of the sample. They were showing delay in some transition markers (e.g., living on their own; finishing school; having children) while generally avoiding hardship. The smallest (17%) subgroup was called “Troubled and Troubling”. They were the least likely to be prepared to be on their own at exit from care, most likely to report mental health and/or substance abuse problems, most likely to have been homeless or couch surfing, and
reported the lowest levels of social support and highest rates of victimization compared to the other groups.

The research results of poor outcomes of former foster youth in several areas of life raise interest in exploring the young people’s personal experiences of the challenges they face in the independent living and what kind of support they have received from foster care in connection with transition to adult life. The above descriptions of the subgroups of former foster youth also make the LACYP’s personal point of view an interesting topic of research. This systematic review is focused on qualitative studies to form a deeper understanding of the transition process to adult life from the perspective of former foster youth. Qualitative studies reveal how young people make sense of, and give meaning to, the life situations in which they find themselves after leaving care. While quantitative studies on the subject also provide important information, they cannot describe young people’s interpretations of their life and offer new understanding from their perspectives. Quantitative studies are built on previous theoretical knowledge and on the concepts selected by researchers. We found only one previous systematic review that qualitatively examined the narratives told by young people. Parry and Weatherhead’s (2014) review summarized the experiences of transition from a psychosocial perspective. This review consisted of only nine studies from 1996 to 2012. Half of the studies were conducted 10 years ago. In contrast to the development trends in the services for foster care youth, it is important to provide up to date, comprehensive information to find out how young people have experienced their transition to adult life after foster care and the support they have received. There is thus a need for an up-to-date review to produce evidence-based recommendations that can be used to inform the development of services as well as staff training, policy-makers and future researchers.

2. Aim and research questions

The aim of this study was to gather, assess and synthesize the current empirical evidence of transition to adult life from the perspective of young people leaving foster care. The research questions were:

- How do young people experience their transition from foster care to adult life?
- What kinds of experiences do they have concerning the support they have received from aftercare for their transition process to independent living?
• What kinds of challenges have they faced in their daily lives during the transition to independent living?

3. Methods

3.1. Design

A systematic review was conducted based on the procedure devised by the Centre for Reviews and Dissemination (2009) and PRISMA statement (Moher et al., 2009) for the identification, assessment and synthesis of qualitative research.

3.2. Databases, search terms and inclusion criteria

A systematic literature search was carried out using the CINAHL, PubMed, PsycInfo, Scopus, SocIndex and Web of Science databases. The search covered the period from 1 January 2010 to 31 December 2017. The search terms were (“foster home care” OR “foster care” OR “out of home care” OR “out-of-home care” OR “residential care” OR “residential facility” OR “residential facilities” OR “institutional care” OR “substitute care”) AND (young* OR adolescen* OR teen* OR adult* OR youth*) AND (support* OR “social support” OR service* OR care* OR assist*) AND (aftercare OR “after care” OR transit* OR “leaving care” OR “care leavers”) AND (experience* OR “self-determination*” OR perception OR realization OR recognition). Empirical studies where the participants were young people or adults who had been in foster care and had left the care were included. Further, studies that described the care leavers’ support needs or the support and services they had received were included. Grey literature was not included in the search process because of the restricted resources for conducting the review.

3.3. Search outcome and exclusion criteria

The details of the study identification and selection process are shown in a PRISMA flow chart (Moher et al., 2009) (Figure 1). Initially, the search was conducted without any limitations. As two of the databases, Scopus and Psycinfo, offered large amounts of hits, we applied limitations such as title, keywords, abstract, original articles and English language in Scopus and peer reviewed articles in PyscInfo. The results yielded 1,622 hits after applying these limitations. The hits were transferred to RefWorks and duplicates were removed. Papers that they were not empirical studies, such as systematic reviews, reports of development.
projects or contemporary issues, such as descriptions of child welfare policies and service systems or advertisements of new publications were excluded. Studies whose participants were still in foster care, were elderly people receiving residential care or were the employees or family members of looked-after children or young persons were also excluded. Other reasons for excluding articles included describing leaving services other than foster care, for example services for alcohol or drug addictions or toxic symptoms, imprisoned persons or mental health patients, and disabled or mentally challenged young people. (Figure 1.)

After removing duplicate items, two authors screened the titles and the abstracts of 982 hits based on the inclusion and exclusion criteria, and subsequently selected 219 studies for further full-text reading. We found 140 eligible studies. The studies were separated based on the methodology used: 53 studies used the quantitative method, 28 were intervention studies and 45 were qualitative studies. It was decided that the data from these different methodologies would be analyzed separately and reported in three systematic reviews. In the present review, we have chosen to include the studies that have used qualitative methods and were published from 2010 to 2017. The time frame was chosen to avoid overlapping with a previous systematic review on the experiences of young adults (Parry & Weatherhead, 2014). Although Parry and Weatherhead’s (2014) review had one database in common with our systematic review and included studies published between 1996 and 2012, the final data did not include any of the same studies. After thorough reading of the eligible studies (n=45), 21 studies were included in this review. In this final selection phase, studies that were intervention studies or used mixed methods, had children as participants, focused on mentoring, family relationships, education, health priorities and treatment or placement success were excluded (Figure 1).

3.4. Quality appraisal

The quality of the included studies was evaluated independently by the two authors using the checklist for qualitative studies of the Critical Appraisal Skills Programme (2017) (CASP) (Table A.1). The CASP checklist consists of 10 criteria with the following options: yes, can’t tell, and no. Each criterion includes specifying questions, which guide the evaluators to pay attention to central issues. The two authors compared their evaluations and made their final decisions on the appraisal based on the comparison. No disagreement emerged at this point.

The quality of the studies was mainly good. The shortcomings addressed dealt with the relationship between the researcher and participants as well as ethical considerations. Eight
studies did not adequately consider the relationship between the researcher and participants, and two studies had not taken ethical issues into consideration. None of the studies were excluded based on the quality appraisal.

3.5. Data abstraction and synthesis

Data were extracted from each study and placed in a matrix including the aim, participants, study design, and methods and results of the study. The information in the matrix was analysed by a narrative method (Centre for Reviews and Dissemination, 2009). The information of the results included in the matrix was reduced to simplified expressions. The expressions were compared based on their similarities and differences. The expressions with similar content were grouped together, arranged into different themes based on their content, and named accordingly. The themes were considered according to the research questions and grouped into a narrative synthesis of the experiences of former foster care youth. Two authors conducted the analysis and came to a mutual understanding of the narrative synthesis. A synthesis is presented in the text and in Tables 1-3.

4. Results

4.1. Study characteristics

The total number of participants included in this review of 21 studies (Table A.2) was 623 (aged 16 to 35 years; 239 male, 338 female; 46 participants’ gender was not disclosed). The care leavers had been living independently from 3 months to 6 years or more. Out of the included studies, five had been conducted in the United Kingdom, four in the United States, two each in Canada and Ghana, and one each in India, Ireland (and Catalonia), Norway, the Republic of Korea, Romania, South Africa, Sweden and Zimbabwe. The data collection methods in the included studies were semi-structured interviews in nine, in-depth in five, open-ended in three, unstructured in one and structured interview in one study. Focus group interviews were conducted in four studies. In two of the studies the interview method was not specified. The data were analysed using thematic analysis in nine studies, grounded theory method in four, qualitative content analysis in two, framework approaches in two and phenomenological method in one, NVIVO in one and constant comparison and concept matrices in one study. In two of the included studies the analysis method was not specified. (see Table A.2.)
4.2. Transition to adult life

Two main themes and three sub-themes described young people’s experiences concerning their transition from foster care to adult life. In five of the studies, the transition was described as a *possibility for a new beginning of life* (Anghel, 2011; Höjer, & Sjöblom, 2014; Liabo et al., 2016; Nho et al., 2017; Van Breda, 2015) and in nine studies as a *negative change of life situation* (Anghel, 2011; Barn 2010; Driscoll, 2013; Dutta, 2017; Hiles et al., 2014; Ibrahim, & Howe, 2011; Kruszka et al., 2012; Liabo et al., 2016; Munson et al., 2012). The sub-themes that illuminated these main themes were young peoples’ experiences of their capabilities, emotions and identity (Table 1).

4.2.1. A possibility for a new beginning of life

Young people who experienced the transition to adult life as a new beginning of life felt that they had the capabilities required for building a new life (Anghel, 2011). The care leavers were determined to prepare themselves for fighting against a hostile world using their confidence (Nho et al., 2017). One of the main aims of these care leavers involved creating a better life for themselves. The young people were aware of their capacity for establishing a communicating network with their biological family, friends, employers, teachers, government officials and even with complete strangers. They also had subtle ways of mobilizing others to be involved in actions aiming at the achievement of personal goals (Van Breda, 2015). Studying was referred to as a survival skill for care leavers, as it helped them move towards a positive change (Nho et al., 2017). Care leavers were capable of finding accommodation by themselves through their formal networks and had advanced skills in using the internet and advertisements in newspapers (Anghel, 2011; Höjer, & Sjöblom, 2014). The transition stirred many positive emotions in the care leavers. In a study by Van Breda (2015), young people had a growing sense of hope and self-confidence in the future. They worked constantly to preserve and enhance these positive aspects in their lives and wanted to communicate these to others. For some, self-confidence was strongly grounded in hope – a wish that things will get better, that life will work out and that the direction of life is changeable. For others, self-confidence was based on a never-give-up attitude and resilience learned through challenges faced previously in life. These care leavers continued to make efforts regardless of the challenges they encountered. The care leavers also wanted to carve a new identity for themselves (Anghel, 2011).
4.2.2. A negative change in one’s life situation

The young people who experienced transition to adult life as a negative change of their life situation had no parental figures or support persons to provide any suggestions and advice. They could not afford to make mistakes (Hiles et al., 2014) and were insecure about their future (Angel, 2011; Dutta, 2017; Ibrahim, & Howe, 2011). Care leavers were discouraged by fears of losing their peers and supportive adults who had helped them in aftercare, and anticipated encountering social isolation and a possibility of homelessness. They were also afraid of interruptions in pursuing higher studies as well as a feeling of becoming an easy target to outsiders due to a lack of protection and support. Others could easily take advantage of them financially, occupationally and sexually (Angel, 2011; Ibrahim, & Howe, 2011). Leaving care was related to loneliness as it is difficult to gain and maintain a trustworthy sense of belonging particularly when one has past experience of broken relationships (Barn, 2010; Driscoll, 2013; Van Breda, 2015). Young people who left the aftercare described uncertainty and confusion regarding their identity as a care leaver. They were afraid of the fact that their status could attract negative judgement from outsiders who do not understand the system (Hiles et al., 2014; Munson et al., 2012). A lack of security about the future prevented them from getting rid of labels such as “risky” or “vulnerable”. Moreover, many of the former foster care residents were not provided with their essential identity documents such as a birth certificate, social security card and an address at the time of discharge. This increased their feelings of insecurity and frustration (Dutta, 2017; Kruszka et al., 2012).

4.3. Experiences of the support received from aftercare for the transition to independent living

Leaving from aftercare was described as an unprepared and unfocused process in five of the studies (Anghel, 2011; Dutta, 2017; Hiles et al., 2014; Höjer, & Sjöblom, 2014; Liabo et al., 2016). Three studies described that it included a lack of opportunity of care leavers to participate in decisions concerning their own future (Hiles et al., 2014; Frimpong-Manso, 2012; Paulsen, & Berg, 2016). The lack of support from immediate birth family described in five studies (Barn, 2010; Driscoll, 2013; Paulsen, & Berg, 2016; Rutman, & Hubberstey, 2016; Van Breda, 2015), and giving up a safe network described in three studies (Hiles et al., 2014; Höjer, & Sjöblom, 2014; Paulsen, & Berg, 2016) were also as prominent experiences emerging in the context of leaving care. Six studies described experiences of successful
support (Anghel, 2011; Driscoll, 2013; Gilligan, & Arnau-Sabatés, 2017; Höjer, & Sjöblom, 2014; Paulsen, & Berg, 2016; Rutman, & Hubberstey, 2016). (Table 2.)

4.3.1. An unprepared and unfocused process of leaving care with a lack of opportunity for participating in decision-making

Young people had to leave foster care at a short notice mostly due to administrative rules, such as being over 18 years old or finishing upper secondary school (Höjer, & Sjöblom, 2014). In many cases, the care-leaving process was completed very unwisely with no or little preliminary planning. Most care leavers felt that they did not receive enough meaningful preparation to help them sustain their independent living (Dutta, 2017), as their preparation was mostly focused on sexual health with very little advice regarding household, personal care and interpersonal skills (Anghel, 2011).

Care leavers wanted to make choices regarding their own lives and acknowledged that they needed guidance and feedback in this process in order to both self-evaluate and to make well-considered choices. They wanted to be taken seriously and receive information that would give them an opportunity to make well-informed decisions. According to the care leavers, having no opportunity to participate in decisions concerning their own future was a barrier to preparing for independent living (Paulsen, & Berg, 2016). Staff reduced their interaction with the care leavers or even put them down and refused them access to information (Anghel, 2011). Young people reported that, in the transition process, they were offered the wrong type of support (“pointless”) at best, or had support “forced” upon them at worst (Hiles et al., 2014). Support was given, rather than negotiated, and in the process, the young people’s wishes or knowledge regarding their personal needs were not heard (Berejena Mhongéra, & Lombard, 2017; Frimpong-Manso, 2012; Hiles et al., 2014). This resulted in the care leavers’ difficulties in understanding their own transition process and fostered a lack of awareness of their own abilities and gaps of knowledge (Anghel, 2011; Hiles et al., 2014). Some mentioned that support was provided only to those care leavers who had strong relationships with the care providers and that the support was not given in a timely manner (Frimpong-Manso, 2017).

4.3.2. Lack of support from immediate birth family and giving up a safe network

Birth family was mentioned as a source of stress rather than support (Driscoll, 2011; Rutman, & Hubberstey, 2016). For example, in a study by Dirscoll (2013), none of the young people regarded their immediate birth family as supportive in the context of making decisions about
the future. The participants’ explanations included a lack of perceived interest or understanding, an inability to engage in issues due to mental health problems, and recognizing the family as a potentially harmful influence. In addition, many youths felt that re-joining their family and getting support from them was difficult and sometimes impossible, while some described that the support roles could be reversed, i.e. the young person would end up having to support their family. Young care leavers did not want to give up their safe contacts with child welfare services and foster care employees. They highlighted the significance of these relationships in getting emotional support (Paulsen, & Berg, 2016). They reported that they had received exceptional support and encouragement from caring and trustworthy adults who did not act merely based on their professional duties and administrational rules related to the transition. The support provided by these adults went above and beyond their remit and could solve the tension between offering support and allowing independence (Driscoll, 2013; Hiles et al., 2014). Care leavers found it difficult to understand why the workers who had been deeply involved in their life while in care were no longer interested in their lives after it. The care leavers needed someone to talk to about their former and present life and would have liked to have contact with social workers and their former care providers for this purpose (Hjöer, & Sjöblom, 2014). When young people were encouraged to be willing to accept support, they were motivated to try their best in living independently, to prove themselves, or ‘give something back’ to their supporters (Driscoll, 2013).

4.3.3. Successful formal and informal support

Care leavers have also reported successful formal support received in the transition process through children’s villages, local authorities, non-governmental organizations, private organizations and people appointed by social service organizations (Berejena Mhongera, & Lombard, 2017; Dutta, 2017; Frimpong-Manso, 2017; Höjer, & Sjöblom, 2014; Nho et al., 2017). Formal support was mainly financial and material support such as tuition fees, scholarships, living allowances, health care services and housing support (Dutta, 2017; Frimpong-Manso, 2017; Nho et al., 2017). Significant informal support had been given by churches, facility directors, public school teachers, adult support persons, in-care and alumni peers, parents or relatives, partners and friends in the new community (Anghel, 2011; Berejena Mhongera, & Lombard, 2017; Dutta, 2017, Frimpong-Manso, 2017; Nho et al., 2017; Paulsen, & Berg, 2016; Rutman, & Hubberstey, 2016). These agents provided care leavers with opportunities to participate in society and helped them by providing advice as
well as assistance in learning problem-solving skills, adult roles, responsibilities and
independent living skills (Anghel, 2011; Paulsen, & Berg, 2016; Rutman, & Hubberstey, 2016). The most frequently reported type of support received from family was emotional and financial support followed by practical and housing support (Driscoll, 2011; Rutman, & Hubberstey, 2016). Similarly, care providers also played an important role in providing positive work support by bringing opportunities, acting as role models and cultivating the care leavers’ work skills (Gilligan, & Arnau-Sabatés 2017).

**4.4. Challenges in daily life during the transition to independent living**

In spite of various sources of support available, foster care leavers faced common challenges in their daily lives (Table 3) during their transition to independent living. Challenges in educational qualifications were described in five studies (Anghel, 2011; Driscoll, 2013; Höjer, & Sjöblom, 2014; Ibrahim, & Howe, 2011; Rios, & Rocco, 2014), in accommodation in five studies (Anghel, 2011; Hiles et al., 2014; Höjer, & Sjöblom, 2014; Ibrahim, & Howe, 2011; Liabo et al., 2016), in employment and financial situation in five studies (Frimpong-Manso, 2012; Hiles et al., 2014; Höjer, & Sjöblom, 2014; Ibrahim, & Howe, 2011; Paulsen, & Berg, 2016), in daily living skills in three studies (Frimpong-Manso, 2012; Hiles et al., 2014; Paulsen & Berg 2016), in building relationships and assimilating to cultural norms in six studies (Anghel, 2011; Barn 2010; Driscoll, 2013; Frimpong-Manso, 2012; Frimpong-Manso, 2017; Ibrahim, & Howe, 2011) and in having access to and trust in health services in five studies (Liabo et al., 2016; Munson et al., 2011; Munson et al., 2012; Sakai et al., 2014).

**4.4.1. Educational qualifications**

Many of the care leavers had independently made plans for their further education without any support (Höjer, & Sjöblom, 2014). According to the young people, professionals were seemingly concerned with their role in monitoring rather than giving considered advice appropriate to the care leavers’ individual circumstances. As a consequence, the young people became significantly disengaged from the planning process related to their education because they had no expectations for anything changing as a result of it (Driscoll, 2013). In a study by Rios and Rocco (2014), non-empathetic teachers and administrators, uninformative case workers and unplanned low-quality foster care placements, negative peer pressure, and internal anger and bad behavior were listed as academic barriers. By contrast, academic support was provided by caring teachers, supportive counsellors, a warm regard and
encouragement by foster care providers, non-resident blood relatives, and strong emotional stability and control.

4.4.2. Accommodation, employment and financial situation

According to care leavers, adult supporters, foster care alumni peers, parents and relatives were the main source of support for accommodation along with foster care providers who shared their personal contacts in helping the care leaver find an apartment, were engaged in the search process or guaranteed loans (Anghel, 2011; Dutta, 2017; Frimpong-Manso, 2017, Höjer, & Sjöblom, 2014; Nho et al., 2017). Care leavers had suffered periodic homelessness and had encountered difficulties in securing accommodation due to frequently changing addresses, living alone, poor economic conditions as well as exploitation by landlords aware of the young person’s status charging extra money for low quality housing (Ibrahim & Howe, 2011). Further, some expressed feeling insecure in semi-independent accommodation, being manipulated by friends when getting their own accommodation and facing uncertainty in finding an apartment (Liabo et al., 2016). Young people who wished to live independently were requested to demonstrate their skills in managing their tenancy and those who could attain supported housing were obliged to take drug tests (Hiles et al., 2014).

Foster care leavers who had received employment opportunities reported this as a basis for developing their self-confidence and maturity, but the majority of the care leavers mentioned working in low-paid unskilled jobs where they had to tolerate exploitation. For example, only about a quarter of participants in Ibrahim and Howe’s (2011) study reported having secure working conditions; the majority of them were female care leavers who were receiving encouragement, support and trust from their employers. Most of the care leavers had no one to help them in their search for employment or balancing their financial status. They had hardly any experiences of being a customer. They had to learn very practical skills such as planning a budget, saving money and paying bills (Höjer & Sjöblom, 2014).

4.4.3. Daily living skills, building relationships and assimilating to cultural norms

Most of the participants reported a necessity of practical, social and economic guidance in their daily life so that they could focus more on other aspects such as their studies as the practical issues take a lot of energy and concentration (Paulsen, & Berg, 2016). In a study by Frimpong-Manso (2012), the young adults appreciated the advice and guidance they received from their hostess at a SOS village in developing their living skills, such as cooking, washing laundry, shopping and doing other household chores, including time and financial
management. Activities such as sharing rooms, eating and living together helped these young people learn interpersonal skills and take care of their responsibilities (Frimpong-Manso, 2012). The support was also important from the perspective of building relationships and adapting to cultural norms, as the young people had not gathered experience in living in rental accommodation shared with other people (Barn, 2010; Frimpong-Manso, 2012; Hiles et al., 2014).

Accommodation in which care leavers self-catered with minimal but sensitive supervision helped the care leavers learn how to live among neighbors and value private property. They could feel that they were able to blend in as ordinary citizens (Anghel, 2011). Indeed, care leavers had problems in integration into their local communities. They expressed their uncertainty and lack of skills and knowledge in connection with how to achieve this. Others were adamant about keeping local people at a distance. They knew very few individuals in their neighborhood. For some, the strategy of self-isolation seemed to be a defense mechanism whose purpose was to avoid getting into the ‘wrong’ crowd (Barn, 2010). The care leavers also wanted to hide their background. They did not want to be seen as socially isolated, victimized and helpless. To survive in a culture in which the family is particularly important in terms of achieving identity, support and social acceptance, care leavers had to learn to tell legitimate lies (Ibrahim, & Howe, 2011).

4.4.4. Access to and trust in health services

Among most of the care leavers, major reasons for not pursuing mental health services included doubts concerning the effectiveness of the service, fear of the side-effects of medication, problems with transportation as well as the perception of not requiring mental support or finding better ways to help oneself, such as marijuana use (Munson et al., 2011, Munson et al., 2012). Other reasons included a limited awareness regarding mental illnesses and their treatment or services available and not enough skills to navigate the mental health system after the completion of the care leaving process (Sakai et al., 2014). Without a health care insurance, access to health care was limited. Care leavers tried to “stay away” from health care providers and dentists because of their inability to pay for health care bills, even though they had physical and mental health conditions (Kruszka et al., 2012). The transition to adult services was challenging due to different eligibility criteria for these services and a less flexible approach towards engagement. Young people who failed to meet these criteria were at a risk of falling through the gap between these services (Hiles et al., 2014). According to care leavers, service use was mostly facilitated by physicians, caseworkers,
independent living workers and family members. Some stated that they needed adults who would “force” or “make” them use the services (Munson et al., 2011).

5. Discussion

5.1. Consideration of results
The first research question dealt with young care leavers’ experiences of their transition to adult life. The care leavers could be arranged into two groups. Their experiences differed remarkably based on capabilities, emotions and identity. The care leavers experienced the transition to adult life as a possibility for a new beginning of life or as a negative change of life situation. In Parry and Weatherhead’s (2014) review, care leavers’ capabilities, emotions and identity were also described in the context of the transition to adult life albeit indifferent terms than in the present review. It can therefore be noted that the reviews complement each other and provide new perspectives on, and a deeper understanding of, the care leavers’ transition to adult life than single studies or reviews. Parry and Weatherhead (2014) reported young people’s resilience as their main capability. In their review, the young people could also be arranged into two groups. One group consisted of care leavers whose resilience increased. They learned to use the system for their advantage, were goal-oriented in their studies and work life, and wanted to help others. They found a balance between dependence and independence, could create safety nets and had an optimistic view of their future. The second group comprised care leavers who got lost in the system. They had lower resilience, fewer learnt skills, poor social support and little control over their life situation. They regarded their future as an adult as an unpredictable life course. The emotions of care leavers that were described in Parry and Weatherhead’s (2014) review were anxiety, grief and humor. Young people had anxieties related to an uncertainty of their future, grief of missed opportunities and self-blaming due to their childhood experiences. They could use humor as a survival skill even in the most distressing of situations. Parry and Weatherhead (2014) described identity issues with different profiles, searching for one’s own roots, longing for normality and an experience of having been forced to grow up too soon. Common identities that Parry and Weatherhead (2014) found included being disconnected, a victim, or a survivor, and being different, superior or a fighter.

Quantitative studies reported that care leavers had generally positive expectations for their future. In Sulimani-Aidan’s (2015) survey, the majority of young
people (80 to 90%) assumed one year before leaving care that they would have a good job, a car, and an apartment, and 70% believed that they would integrate into the community successfully and attain a higher education degree. The most positive expectations were related to good relationships with significant others. Young people had negative future expectations concerning their employment, mental health, upbringing of their children and getting along with law enforcement. The regression analysis revealed that more positive future expectations were positively correlated with satisfaction with accommodation, economic status and educational outcomes when young adults had lived independently for one year. In the study by Sulimani-Aidan (2015), it was concluded that positive future expectations are a source of resilience and motivation, and these should be taken into account in the care and the development of interventions for supporting transitions to independent living.

The second research question concerned the young people’s experiences of the support received from aftercare for the transition process to independent living. Five main themes could be revealed. Compared to Parry’s and Weatherhead’s (2014) review, the new insights that this review produced concerned care leavers’ experiences of their possibilities to participate in the decisions concerning their own future. The present review also produced new knowledge and more comprehensive understanding of the successful support by, and difficult relationships with, the immediate birth family compared to Parry and Weatherhead’s (2014) review. On the other hand, the results of this review of the successful collaboration with foster care employees strengthens Parry and Weatherhead’s (2014) results. The results of our review concerning leaving care repeat the findings of Parry and Weatherhead (2014). The transition process from aftercare is often an unprepared process without sufficient support provided to young people. Without sufficient support from aftercare or biological families, care leavers had to adopt independence sooner than young people in general (see also Singer, & Berzin, 2015).

Casey et al., (2010) highlighted the need for the provision of purposefully planned transition services, which include individualized transition plans and family involvement. Young people who had been prepared for their transition to independent living by specific programs emphasized the importance of helping young people become independent before leaving care. Preparation is particularly needed on managing money, housing, transportation and self-care issues, improving work and study habits and problem-solving skills in social situations. (Batsche et al., 2014; Berejena Mhongera, 2017; Jones, 2014). Care leavers wished that they could have some kind of a follow-up period which
would allow them to reflect on their own transition experiences with their former carers (Jones, 2014). Naert et al., (2017) noted that while young people are paid close attention to during the transition process, there was a lack of continuity in their access to care. They also had poor experiences of involvement in the decision-making related to their own transition process.

The third question of our review considered the challenges young care leavers have encountered in their independent daily life. Care leavers were left mostly alone in managing challenges related to educational qualifications, accommodation, employment, financial situation, daily living skills, building relationships and assimilating to cultural norms and using health services. Compared to Parry and Weatherhead’s (2014), review this review produced new knowledge of the challenges care leavers encounter in their independent living. Only similarity that was found between these two reviews dealt with social isolation. Young people found it easier to pretend to be somebody else or chose to isolate themselves in order to survive. Experiences of stigma and social exclusion were also prominent in Stepanova’s and Hackett’s (2014) study.

In the survey by Casey et al. (2010), young people leaving a specific family home residential program evaluated their abilities to engage in self-determined behaviors, such as daily living, housing, job seeking and money management skills as average or above average. The young people perceived themselves as having social support available from family and friends at the time of discharge “most of the time” (Casey et al., 2010). Teachers (Casey et al., 2010) and parents (Trout et al., 2014) were significantly less confident in the young care leavers’ readiness for independent living than the young people themselves. Care leavers’ readiness and capabilities for making a successful transition to independent living varied and several different profiles were identified (Courtney et al., 2012; Fowler et al., 2011). These profiles helped notifying care leavers of their strengths and special needs for support, and they are useful in the development of personalized support during the transition process and independent living. Strength-based interventions which utilize the resources of individuals and communities might be beneficial (Brownlee et al., 2013).

Independent living is promoted by obtaining financial help for training or education or by a lack of severe emotional and behavioral problems (Dumaret et al., 2011). The other promoting factors are strong friendships, significant relationships with adults, positive experiences of one’s life management skills and housing as well as social skills and a generally positive attitude towards life (Dixon, 2008, Dumaret et al., 2011, Lawler et al., 2014). In particular, supportive programs for education and case management (Murray, &
Goddard, 2014), programs for independent living (Jones et al. 2011, Lawler et al. 2014) and transition support services (TSS) (Everson-Hock et al. 2011) increase participation in higher education and have a positive effect on employment. Results are better if the duration of the services is extended (Barnow et al. 2015). Jones et al. (2011) found in their review that only few studies reported physical and mental health outcomes of transition support services (TSS). The studies indicated little or no effect of TSS on life satisfaction, future plans or depression. Only 13% of the young people with mental health issues transitioning to independent living had contacted a mental health worker. At the end of foster care, one fifth did not receive health care services corresponding to their needs, and health promotion with health care professionals was less common than cooperation with the professionals responsible for providing training or accommodation (Dixon, 2008). Those care leavers who had received TSS (Everson-Hock et al., 2011) or comprehensive residential education (Lawler et al., 2014) were more likely to have their own place to live.

5.2. Recommendations for practice, policy, and future research

In the present review as well as the one by Parry and Weatherhead(2014), the care leavers’ views of the transition to adult life differed clearly based on their experiences of capabilities, emotions and identity. Two groups of young people were found. From the perspective of the services, it is important to develop methods to identify these experiences and to develop interventions to enhance care leavers’ capabilities and strengths, help them manage their negative emotions and support the positive development of their identity. Care leavers need holistic and carefully planned support for their independent living that covers all of the important life domains described in this review and pays sufficient attention to the issues concerning the care leaver’s birth family. The support should be based on multidisciplinary collaboration. Care leavers had poor experiences of involvement in the planning process and decision-making related to their own transition process, which should be taken into account in the development of services. The sudden loss of trustworthy employees to support the young person in the leaving process should also be taken into consideration. Ethical questions emerge in this context because of the history of vulnerability in the young people’s earlier relationships. It is important to find ways to carry out a smooth transition from these trustful relationships with employees and provide possibilities for keeping in touch post aftercare. At the policy level, is it worth investigating aftercare, as this is the final stage when the service system can systematically prevent insurmountable problems and their costs to the former foster care youth.
The results of the two groups concerning their experiences to the transition of adult life emphasizes the need for future studies. It is worth asking why some care leavers have more strengths, are optimistic and resilient than others. Future research should also focus on interventions that improve the transition to independent living and the involvement of care leavers. There is stronger research tradition concerning the disadvantages that LACYP face in their childhood than on the problems LACYP face during their adult lives. In particular, very few studies have concerned long-term outcomes five years after leaving care and the care leavers’ personal well-being, self-sufficiency, sense of identity, and social and behavioral adjustment (Murray, & Goddard, 2014). Comparative studies of care leavers’ experiences between different countries would shed more light on the differences that service systems and cultural issues may produce. The results of the present and Parry and Weatherhead’s (2014) review can be utilized in creating instruments that cover the meaningful experiences of transition to adult life from the perspective of former foster care youth.

5.3. **Strengths and limitations**

To ensure that the search process was both systematic and extensive, it was carried out with an information specialist from a library and involved utilizing database directories. Search terms were chosen to produce a wide range of terms focused on the transition of foster care, taking into account the word indexes and special features of the databases. These were reported accurately to ensure repeatability. Two researchers worked independently to select the papers, but the selection process and ambiguous cases were discussed together, which enhanced the reliability of the data. The papers were initially chosen based on their titles and abstracts, and, as a result, it is possible that some studies may have been left out if the abstracts were not extensive enough.

Relevant information about the original studies was meticulously documented in a matrix and careful use of this information in the analysis increased the reliability of the review. The themes contained many observations extracted from the data. Repeatability was achieved in the analysis and it may be assumed that the main themes successfully described the research phenomena (Centre for Reviews and Dissemination 2009). The analyzed papers have been listed and readers may verify the reported classifications based on these. The methodological strength of the studies in the review was evaluated with 10 CASP questions and it was deemed good. Thus, the quality of studies did not affect the results and conclusions made based on them. This enhances the validity of the review. Grey literature was not
searched and this may have increased the likelihood of bias in the acquisition of material for the review.

5.4. Conclusions

Care leavers had two separate views of their transition to adult life. The views diverged considerably from each other based on different experiences regarding capabilities, emotions and identity. The care leavers had various fears concerning their independent living and shared a feeling of loneliness in the transition phase. Despite having strengths and resilience for leading a better life, the survival skills the young people had acquired in aftercare were minimal. Care leavers highlighted that they often felt a lack support from family members, former care providers and institutional bodies. Their wishes and needs were not taken into consideration for the successful completion of the transition process, which often created challenges in the care leavers’ daily life. Challenges often faced by the care leavers during the transition process are concerned with their academic qualifications, housing problems, employment and financial instability, building relationships and assimilating to cultural norms, and access to health care. Preparing care leavers with appropriate skills and providing information of available formal and informal support could improve the transition process. Better supervision and education provided to this vulnerable group might ensure their well-being, job security and financial stability. Strengthening the support services available to care leavers could play a significant role in helping them lead a successful future.

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Conflicts of interest

No conflicts of interest has been declared by the authors.
References


*Included studies are denoted by asterisk mark.*


*Kruszka, B. J., Lindell, D., Killion, C., & Criss, S. (2012). "It's like pay or don't have it and now I'm doing without": the voice of transitional uninsured former foster youth. *Policy, politics & nursing practice, 13*, 27-37.


Records identified through database searching
\((n = 1622)\)

Records after duplicates removed
\((n = 982)\)

Records after screening title/abstract
\((n = 219)\)

Records excluded based on title/abstract
\((n = 763)\)

Excluded:
- No empirical study: 17
- In-care experiences: 11
- Disability: 10
- Reviews: 10
- Administrative data: 4
- Family relationships: 4
- Professional perspectives: 3
- Other studies (health outcomes/juvenile offenders/placement/sexual health/trauma/crisis/elderly): 20

Full-text articles assessed for eligibility
\((n = 140)\)

45 qualitative studies published from 2010-2017

Excluded:
- Quantitative studies: 53
- Interventions studies: 28
- Qualitative studies published before 2010: 14

Excluded:
- Intervention (2), Mixed methods (6), Mentor or family relationships (3), health priorities (2), delayed education (1), treatment (1), children (2), placement success (1), cultural (1), sense of self continuity (2), identity construction/academic (3)

21 included in the review
Support needs for transition to adult life (presented in this article)

**Figure 1.** Prisma flow chart for selection of articles.
Table 1. Themes describing the experiences of transition to adult life.

<table>
<thead>
<tr>
<th>Subthemes describing young people’s experiences of transition to adult life</th>
<th>Transition to adult life as a possibility for a new beginning of life</th>
<th>Transition to adult life as a negative change of life situation</th>
</tr>
</thead>
</table>
| **Capabilities** | • to build a new and better life  
• self-confidence  
• awareness of personal resources  
• to strengthen relationships  
• to attend school  
• to find accommodation  
• positive attitude towards future | • no support persons for suggestions and advice  
• insecurity of future  
• social isolation  
• homelessness |
| **Emotions** | • a growing sense of hope | • fears of losing peers and supportive adults, interruptions in higher education and being an easy target to abusers  
• loneliness |
| **Identity** | • an aim one of carving a new identity | • uncertainty  
• confusion  
• negative judgements of outsiders  
• labels as “risky and vulnerable”  
• lack of identity documents |
**Table 2.** Themes describing the experiences of support from aftercare for the transition to independent living.

<table>
<thead>
<tr>
<th>Experiences of the support from aftercare for the transition to independent living</th>
<th>Specifying subthemes</th>
</tr>
</thead>
</table>
| An unprepared and unfocused process of leaving care | • leaving the foster care at a short notice  
• little to no preliminary planning  
• not enough meaningful preparation |
| A lack of opportunity to participate in decisions concerning one’s own future | • reduction of reciprocal interaction with staff  
• support was given rather negotiated  
• young people were not heard  
• difficulties in understanding one’s own transition process  
• unequal treatment in offering support |
| A lack of support from immediate birth family | • a source of stress rather than support  
• lack of interest or understanding in the birth family  
• inability to provide support due to mental health problems in the birth family  
• the harming influence of the birth family  
• reversed support roles |
| Giving up a safe network | • emotional support and encouragement received from child welfare services and foster care employees  
• caring, trustworthy and deeply engaged foster care employees  
• need for someone to talk about former and present life |
| A period of successful support | • formal support for financial and material support  
• informal support to participate in society, to learn problem-solving skills, adult roles, responsibilities and independent living skills  
• financial, emotional, housing and practical support from family |
Table 3. Themes describing the experiences of challenges in daily life during the transition to independent living.

<table>
<thead>
<tr>
<th>Challenges in daily life during the transition to independent living</th>
<th>Specifying subthemes</th>
</tr>
</thead>
</table>
| Educational qualifications                                   | • no support to plans for further education  
 • professionals acted as supervisors rather than individual advisers  
 • disengagement in the planning of education  
 • academic barriers due to foster care placements |
| Accommodation                                                 | • periodic homelessness  
 • difficulties in securing accommodation due to frequently changing addresses and poor economic conditions  
 • expensive, low quality housing  
 • manipulation by friends who were also insecure with their accommodation  
 • request to demonstrate skills in managing tenancy and obligation to take drug tests |
| Employment and financial situation                            | • unemployment or low-paid unskilled jobs  
 • no one to help in searching for employment or balancing financial status  
 • hardly any experiences of being a customer  
 • poor practical skills in planning a budget, saving money and paying bills  
 • dealing with exploitation |
| Daily living skills                                           | • more practical advice to cooking, washing laundry, shopping and managing timetables and personal budgets  
 • more advice on taking care of responsibilities |
| Building relationships and assimilating to cultural norms     | • more advice on how to live with other people and among neighbors and value private property  
 • more support for building relationships and adapting to cultural norms  
 • problems in the integration into local communities  
 • self-isolation as a defense mechanism  
 • obligated to learn to tell legitimate lies of one’s background |
| Having access to and trust in health services                 | • doubts concerning the effectiveness of the services  
 • fear of the side-effects of medication  
 • transportation problems  
 • limited awareness of illnesses, treatment and services  
 • no health care insurance, problems paying invoices  
 • lack of support for commitment to treatment |
Highlights

- The article synthesizes the results of 21 qualitative studies on care leavers.
- Capabilities, emotions and identity marked the views on transition to adult life.
- The care leaving process was unprepared and unfocused.
- Young people had no opportunity for involvement in decisions on their future.
- Aftercare provided minimal survival skills for independent living.