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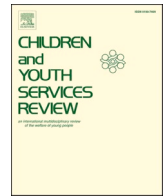
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Barriers and enablers to care-leavers engagement with multi-agency support: A scoping review

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ABSTRACT

Background: Many care-leavers experience poor individual and social outcomes. Care-leavers involvement with decision making and consistent supportive relationships with professionals can facilitate a more successful transition to independent living, including better well-being and social outcomes.

Purpose: Not all care-leavers engage with or participate in after-care services. There has been little systematic or structured modelling of what effective enablement through multi-agency support looks like, and the enablers and barriers to care-leaver engagement have not been identified.

Design/methodology: A scoping review of the international literature was conducted. Eighteen papers were identified, and a thematic synthesis used to derive themes associated with barriers and enablers to care-leavers engagement with services, and subsequent outcomes. The findings were used to populate a logic model illustrating the relationship between the mechanisms contributing to better outcomes for care-leavers: including inputs, activities, and outputs.

Findings: Barriers to engagement included: identity, independence, trust in services and inadequate support. Enablers included persistent and consistent support, time and turning points, and having an authentic trusted professional within the service. The key findings focused on the need for flexible and accessible services, a gradual introduction to the after-care concept and a proactive approach by professionals, especially immediately after leaving care.

Originality: This research co-produced with care-leavers contributes to a better understanding of the nature of enablers and barriers to engagement with multi-agency support services. The initial logic model derived from the literature will inform the development and measurement of a practice model and toolkit for professionals.

1. Introduction

Care-leavers who have spent their formative years in care are eligible to access state support on leaving care. Compared to their peers, without a familial safety net to help them navigate the challenges and responsibilities associated with transitions to adult living, their experiences have been described as both compressed and accelerated (Stein, 2008: 39). In many countries, it is the role of the state to facilitate and support care-leavers' transitions, from care to independent living. The state therefore can be regarded as a 'corporate parent', with the responsibility to safeguard and 'promote the life chances' of care-leavers (Welsh Government, 2023)). Internationally, the extent to which after-care services are provided is dependent upon the policy and legislation of each country, with most countries providing little support

past the age of 18, and some continuing provision until the young person is in their mid-20 s (Strahl, et al., 2020; Stubbs et al., 2023).

Multi-agency support can include statutory children services such as social workers (up to the age of 18 in the UK) and adult services, for example, Personal Advisors (PA), in the UK, the professional designated to provide/ co-ordinate support to the care-leaver, mental health services, housing support, and welfare services – such as public and third sector employment support (Children (Leaving Care) Act, 2020). These services can assist with securing practical resources, for example, financial preparation and housing helping to mitigate some of the practical challenges in transitioning from care and provide personal support, for example with mental health (Stein, 2012). Consistent supportive relationships with leaving care professionals within these after-care services can help facilitate successful navigation of the challenges

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associated with independent living (Marion et al., 2017; Stubbs et al., 2023; Gov.UK, 2022).

International literature indicates that care-leavers often experience poor outcomes across education, mental health and socially, including concerns around links to criminal activities (Braden et al., 2017; Farmer, 2017; Furey & Harris-Evans, 2021; Mann-Feder & Goyette, 2019; Mendes & Snow, 2016). Whilst not all care-leavers experience poor outcomes, those who have trouble adjusting to leaving care are more likely to have gaps in multi-agency support whilst transitioning from care (Mann-Feder & Goyette, 2019). Care-leavers can experience challenges engaging and establishing relationships with their after-care professionals often wanting services to be proactive and reach out to them (Randell, 2020) and may disengage from services (Stein, 2019).

1.1. Research gap

Whilst it is acknowledged that successful engagement with after-care services can support the care-leaver through to adulthood and independent living, evidence is limited about what effective engagement looks like in practice. Little is known about the factors which facilitate a care-leaver's engagement with services or inhibit or enable effective practice. Care-leavers less responsive to after-care support services are not well understood in research (Malvaso et al., 2016). Subsequently, challenges remain in identifying 'what works' or 'what matters' for care-leavers to engage with multi-agency support and their expectations of engagement, which this scoping review seeks to address.

1.2. Current study

This scoping review forms the first phase of a study that aims to explore care-leaver's engagement with multi-agency support within Wales, a country with the highest rate of care experienced children per population per head across the UK (Taylor-Collins & Bristow, 2021). Barriers and enablers identified in the literature, in addition to the key mechanisms that support care-leaver's engagement with services will inform an initial logic model. The model components will be refined through qualitative interviews with care-leavers and relevant multi-agency practitioners to produce a theory of change. This will underpin the development of a new practice model and toolkit for multi-agency practitioners.

1.3. Aims and objectives

The primary objective of this scoping review was to identify barriers and enablers for care-leavers engagement with multi-agency support, from any stakeholder perspective including care-leavers and multi-agency professionals. A scoping review was perceived to be the most appropriate method as it can address a relatively broad subject with less specific research questions, to map the evidence across a range of study designs (Colquhoun et al., 2014).

The secondary objective was to inform an evidence-based logic model of factors underpinning care-leavers engagement with support services: a visual representation mapping the mechanisms (inputs, activities, outputs, context, and assumptions). Aligned with a realist methodology (Pawson & Tilley, 1997) in providing the details of mechanisms leading to anticipated outcomes, a logic model can be used to organise data, instigate initial conversations on model adjustments (Mills et al., 2019). Additionally, a logic model can inform policy and practice and underpin the development of new models of support (Gov. uk, 2018a,b).

2. Method

The framework for completing scoping reviews developed by Arksey and O'Malley (2005) and refined by Levac et al. (2010) was used for this review. This involved identifying and refining the research questions,

searching databases for relevant literature, selecting studies, charting the data, and reporting the results. The reporting guideline: Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review extension (PRISMA-ScR) (Peters et al., 2020; Tricco et al., 2018) was followed.

2.1. Identifying the research questions

The research questions were:

- What are the reported barriers to care-leavers engagement with multi-agency support?
- What are the reported enablers to care-leavers engagement with multi-agency support?
- What are the outcomes reported for care-leavers following engagement with multi-agency support?

2.2. Searching for relevant literature

To ensure relevance to current practice, the search included articles published between 2000 and 2022. We recognise that most comparative studies focus predominantly on the global north regions (Strahl et al., 2020) with few exceptions (e.g., Bond, 2018). Following discussions around education, policy and welfare systems, and comparable policy and practice models for care leavers, the decision was made to restrict our focus to the Global North.

2.3. Identifying search terms

The process of identifying search terms was linked to the key concepts specifically a) care-leavers aged 16–25 years b) multi-agency support for care-leavers c) barriers and enablers to engaging with multi-agency support. Terms related to 'care-leaver' included 'looked after', 'child in care' and 'care experienced'. We refer to the term 'care-leaver' throughout this article. To accommodate the lack of consensus regarding what engagement means we also included the terms 'participation' and 'involvement'. The search strategy also included synonyms for the additional terms including: 'Service', 'Intervention', 'Support', 'Facilitator', 'Enabler' and 'Barrier'.

Key words were used to search within the title and abstract within the following electronic bibliographic databases: Web of Science, Scopus, Pub Med, Pro Quest (sociology collection, APA, psych info, PTSD pubs, Criminology collection), International bibliography of social sciences, and CINAHL. Google Scholar was used to identify literature that might be missing from databases (for inclusion/ exclusion criteria and search strategy see [supplementary file 1](#)).

2.4. Identifying relevant studies

We considered studies eligible if they reported on barriers or enablers to care-leavers working with a support service provided by paid professions or organisations, including but not limited to Personal Advisors (PAs) and social workers. Barriers were defined as any factor that negatively affected and reduced a care-leaver's engagement with a service. Enablers were identified as positively affecting their engagement with a service or professional. Enablers and barriers could be reported by care-leavers and / or by support service professionals. Studies that did not report on any barriers or enablers in the abstract and full text were excluded.

The search yielded 4,087 results. These were downloaded into the referencing management software Mendeley, where 2,665 duplicate entries were removed. One author (L.P) excluded papers (n = 1,141) based on an initial title screening of the papers. The authors (L.P & C.D.) screened the title and abstract of the remaining 314 papers according to whether the abstract reported on care-leavers engagement with services. 97 papers were fully read by these authors and 18 papers included in the

final analysis (see Fig. 1 PRISMA flow diagram).

2.5. Charting the data

Data were extracted and charted in Microsoft Excel, with information on the aims and objectives, methodology, key findings (including barriers and/or enablers to multi-agency engagement and reported outcomes for care-leavers), conclusions and recommendations for policy and practice. Charted data is presented in Table 1.

2.6. Consultation

(Arksey & O'Malley, 2005) suggest consultation with stakeholders as an additional stage of the scoping review, to inform and validate findings, although it is unclear how this stage is best operationalised and there is no standardised protocol for this process (Buus et al., 2022).

Although a consultation stage is optional, capturing stakeholder views on the research and findings was integral to the study development, and recommended as good practice (NIHR, 2022a). We outlined

the scoping review process prior to presenting findings to ensure an understanding of the methods used. Findings were presented through separate online meetings with four care-leavers and four multi-agency practitioners living in Wales, following ethical approval from Bangor University, School of Medical and Health Sciences Ethical Review Panel. Care-leavers were provided with an e-voucher to compensate for their expert knowledge and time in line with NIHR at the time of proposal (NIHR, 2022b). There was a consensus among stakeholders with the barriers and enablers identified, and additional comments were made. Care-leavers noted the importance of giving support workers 'a chance' and accept support offered rather than deciding resolutely not to engage:

'Just give your PA or somebody a chance to help you before you decide it's not worth talking to this person.'

Practitioners highlighted that getting to know the care-leaver and acknowledge their wider circumstances was essential, before making assumptions about their engagement with services:

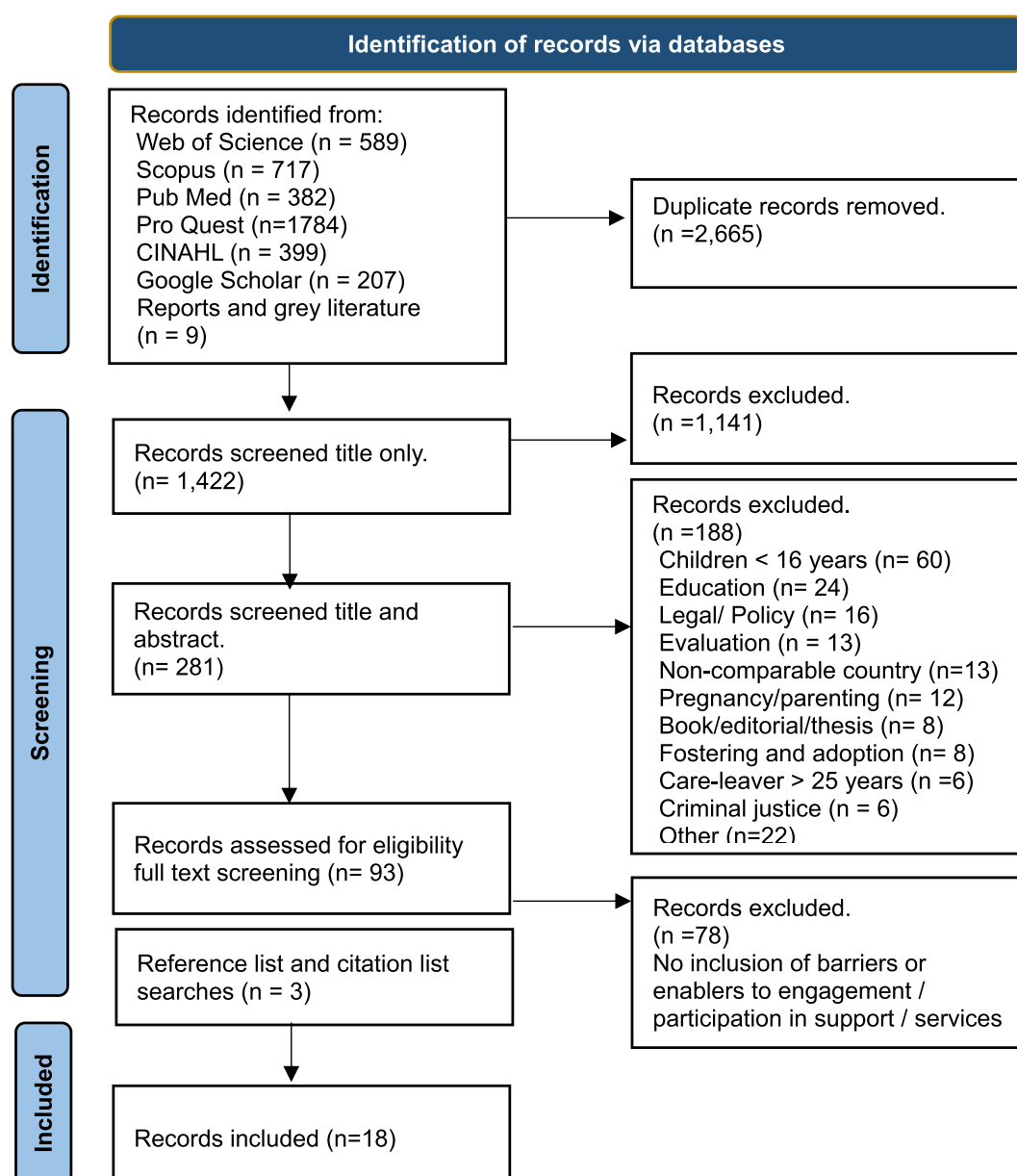


Fig. 1. Flowchart of study selection protocol (based on the PRISMA 2020 flow diagram, Tricco et al., 2018).

Table 1
Details of Included Studies.

Author / year / location	Aims / objectives	Methodology and support referenced	Key findings	Recommendations / conclusions
Adley & Jupp Kina (2017) England, UK	To explore care-leavers' views of their emotional support networks.	Semi-structured interviews care-leavers n = 6 aged 18–21 Practitioners, social workers, leaving care professionals, PAs, local authority.	Barriers: Lack of trust, misperceptions of leaving care and complexity of accepting support. Enablers: Attitudes to support can change over time. Outcomes: Long-term positive relationships and emotional well-being.	Offer support repeatedly as needs, perceptions and feelings change over time. Professionals should understand care-leaver's history to tailor support with collaboration connection, interdependence as goals. Destigmatise support.
Amaral, (2011) Scotland, UK	To examine factors affecting care-leaver's motivation to engage with workers and services.	Semi-structured interviews young people in transition from care n = 35, aged 16–23. Professionals, social workers, allocated workers and local authority and non-council services, key workers in supported accommodation.	Barriers: Wish to be independent, dissociate from care system, lack of trust. Enablers: A good support worker: sense of humour, supportive, understanding, empathetic, compassionate, concerned, and available.	Support may be accepted when need for help recognised. Professionals require skills: patience and sensitive to experiences, many perceived to be slow, lacking in time and availability.
Atkinson, C. and Hyde, R. (2019). UK.	Care-leavers' views on factors inhibiting or enable effective practice to successful transition to adulthood.	Systematic literature review of qualitative studies Seven UK studies included sample sizes n = 5–35 PAs, social workers, after-care advisors.	Barriers: Professionals perceived as not genuine but contractual obligation, inconsistency, not person-centred. Enablers: Authentic and consistent relationships with professionals; flexible to change advisor, engage over time, personalised support. Outcomes: Social isolation when care-leavers feel unsupported	Joint working between care coordinators, accessible mental health support. Freedom from aftercare support preferred by some 'reduced surveillance'.
Baker, C. (2017). UK	Care leavers' views on their transition from care to adulthood.	Rapid review of literature 2002 – 2017 80 UK studies reports, articles and books including care leavers' views. Social workers, PAs, support worker	Barriers: Past experiences can inform lack of trust, pride, self-reliance. Support unavailable, pointless, and professional status a barrier. Enablers: Trusted professionals: responsive, consistent, reliable, 'genuine interest and empathy', non-judgemental. Outcomes: Social isolation after losing contact with professionals.	Independence skills should start early and be gradual. Better availability and access to out of hours support. Professionals to be friendly, 'but don't try to be our friend'.
Bakketeig, E., & Backe-Hansen, E. (2018). Norway	To investigate Norwegian Child Welfare Services (CWS) role in care leaver's transition to adulthood.	Semi-structured interviews care-leavers n = 16, aged 16–32 Child welfare services: case worker	Barriers: inadequate support, not understanding needs, treated as a 'case', approached during a stressful time. Enablers: Continuity of support promised accounting for 'shifting needs' available if wanted/needed. Outcomes: Agency and satisfaction from supportive services	Relational perspective as needs change over time. system factors such as reduced resources impact on services. More research to understand prerequisites to good relationship between care-leaver and caseworker.
Butterworth, et al. (2017). England, UK	To explore care-leavers' experiences of mental illness, and transition in social care and mental health (MH) services Part of a multimethod study.	Qualitative interviews with care-leavers n = 12, with self-reported MH needs. Mean age 19 years. Professionals, social worker, after care advisor	Barriers: Support contractual, time limited, inflexible. Self-reliance, lack trust in professionals / system, not feeling listened to, repeating history. Pathway plan 'tick box', futile as evolving circumstances. Some preferred less surveillant after care model. Enablers: Flexibility of access and support.	Better training in MH management and support skills. An independent transition team to bridge the 16–18 transition, flexible, holistic MH service 24-hour support (less formal). Caring staff, inclusion in decision making and as about MH. Continuity of care and flexible, accessible, and compassionate interventions.
Gaskell, C. (2010). London, England, UK	To explore young care-leavers' experiences of care.	Qualitative interviews with care-leavers n = 10 Social workers and other care providers.	Barriers: Not included in decision making, feeling unsupported not feeling listened to, contributing to lack of trust. Discontinuity of care and lack of stability whilst in care impacting on the effectiveness of care received. Outcome: A positive relationship with care worker, inclusion in decision making.	Previous experiences and relationships inform after-care support e.g., inclusion in decision making whilst in care. Some participants recognised constraints in service provision.
Glynn, N., & Mayock, P. (2019). Republic of Ireland	To examine young people's experiences and perspectives of leaving care.	In depth interviews with care-leavers n = 16. Aftercare and social workers	Barriers: Planning not ongoing. Distrust, lack of respect or understanding, not informed about entitlements, information insufficient or superficial. Enablers: Understanding, treated 'like an adult'. responsive to individual needs, expectations in a collaborative relationship, security of place. Outcomes: sense of control, feeling heard ownership of planning process, service satisfaction self-advocacy.	Gradual introduction of after-care concept and services required use existing positive relationships if possible. Periodic reviews of services and engagement. Options and choice important.

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Table 1 (continued)

Author / year / location	Aims / objectives	Methodology and support referenced	Key findings	Recommendations / conclusions
Glynn, N (2021) Republic of Ireland	To contribute to a theoretical framework understanding leaving care process: findings from a qualitative longitudinal study.	Qualitative longitudinal research Open-ended interviews with care-leavers n = 16, over 19 months (3 phases) After care support service professionals, housing, advice, and guidance,	Barriers: Care workers as gatekeepers manage service use based on deservedness. Those who need support most struggle to engage due to unmet mental health, housing, educational needs. Enablers: Time and space before becoming 'proper adult', security and stability through supports housing advice, financial assistance.	The liminality, recognition and precarity theoretical framework accommodates time, material needs, structural constraint, and psychological development. Theory could be extended to care-leavers not service involved to highlight their perceptions.
Gov.uk (2022) England, UK	To explore care leavers' experiences of receiving and accessing the planned support.	Online survey of children in care and care leavers co-designed with care leavers. In depth interviews with care-leavers n = 6 Professionals around care leavers, PAs, social workers.	Barriers: No plans for health and emotional well-being, meeting PA 18 or older, rushed into leaving care. Professionals rude, uninterested, unreliable. Unaware of rights until in difficulty. Outcomes: Alone/isolated not knowing where to get help. Impact on education and wellbeing.	Inform care-leavers about support available, work with them to ensure skills maintained before leaving care.
Hiles, D. et al. (2014) UK	To explore young people's experience of leaving care in the United Kingdom: pilot study	Two focus groups: young people / professionals. Ethnographical and auto-ethnographical data Social worker, family therapist, community care workers, fostering social worker.	Barriers: Professional status, care-leaver a professional's term. Support forced/pointless not negotiated. Services chaotic and complex –temporary staff unfamiliar with services. Managing time across caseloads, lack agency to obtain other services, feel undervalued and overstretched. Enablers: Good support worker: reliable, trust, genuine interest, honest, helps see beyond present difficulties.	Review and revise core structures underpinning support. Young people and professionals are subject to transitory political decisions. Professionals need money for basic needs, caseloads make consistency and time a challenge. Local service knowledge and a proactive approach to engagement.
Atkinson & Hyde, 2019 England, UK	To explore care leavers' needs and priorities from self-determination theory (SDT) perspective.	Semi-structured interviews with care-leavers n = 10, aged 16–19 years, Professional support, personal advisors, social workers, housing support workers.	Barriers: support feeling contractual and indifferent to priorities. Gaps in support networks undermine engagement. Enablers: Responsive and personalised support, relational safety. Consistency, graduated independence: interdependence, support if/when needed.	Consistent key adult (school, training, education, employment) to receive training on relationships and factors that facilitate engagement, person centred working less tick boxes. Personalised support, earlier planning for post-16 education/training goals.
Johnson and Mendes (2014) Australia	Exploring the circumstances of young people who experienced a volatile transition from care.	In depth interviews with care leavers, n = 59, aged 18 – 25. Social workers, child and youth welfare, homeless services.	Barriers: Support perceived as judgmental, insufficient, inappropriate, inflexible. Enablers: Good luck, self-persistence, and determination. Persistent and consistent workers over officiality. Practical support valued, and knowledge of resources available, such as housing applications.	Life course theory acknowledges structural and individual factors. Effective aftercare support can initiate 'turning points' for care-leavers that help overcome impact of previous emotional traumatic experiences.
Kaasinen et al. (2021) Finland	To describe young people's experiences of their involvement in aftercare services.	Qualitative interviews with care leavers n = 16, aged 18–20. After care services, social workers	Barriers: Care-leavers unaware of opportunities or support. Unwilling to raise issues. Enablers: Open atmosphere, trust, security, and flexibility. Reciprocal, value based and collaborative relationship future orientated to empower involvement.	More comprehensive support. A 'linkage' person with similar experiences could facilitate communication. Better preparation to independent living needed.
Malvaso, et al. (2016) Australia	To investigate the challenges/needs of young people leaving care, and best practice service and engagement.	Focus groups and semi-structured interviews leaving care professionals n = 66 Youth justice workers, social workers, support/team workers, programme/service managers, advocates, psychologist, practitioners.	Barriers: Inflexible, conditional, and structured services. Mental health and antisocial behaviours challenge service provision and forming relationships. Lack of skills/ maturity for independence. Enablers: Inter-agency support and collaboration. Staff with diverse experiences, skilled and creative, consistent, proactive, reliable, persistent, respectful, non-authoritarian.	Flexible services: time and place, multiple opportunities to engage. Outreach services drop ins, phone calls. Ongoing training and skills development. Person-centred case management and advocacy. Time to understand options and make decisions. Creative strategies to engage and foster trust.
Newton, et al. (2017) London, England. UK	Care leavers' views of mentoring to prevent depression in young people leaving care.	Focus groups with care-leavers n = 11 PAs, social workers	Barriers: PA perceived not for emotional support. High staff turnover resulting in limited availability of social worker. Enablers: A supportive adult, not relationship based on a contract. Mentor should 'your sensible voice'. Transitional support needed, non-judgemental, always available.	Support before transitioning out of care, practical help and aspirations understand challenges and commit indefinitely. Most mentoring is time limited, short term and insecure contracts funded by voluntary sector organisations. Support for long term natural mentors is suggested.

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Table 1 (continued)

Author / year / location	Aims / objectives	Methodology and support referenced	Key findings	Recommendations / conclusions
Rogers (2011) England, UK	Experiences of young people leaving state care.	In-depth biographical interviews with care-leavers n = 5, aged 18 – 20. Interviews with professionals n = 25 Social workers, formal agencies.	Barriers: Disparity between support provided and what young people felt needed. Perception of contractual obligation. Support sporadic and inconsistent. Social workers reported constraints on time affecting level and type of support, practical information prioritising over personalised support. Enablers: Discreet, personalised support from dependable responsible adult. Knowing a right to refuse support without it being permanently withdrawn.	Importance of genuine and understanding support is highlighted- through a gradual and measured transition from leaving care.
Samuels and Pryce (2008) U.S.A	An interpretive study exploring the experiences of young adults in the process of leaving foster care.	Semi-structured interviews with young people leaving foster care (average age 20), n = 44. Formal systems of support	Barriers: Emotional pain as resource for survival, pride in surviving loss of potential and real supports. Identity fostered of not needing help or support. Emotional problems ignored, fuelling self-reliant survival.	A “disavowal of dependence” used to explain care-leavers resistance to asking for support. However, care-leavers advised others to make use of available support (not socio-emotional wellbeing but technical support such as housing).

‘Better understanding of contextual situation of the young person - if they don't pick up their phone, it's not because they don't want it, it's just because maybe they're in a room full of people.’

3. Results

3.1. Description of the included literature

Of the eighteen papers, eleven were set in the UK, two in Australia, two in the Republic of Ireland, and one in each of the following countries: USA, Norway, and Finland. The final selection of included papers reported on qualitative data. These included semi-structured interviews, focus groups or biographical narratives (n = 16). Two papers reported on the existing literature: a rapid evidence review including care-leavers views (Baker, 2017), and a systematic review of qualitative studies (Atkinson & Hyde, 2019).

Barriers and enablers were identified from professional and care-leaver perspectives. Fifteen papers reported care-leavers' perspectives only, two of care-leavers' and professionals' perspectives (Hiles et al., 2014; Rogers, 2011), and one on professionals' perspectives (Malvaso et al., 2016). All papers referred to support services which included: social workers, leaving care professionals, PAs, key workers in supported accommodation, after-care advisors/workers, case workers, community care workers, youth workers, youth justice workers, and support/team workers.

Only six papers made reference to a theoretical perspective: Malvaso et al., (2016) and Gaskell (2010) referred to attachment theory (Bowlby, 1979), and damaging childhood experiences impacting on current and future relationships. Hyde and Atkinson (2019) drew on a self-determination theory framework, including domains of relatedness, autonomy, and competence. Johnson and Mendes (2014) reflected on life course theory, understanding that care-leavers' experiences affect their transitions to independence, and effective interventions can help to overcome earlier traumatic experiences. Samuels and Pryce (2008) referred to relational cultural theory, which underscores the need to understand interdependence and a self-reliant identity, reinforcing the need to mobilise person-centred support. Glynn (2021) developed a theorising framework to understand the care leaving process. This included ‘recognition theory’ (emotional, solidarity and legal recognition), ‘precarity’ (vulnerable populations facing structural constraints) and liminality theory (youth transitions).

3.2. Synthesis of results

Thematic analysis (Braun & Clarke, 2006) involved two authors (L.P

& C.D.) reading and re-reading the papers to identify initial codes which were subsequently grouped into categories and themes. These were reviewed by the authors (L.P & C.D.), defined, and named. Themes identified related to engagement with multi-agency services providing social care, health, education, and housing support. Barriers included: care-leaver identity, trust in services and inadequate support. Enablers were identified as ‘turning points’, continuity of support, a ‘good’ worker as a key professional, and person-centred approaches (thematic map: Fig. 2).

3.3. Barriers to engagement

3.3.1. Identity

Care-leavers noted that they were often labelled as a collective identity through institutional and organisational processes and settings. Indeed, ‘care-leaver’ is a label that has been associated with hardship and social disadvantage (Evans, 2019). Many papers reported care-leavers experiencing stigma, and a sense of shame about the associations of a care-leaver identity.

3.3.1.1. Stigma and shame. Stigma relates to how individuals see themselves, and how they perceive others see them, considered a ‘discredited attribute’ (Goffman, 1968:14). Some young people struggled with a care-leaver identity attributed to them (Adley & Jupp Kina, 2017; Amaral, 2011; Gov.uk, 2022). Whilst some care-leavers appreciated the extra support that the label could confer, others felt the term attracted negative judgements (Gov.uk, 2022; Hiles et al., 2014). Subsequently, care-leavers disengaged when receiving information from services associated with their time in care, for instance, from their local authority or support worker:

When you're younger and you're constantly being described, like foster family say this is my daughter and this is my foster daughter and social workers call you care-leavers, anything to do with care you don't want to know, you're a normal person in your eyes ... not just someone in care. (Adley & Jupp Kina, 2017: 101)

A sense of shame can come from experiencing stigma. This was evidenced in the literature where care-leavers reported difficulties in asking for support from services (Baker, 2017): *Some people feel shame to say they need help, it's easier to say no. I felt ashamed 'cos I'm not good at budgeting (Adley & Jupp Kina, 2017: 101).* Despite eschewing services, Samuels and Pryce (2008) reported (foster) care-leavers advised other care-leavers to take support offered to them, specifically practical support for example, applying for jobs and securing housing.

3.3.1.2. Self-reliance. Care-leavers could perceive asking for support

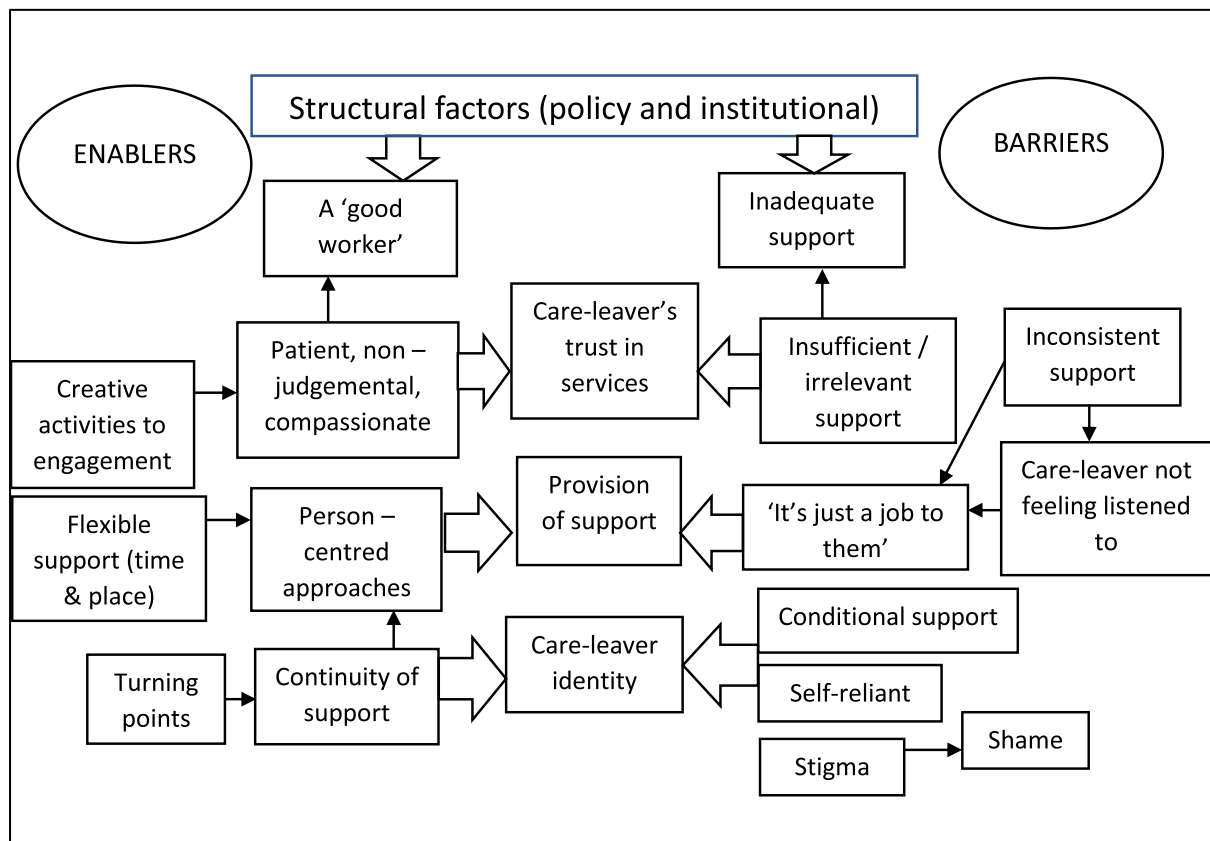


Fig. 2. Thematic map representing barriers and enablers to support services for care-leavers.

from services to be a sign of weakness (Amaral, 2011). Samuels and Price (2008) used the term ‘disavowal of dependence’ to describe care-leavers resolve not to rely on others for help or support:

I don't need to ask nobody for nothing. You know? I don't need that. I don't need nothing. I know that don't nobody owe me nothing. I don't owe them nothing. You know? (Samuels & Pryce, 2008: 1206)

Self-reliance could be informed by a perceived lack of care previously (Butterworth et al., 2017), or lack of emotional support during early life experiences, for example in care, leading to difficulties relying on people (Adley & Jupp Kina, 2017). Rogers (2011) reported an outcome of a care-leaver's initial wish for independence:

I had an independence plan, and they asked me if I wanted support for when I moved into shared accommodation, basically offering support for help with budgeting and cooking and blah blah blah. But at that age, I was like, [mockingly] 'No, I know how to cook, I don't need that.' So, I didn't accept it, so I literally ate toast and jam most days and nicked my housemates' food. (Rogers, 2011: 421).

Care-leavers were likely to display self-reliance where professionals did not initiate contact or provide person-centred support tailored to their individual needs (Atkinson & Hyde, 2019). Newton et al. (2017) reflected that the low recruitment to their pilot mentoring support scheme could indicate care-leavers reluctance to acknowledge they would like or need support.

3.3.1.3. Being ‘deserving’ or ‘undeserving’. Sims-Schouten et al. (2019) discuss the concepts of deserving/undeserving attached to being in care and care-leavers, with support conditional upon their status as a care-leaver. They argue that notions of self-responsibility and accountability remain inherent within support practices and child safeguarding. Within the reviewed literature, there was evidence of care-leavers

needing to comply with the ‘wishes of the system’ such as continuing in education, to receive continued financial support (Hiles et al., 2014). Glynn (2021) reported care-leavers continuing to maintain their education to ensure financial support was received. Care-leavers spoke of services being adjusted according to their assumed level of self-responsibility, measured by mandatory drug testing to access supported accommodation. In this scenario, after-care professionals were viewed as gatekeepers rather than enablers to services:

They obviously just think I'm [laughing uncomfortably] irresponsible or something. [...] I'll tell you now it's 'cause I used to smoke weed. I'm telling you now. Like [aftercare manager] just knows I used to smoke it, and she thinks I'm gonna blow all my money on it when clearly not. So, I felt like she was discriminating me over that. (Glynn, 2021: 7)

3.3.2. Trust in services

Hiles et al. (2014) reported that care-leavers' previous experiences with figures who were their previous primary caregivers, could inform how they viewed and dealt with support subsequently offered to them. Prior experiences of feeling betrayed and lacking trust contributed to care-leavers avoiding services (Gaskell, 2010; Amaral, 2011; Baker, 2017; Butterworth et al., 2017). Where care-leavers perceived the relationship with case workers to be poor or ambivalent, they could subsequently disengage (Bakketeig & Backe-Hansen, 2018). If professionals were seen as failing to address their concerns, care-leavers would feel constrained in discussions leading to less open communication and collaboration, and a perceived unequal power dynamic leading to a loss of trust (Hiles et al., 2014; Baker, 2017; Glynn & Mayock, 2019).

A fear of personal information being shared, for example with parents, inhibited care-leavers engagement with services (Amaral, 2011). A sense of mistrust could also stem from not feeling informed about entitlements and/or not feeling respected by professionals who appeared

not to understand their challenges or were not interested in their experiences (Glynn & Mayock, 2019; Gov.uk, 2022):

... my views are never listened to and I feel I have to fight to be heard. And the people making decisions make it very clear, time and time again, that they do not even know me: they forget my name, my age, what my history is and my perspective, and they speak for me in front of me even though I disagree with them. So, I just stopped bothering. (Gov.uk, 2022, np).

Professionals noted that building relationships with care-leavers without trust led to difficulties in providing support (Malvaso et al., 2016). Participants from a range of statutory agency and support teams suggested that some care-leavers experienced challenges forming relationships with professionals due to trust, limiting their engagement with services:

You don't trust people and you don't get close to people. You use people for what you can get from them in the short term and their engagement with services are brief. (Malvaso et al., 2016: 135)

Feeling unable or unwilling to speak about their previous experiences in care could present a barrier to care-leavers engagement with services (Malvaso et al., 2016; Bakketeig & Backe-Hansen, 2018). As one care-leaver expressed, communicating needs could be difficult: 'if you don't understand what you need then it's hard to let other people know' (Butterworth et al., 2017: 144). Feeling unsupported when disclosing personal circumstances could lead to disengagement (Gaskell, 2010), a challenge acknowledged by professionals:

... we have this expectation that clients will engage or do therapeutic work or counselling whereas that's often not the case. (Malvaso et al., 2016: 136)

3.3.2.1. 'It's just a job to them'. Much of the literature reported care-leavers avoiding engagement with services where they were felt to be contractual and the support perceived not to be genuine (Butterworth et al., 2017; Hyde & Atkinson, 2019). This could influence a care-leaver's trust in professionals. Some care-leavers felt that the local authority was trying to absolve responsibility of them, and felt rushed into leaving care (Gov.uk, 2022). Support perceived as a contractual obligation was associated with the belief that the case-worker's role was to move them out of the system (Bakketeig & Backe-Hansen, 2018).

3.3.3. Inadequate support

An inadequacy of services was reported in the literature, specifically, where support was inconsistent, insufficient and/or inflexible in time and place. Care-leavers faced challenges on leaving care and could find that the support was not there, or not know how to find it.

3.3.3.1. Inconsistent support. Inconsistent staffing within services were reported to affect the frequency and nature of care-leaver's contact with professionals (Atkinson & Hyde, 2019). Care-leavers lost trust and disengaged with services when they perceived support to be inconsistent (Gaskell, 2010; Rogers, 2011). For instance, having to repeat their history and subsequently re-build rapport with professionals when transitioning from child to adult mental health services (Butterworth et al., 2017; Gov.uk, 2022). Gaskell, (2010) reported some care-leavers perceiving a lack of care, impacting on their decision to trust social workers and other care providers:

As soon as you were beginning to trust them [social workers] they moved on. Just as you were putting trust in them, if you did put trust in them, they were gone.

Professionals recognised inconsistencies in the support they provided, related to constraints in service provision e.g., staff shortages (Gaskell, 2010; Newton et al., 2017). Short-term and insecure staff contracts impacted on the consistency of mentoring support for care-

leavers (Newton et al., 2017). Hiles et al. (2014) noted that reduced funding led to short-term planning and an inability to meet young people's basic needs. Professionals recognised that time constraints affected the level and type of help they could offer, and subsequently practical information such as arranging accommodation and transport was prioritised over personalised or emotional support that could make care-leavers feel better supported (Rogers, 2011).

Highlighting the need for support to be offered continually and consistently. Professionals in Malvaso et al., (2016) reported that support services for care-leavers were often not flexible enough and were 'conditional' and 'structured' making it difficult for young people, especially those with chaotic and unstable lives, to attend appointments. A care-leaver's perceptions and feelings could change over time, and therefore a 'no' could mean 'not now but later' (Adley & Jupp Kina, 2017: 103). Care-leavers approached by a professional during a stressful time were less likely to engage, which could lead to regret (Bakketeig & Backe-Hansen, 2018). The main source of stress discussed in the literature was housing instability (Baker, 2017; Butterworth et al., 2017; Glynn & Mayock, 2019; Johnson & Mendes, 2014; Kaasinen et al., 2021). This stress led to some care-leavers unable to plan and engage with services:

You can't really think ahead in the future though. If you don't really have—d'y'know? Like if I knew I was going somewhere after this [her aftercare apartment], if I was, d'y'know, had a roof over my head after this, then I could plan. (Glynn and Mayock, 2019: 87)

3.3.3.2. The support is not there: Insufficient or irrelevant support. Care-leavers could want to engage with services but not being able to locate the support, especially when they felt it was needed most (Gov.uk, 2022: np.). Rogers (2011) found a disconnect described by care-leavers with professionals perceiving they were doing well and did not need their support. Care-leavers described feeling 'left to it' subsequently impacting on their mental health and wellbeing:

'[I] feel that because I have been doing this [handling things], professionals, especially during pathway plans, have just left me to it. Meanwhile my own well-being/mental health is in tatters and I have never felt so alone in decisions that other young people wouldn't be alone in facing' (Gov.uk, 2022: n.p.)

Other literature indicated care-leavers having no awareness of support available (Malvaso et al., 2016) or not enough information about support (Kaasinen et al., 2021). A view reflected by a manager of a housing service:

Some young people are not aware that they're able to access post-care services and that they are even an option ((Malvaso et al., 2016: 133)

Some care-leavers saw their pathway plan as an exercise that did not reflect the reality of their evolving circumstances and just a tick-box exercise (Butterworth et al., 2017; Gov.uk, 2022). Pathway plans were not always completed with them, and regular reviews and meetings were not always carried out, as recounted by one care-leaver:

A day is a long time, let alone six months. Six months between each pathways plan. If I had my way, I'd have them re-assessed every 2–3 months (Butterworth et al., 2017: 144).

Where care-leavers considered the information, they were given by professionals to be inappropriate to their needs, they limited their engagement (Glynn & Mayock, 2019).

3.3.3.3. Not being/ feeling listened to. Some care-leavers believed that they were not trusted by after-care professionals to 'know about their own lives', and were not involved in decision-making (Gov.uk, 2022). Elsewhere, care-leavers felt that they were not being listened to and disengaged with services (Baker, 2017). Care-leavers were more likely

to avoid meetings with after-care professionals where they felt powerless to influence decisions made about their future and/or voice their concerns ((Gaskell, 2010; Glynn & Mayock, 2019): '[decisions] are not made with you, they are made about us' (Butterworth et al., 2017: 7). Care-leavers believed that professionals did not understand their needs (Bakketeig & Backe-Hansen, 2018), or were indifferent to their priorities (Hyde & Atkinson, 2019; Johnson & Mendes, 2014). Where wishes or needs felt unheard, support was viewed as forced or pointless (Hiles et al., 2014) resulting in disengagement:

'...And the people making decisions make it very clear, time and time again, that they do not even know me: they forget my name, my age, what my history is and my perspective, and they speak for me in front of me even though I disagree with them. So, I just stopped bothering.' (Gov.uk, 2022: n.p.).

3.4. Enablers

Themes identified in the literature as contributing to care-leavers engagement with multi-agency support included turning points, continuity of support, and the presence of a 'good worker.'

3.4.1. Turning points

(Evans, 2019) refers to turning points in care-leavers' experiences as transformational moments. These are described as interventions or events typically conferring a positive change, for example, a helpful support worker, a near miss of a negative outcome such as a prison sentence. Such turning points were reflected on by some care-leavers in the literature as a catalyst to engage or re-engage with services, for example following feeling understood by professionals (Glynn & Mayock, 2019). Rogers (2011) reported care-leavers recognising that as teenagers they did not necessarily have the capacity to respond to circumstances. This led to an admittance of needing help later:

What you need is someone there, like an adult who's got their head in the right place, because when you're that age you don't think about things like that. The only time I realized I actually needed help was when I was about to get kicked off the course. (Rogers, 2011: 422)

Crucially, care-leavers needed to know that support was always available, so that they had the choice whether to engage, if and when they felt ready (Hiles et al., 2014; Hyde & Atkinson, 2019; Kaasinen et al., 2021).

3.4.2. Continuity of support

Some care-leavers welcomed the independence and freedom from service involvement on leaving care (Baker, 2017; Butterworth et al., 2017; Rogers, 2011). Disengagement from support could be due to satisfaction with life, more commonly reported for no-kin / kinship foster family care-leavers (Glynn & Mayock, 2019)). However, for many care-leavers the reality of leaving care did not match expectations of freedom (Adley & Jupp Kina, 2017). Offering support at the point of leaving care was likely to be turned down if a young person had a 'utopian' vision. Therefore, professionals who continued to attempt to engage with care-leavers could contribute to better engagement outcomes (Hyde & Atkinson, 2019; Johnson & Mendes, 2014). Continuity of support led to a closer relationship between the care-leaver and their case worker where support was promised for as long as necessary (Bakketeig & Backe-Hansen, 2018; Hiles et al., 2014). A professional who regularly checked in was cited as beneficial conveying the right to refuse support, whilst the offer of support remained (Adley & Jupp Kina, 2017).

A good relationship between the care-leaver and professional required time for trust to develop (Amaral, 2011; Glynn & Mayock, 2019; Hiles et al., 2014;). Security and flexibility increased a care leaver's sense of involvement (Kaasinen et al., 2021). To account for their needs changing over time, support needed to be flexible in time and

place (Bakketeig & Backe-Hansen, 2018; Kaasinen et al., 2021). For example, support delivered during a walk, and the option of a 24-hour support phone line (Butterworth et al., 2017) or a drop-in service ((Malvaso et al., 2016). Professionals who could be approached at any time were favoured by care-leavers, with social workers often perceived to be slow, lacking in time and having limited availability (Amaral, 2011; Atkinson & Hyde, 2019).

3.4.3. A good worker

A professional's personal attributes and skills could influence care-leavers' decisions to engage with support (Gov.uk, 2022). A proactive approach in initiating support and/or contact and maintaining engagement could be key (Hiles et al., 2014), especially when considering that some care-leavers were less willing or able to communicate their needs (Malvaso et al., 2016) ; Bakketeig & Backe-Hansen, 2018). A 'good worker' was consistent and reliable, supporting the care-leaver to see beyond their current difficulties (Hiles et al., 2014), and acted on their feedback (Gov.uk, 2022). To foster a collaborative relationship the professional needed to foster open communication and a shared understanding of options and expectations was required (Glynn & Mayock, 2019). Alongside a caring attitude (Butterworth et al., 2017), a significant factor was the care-leaver's belief that the professional was 'genuine' (Hiles et al., 2014; Hyde & Atkinson, 2019; Newton et al., 2017) and could be trusted; their work was not just a job but a passion (Amaral, 2011; Baker, 2017; Kaasinen et al., 2021).

3.4.4. Person-centred approaches

Care-leavers valued personalised support (Rogers, 2011). For professionals to offer person-centred support, they needed to understand how care-leavers' past experiences might inform their current expectations and perceptions of support (Adley & Jupp Kina, 2017; Atkinson & Hyde, 2019; Baker, 2017; Hiles et al., 2014). Flexible, accessible, compassionate, non-judgemental, and authentic support was key (Butterworth et al., 2017). An after-care linkage professional, peer, and/or someone who had similar experiences could support communication between professionals and care-leavers (Kaasinen et al., 2021). Informing care-leavers of opportunities for involvement in wider support networks and covering associated travel expenses was identified as a useful way to support care-leavers (Gov.uk, 2022). Strategies to enable participation were suggested including inviting care-leavers to attend meetings on options and allowing them time to make decisions (Malvaso et al., 2016). Services flexible in time and location provided a more tailored approach:

They have a bit more of a say when meeting with a worker as opposed to coming into an office, a professional environment, which can be a bit intimidating...meeting with [them] in their own space really enables that engagement (Malvaso et al., 2016)

Communication and collaborated between agencies/organisations facilitated consistency of support for care-leavers (Hyde & Atkinson, 2019).

3.5. Outcomes

Within the literature there was limited clarity around the meaning of care-leaver 'engagement' or the definition of a good outcome following engagement. However, where care-leavers felt that they were understood, they would continue to participate in meetings with after-care workers and as such, expressed satisfaction and a sense of personal achievement (Glynn and Mayock, 2019). Following support matching their needs, and participating in decisions about their future, care-leavers could develop confidence, and awareness of their entitlements and rights to support relating to housing, employment, education and financial issues (Gov.uk, 2022). Supportive relationships with after-care professionals enabled care-leavers to build their confidence and engage or re-engage as reported by an advocacy worker: "Once you've developed

that relationship, you're more likely to get them back more frequently" (Malvaso et al., 2016:140).

Loneliness and isolation could follow non-engagement with services (Atkinson & Hyde, 2019; Baker, 2017). Less frequent engagement was reported by care-leavers who felt left to it by professionals:

You have that burst of, oh I'm independent, I get to do what I want, when I want, but when that's over, and you're sat on your own, and, you know, you're spiralling down, and you don't want to be the one to make call. It would be nice for someone to just pop and be like 'you alright?' (Butterworth et al., 2017: 13).

Care-leavers who avoided engaging in planning related activities believed that their after-care workers should recognise this as a sign of dissatisfaction and change their approach accordingly (Glynn & Mayock, 2019).

4. Discussion

We wished to understand from the literature:

- The reported barriers to care-leavers engagement with multi-agency support.
- The reported enablers to care-leavers engagement with multi-agency support.
- The outcomes reported for care-leavers following engagement.

As such, we conducted a scoping review which is useful for addressing exploratory questions and mapping key concepts from varied types of literature. Our review included 18 papers, with themes reporting on barriers and enablers to engagement with support, and outcomes for care-leavers. This review additionally sought to identify

logic model components from the literature: inputs, activities and outputs that contribute to care-leaver engagement with support services and are illustrated in Fig. 3.

4.1. Logic model

4.1.1. Inputs

The professional's characteristics was a key input reported to facilitate engagement, with qualities including authenticity, patience, and practical skills: listening to the care-leaver, awareness of their history, and having sufficient knowledge of local agencies to offer practical support. (Malvaso et al., 2016) identified the importance of ongoing staff training, and Hyde and Atkinson (2019) suggested educational psychologists provide training (human connectedness and relationship building) to key people involved in corporate parenting. Recognising that not all care-leavers are able to communicate their needs, a proactive approach by professionals was warranted: being aware of care-leavers changing needs to foster their engagement ((Bakketeig & Backe-Hansen, 2018; Malvaso et al., 2016).

4.1.2. Activities and outputs

Past negative experiences can discourage a care-leaver's active participation in services; experiences of care may contribute to feelings of rejection and alienation posing a barrier to engaging with support. Care-leavers were likely to be more receptive to support where professionals such as PAs and social workers demonstrated person-centred support delivered in a non-bureaucratic way. A professional's perseverance and repeatedly offered support, flexible in time and place, could help foster trust over time, alongside consistency and responsiveness to changing needs and circumstances. A drop-in service, and/or creative approaches to engagement was advocated, recognising differences in

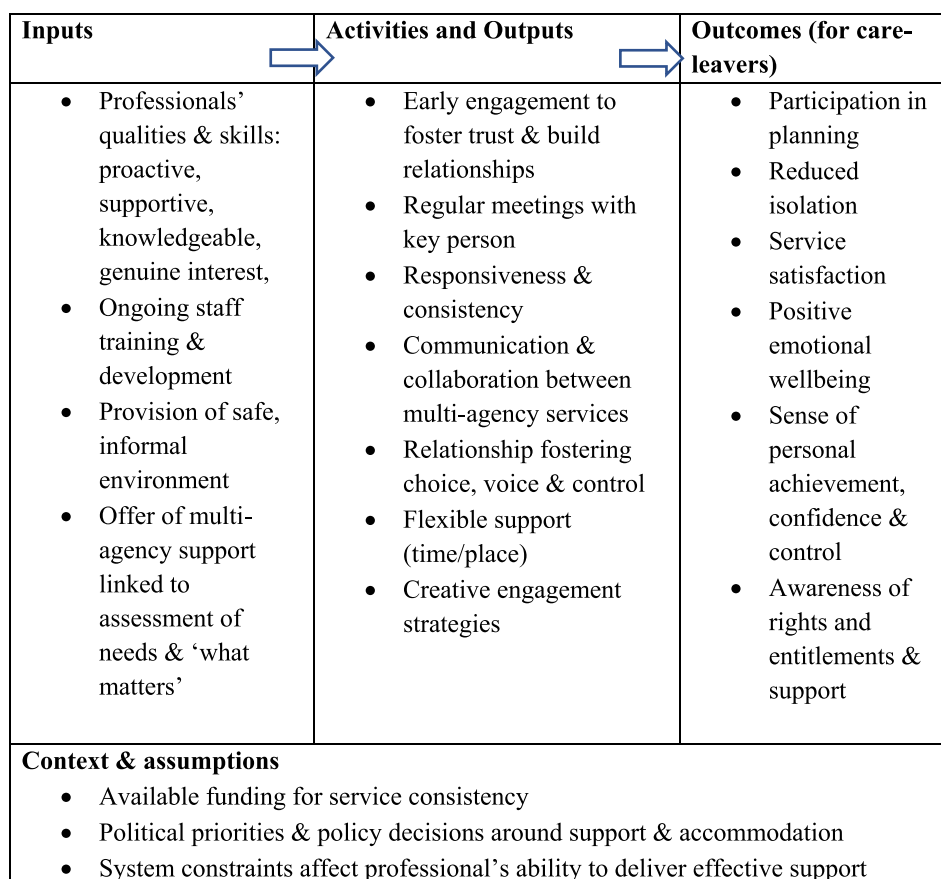


Fig. 3. Logic model based on the literature.

people's preferences (Butterworth et al., 2017; Johnson & Mendes, 2014). With care-leaver's expectations and perspectives often changing over time, early consultations to discuss planning was advised (Butterworth et al., 2017; Glynn & Mayock, 2019), in addition to constant communication between agencies to foster continuity of services ((Bakketeig & Backe-Hansen, 2018; Malvaso et al., 2016)).

4.1.3. Outcomes

Where care-leavers felt their situations were understood, they participated in planning and discussions with after-care workers (Gaskell, 2010), resulting confidence that could facilitate re-engagement (Malvaso et al., 2016). A good quality relationship with the professional contributed to satisfaction with the service (Bakketeig & Backe-Hansen, 2018). Positive emotional wellbeing was reported when care-leavers felt they could rely on, and feel comfortable talking to professionals (Gov.uk, 2022), and a sense of 'personal achievement' and control following service engagement was also described (Glynn & Mayock, 2019). Services viewed as accessible, appropriate, and collaborative, left care-leavers feeling less isolated (Butterworth et al., 2017).

4.1.4. Context and assumptions

Establishing meaningful relationships with multi-agency professionals could be a catalyst to motivating care-leavers engagement. Contextually, institutional, and organisational factors such as staff turnover and large caseloads could influence the ability of professionals to achieve these mechanisms for engagement (Gaskell, 2010; Johnson & Mendes, 2014; Newton et al., 2017; Rogers, 2011). Excessive workloads contributed to professional's inability to deliver flexible support (Bakketeig & Backe-Hansen, 2018). Professionals could prioritise those most at risk when faced with reduced resources, making the timely and consistent delivery of support harder to achieve (Hiles et al., 2014).

4.2. Relevance to the wider literature

Our findings provide an overview of the barriers and enablers for care-leavers in engaging with support services. The themes identified from the literature align with the wider literature on care-leavers' transitions from care. Stable and consistent personal and professional relationships are central to young people's experience of being in care (Bazalgette et al., 2015), and consistency of emotional and practical support is recommended (Stein, 2008). Relation based practice with ongoing support can be beneficial especially where there is a history of loss and disruption, and care-leavers find themselves repeating their story to many professionals (Mendes & Purtell, 2021). The sense of being understood and listened to are key elements in promoting a good relationship with care-leavers (Stein & Wade, 2000) as is the importance of authentic, consistent, and supportive relationships with professional figures during a care-leaver's transition to adulthood (Atkinson & Hyde, 2019; Pinkerton & Rooney, 2014). Care-leavers require the time to re-engage without fearing that services will be removed (Glynn, 2021).

5. Limitations

There are some limitations inherent within scoping reviews, due to their focus of breadth and mapping concepts from a range of sources of evidence available. For instance, the quality of the literature was not appraised or quality assured, as it is not a necessary step for scoping reviews where the aim is to identify and map evidence (Munn et al., 2018; Levac et al., 2010). With all scoping reviews, there is the risk that some relevant literature has been missed. It is likely that literature focussing specifically on service mechanisms for the logic model; inputs including funding and the recruitment of after-care service professionals has been excluded. There may have been bias by including publications in English language only, and the geographical focus on may have excluded some potentially relevant studies. However, this review has provided an overview of barriers and enablers underpinning care-

leaver's engagement with services, with evidence used to highlight and map findings into a logic model, addressing a gap in the research. The stakeholder consultation in communicating and validated the findings, formed a key part of the initial stages of co-production of this research. Care-leavers involved in the consultation stage of the development of the scoping review assisted in balancing the 'power' dynamics, which facilitated an inclusive reflective approach integral to the overall study design.

6. Conclusion

This review contributes to an understanding of the barriers and enablers to care-leaver engagement with formal support services. We have identified relationships between inputs, mechanisms, and outcomes from the existing literature that report on barriers and enablers to services and mapped these onto a logic model. This may be useful as a template to inform a theory of change prior to developing new interventions alongside evidence and knowledge from stakeholders to refine theory and the mechanisms leading to outcomes (Weiss, 1995). Recognising the risk of young people who are care-leavers becoming disengaged from services, new models of practice could help support the realisation of personalised wellbeing outcomes, address 'what matters' for care-leavers and contribute to more effective support. Our logic model will be refined through qualitative research with care-leavers and multi-agency professionals in Wales to inform a practice engagement model and toolkit for professionals working with care-leavers. This will provide the opportunity for stakeholders to provide their contextualised insights on factors they consider relevant.

Our review found only three papers which focussed on the perspective of professionals working with care-leavers in relation to why care-leavers do, or do not engage with support services. We suggest that more research should explore the perceived barriers and enablers to engagement from this viewpoint. We also propose that future research include perspectives of subgroups of care-leavers. Care-leavers are not a homogenous group, they have diverse experiences in care and family backgrounds and this will impact on engagement with support and on outcomes. Stein (2012) conceptualises those who *do* engage with services as 'moving on' experiencing informal support networks, and / or continuation within education, training, or employment. 'Survivors' in Stein's categorisation, are more dependent on informal support during and after care, are reluctant to trust others following previous abandonment and are likely to present as self-resilient. 'Strugglers' are perceived as less likely to engage with services, staying away from organisations associated with care. Paradoxically, after-care supports, formal or informal, may be more accessible to those perceived to be 'moving on', who continue in education, employment, or training (van Breda et al., 2020), and are potentially judged as more 'deserving'. Less is known about the experiences of care-leavers who are not involved in services, including those who do not have an allocated after-care worker, or another dedicated professional (Glynn & Mayock, 2019). Whilst a good relationship between a care-leaver and case worker can foster engagement, there is limited understanding of who receives which services and for how long (Bakketeig & Backe-Hansen, 2018). Capturing the views of care-leavers with the greatest need to engage with services is a challenge (Dixon et al., 2018) and as such, the views of disengaged care-leavers are missing from the literature creating a 'paradox in participation' (Lynch et al., 2021).

Ethics statement

Ethics approval from the Bangor University, School of Medical and Health Sciences Ethical Review Panel.

CRedit authorship contribution statement

L. Prendergast: Visualization, Conceptualization, Writing – original draft. **C. Davies:** Project administration, Conceptualization, Funding acquisition, Writing – review & editing. **D. Seddon:** Writing – review &

editing. **N. Hartfiel:** Writing – review & editing. **R.T. Edwards:** Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

No data was used for the research described in the article.

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Appendix A. Supplementary data

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